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# JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE AGENDA

| | | |
|---|---|---|
| **4.00 pm** | **Tuesday 15 October 2019** | **Council Chamber, Havering Town Hall, Main Road, Romford, RM1 3BD** |

**COUNCILLORS: (Quorum: 4)**

**LONDON BOROUGH OF BARKING & DAGENHAM**

**Councillor Eileen Keller**
**Councillor Paul Robinson**
**Councillor Mohammed Khan**

**LONDON BOROUGH OF WALTHAM FOREST**

**Councillor Umar Alli**

**LONDON BOROUGH OF HAVERING**

**Councillor Nic Dodin**
**Councillor Nisha Patel (Chairman)**
**Councillor Ciaran White**

**ESSEX COUNTY COUNCIL**

**Councillor Chris Pond**

**LONDON BOROUGH OF REDBRIDGE**

**Councillor Stuart Bellwood**
**Councillor Beverley Brewer**
**Councillor Neil Zammett**

**EPPING FOREST DISTRICT COUNCIL**

**Councillor Alan Lion (Observer Member)**

**CO-OPTED MEMBERS:**

**Ian Buckmaster, Healthwatch Havering**
**Mike New, Healthwatch Redbridge**
**Richard Vann, Healthwatch Barking & Dagenham**

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

## 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.

Essex County Council

Waltham Forest

Havering LONDON BOROUGH

London Borough of Redbridge

London Borough of Barking & Dagenham lbbd.gov.uk

# NOTES ABOUT THE MEETING

## 1. HEALTH AND SAFETY

The Joint Committee is committed to protecting the health and safety of everyone who attends its meetings.

At the beginning of the meeting, there will be an announcement about what you should do if there is an emergency during its course. **For your own safety and that of others at the meeting, please comply with any instructions given to you about evacuation of the building, or any other safety related matters.**

## 2. CONDUCT AT THE MEETING

Although members of the public are welcome to attend meetings of the Joint Committee, they have no right to speak at them. Seating for the public is, however, limited and the Joint Committee cannot guarantee that everyone who wants to be present in the meeting room can be accommodated. When it is known in advance that there is likely to be particular public interest in an item the Joint Committee will endeavour to provide an overspill room in which, by use of television links, members of the public will be able to see and hear most of the proceedings.

The Chairman of the meeting has discretion, however, to invite members of the public to ask questions or to respond to points raised by Members. Those who wish to do that may find it helpful to advise the Clerk before the meeting so that the Chairman is aware that someone wishes to ask a question.

PLEASE REMEMBER THAT THE CHAIRMAN MAY REQUIRE ANYONE WHO ACTS IN A DISRUPTIVE MANNER TO LEAVE THE MEETING AND THAT THE MEETING MAY BE ADJOURNED IF NECESSARY WHILE THAT IS ARRANGED.

If you need to leave the meeting before its end, please remember that others present have the right to listen to the proceedings without disruption. Please leave quietly and do not engage others in conversation until you have left the meeting room.

## AGENDA ITEMS

**1 CHAIRMAN'S ANNOUNCEMENTS**

The Chairman will announce details of the arrangements in case of fire or other events that might require the meeting room or building's evacuation. Information regarding the venue is attached.

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

**3 DISCLOSURE OF INTERESTS**

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

**4 MINUTES OF PREVIOUS MEETING** (Pages 1 - 8)

To agree as a correct record the minutes of the meeting held on 9 July 2019 (attached) and to authorise the Chairman to sign them.

**5 PRIMARY CARE TRANSFORMATION UPDATE** (Pages 9 - 42)

Report and presentation attached.

**6 CONTINUING HEALTHCARE UPDATE** (Pages 43 - 86)

Report, presentation, information given at Barking & Dagenham Health Scrutiny Committee and response from Chair, Barking & Dagenham Health Scrutiny Committee attached.

**7 NORTH EAST LONDON CANCER EARLY DIAGNOSIS CENTRE** (Pages 87 - 90)

Report attached.

**8 FORECAST DEMAND FOR CHEMOTHERAPY** (Pages 91 - 102)

Report and data from Barking, Havering and Redbridge University Hospitals NHSD Trust attached.

**9 CANCER SERVICES - HEALTHWATCH RESPONSES** (Pages 103 - 118)

Report and further comments from Local Healthwatch organisations attached.

**10 HEALTHWATH HAVERING - STP WHAT WOULD YOU DO? SURVEY** (Pages 119 - 152)

Report from Healthwatch Havering attached.

## 11 COMMUNITY URGENT CARE UPDATE (Pages 153 - 156)

Update from Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups attached for information.

## 12 JOINT COMMITTEE'S WORK PLAN

The Joint Committee is asked to suggest any items for scrutiny at future meetings.

**Anthony Clements**
**Clerk to the Joint Committee**

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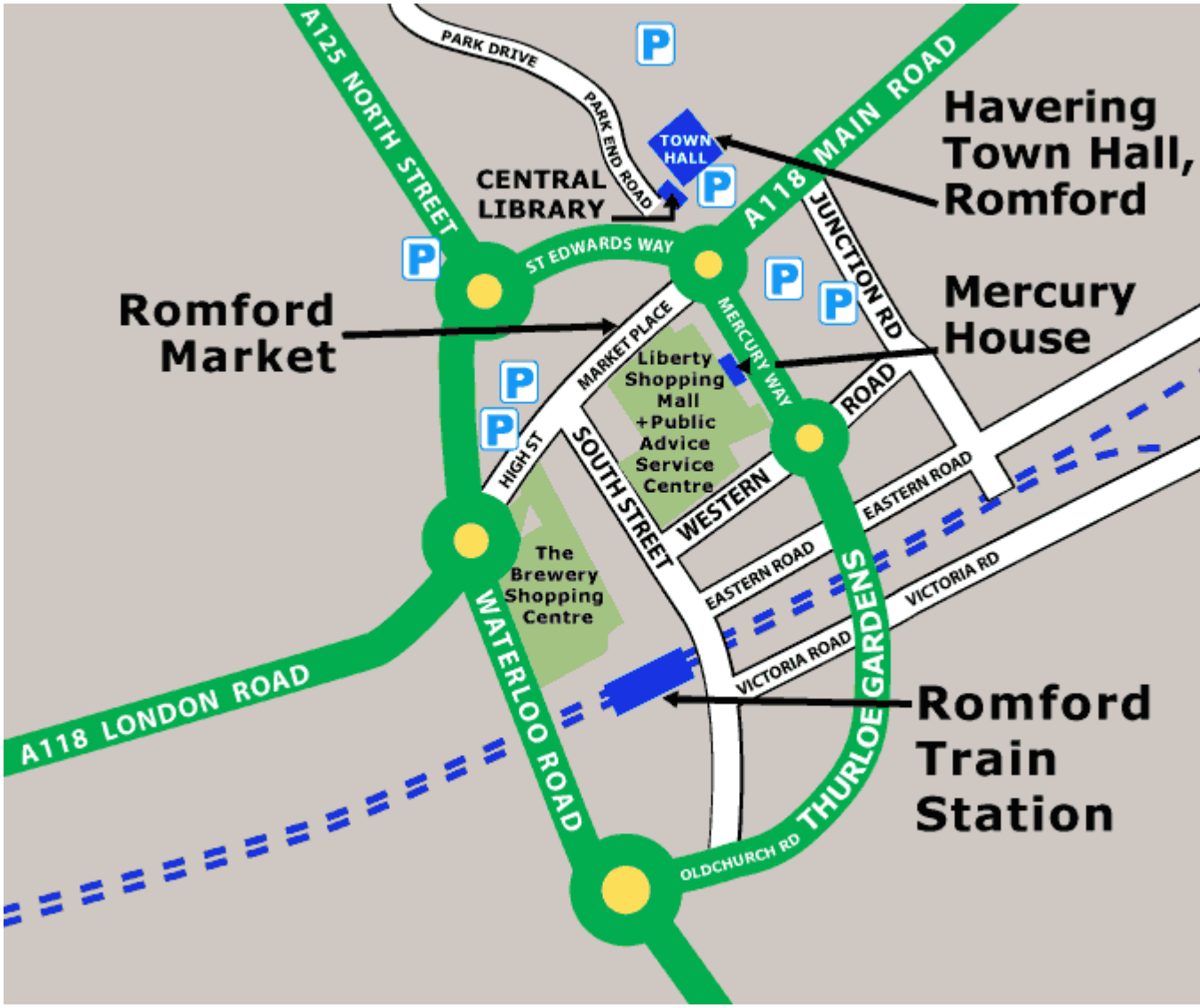
A125 NORTH STREET
PARK DRIVE
PARK END ROAD
TOWN HALL
CENTRAL LIBRARY
A118 MAIN ROAD
Havering Town Hall, Romford
ST EDWARDS WAY
JUNCTION RD
Romford Market
MARKET PLACE
MERCURY WAY
Mercury House
Liberty Shopping Mall +Public Advice Service Centre
ROAD
HIGH ST
SOUTH STREET
WESTERN
EASTERN ROAD
EASTERN ROAD
VICTORIA RD
The Brewery Shopping Centre
VICTORIA ROAD
A118 LONDON ROAD
WATERLOO ROAD
THURLOE GARDENS
Romford Train Station
OLDCHURCH RD

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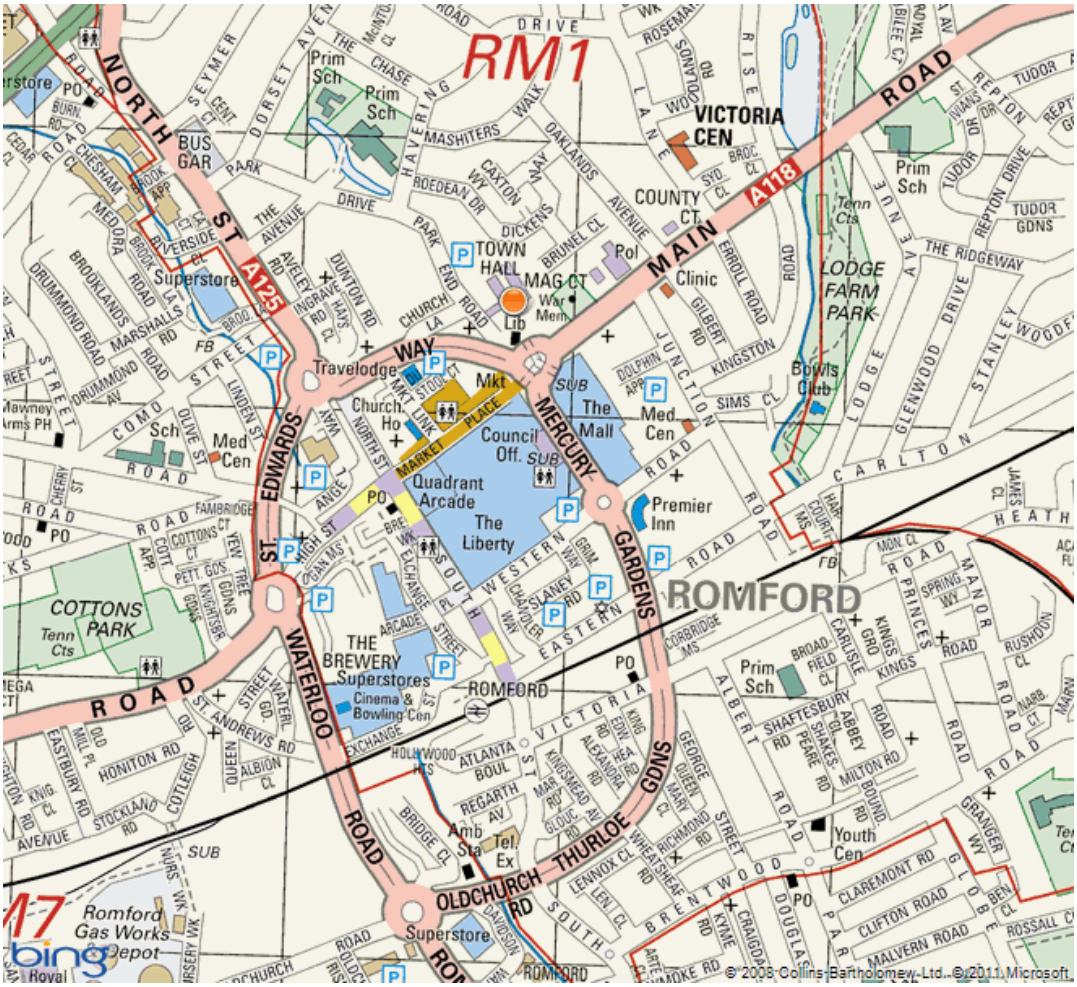
# Havering Town Hall

Town Hall, Main Rd, Romford RM1 3BD

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**MINUTES OF A MEETING OF THE**
**JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE**
**Barking Town Hall**
**9 July 2019 (4.00 - 6.20 pm)**

**Present:**

**COUNCILLORS**

| | |
|---|---|
| **London Borough of Barking & Dagenham** | Eileen Keller (Chairman) Mohammed Khan and Paul Robinson |
| **London Borough of Havering** | Nisha Patel and Ciaran White |
| **London Borough of Redbridge** | Beverley Brewer and Zammett |
| **London Borough of Waltham Forest** | Richard Sweden |
| **Epping Forest District Councillor** | Alan Lion |
| **Co-opted Members** | Richard Vann (Healthwatch Barking & Dagenham) |

Apologies were received for the absence of Councillors Nic Dodin (Havering) Umar Alli (Waltham Forest, Richard Sweden substituting) and Chris Pond (Essex). Apologies were also received from Ian Buckmaster, Healthwatch Havering.

Also present:
Mark Scott, Deputy Director of Transformation, East London Health and Care Partnership
Henry Black, Director of Finance, North East London Clinical Commissioning Groups (CCGs)
Carolyn Botfield, North East London Director of Estates
Chris Bown, Chief Executive, Barking, Havering and Redbridge University Hospitals' NHS Trust (BHRUT)
Jeff Middleditch, Divisional Manager, BHRUT
James Avery, Director of Nursing, BHRUT
Natasha Dafesh, Senior Communications officer – Stakeholder Relations, BHRUT
Aleksandra Hamilton,
Deputy Chief Operating Officer, BHRUT
Kirsty Boettcher, North East London CCGs

Masuma Ahmed, Democratic Services Officer, London Borough of Barking & Dagenham
Anthony Clements, Principal Democratic Services Officer, London Borough of Havering

Three members of the public were also present.

All decisions were taken with no votes against.

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

## 1 DISCLOSURE OF INTERESTS

Agenda item 6. CANCER SERVICES.
Councillor Paul Robinson, Personal, Councillor Robinson worked for a project mentioned in the papers for this item.

## 2 MINUTES OF PREVIOUS MEETING

The minutes of the meeting of the Joint Committee held on 9 April 2019 were agreed as a correct record and signed by the Chairman.

## 3 EAST LONDON HEALTH AND CARE PARTNERSHIP UPDATE

The Committee was addressed by a member of the public who expressed concern that statements by the Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) that there were no plans to close or downgrade A & E services at King George Hospital were not in fact correct. The member of the public remained concerned that A & E at King George would not continue as a 'type 1' A & E. The member of the public wished for type 1 A & E services to continue at King George and for the A & E department at the hospital to be extended.

Officers explained that the East London Health and Care Partnership (ELHCP) covered 8 Councils and 12 NHS organisations. The Partnership's long-term plan for the next 4-5 years was currently being evaluated and aimed to make integrated care (between health and social care) a reality on the ground.

Primary care networks had already been established as well as an integrated care system whereby commissioners and providers could focus on prevention. Details of the primary care networks could be brought to a future meeting of the Joint Committee. Cancer and digital work streams also remained priorities and a lot of engagement work on the long term plan was taking place at borough and system level. The Healthwatch organisations had been commissioned to undertake surveys at borough level in connection with the long-term plan.

Following submission of the Long Term Plan to the Department of Health, it was planned to bring this to the Joint Committee in late autumn 2019. A further engagement event had also been scheduled for 16 October 2019. Members felt that the previous engagement event had been very productive and that there should be a high level of engagement with the Sustainability and Transformation Partnership. Officers agreed, feeling it was also important to maintain links with the London Ambulance Service and other partners.

It was not possible to quantify the cost of the 7 key transformation boards supporting the long-term plan as this was more in terms of officer time than new expenditure. The boards would also allow better planning for patients in conjunction with Councils, producing savings from fewer people needing to attend A & E. Figures could be supplied re the current level of the system deficit.

The Joint Committee noted the update.

## 4 CANCER SERVICES

The divisional manager at BHRUT confirmed that clarification had now been given to the providers of the A & E reception service around the use of red cards for patients undergoing chemotherapy. Posters regarding this had been placed in triage areas and a rolling training programme had been introduced to further raise awareness.

Any data on the experience of chemotherapy patients would have to be collected with the service provider – PELC and officers were happy to do this. There had not been any specific complaints about non-recognition by staff of the red cards and it was noted that not all patients who were eligible in fact showed the red card at A & E.

Whilst more patients were being treated at Sunflowers ward at Queen's Hospital, the unit had extended its opening hours in order to accommodate this. It was not possible to use a bigger area of Queen's for chemotherapy and officers added that patients often preferred to sit closely together during treatment in order to share experiences etc. Chairs for relatives were also available. Overall feedback from patients using the chemotherapy suite was good but it was accepted that nothing could be done about the lack of natural light in the facility although the introduction of fake skylights in part of the area had led to some improvement.

It was accepted that parking for cancer services was an issue, particularly whilst a clinical diagnostic unit had to be parked in part of the cancer services car park, following a fire. This had now been resolved and more patient parking was therefore available. All cancer patients were assessed for transport needs.

Options were being considered regarding the rebooking of oncology appointments but Members felt strongly that patients preferred to confirm their next appointment prior to leaving the department. Officers responded that whilst chemotherapy appointments were booked in fixed timeslots, those for outpatients were more fluid in nature. Any overbooking of lists was managed by consultants rather than receptionists.

Members remained unhappy at the lack of public consultation on the removal of chemotherapy services from King George Hospital. It was requested that an audit be supplied of the incidences of sepsis among chemotherapy patients and of the demand for chemotherapy services over the next ten years. Specific details of what the Committee required could be discussed with Trust officers after the meeting but it was agreed that forecasting methodology used to predict the demand for cancer services over the next 10 years should be brought to the next meeting of the Joint Committee. BHRUT officers responded that this would be picked up as part of the Trust's clinical strategy although these figures may not be available by the next meeting of the Committee.

Officers added that chemotherapy patients could also access 24:7 support from oncology nurses which often avoided the need to attend A & E. It was accepted that there needed to be a broader diversity of users of the Cedar Centre and efforts were in progress to disseminate information on these services to patients. A refurbishment of the area was planned and the Trust wished for the Cedar Centre to be one of the best cancer hubs in the UK.

It was accepted that usage of the Cedar Centre was too low among several minority groups. Details of the friends and family test scores for cancer services could be supplied to the Committee although officers confirmed that BHRUT cancer services recorded one of the highest patient satisfaction scores in the Trust.

The Joint Committee agreed the updates and further information requested as outlined above and noted the position.

## 5 WINTER PRESSURES

Officers representing BHRUT and the local Clinical Commissioning Groups felt that the key issue impacting on plans for dealing with winter pressures on health services was workforce issues. This was not an issue of money but NHS bodies wished to work with Councils to attract people to work in both health and social care.

Planning was already under way for 2019/20 although patient demand was also present throughput the year. An important objective was to increase the take up rates for flu vaccines and meetings had been held with GP practices with the highest urgent care demand in order to understand the reasons for

this. Flu vaccination programmes would be better organised in order to avoid the national shortages that had occurred in 2018/19.

All local Councils and NHS organisations were involved in the A & E Delivery Group and a multi-agency A & E Delivery Board also met on a monthly basis. Workstreams covered ambulance demand, hospital flow and mental health issued which were now more clearly recorded in A & E.

Performance at BHRUT in meeting the target had improved in the last year, despite rising demand for A & E services. This contrasted with a 4% fall in A & E performance at Whipps Cross Hospital in the same period. Numbers of ambulance conveyances had increased slightly, mainly at King George Hospital.

The GP-led Urgent Treatment Centre at Queen's would be open on a 24:7 basis from July 2019 and the Urgent Care Centre at King George had seen a 13% rise in patients. It was clarified that both facilities were managed by the Partnership of East London Co-Operatives rather than BHRUT directly.

Investment had been made in intensive rehabilitation services in order to seek to reduce demand on health services. It was emphasised however that all additional winter pressures money in 2018/19 went to Local Authorities rather than the NHS.

The Red2Green initiative had been introduced to improve patient flows through the hospital and reduce length of stay thus producing better outcomes for patients. A new Rapid Assessment and Fast Treatment area had been opened at Queen's which had reduced turnaround time for patients brought by ambulance to A & E.

Decisions would be needed shortly for critical recruitment to support the next round of winter pressures and a bid had also been made for national funding to support a 24 hour Enhanced Mental Health Care Liaison team in A & E. Plans were also being developed to reduce demand for children's A & E services and to develop an integrated model of assessment for frail older people, again to avoid hospital admissions where possible.

The failure by the Trust at times to meet the 95% 4 hour target for A & E treatment was part of a national pattern. This was caused by a number of issues including lack of capital and recruitment difficulties. BHRUT currently had around 1,000 vacancies including consultant posts. The use of the four hour target was currently being reviewed at a national level but BHRUT officers accepted that the Trust would fail to meet the target in the coming winter.

An annual readmission audit was undertaken by the Trust and data on this could be supplied to the Joint Committee. A Member felt that there was a long-term trend of deteriorating performance at the Trust and officers conceded that problems with meeting the four hour A & E target did need to

be investigated. A recent review by an Intensive Support Team had concluded that BHRUT was doing everything it could to address this.

It was acknowledged that issues such as workforce gaps, having sufficient space to treat people in A & E and primary care needed to improve but there were no quick solutions. Members appreciated this and felt that a dialogue could be had to work through what issues impacted on performance. BHRUT officers emphasised that the simple addition of beds was not the answer and the Trust did not have the staff, space or capital to support this in any case. The answer lay in strengthening patient care and having a better patient flow through the system. Work on the Trust's Clinical Strategy, which sought to address these issues, was due to complete by the end of 2019.

It was clarified that nursing recruitment at the Trust was relatively successful but consultant and other medical recruitment remained challenging. Plans to develop nursing careers over a 10 year period at the Trust would help with retention as would the introduction of a nurse mentoring scheme. Around 50 nursing associates had been recruited many of which it was hoped would progress to become full nurses in due course.

## 6 ESTATES UPDATE

The Committee was advised that there was currently a constrained capital environment and CCG budgets were not likely to be reviewed. It was possible that some additional capital may be made available in the spending review. It was hoped that the London devolution of health services would allow local NHS systems to operate in such a way that would support future capital bids. Links could be sent to the London NHS Estates Strategy which included projects such as a new treatment hub at the former St George's Hospital site in Hornchurch.

The St George's project was a high priority of the STP but it was noted that the CCGs could not own property and had to work with landlords, providers, NHS Property etc. Discussions were also in progress with local Councils and neighbouring boroughs on wider planning for services such as a new health centre at Beam Park.

A Member asked who signed off the capital funding bids to NHS England and felt it was important that more clarity was received on this. It was clarified that current policy was that the receipts from the sale of NHS property assets were retained centrally, unless the vendor was a Foundation Trust. Advice had been received that part of the proceeds of the sale of the St George's site would be available for use on any new health facility at the site although this had not been confirmed in writing. Members requested copies of the original bids if these were available. Confirmation of who had signed the bids on behalf of the relevant Local Authorities was also

requested. Officers responded that these could be provided but that they were already in the public domain and were now historic documents. This also applied to documentation concerning bids such as that for the expansion of maternity services.

Subject to the confirmation of signatories and supply of documents outlined above, the Joint Committee noted the update.

## 7 AMENDMENTS TO COMMITTEE'S TERMS OF REFERENCE

A report before the Committee proposed some amendments to the Committee's terms of reference in light of the recent decision by the London Borough of Waltham Forest to reduce its representation on the Committee from three Members to one. Some minor amendments to reflect recent changes to health service structures were also recommended. A Member stated their regret at the Waltham Forest decision given the numbers of Redbridge residents in particular that used health facilities in Waltham Forest.

The Committee agreed the report and resolved:

1. That the decision by London Borough of Waltham Forest to reduce its level of representation on the Committee from three Members to one be noted.
2. That the proposed changes to the Committee's terms of reference, as shown in the appendix to the report, be agreed.

## 8 JOINT COMMITTEE'S WORK PLAN

A number of items at the meeting had produced suggestions for the Committee's work programme and the clerk would circulate a revised work plan for the Joint Committee in due course.

**Chairman**

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Havering
LONDON BOROUGH

# OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 15 OCTOBER 2019

| | |
|---|---|
| **Subject Heading:** | Primary Care Transformation Update |
| **Report Author and contact details:** | **Anthony Clements, Principal Democratic Services Officer, London Borough of Havering** |
| **Policy context:** | **The information presented gives details of the current work on primary care services in Outer North East London.** |
| **Financial summary:** | **No impact of presenting information itself.** |

## SUMMARY

NHS officers will present to the Joint Committee details current work undertaken in relation to Primary Care transformation work in this area.

## RECOMMENDATIONS

That the Joint Committee scrutinises the information presented and takes any action it considers appropriate.

## REPORT DETAIL

Officers will update the Joint Committee on a number of areas of work concerning primary care services locally including the NHS estates programme, patient access and performance updates.

## 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.

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

# Primary Care Transformation Update



**Joint Health Overview & Scrutiny Committee**
Tuesday 15 October 2019

Dr Anil Mehta, Chair, Redbridge CCG
Sarah See, Director, Primary Care Transformation, BHR CCGs

# Agenda

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

1. Primary care update
2. CQC inspections update
3. Digitisation of patient records
4. Estates Programme
5. Access (number of GP appointments, GP online video consultations)
6. GP patient survey
7. Key performance updates (diabetes, AF, learning disabilities)

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

# Primary care update

## Primary care transformation refresh

# Background

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- BHR CCGs approved their Primary Care Strategies in May 2016

- The BHR Primary Care Transformation Programme Board has achieved good progress, including:
  - Maturity of the GP federations
  - Delivery of Primary Care Diabetes and Atrial Fibrillation schemes
  - Design and implementation of workforce initiatives such as GP SPIN

The seven north east London CCGs are coming together to form the North East London Commissioning Alliance, leading to a single Primary Care Strategy (approved by the BHR CCGs Joint Committee and the BHR Health & Care Cabinet in June 2019)

- The BHR Transformation Programme has been refreshed for 2019/20

- The following slides summarise the key elements of the NEL Primary Care Strategy and set out the draft refreshed BHR Transformation Programme Plan.

# Primary Care Transformation Programme Board scope

The Primary Care Transformation Programme is the delivery vehicle that brings together requirements and support for the development of primary care.

## Drivers

*National*

**Long Term Plan and new GP Contract Reform 2019/20**


*Regional*

**Strategic Commissioning Framework**


**NELCA Primary Care Strategy**

NHS North East London Commissioning Alliance

### Delivery Via

*Borough level*

NHS Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

**BHR ICS**

**Local challenges:**

- Health and wellbeing
- Quality and care
- Workforce
- Finance and productivity

## Requirements

NHS Long Term Plan


GPFV: 10 High Impact Actions


**Local solutions:**

- New models of Care: Primary Care Networks and GP Federations
- Integrated Care System Clinical Strategy
- Development of Localities/Primary Care Networks via Primary Care at Scale
- Financial Recovery Plan
- Collective Workforce Development
- Delivery of Transformation Programmes e.g. Planned care (including IRT, RTT recovery plan)
- Constitutional and IAF targets

## Resources

- GP Forward View monies
- Delegated Commissioning
- BHR CCGs Primary Care Funds
- ETTF (estates and technology)
- Health Education England funded programmes (e.g. CEPN)
- NHS England Programme Funding (e.g. International GP Recruitment, Social Prescribing, LTBI)

Implementation of Primary Care Transformation for BHR

## Delivery

**Programme:**

Primary Care Transformation Programme Board

As part of the wider transformation policy

**Delivery model:**

Federations with Primary Care Networks, in localities, working as part of wider Integrated Care System

# Vision

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

*"Person-centred, integrated and comprehensive care delivered by sustainable general practice that forms the corner stone of our integrated care system."*

North East London Primary Care Strategy, 2019



We will achieve this through four workstreams:

1. Quality and efficiency
2. Recruit and retain workforce
3. New models of provider development and digital innovation
4. Enablers

# Aspirations for primary care transformation by 2021

- **Quality and efficiency** – 95% good or outstanding CQC rating for practices; one Quality Improvement expert per network; standardisation of five care pathways across NEL

- **Recruit and retain workforce** – Implementation of local salaried portfolio scheme for GPs; development of STP primary care workforce training hub; modelling of future workforce requirements to ensure proactive recruitment

- **New models; at scale working** – Matured federations delivering population-based outcomes; a vibrant primary care network development programme; more digital tools in every practice.

# Priorities and activities for 2019/20

- **Quality and efficiency** – Programme of training to support CQC registration and practice viability; embed use of Dragon technology; work with Care City to test options for front line staff efficiency

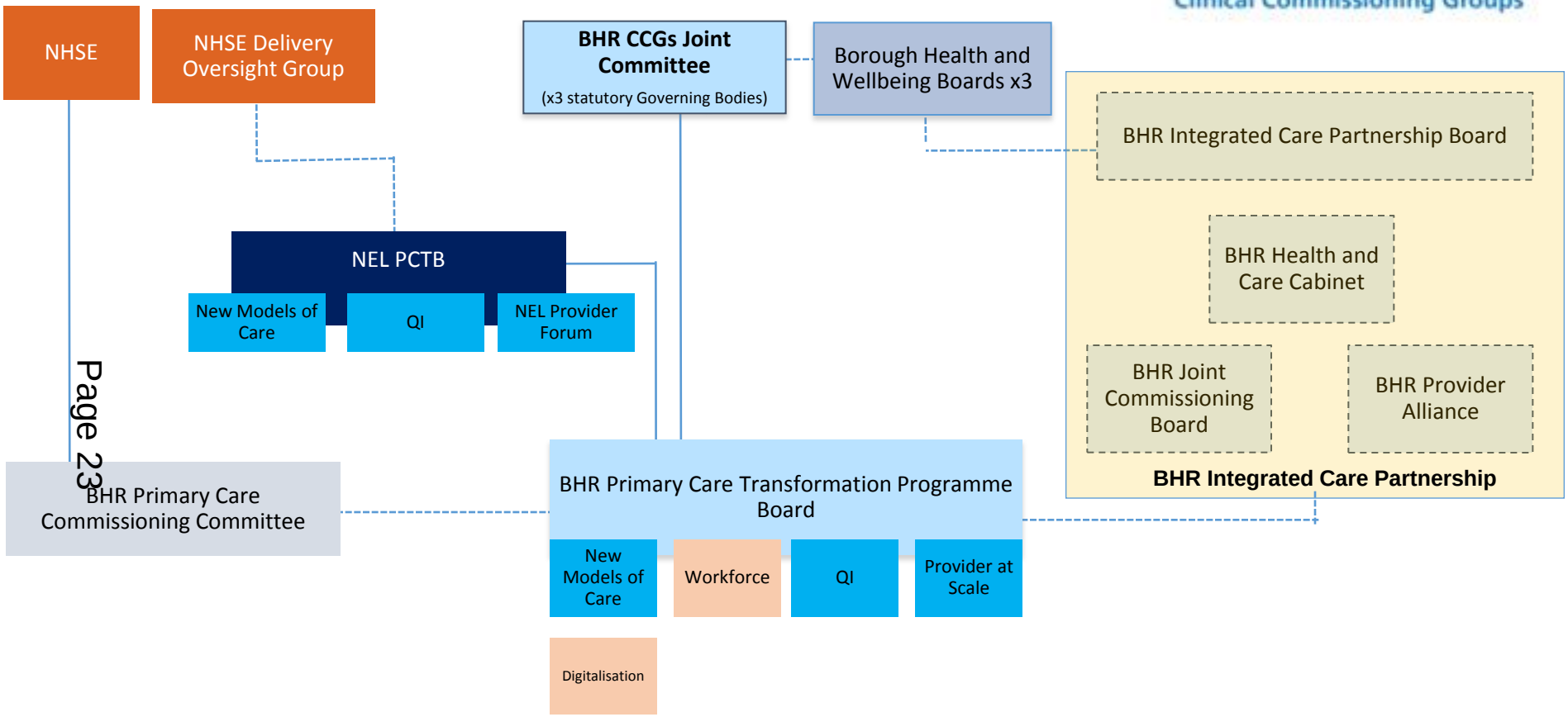
- **Recruit and retain workforce** – All PCNs to recruit a Clinical Director; PCNs to prepare for new roles from 2020/21; explore CPD opportunities for all staff

- **New models; at scale working** – PCNs to be 'Direct Enhanced Service (DES) ready' by April 2020; reduce 'Did Not Attend' (DNAs) through text messaging and GP online; 75% of the registered population within BHR should have access to online GP consultations.

# Governance and delivery arrangements

Overseeing delivery of primary care transformation and delegated commissioning.

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups






## General Practice Providers

| Havering | B&D | Redbridge |
|---|---|---|
| GP Federation / PCNs x4 | GP Federation / PCNs x6 | GP Federation / PCNs x5 |

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Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

# Primary care update



## The new General Practice landscape and the establishment of Primary Care Networks

# What are Primary Care Networks?

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- ‘At scale’ general practice that helps to create a more integrated health and care system
- Pressure on GPs is reduced by working together; the NHS Long-Term Plan put a formal structure in place
- Around £1.5m will come into the NEL STP to support PCN development
- All BHR GP practices have come together to form 15 PCNs, covering 30,000+ patients
- 6 PCNs in B&D, 4 in Havering, 5 in Redbridge
- All GP practices in BHR will be open during core hours by end of October 2019 (meaning no more half-day closures).

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Clinical Commissioning Groups

SYSTEM

NEL ELHCP

BHR ICS

PLACE

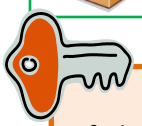
BOROUGH


NEIGHBOURHOOD

PRIMARY CARE NETWORK

x15
Primary Care at Scale

Practice




General practice as the foundation of a wider Integrated Care System, working in partnership with other health and care providers to collaboratively manage and provide integrated services to a defined population within a shared budget

Usually at a borough level and often a single formal organisation e.g. Federation, this is the platform to provide the scale to develop and train a broad workforce, create shared operational systems and quality improvement approaches including use of locally owned data, support the delivery of collective back office functions to reduce waste and enhance efficiency, develop integrated unscheduled and elective care services for the whole population, and provide professional leadership and the 'voice for general practice in the local health economy

Serving populations of 30,000 – 50,000, bringing together groups of practices and other community providers around a natural geography. Support multi disciplinary working to deliver joined up, local and holistic care for patients. Key scale to integrated community based services around patients' needs who require collaboration between service providers and long-term care coordination

General practice as the foundation of a wider Integrated Care System, working in partnership with other health and care providers to collaboratively manage and provide integrated services to a defined population within a shared budget

The **Primary Care Network** model is at the core of both the development of General Practice in its own right, and as the foundation of place-based, integrated care. The **GP Federations** are a key platform to expand on the benefits of PCNs and enable further commissioning and to achieve economies of scale at both a borough (single GP Federation) and multi borough (e.g. three BHR Federations working together) level.

# Primary Care in the context of an integrated system

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

**Federations**

- Hold contracts to be delivered through primary care at scale
- Provide infrastructure to achieve economies of scale
- Represents primary care at the BHR Provider Alliance.

**GP Networks**

- Work with member practices to reduce variation in quality
- Work with network member practices and federation leads to ensure the network has the capacity and capability to deliver key services.

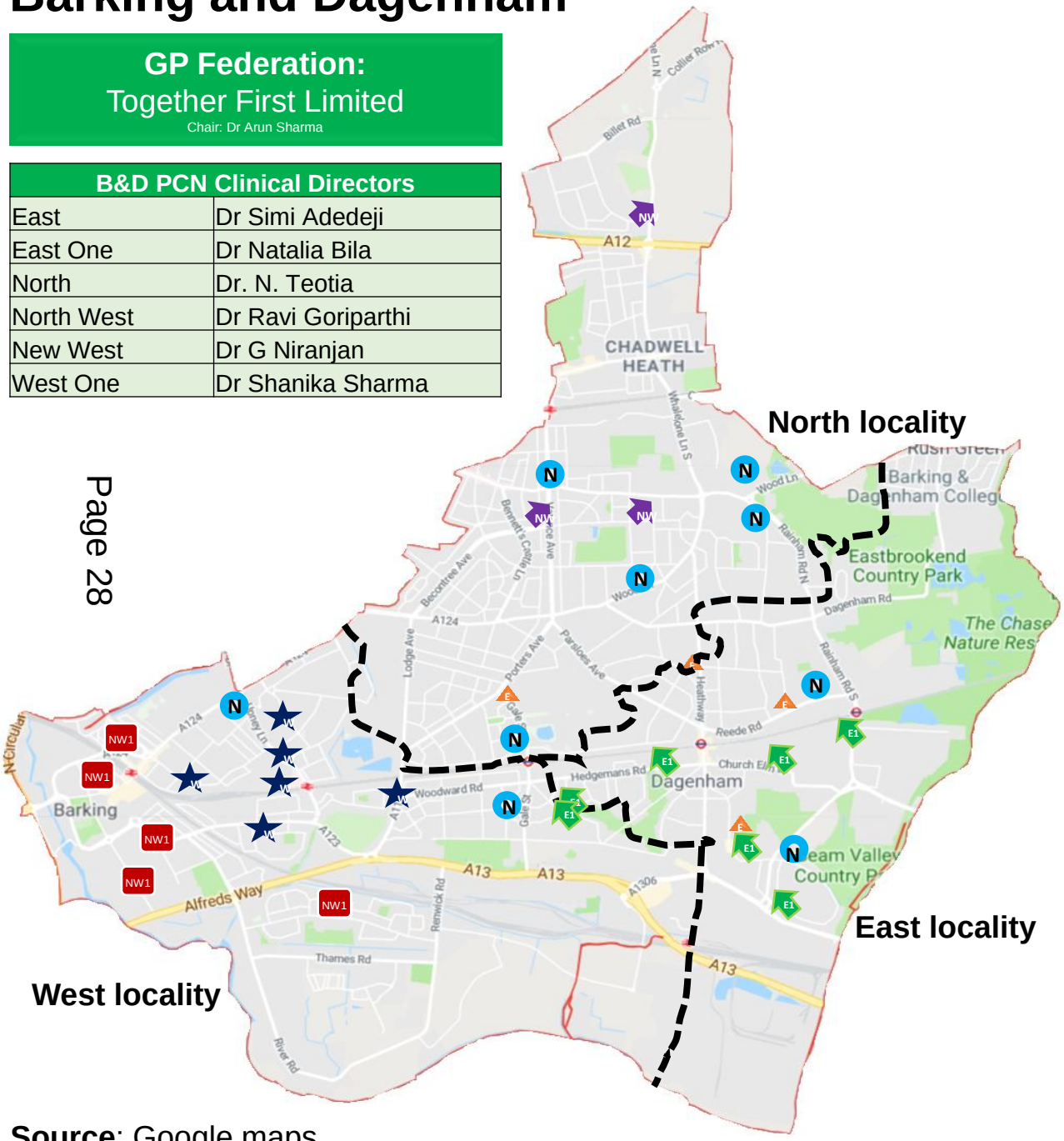
**Localities**

- Primary care is the core
- Drives delivery of integrated care commissioned by the CCGs and in some cases by the Local Authority as well
- Identifies and implements approaches to streamline processes between different providers within the localities i.e. looks to remove avoidable bureaucracy.

# Barking and Dagenham

**GP Federation:**
Together First Limited
Chair: Dr Arun Sharma

| B&D PCN Clinical Directors | |
|---|---|
| East | Dr Simi Adedeji |
| East One | Dr Natalia Bila |
| North | Dr. N. Teotia |
| North West | Dr Ravi Goriparthi |
| New West | Dr G Niranjan |
| West One | Dr Shanika Sharma |




Page 28

**Source**: Google maps

| North Primary Care Network; 8 practices List size 45,669 | |
|---|---|
| Green Lane Surgery | 3740 |
| Dr S Z Haider & Partners | 5704 |
| Dr A K Sharma | 9872 |
| Dr A Arif | 4533 |
| Five Elms Medical Practice | 4057 |
| Gables Surgery | 6876 |
| Dr M Ehsan | 3042 |
| Dr B K Jaiswal | 5415 |
| Dr Prasad (Faircross Health Centre) | 2430 |
| | **45,669** |

| North West PCN; 3 practices List size 32,637 | |
|---|---|
| Marks Gate Health Centre | 4943 |
| Tulasi Medical Centre | 21062 |
| Becontree Medical Centre | 6632 |
| | **32,637** |

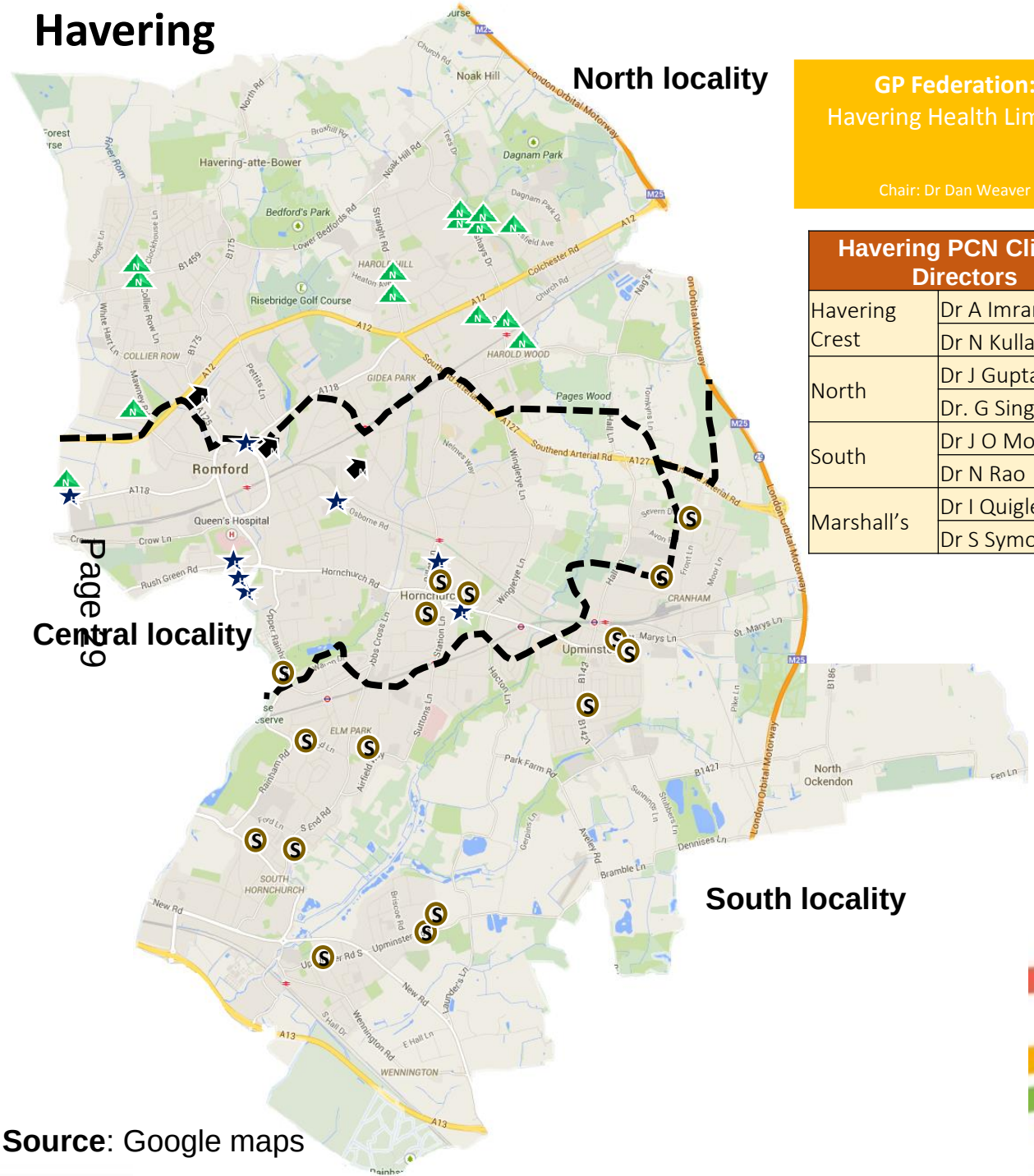
| West One Primary Care Network; 6 practices list size 40,489 | |
|---|---|
| Drs Chibber & Gupta | 4465 |
| Drs Sharma & Rai | 5492 |
| Highgrove Surgery | 7961 |
| Dr Ansari & Ansari | 8270 |
| The Barking Medical Group Practice | 11348 |
| The John Smith Medical Centre | 2953 |
| | **40,489** |

| New West PCN: 5 practices List size 30,973 | |
|---|---|
| Abbey Medical Centre | 6949 |
| Dr G. Kalkat | 8538 |
| Dr N. Niranjan | 4869 |
| Drs John & John | 8415 |
| Shifa Medical Practice | 2202 |
| | **30,973** |

| East Primary Care Network; 4 Practices List size: 39,458 | |
|---|---|
| Broad Street Medical Centre | 6553 |
| Porters Avenue *(merged 01.04.2019 with Child & Family)* | 8898 |
| Church Elm | 6204 |
| Halbutt Street Surgery | 6779 |
| Child and Family Health | 11,024 |
| | **39,458** |

| East ONE Primary Care Network; 7 Practices List size: 37,134 | |
|---|---|
| Dr Alkaisy Surgery | 4682 |
| First Avenue Surgery | 5401 |
| Heathway Medical Centre | 4895 |
| Hedgemans rd | 5717 |
| Parkview | 4598 |
| St Albans Surgery | 8076 |
| The Surgery (Dr Ola) | 3765 |
| | **37,134** |

# Havering




**GP Federation:**
Havering Health Limited

Chair: Dr Dan Weaver

| Havering PCN Clinical Directors | |
|---|---|
| Havering Crest | Dr A Imran |
| | Dr N Kullar |
| North | Dr J Gupta |
| | Dr. G Singh |
| South | Dr J O Moore |
| | Dr N Rao |
| Marshall's | Dr I Quigley |
| | Dr S Symon |

**Havering Crest Primary Care Network: 8 practices**
**List size 42,663**

| | | |
|---|---|---|
| F82031 | Rush Green Medical centre , Dr Samoni | 4838 |
| F82675 | Billet Lane Surgery | 3831 |
| F82039 | Dr Poolo | 3502 |
| F82638 | Modern Medical Surgery | 5830 |
| F82011 | St. Edwards Surgery (formally mawney medical ) | 10856 |
| F82019 | The Upstairs Surgery ( Dr Imran) | 6902 |
| F82023 | Dr Pervez High Street Surgery | 3333 |
| F82663 | Dr Marks | 3571 |
| | | **42,663** |

**North Primary Care Network: 15 Practices**
**List size 82,231**

| | | |
|---|---|---|
| F82671 | Dr J Gupta & Dr Prasad Straight Rd Surgery | 2762 |
| F82007 | Greenwood Surgery | 11732 |
| F82010 | Petersfield Surgery | 7428 |
| F82045 | Dr Choudhury | 3335 |
| F82610 | Dr N Gupta | 2969 |
| F82014 | Harold Hill H/C Dr Kucchai | 7178 |
| Y02973 | Kings Park Surgery | 7812 |
| F82670 | Harold Hill H/C Dr Jabbar | 2660 |
| Y00312 | Robins Surgery | 4729 |
| F82016 | Central Park | 7457 |
| F82030 | Lynwood Medical Centre | 12141 |
| F82630 | Chase Cross Surgery | 5933 |
| F82648 | Ingrebourne Surgery | 3007 |
| F82686 | Dr A Patel | 3088 |
| | | **82,231** |

**South Primary Care Network: 17 Practices**
**List size: 106,280**

| | | |
|---|---|---|
| F82008 | Maylands Health Care | 14549 |
| F82624 | Upminster Medical Centre ( Dr O'Moore) | 3798 |
| F82614 | South Hornchurch Clinic | 3190 |
| F82619 | Harlow road Surgery | 2001 |
| F82002 | Haiderian Medical Centre | 6288 |
| F82028 | Wood Lane Surgery | 8448 |
| F82006 | Dr Dhas and Humberston | 11824 |
| F82033 | Dr V M Patel | 3776 |
| F82609 | Dr P Patel | 4522 |
| F82055 | Hornchurch Healthcare | 6909 |
| F82607 | Spring Farm | 5058 |
| F82627 | Dr Abdullah | 5191 |
| F82666 | Dr Rahman and Tsoi | 4264 |
| F82674 | Avon Rd Cranham H/C | 5155 |
| F82649 | Berwick Surgery | 4653 |
| F82053 | Upminster Medical Surgery Dr Baig | 4230 |
| F82022 | Rosewood Surgery | 12424 |
| | | **106,280** |

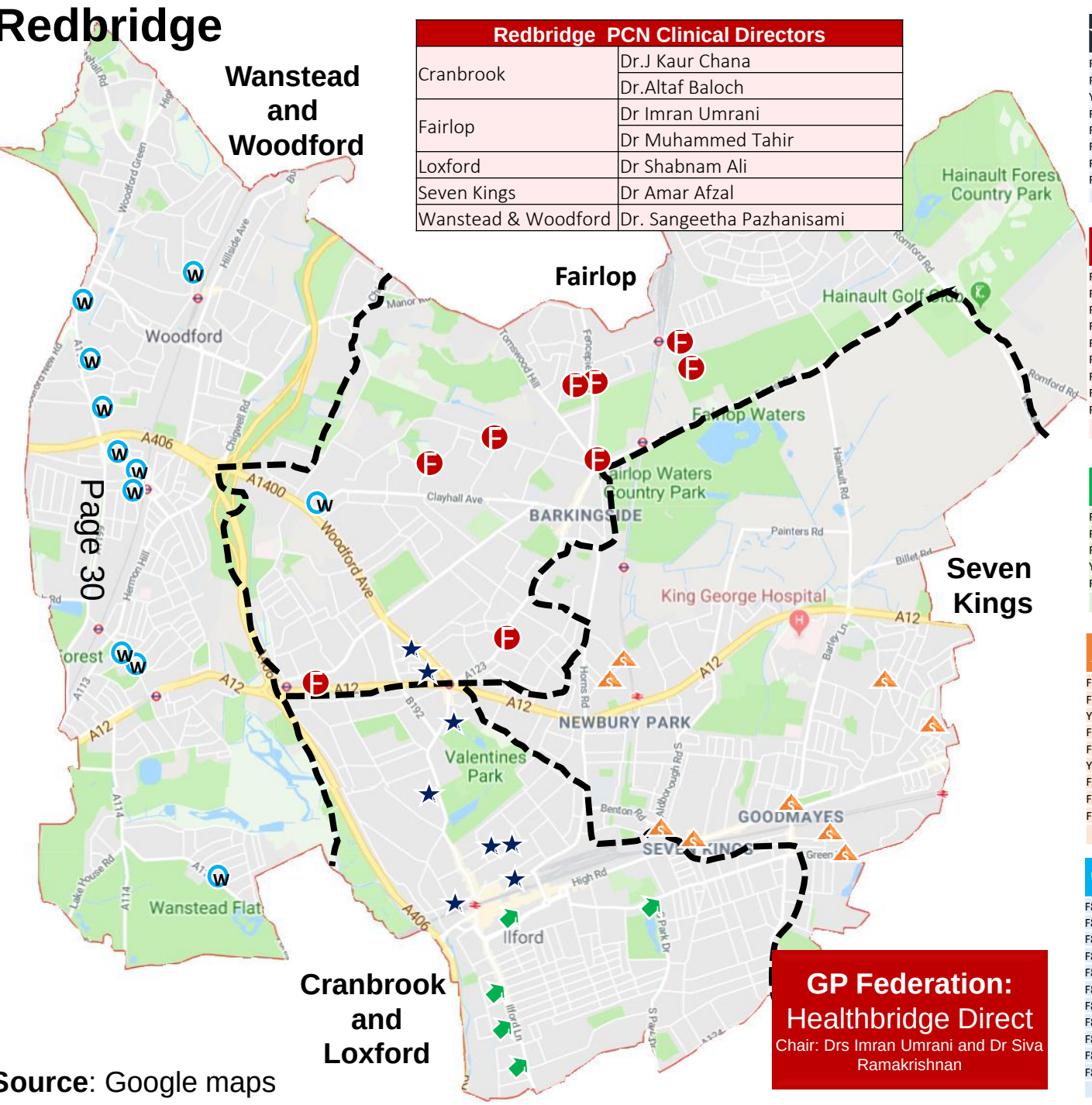
**Marshall's Primary Care Networks: 3 Practices**
**List size 47,990**

| | | |
|---|---|---|
| F82013 | Western Road Surgery | 17129 |
| F82009 | North Street Medical Centre | 18457 |
| F82021 | The New Medical (Dr M Edison) | 9747 |
| F82639 | Dr Joseph Surgery list has been taken on by North Street practice Romford | 2657 |
| | | **47,990** |

**Source**: Google maps

# Redbridge

| Redbridge PCN Clinical Directors | |
|---|---|
| Cranbrook | Dr.J Kaur Chana |
| | Dr.Altaf Baloch |
| Fairlop | Dr Imran Umrani |
| | Dr Muhammed Tahir |
| Loxford | Dr Shabnam Ali |
| Seven Kings | Dr Amar Afzal |
| Wanstead & Woodford | Dr. Sangeetha Pazhanisami |




**GP Federation:**
Healthbridge Direct
Chair: Drs Imran Umrani and Dr Siva Ramakrishnan

**Source**: Google maps

| Cranbrook Primary Care Network: 8 Practices list size 49218 | | |
|---|---|---|
| F86698 | Cranbrook Surgery | 4454 |
| F86657 | York Road Surgery | 8245 |
| Y00918 | Granville Medical Centre | 6456 |
| F86042 | Balfour Road Surgery | 6209 |
| F86652 | The Drive Surgery | 6305 |
| F86702 | St.Clements Surgery | 4714 |
| F86008 | Gants Hill Medical Centre | 9192 |
| F86703 | The Redbridge Surgery | 3643 |
| | | 49218 |

| Fairlop Primary Care Network: 9practices list size 61,649 | | |
|---|---|---|
| F86010 | Fullwell Cross Medical Centre | 13586 |
| F86007 | The Forest Edge Practice | 12390 |
| F86083 | The Eastern Avenue Medical Centre | 7192 |
| F86707 | Fencepiece Road Medical Centre | 6543 |
| F86057 | The Willows Practice | 6489 |
| F86081 | Kenwood Medical Centre | 5931 |
| F86612 | The Fullwell Avenue Surgery | 3514 |
| F86624 | The Heathcote Primary Care Centre | 3246 |
| F86085 | Hainault Surgery | 2758 |
| | | **61649** |

| Loxford Primary Care Network: 5 practices list size 61,649 | | |
|---|---|---|
| F86022 | Ilford Medical Centre | 13639 |
| F86692 | Mathukia's Surgery | 10362 |
| F86082 | Ilford Lane Surgery | 5684 |
| Y02987 | AT Medics | 16892 |
| F86025 | Oak Tree Medical Centre | 15072 |
| | | **61649** |

| Seven Kings Primary Care Network: 9 practices list size 73,215 | | |
|---|---|---|
| F86642 | Castleton Road | 4637 |
| F86028 | Chadwell Heath Surgery | 10057 |
| Y00090 | Doctors House | 8661 |
| F86087 | Goodmayes Medical Centre | 7177 |
| F86034 | Goodmayes Medical Practice | 5640 |
| Y00155 | Grove Surgery | 8815 |
| F86060 | Newbury Group Practice | 15159 |
| F86009 | Palms Medical Centre | 7731 |
| F86637 | Seven Kings | 5338 |
| | | **73215** |

| Wanstead & Woodford PCN: 11 practices list size 80,295 | | |
|---|---|---|
| F86064 | Elmhurst Practice | 4923 |
| F86731 | Aldersbrook Practice | 3768 |
| F86066 | Southdene Surgery | 7858 |
| F86641 | Shruberries Medical Centre | 7235 |
| F86020 | Glebelands Practice | 5989 |
| F86023 | Evergreen Practice | 9068 |
| F86013 | Broadway Surgery | 6383 |
| F86012 | Rydal Group Practice | 10897 |
| F86032 | Wanstead Place Surgery | 9230 |
| F86658 | Queen Mary practice | 4581 |
| F86691 | Clayhall Group Practice | 10363 |
| | | **80295** |

# PCN focus – 2020/21

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- Focused on seven DES:
  1. Structured Medication Reviews
  2. Enhanced health in care homes
  3. Anticipatory care with community services
  4. Personalised care
  5. Supporting early cancer diagnosis
  6. CVD prevention and diagnosis
  7. Inequalities

- Support the sustainability of core PCN members

- Understand the needs of local populace to inform current and future service planning

# PCN focus – 2020/21, cont.

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- Initiate the recruitment of the PCN workforce
- Establish extended hours DES arrangements at a PCN level
- Develop communication and engagement plans for PCN local communities
- Actively engage and understand role with the respective BHR Transformation Programmes.

# Recruitment, retention and leadership

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

**GP Salaried Portfolio Innovation (SPIN) scheme**

- This offers a permanent contract with a local GP practice for 4-7 sessions per week, two sessions per week as a portfolio day for 12 months and a monthly peer support action learning set with GP facilitation for 12 months
- In 2018/19 this scheme employed seven GPs in BHR. As it comes to a close some GPs are choosing to remain in BHR
- The scheme is moving into its second year
- 8 ST3/GPs have successfully applied for the 2019/20 scheme which starts in Sept 2019.

**General Practice Nursing (GPN)**

- To promote general practice nursing across BHR, four nurse leadership positions have been established
- These roles are to provide leadership, support and direction for GPNs across BHR, and to shape an ongoing strategy to improve GPN recruitment and retention
- Links are established with the local community education provider network (CEPN)
- BHR is now a member of the NELFT-hosted super hub to increase the profile of nursing.

# CQC inspections

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- The CQC has inspected all 118 practices across BHR: 106 are rated good, 11 require improvement, and 2 are inadequate and in special measures.

| CCG | Total no. of practices | | No. rated 'inadequate' | | No. rated 'requires improvement' | | No. rated 'good' | |
|---|---|---|---|---|---|---|---|---|
| | Mar-17 | Aug-19 | Mar-17 | Aug-19 | Mar-17 | Aug-19 | Mar-17 | Aug-19 |
| **B&D** | **36** | **34** | **1** | **2** | **6** | **4** | **29** | **29** |
| **Havering** | 44 | 42 | 3 | **0** | 6 | **4** | 35 | **38** |
| **Redbridge** | **43** | 42 | 0 | **0** | 6 | **3** | 37 | **39** |
| **Total** | 123 | 118 | 4 | 2 | 18 | 11 | 101 | 106 |

# CQC Inspections

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

- Practices rated ‘inadequate’ and ‘requires improvement. Note: Maylands have been removed from this list as they are now rated ‘good’ following their inspection in August 2019.

| CCG | Practice_Name | Date of Report publication: | CQC Overall Rating | SAFE Rating | EFFECTIVE Rating | CARING Rating | Responsive Rating | WELL-LED Rating |
|---|---|---|---|---|---|---|---|---|
| NHS Redbridge CCG | The Willows Medical Practice | 23.04.19 | Requires improvement | Requires improvement | Requires improvement | Good | Requires improvement | Requires improvement |
| NHS Redbridge CCG | Eastern Avenue Medical Centre | 16.04.19 | Requires improvement | Requires improvement | Requires improvement | Good | Good | Requires improvement |
| NHS Redbridge CCG | Cranbrook Surgery | 01.02.19 | Requires improvement | Requires improvement | Good | Good | Good | Inadequate |
| NHS Havering CCG | Chadwell Heath Health Centre (Dr Hamilton-Smith/Dr Francis Oladimeji) | 15.1.19 | Requires improvement | Requires improvement | Requires improvement | Requires improvement | Requires improvement | Requires improvement |
| NHS Havering CCG | Rosewood Medical Centre | 16.01.19 | Requires improvement | Requires improvement | Good | Good | Good | Requires improvement |
| NHS Havering CCG | Rush Green MC - Dr B Beheshti | 05.09.18 | Requires improvement | Requires improvement | Good | Good | Requires improvement | Good |
| NHS Havering CCG | Dr K Subramanian/The Surgery | 09.02.18 | Requires improvement | Requires improvement | Requires improvement | Good | Good | Requires improvement |
| Barking & Dagenham | Five Elms Medical Practice | 09.11.18 | Requires improvement | Good | Good | Requires improvement | Requires improvement | Good |
| Barking & Dagenham | Dr KP Kashyap's Practice/Marks Gate HC | 22.02.18 | Requires improvement | Requires improvement | Good | Good | Good | Requires improvement |
| Barking & Dagenham | Dr KM Alkaisy - Urswick Medical Centre | 09.07.18 | Requires improvement | Requires improvement | Good | Good | Good | Requires improvement |
| Barking & Dagenham | Highgrove Surgery | 05.02.19 | Requires improvement | Requires improvement | Requires improvement | Good | Good | Good |
| Barking & Dagenham | Shifa Medical Practice/Dr Yousef Rashid | 29.03.19 | Inadequate | Inadequate | Inadequate | Good | Requires improvement | Inadequate |
| Barking & Dagenham | Halbutt Street Surgery (Drs A Adedeji & SA Adedeji) | 22.03.19 | Inadequate | Inadequate | Requires improvement | Requires improvement | Requires improvement | Inadequate |

# Digitalisation of patient records

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- This is the offsite scanning of paper records that are returned to the practice in a digital format that can be uploaded and joined with electronic patient records

- It is a national initiative but currently not funded by NHS England/Improvement

Until it is funded the CCGs are prioritising digitisation based on this criteria:

- Whether other options exist (e.g. using spare rooms)
- Practices indicating they need to close their list
- Practices wanting to take on more clinical staff but not having the space
- Projected and historical growth rates
- Pressure from neighbouring practices
- New developments in the area
- Cost of digitisation vs. clinical space
- Health and safety issues.

# Estates redevelopment

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- Over the next 15 years Redbridge is projected to have the largest population increase in north east London – approx. 43,000 increase

- LBR local plan estimates 6,000 new homes in Ilford and 5,000 in proximity to King George and Goodmayes hospital sites (in the 'Crossrail corridor'); 19,000 in Redbridge overall

- The CCG is developing a plan to address the model of care in a future where different services are provided at different geographical levels

- The main challenge to this is capital funding, and we will likely need significant support from developer contributions

- There are also several short term issues in the borough: relocation of Cranbrook and Eastern Avenue practices, Heathcote practice structural issues, Forest Edge and The Willows practices need additional space, Central Ilford may need a new practice in the next decade.

# Access to primary care

- Most of the contact that people have with the NHS is with general practice; poor access can cause frustration for patients, whilst good access reduces pressure on the NHS (particularly A&E)

- There are several key challenges in access that we are working to address:
  - Working towards redressing the shortfall of clinical staff (e.g. GP SPIN and recruitment events)
  - Up-skilling existing staff within practices
  - Changing the skill mix to utilise more nurses and Healthcare Assistants
  - Introducing new clinical roles (e.g. Physician Associates, Clinical Pharmacists and physiotherapists)
  - Training care navigators to redirect patients
  - Tackling Do Not Attend (DNA) numbers
  - Training admin staff to do work that frees up medical staff
  - Utilising online access solutions
  - Increasing uptake of online (e.g. repeat prescriptions)
  - Adopting physical and telephone triage, where appropriate
  - Using different techniques e.g. no fixed appointments and clinicians answering phones
  - Incentivising improvements in appointment numbers and demand management
  - Supporting practices in improving quality through Quality Improvement training.

# Access to primary care, cont.

- A Primary Care Access Scheme has been set up to deliver a constant above-average level of access whilst encouraging efficiency in practices
- 37/42 practices in Redbridge have signed up
- Deliverables include an agreed level of appointments and being open between 8.00am-6.30pm five days a week
- It is not easy to measure access or expectations as to what counts as ‘good’ – we have tried to address this with our 2019 GP Patient Survey for BHR.

# GP Online and video consultations

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

The 2019 Long Term Plan and GP contract reform set out a clear direction to provide patients with digital access to NHS services.

- **GP Online** – all patients should have access to GP Online by April 2020. As of July 2019 the highest achieving practice in BHR is at 66%

- **Online consultations (eConsult)** – all patients should have access to online consultations by March 2020. As of August 2019 the average BHR achievement is 41.8%

- **Video consultations** – all patients should have access to video consultations by April 2021, and this is currently being piloted by eConsult

- **NHS App** – now launched in all three boroughs, and Havering has the highest number of downloads of any London CCG.

# GP Patient Survey

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- The national survey was sent to 46,566 adults in BHR, and 13,181 (28%) were returned

- Generally, how easy is it to get through to someone at your GP practice on the phone?
  - B&D: 61% easy
  - Havering: 64% easy
  - Redbridge: 52% easy
  - National average: 68% easy

- Overall, how would you describe your experience of making an appointment?
  - B&D: 58% good
  - Havering: 63% good
  - Redbridge: 57% good
  - National average: 67% good

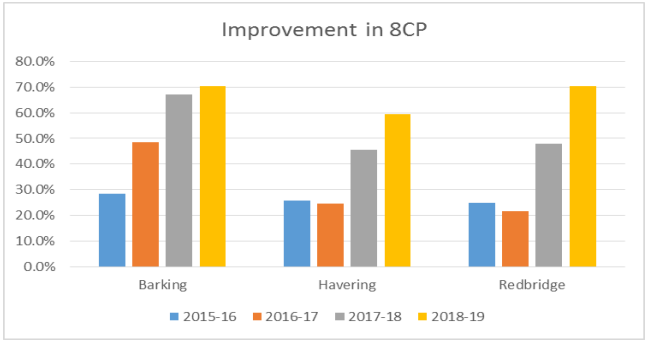
- Overall, how would you describe your experience of your GP practice?
  - B&D: 74% good
  - Havering: 78% good
  - Redbridge: 74% good
  - National average: 83% good

# Diabetes

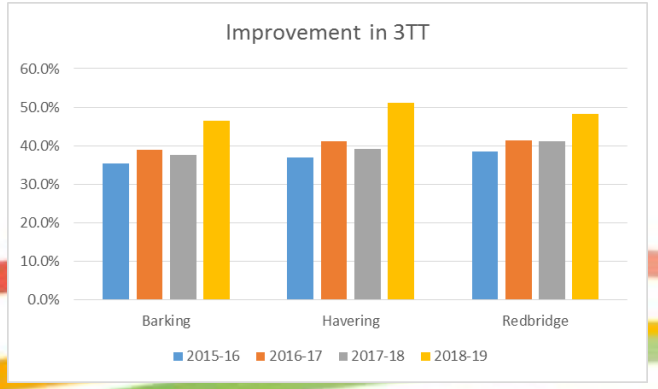
Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- From 2016-17 BHR CCGs have invested in improving the quality of life for Type 2 diabetics across BHR
- Work has primarily focused on increasing the number of diabetics receiving annual reviews
- Number of patients receiving 8 care processes has risen since by 22,967
- Number of patients achieving control of their diabetes has risen by 9,900
- In May 2019 Barking & Dagenham CCG won the HSJ Value award for Best Diabetes Innovation for its impact in tackling inequality in diabetes care.

| Patients (T2 %) 8 care processes | | | | |
|---|---|---|---|---|
| **CCG** | 2015-16 | 2016-17 | 2017-18 | 2018-19 |
| Barking | 28.4% | 48.4% | 67.2% | 70.5% |
| Havering | 25.8% | 24.7% | 45.6% | 59.3% |
| Redbridge | 25.0% | 21.7% | 47.8% | 70.2% |
| BHR Average | 26.4% | 31.6% | 53.5% | 66.7% |
| England | 53.9% | 47.7% | 58.8% | NK |



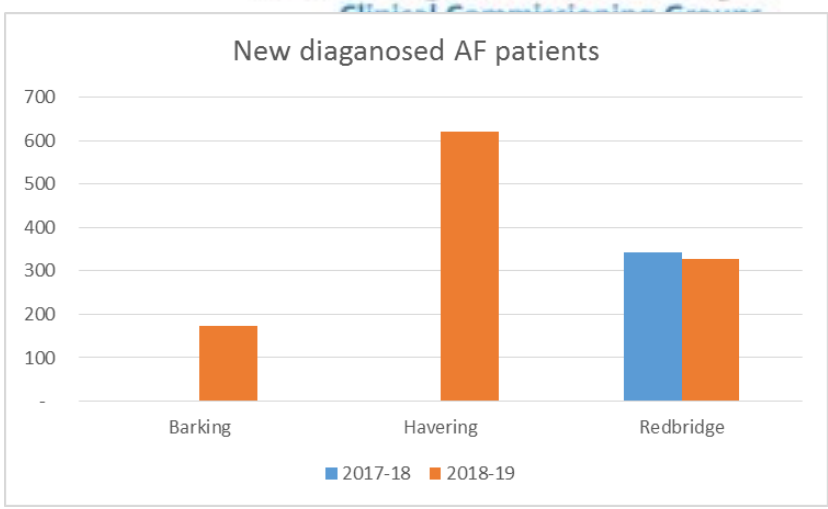

| Patients (T2 %) achieving tripple treatment target | | | | |
|---|---|---|---|---|
| **CCG** | 2015-16 | 2016-17 | 2017-18 | 2018-19 |
| Barking | 35.3% | 39.0% | 37.6% | 46.5% |
| Havering | 37.0% | 41.1% | 39.2% | 51.1% |
| Redbridge | 38.5% | 41.4% | 41.1% | 48.3% |
| | | | | |
| England | 40.4% | 41.1% | 40.2% | NK |



# Atrial Fibrillation

NHS
Barking and Dagenham, Havering and Redbridge

- In 2016-17 Redbridge CCG led an initiative to increase the detection of Atrial Fibrillation (AF)
- Success in 2017-18 led to scaling up this quality improvement across BHR
- First full year across the three boroughs has identified 1,121 AF patients
- BHR CCGs and Barts Health were nominated for an HSJ Value award for this work
- The scheme was previously recognised with an Anticoagulation Achievement Award and Healthcare Pioneers Award in 2018 by the Arrhythmia Alliance.




| CCG | 2017-18 | 2018-19 |
|---|---|---|
| Barking | | 173 |
| Havering | | 620 |
| Redbridge | 344 | 328 |
| TOTAL | 344 | 1,121 |

**Outcome - reduce incidence of stroke over future years.**

# Learning disabilities

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- The NHS National Operating Planning and Contractual Guidance requires by 2020/21 that 75% of patients on the Learning Disabilities (LD) Register should receive an annual health check
- In 2018/19, Havering exceeded the NHS England standard, achieving 79%
- B&D and Redbridge (both at 73%) have not yet reached this target, but have improved significantly since 2017/18.
- Overall, an additional 251 LD patients in BHR received the health check in 2018/19 with an overall BHR average of 75% achievement of completed checks.



| 2018-19 Learning Disabilities Data | | | | | |
|---|---|---|---|---|---|
| **CCG** | Patients on LD Register | Completed LD checks | No of additional Patients receiving LD check | % of checks completed | % improvements on 2017-18 |
| **Havering** | 928 | 733 | 18 | **79%** | +5% |
| **Barking & Dagenham** | 872 | 638 | 48 | **73%** | +12% |
| **Redbridge** | 1143 | 830 | 185 | **73%** | +18% |
| **BHR Totals** | 2943 | 2201 | 251 | **75%** | +12% |

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

# Any questions?



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Havering
LONDON BOROUGH

# JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 15 OCTOBER 2019

| | |
|---|---|
| **Subject Heading:** | Barking & Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs) continuing healthcare placements policy update |
| **Report Author:** | Sharon Morrow, Director of Transformation and Delivery – Unplanned Care, BHR CCGs |
| **Policy context:** | The information presented updates the Committee on BHR CCGs' proposed continuing healthcare placements policy. |
| **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

Details are given in the attached presentation regarding BHR CCGs' proposed continuing healthcare placements policy and the public consultation.

## RECOMMENDATIONS

1. That the Committee considers the information presented and takes any action it considers appropriate.

## REPORT DETAIL

At the request of the Committee, a senior officer and clinical lead from BHR CCGs will update on the CCGs' proposed continuing healthcare placements policy and the associated public consultation, which was held from 8 July to 30 September 2019. Further details are given in the attached presentation.

A presentation given at a recent meeting of the Barking & Dagenham Health Scrutiny Committee together with a response from the chairman of the Committee is also attached for information.

## 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.

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

# Continuing healthcare placements policy



**Joint Health Overview & Scrutiny Committee**
Tuesday 15 October 2019

Dr Amit Sharma, Clinical Lead for Continuing Healthcare
Sharon Morrow, Director of Transformation and Delivery – Unplanned Care
BHR CCGs

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

# Aim of tonight's presentation

- ✓ Provide members with an overview of the continuing healthcare process
- ✓ Brief members on BHR CCGs' proposed written continuing healthcare placements policy
- ✓ Update members on the public consultation and feedback received
- ✓ Update members on the decision-making process.

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

# What is continuing healthcare?

NHS continuing healthcare, often called CHC, is the name given to a package of ongoing care that is arranged and funded solely by the NHS for adults who have been assessed as having a ‘primary health need’, as set out in the Department of Health and Social Care’s (DHSC) national framework for CHC.



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Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

# CHC eligibility and assessment

- The CCGs work to the National Framework for NHS Continuing Healthcare and NHS funded Nursing Care, which sets out the principles and processes of NHS CHC. This includes:
  - Screening for CHC
  - Assessment of eligibility for CHC
  - Decision making on eligibility
  - Care planning and delivery
  - CHC reviews
  - Requests for review of CHC eligibility
- Eligibility for NHS CHC depends on the assessed needs, and not on any particular disease, diagnosis or condition.

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

# CHC eligibility and assessment, cont.

- Patient, their family or carer inputs into the assessment
- Multi-disciplinary team recommends to the CCG whether a patient meets the DHSC criteria for NHS funded CHC
- CCG decides if the patient is eligible for CHC based on the recommendation, assessment and supporting evidence
- Eligibility reviewed at least once a year – if needs change the package of care may change.

# Location of care

- CHC packages are provided in different settings, including:
  - In an individual's own home – the NHS will pay for healthcare, such as services from a community nurse or specialist therapist, and personal care, e.g. help with bathing, dressing and laundry
  - In a care or nursing home – the NHS will pay, along with healthcare and personal care, for care or nursing home fees, including board and accommodation.

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

# Who receives CHC and where?

- Approximately 530 people in BHR currently eligible for CHC
  - Barking & Dagenham – 149 people
  - Havering – 181 people
  - Redbridge – 175 people
- 70% of eligible patients receive CHC in a care or nursing home
- Factors considered when deciding location of care:
  - Clinical safety
  - Support available from family or friends
  - Suitability of home setting
  - Comparable costs of home versus care or nursing home care.

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

# Cost of CHC

- Cost to the local NHS of a CHC package is:
  - For care at home – cost ranges from around £70 to £8,000 per week (around £3,640 to £416,000 per year)
  - For care in a local care or nursing home – cost ranges from around £868 to £6,870 per week (around £45,136 to £357,240 per year).

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Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

# What's changing?

# Introduction of a written CHC placements policy

# Why are we introducing a CHC placements policy?

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- In line with other CCGs across England, we intend to introduce a written CHC placements policy
- The proposed policy will:
  - Support how decisions are made about the location of CHC packages
  - Balance clinical need, wishes of patients, and the limited financial resources available to the local NHS
  - Ensure consistency, fairness and transparency in the decision-making and appeals processes
- Development of the policy is being led by our GP clinical leads and will align to the DHSC's national framework.

# Who will the proposed policy apply to?

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- **Will apply** to all new patients eligible for CHC, and in a few cases to existing patients whose care needs have changed considerably since their last review (e.g. if a person's condition has deteriorated and they require significant extra care)
- **Will not apply** to anyone under 18 years – there is a Children's Continuing Care to adult CHC transition process that helps ensure issues over care provision or cost are identified early - or people assessed as needing 'fast-track' CHC (i.e. care which is provided to people who have a rapidly deteriorating condition and may be approaching the end of life).

# How will the proposed policy affect patients?

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- **Eligibility to receive CHC will not change** - all new and existing patients will continue to receive the most clinically appropriate care for their assessed needs

- Where a patient's care needs are very high it's likely the clinical decision will be that their care would be most appropriately provided in a care or nursing home, rather than in their own home

- For a small number of patients this might not be with the provider or in a location of their choice. It's expected this would be the case for around 20-25 patients a year which amounts to: 6-7 people for Barking & Dagenham and 7-9 each for Havering and Redbridge.

# Personal Health Budgets (PHBs)

NHS
Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups

- All people in receipt of a CHC home care package are now offered a PHB
- Three types of PHB – notional, third party or direct payment
- Notional budget is the default option – everyone will have a personalised support care plan and know how much their package costs
- Part of the NHS personalisation agenda which includes other areas such as social prescribing
- BHR CCGs to support an increasing number of direct payment and third party PHBs where possible.

# What's included in the proposed policy?

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- Key content of the proposed policy includes:
  - Considerations taken into account when deciding the most appropriate location for a CHC package
  - Exceptional circumstances taken into account when deciding the most appropriate location for a CHC package
  - How CHC packages are funded
  - Review process for CHC packages
  - Appeals process for when patients and/or their families/carers disagree with a decision.

# Funding of CHC packages

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- The proposed policy explains that BHR CCGs will generally not fund a CHC package in a person's home if the cost of doing so is more than 10 per cent higher than providing the same care in a care or nursing home

- Where exceptional circumstances may apply, the local NHS will consider whether it should fund a placement that will cost more than the 10 per cent limit

- During the public consultation we asked for views on what a reasonable upper cost limit is.

# Appeals process

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- The proposed policy explains how patients or their family/ carers can appeal decisions made about the location only of their CHC package

- Appeals about CHC eligibility are subject to a separate process set out by the DHSC

- Appeals will be heard by a panel consisting of lay members and clinicians

- During the public consultation, we asked for views on the membership of the appeals panel and the amount of time individuals have to make an appeal.

# Public engagement

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- 12 week public consultation held: 8 July to 30 September 2019
- Pre-engagement briefings held with the Chairs of the BHR Health Scrutiny Committees and Healthwatch organisations
- People currently receiving CHC in their own home were written to and invited to attend an engagement workshop

  E-copies of proposed policy, consultation document and questionnaire sent to GP practices, care/nursing homes, trusts, councils, MPs, Healthwatch, community and voluntary groups, and Patient Engagement Forums
- Worked closely with Healthwatch and community and voluntary groups
- Three engagement workshops held (one in each BHR borough) – attended by 31 representatives from local patient, community and voluntary groups.

# Public engagement, cont.

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- Email sent to scrutiny officers, Healthwatch and Councils for Voluntary Services (CVS) requesting suggestions of additional community groups to invite to the engagement workshops
- Articles included in council, Healthwatch and CVS newsletters, promoting the consultation and engagement workshops
- Article and dedicated webpage included on CCGs' websites
- Regular tweeting to promote consultation and encourage responses
- Questionnaire distributed to 470 BHR members of the East London Citizens' Panel
- Presentations to B&D HSC and HWBB and at GP educational meetings
- Received 100+ consultation responses.

# Engagement themes

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

Many of the key themes and suggestions raised during the engagement workshops focused on the wider CHC process:

- Signposting of support and information for families/carers
- Advocacy essential for patients/families/carers
- Potential impact of CHC decisions on and inclusion of family's needs
- Importance of maintaining personalised care
- Importance of holistic care
- Inclusion of VCSE organisations within the CHC process
- CHC policy and process must be transparent and fair.

All feedback from the engagement activity, including specific feedback on the policy content, will be included in the engagement report and considered as part of the decision-making process.

# Next steps

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- Development of an engagement report, which will include:
  - Analysis of all questionnaire responses (online and postal) received
  - Inclusion of all written responses received (e.g. emails, letters and phone calls)
  - Feedback and themes from the engagement workshops
- Development of a Final Equality Impact Assessment (EIA)
- Development of a decision making business case (DMBC), including the recommendation of the final content of the placements policy
- BHR joint committee of governing bodies will consider the DMBC, engagement report, Final EIA and other supporting information before making a decision about the final content of the policy
- Decision-making meeting to be held on 28 November 2019
- Final decision and the documents considered by the joint committee will be published on the CCGs' websites.

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Clinical Commissioning Groups

# Any questions?



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Appendix 1

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

# Continuing healthcare placements policy



**Barking and Dagenham Health Scrutiny Committee**
3 September 2019

Dr Amit Sharma, Clinical Lead for Continuing Healthcare
Sharon Morrow, Director of Transformation and Delivery – Unplanned Care
BHR CCGs

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

# Aim of tonight's presentation

- ✓ Provide members with an overview of the continuing healthcare process
- ✓ Brief members on BHR CCGs' proposed written continuing healthcare placements policy
- ✓ Update members on the public consultation approach
- ✓ Seek feedback from members on the proposed policy.

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

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Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

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Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

# CHC eligibility and assessment, cont.

- Patient, their family or carer inputs into the assessment
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- Eligibility reviewed at least once a year – if needs change the package of care may change.

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Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

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- Factors considered when deciding location of care:
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Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

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- Development of the policy is being led by our GP clinical leads and will align to the DHSC's national framework.

# Who will the proposed policy apply to?

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

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- Where a patient's care needs are very high it's likely the clinical decision will be that their care would be most appropriately provided in a care or nursing home, rather than in their own home

- For a small number of patients this might not be with the provider or in a location of their choice. It's expected this would be the case for around 20-25 patients a year - four per cent of all CHC patients in BHR.

# What's included in the proposed policy?

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- Key content of the proposed policy includes:
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# Appeals process

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- The proposed policy explains how patients or their family/ carers can appeal decisions made about the location only of their CHC package

- Appeals about CHC eligibility are subject to a separate process set out by the DHSC

- Appeals will be heard by a panel consisting of lay members and clinicians

- During the public consultation, we are asking for views on the membership of the appeals panel and the amount of time individuals have to make an appeal.

# Engagement activity in B&D

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- Patients currently receiving CHC in their own home have been written to and invited to attend an engagement workshop
- Engagement workshop being held on 4 September at the Ripple Centre
- Sent email to scrutiny officer, Healthwatch and Council for Voluntary Services requesting suggestions of additional community groups to invite to the workshop
- x2 articles included in B&D CVS e-news, promoting the consultation and engagement workshop
- Article in OneBorough council newsletter
- Requested inclusion of article in Healthwatch newsletter
- Article and dedicated webpage included on CCG's website
- Regular tweeting to promote consultation and encourage responses
- Questionnaire distributed to BHR members of the East London Citizens' Panel.

# Public engagement

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

- **No decisions have been made on the final policy content**
- 12 week public consultation
- E-copies of proposed policy, consultation document and questionnaire sent to GP practices, care/nursing homes, trusts, councils, MPs, community and voluntary groups, and Patient Engagement Forum
- Current CHC patients and/or their family or carers have been written to
- Working closely with Healthwatch and community and voluntary groups
- Engagement workshop to be held in each BHR borough
- Please complete the questionnaire at: www.barkingdagenhamccg.nhs.uk/CHC-consultation
- Engagement period ends **5pm, Monday 30 September 2019**.

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

# Any questions?

Councillor E Keller
London Borough of
Barking & Dagenham
Town Hall Square
1 Clockhouse Avenue
Barking
IG11 7LU

(**Sent via email** to haveyoursay.bhr@nhs.net)

5 September 2019

Dear BHR CCGs,

**Consultation on Continuing Healthcare Placements Policy**

This letter is in response to Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups' consultation on the Continuing Healthcare (CHC) Placements Policy and represents the views of the London Borough of Barking and Dagenham's Health Scrutiny Committee.

BHR CCGs' representatives, Dr Amit Sharma and Sharon Morrow, attended our Committee meeting on 3 September 2019 to present the proposals.

At the end of our discussions we recommended that, given the potential commissioning implications of the proposals, you should also consult with our Health and Well Being Board (HWBB) on 10 September 2019, as well as the next Joint Health Overview and Scrutiny Committee (JHOSC) meeting on the proposals, which you accepted.

With regards to the proposed policy, I will summarise our concerns below, in anticipation that further discussions on these points will be had at the HWBB and JHOSC.

- Members were not comfortable with the notion of BHR CCGs having the ability to force any of our residents to go into a care home against their wishes, and would ask that you consider very carefully how the proposed Policy could affect a resident; for example, being split from their spouse, and other members of their close networks;
- We recognise that the proposed Policy does not cover those who are assessed as needing 'fast-track' CHC (care which is provided to people who have a rapidly deteriorating condition and may be approaching the end of life). However, we believe the proposed Policy, as it stands, potentially allows the CCGs to take a decision that a person in receipt of a 'standard' CHC package, who eventually approaches the end of their life, will die in a care or nursing home (potentially one

not of their choice), against their wishes, which is against the principles of patient choice and dignity;

- The composition of the appeals panel: the proposed Policy states that appeals against placement decisions will be heard by a panel consisting of lay members and clinicians. We propose that an Adult Social Care Statutory Officer of the Local Authority be included as a member of the appeals panel to bring in their expertise into the decision-making process and act as a further 'check and balance; and
- It was explained to us that a young person whose needs under a CHC package costs above the 10 percent threshold stated in the proposed Policy, would be considered an 'exceptional circumstance' and therefore, the Policy would not apply. However, we consider that this needs to be made clearer in the Policy, as a decision to place a young person in a care home runs the risk of institutionalising them, having adverse implications on the rest of their life's outcomes.

We would be grateful if the papers you present to the HWBB and the JHOSC provide further clarification on the above concerns so that they may make an informed response to the consultation.

Please note that we were pleased to hear from Dr Sharma, as the End of Life Care Lead, that he has made good progress in promoting advance care planning, which will help enable better planning and care of people nearing the end of life and give them the peace of dying in the place their choosing. We ask that you consider these outcomes in respect of the potential implications of the proposed CHC Placements Policy.

Yours sincerely,

Councillor Eileen Keller
**Chair of the Health Scrutiny Committee**

**CC**
Cllr Maureen Worby, Cabinet Member for Social Care & Health Integration
Elaine Allegretti, Director, People & Resilience
Matthew Cole, Director of Public Health
Stephan Liebrecht, Operational Director, Adults' Care & Support
Anthony Clements, Principle Democratic Services Officer, London Borough of Havering
Jilly Szymanski, Scrutiny Co-Ordinator, London Borough of Redbridge
Eleanor Durie, Communications Manager, NELCSU

Havering
LONDON BOROUGH

# OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 15TH OCTOBER 2019

| | |
|---|---|
| **Subject Heading:** | Early Diagnosis Centre - Update |
| **Report Author and contact details:** | **Tim Burdsey, Programme Manager – Early Diagnosis Centre (t.burdsey@nhs.net)**<br><br>**Naser Turabi, Programme Director, NCELCA** |
| **Policy context:** | **The information presented gives details and updates on the development of the Early Diagnosis Centre for NEL** |
| **Financial summary:** | **No impact of presenting information itself.** |

## SUMMARY

This paper provides context, background and project progress for the development of an Early Diagnosis Centre for North East London on the Mile End Hospital site.

## RECOMMENDATIONS

That the Joint Committee considers the information presented and notes the development of the centre and the benefits it will bring to cancer diagnosis for residents of East London.

**REPORT DETAIL**

**Strategic context**
Evidence shows that north-east London has poor patient outcomes for both liver and upper/lower gastrointestinal (GI) cancers, with evidence of variation in practice. A reliance on premium rate activity out-of-hours in evenings and weekends demonstrates a need for additional capacity, and demand is expected to increase as a key goal is to increase the number of people tested for cancer to enable earlier diagnosis and therefore an improvement in survival.

Funding for the north-east London Early Diagnosis Centre (NEL EDC) is provided from NHS England's Cancer Transformation Fund (CTF), and is being developed by the North Central and East London Cancer Alliance (NCELCA). This funding was specifically awarded to develop an EDC to focus on providing high quality diagnostics for the local population. The is an innovative partnership approach between the three main trusts in east London with the Cancer Alliance to create additional capacity and become a centre of excellence in the diagnosis of lower GI cancers.

The EDC aligns to a number of the aims within the NHS Long Term Plan (LTP) for cancer service improvement, included increasing early diagnosis with a national aim of 75% of cancers being diagnosed at stage 1 and 2, personalised follow-up, and the development of rapid diagnosis centres (RDCs).

**Location of the facility, and population served**
The EDC will be located at Mile End Hospital, which is part of Barts Health NHS Trust, and will open in May 2020. The site was selected following an assessment of suitable sites in each of the three trusts (at Homerton University Hospital, King George Hospital, and Mile End Hospital) for their ability to provide the right estates location within the £5.106m capital allocation. The EDC Steering Group agreed in June 2018 to be guided by the outcome of an independent options appraisal which resulted in a recommendation of Mile End Hospital as the EDC site. This was subsequently approved by the JCC and STP Executive in September 2018.

**Vision and aims of the MDC**
The EDC in the current phase will have two endoscopy suites (with a decontamination unit), and two ultrasound rooms, co-located with an existing CT scanner. In a future phase, the ambition is to add other diagnostic facilities, such as an MRI scanner.

The centre is the first of its kind in the UK and is an example of effective genuine system working. The centre aims to:

- Reduce variation and enable standardisation of care across the system, meaning better outcomes for patients.
- Provide additional capacity for 2ww referrals in NEL by decanting pre-cancerous patients under surveillance for cancer out to the centre.
- Provide a lasting platform for improvement through a training centre of excellence
- Embed research in clinical practice and to link data to primary care records. This will lead to improved cancer detection and quality of life.

The guiding principles of the centre are that:

- It is a shared asset for NEL region: for patients, referrers, providers.
- It will be run collaboratively by the NEL providers, with commissioner support.
- It will only diagnose patients who are in surveillance or in follow-up.

- The centre will be accessible for patients from across NEL, with extended opening hours.
- It will be a resource for training staff across NEL: staff will rotate into the centre.
- Patients diagnosed at the centre will remain under the care of the referring team for ongoing management.

The EDC's aims are not simply to increase diagnostic capacity; it aims to offer a suite of provision that addresses the needs of its patient cohort in a holistic way—for instance, by offering health and wellbeing events to provide advice and support to patents to enable them to manage their condition post-diagnosis.

**Patient cohorts**

The centre will cater for surveillance patients with GI and liver symptoms. This is the patient cohort of greatest need in NEL, with the exception of only of lung cancer, which is already benefitting from the SUMMIT study, which implements lung screening for NEL residents. Any additional capacity can be used for suspected cancer referrals from GPs with low procedural risk. As the centre becomes established the intention is to expand the number of patient groups.

**Timeline and next steps**

What have we achieved so far, and where are we headed?

| | |
|---|---|
| Commissioner case approved | January 2019 |
| Full provider business case approved<br>Contract award to successful tendering developer | September 2019 |
| Building works commence | October 2019 |
| Current go-live date | May 2020 |

**Resources**

- Clinical model and pathways have been developed for each modality.
- A patient advisory group has been established, and this meets bi-monthly.
- COGS (Healthwatch Enfield) has been commissioned to undertake an external survey to gather intelligence on patient and citizen perceptions. This will be completed in Sept/Oct 2019.
- A workforce project lead is in place to ensure full staffing from go-live.

## IMPLICATIONS AND RISKS

**Financial implications and risks:** None

**Legal implications and risks:** None

**Human Resources implications and risks:** None

**Equalities implications and risks:** None

## BACKGROUND PAPERS

None.

Havering
LONDON BOROUGH

# OUTER NORTH EAST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 15 OCTOBER 2019

| | |
|---|---|
| **Subject Heading:** | BHRUT responses to questions raised in relation to chemotherapy patients at previous JHOSC meeting. |
| **Report Author and contact details:** | **Natasha Dafesh, Senior Communications Officer – Stakeholder Relations, BHRUT** |
| **Policy context:** | **The information presented provides responses to each of the questions raised by councillors at the previous JHSOC meeting in July.** |
| **Financial summary:** | **No impact.** |

## SUMMARY

BHRUT officers will present to the Joint Committee responses to the questions raised at the previous JHOSC meeting.

As requested, questions 1, 2 and 4, are for noting only. Question 3, will be presented for discussion.

## RECOMMENDATIONS

1. That the Joint Committee considers the information presented by BHRUT.

## REPORT DETAIL

Following a service change in October 2018 which saw all chemotherapy services delivered from Queen's Hospital and the Living With and Beyond Cancer Hub established at King George Hospital. Healthwatch subsequently carried out an engagement exercise and published a number of recommendations.

These were responded to at the JHOSC meeting held on 9 July, where councillors asked some additional questions and asked for responses to be prepared for the next meeting.

The questions asked and covered in the report are:

1. Data on the waits experienced by cancer patients in A & E.
2. Data on the relationship between chemotherapy and sepsis over the last three years.
3. An audit of the study of the demand for chemotherapy over the next 10 years.
4. Data re the friends and family scores for cancer services.

## 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.

Barking, Havering and Redbridge University Hospitals NHS Trust

# RESPONSES TO FOLLOW UP CHEMOTHERAPY QUESTIONS

## INTRODUCTION

During the Joint Health Overview Scrutiny Committee held on 9 July, a number of follow up questions were raised by councillors during our item which covered responses to the recommendations made by Healthwatch following some changes to our chemotherapy services.

Answers to these questions are below.

## QUESTIONS AND ANSWERS

### 1. Data on the waits experienced by cancer patients in A & E

**Please note: This information has been drawn from chemotherapy patients with active chemotherapy passports (red cards).**

Between March and July 2019 we treated the following number of chemotherapy patients within the Sunflower suite.

| March | April | May | June | July | Total |
|---|---|---|---|---|---|
| 103 | 100 | 71 | 264 | 205 | 743 |

During the same period, from the cohort of patients above, we saw the following number of chemotherapy patient attendances in our Emergency Department (ED).

| Month | March | April | May | June | July |
|---|---|---|---|---|---|
| **Chemotherapy patient ED attendances** | 38 | 26 | 18 | 55 | 49 |
| **Average time (in minutes) between attending and RAT / triage** | 28 | 25 | 12 | 27 | 24 |
| **Admissions** | 21 | 16 | 9 | 21 | 24 |
| **Repeat visits** | 14 | 4 | 5 | 10 | 10 |
| **Percentage of admitted patients** | 55 | 61 | 50 | 38 | 53 |

The admission rate for active chemotherapy patients attending our ED is considerably higher than other patients attending ED, which to be expected – it is for this reason that the chemotherapy passport is issued, so the patients are triaged early to assess their condition.

The table below shows the total number of patients attending ED, and the percentage of patients admitted.

| Month | March | April | May | June | July |
|---|---|---|---|---|---|
| **Total attendance in ED** | 16840 | 16091 | 16264 | 16049 | 16749 |
| **Admissions** | 4563 | 4314 | 4340 | 4271 | 4360 |
| **Percentage of admitted patients** | 27 | 26.8 | 26.6 | 26.6 | 26 |

## 2. Data on the relationship between chemotherapy and sepsis over the last three years.

**Please note: The admission data for 2019 is up to March 2019 only. The information regarding screening and treatment delivery is taken from our monthly Trust sepsis audits for those patients under the care of oncology.**

Between 2017 and 2019 the following numbers of chemotherapy patients were admitted with neutropenic sepsis.

| Year | Number of patients admitted |
|---|---|
| **2017** | 63 |
| **2018** | 58 |
| **2019** | 23 |
| **Total** | 144 |

A further 50 were admitted over this period with another condition as their primary reason for admission but also had neutropenic sepsis.

| Year | Number of patients admitted |
|---|---|
| **2017** | 28 |
| **2018** | 19 |
| **2019** | 3 |
| **Total** | 50 |

This makes a total number of 194 chemotherapy patients admitted with neutropenic sepsis between 2017 and 2019.

Neutropenic sepsis is an unfortunate side effect of chemotherapy treatment, due to the reduction in white blood cells (neutrophils), and it is therefore expected that a number of patients will unfortunately develop this during their treatment – this the case nationally, not just within our Trust.

For all patients with confirmed or suspected sepsis with a decision to treat, there is an expectation that treatment is delivered within 1 hour.

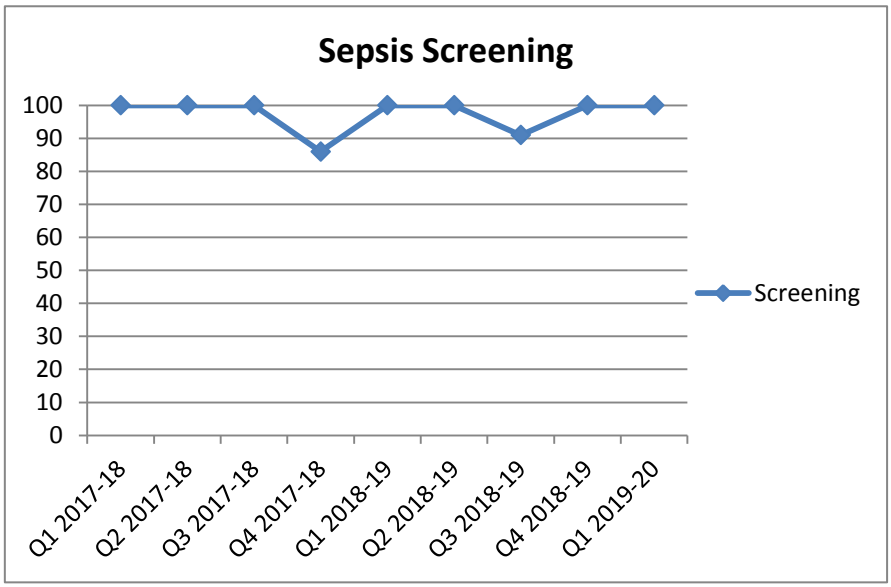
Nationally there are two indicators which must be reported on – these are screening and antibiotic delivery within one hour. Within our Trust we go beyond this, and also monitor a further five indicators – again all within one hour:

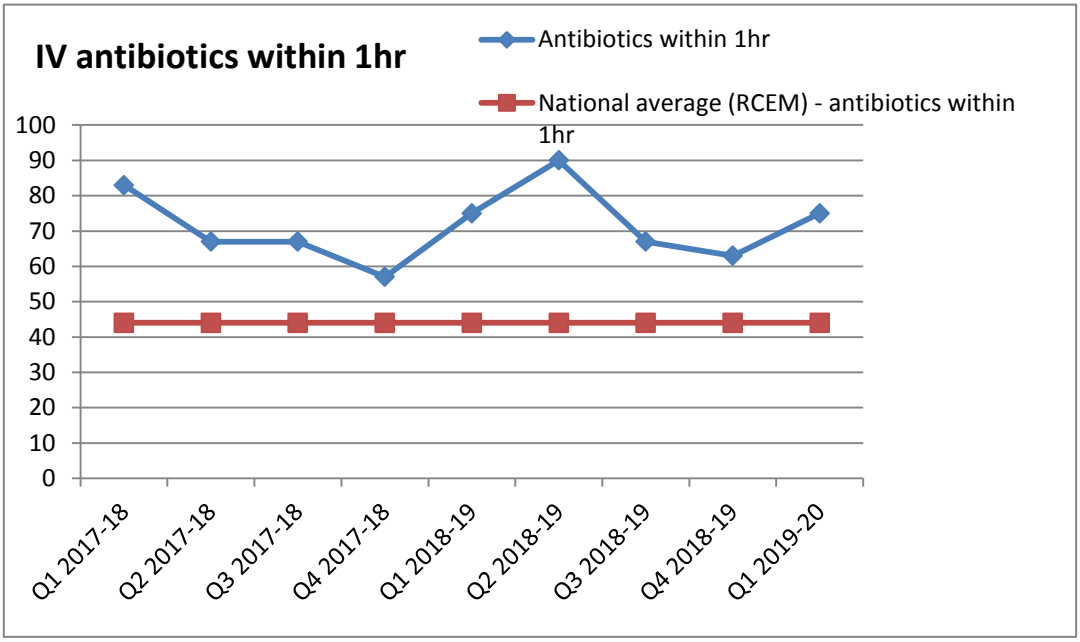
- oxygen delivery
- intravenous fluid administration
- blood culture measurement
- lactate (a blood test) measurement
- urine output

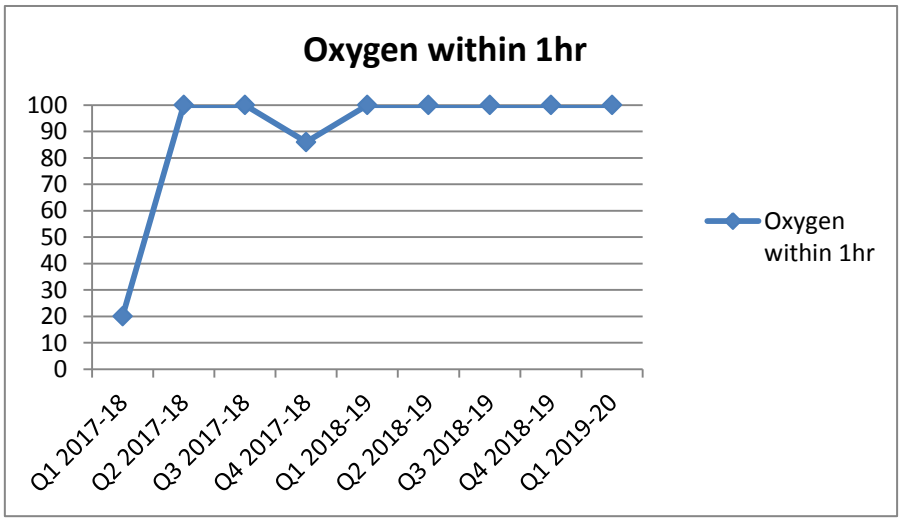
We monitor performance in relation to these standards for patients attending our ED and also for patients who develop sepsis as an inpatient. Nationally, the number of patients who develop sepsis as an inpatient is low and this is reflected in our data as well.

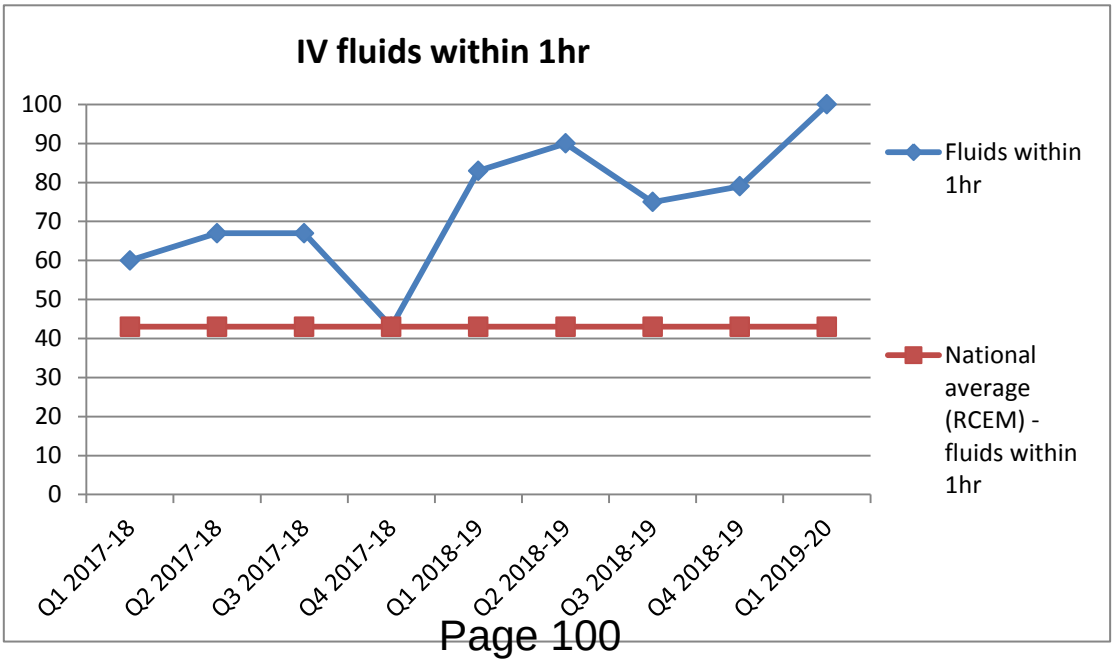
Trust data for the last three years for patients under the care of oncology is summarised and displayed in the graphs below:

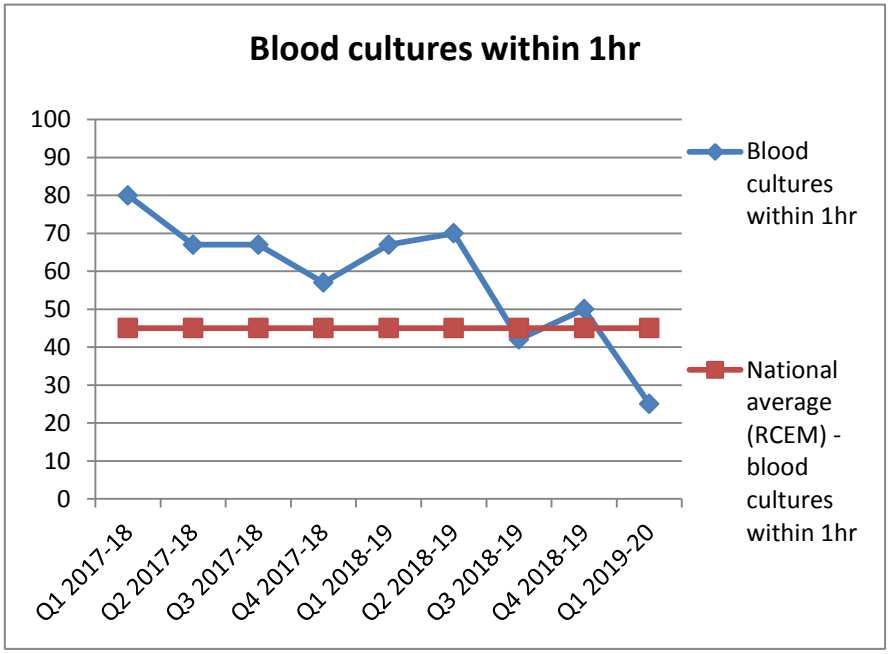
- **Sepsis screening** for all patients is above the NHS England average including oncology patients – the national average is 85% and our trust average is 97%.
- **Antibiotic delivery** within 1 hour is between 63% and 100% against a Royal College of Emergency Medicine average of 44%.
- **Oxygen delivery** within 1 hour has improved since 2017 and now ranges between 86% and 100% compliance for oncology patients.
- **Intravenous fluid administration** with 1 hour is between 43% and 100% against a Royal College of Emergency Medicine average of 43%.
- **Blood culture measurement** within 1 hour is between 25% and 80% against a Royal College of Emergency Medicine average of 45%.
- **Lactate (a blood test) measurement** within 1 hour is between 83% and 100% against a Royal College of Emergency Medicine average of 60%.
- **Urine output measurement** within 1 hour has ranged from between 0% to 67% against a Royal College of Emergency Medicine average of 18%.

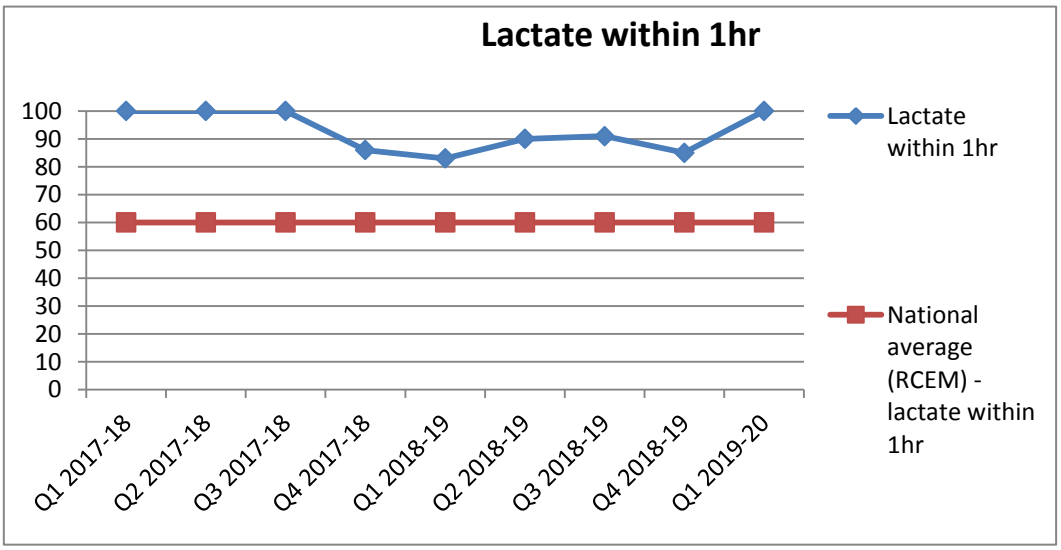


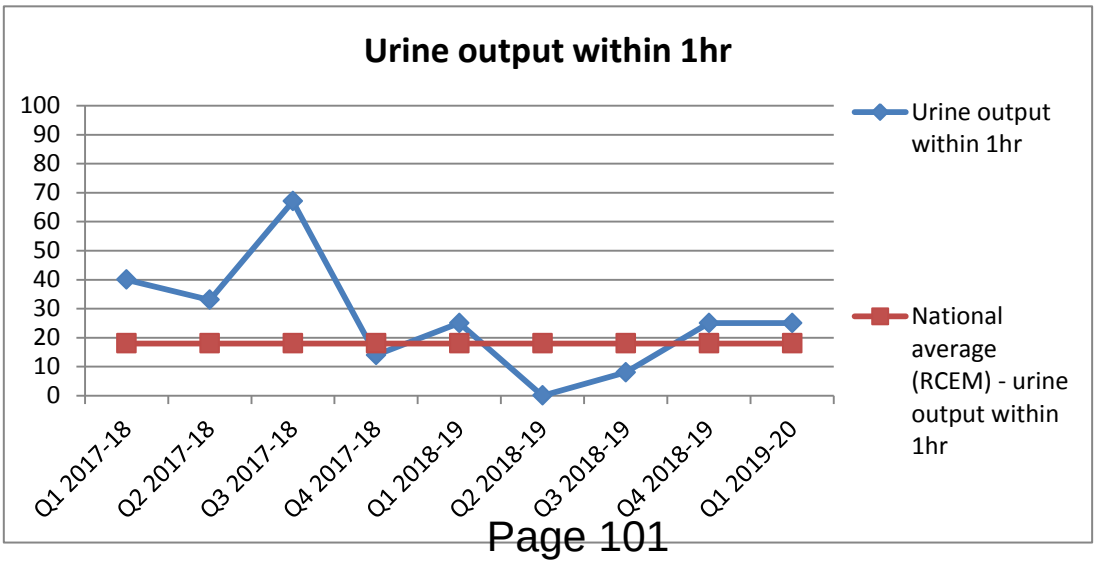

IV antibiotics within 1hr
Antibiotics within 1hr
National average (RCEM) - antibiotics within 1hr
100
90
80
70
60
50
40
30
20
10
0
Q1 2017-18
Q2 2017-18
Q3 2017-18
Q4 2017-18
Q1 2018-19
Q2 2018-19
Q3 2018-19
Q4 2018-19
Q1 2019-20


Oxygen within 1hr
100
90
80
70
60
50
40
30
20
10
0
Q1 2017-18
Q2 2017-18
Q3 2017-18
Q4 2017-18
Q1 2018-19
Q2 2018-19
Q3 2018-19
Q4 2018-19
Q1 2019-20
Oxygen within 1hr


IV fluids within 1hr
100
90
80
70
60
50
40
30
20
10
0
Q1 2017-18
Q2 2017-18
Q3 2017-18
Q4 2017-18
Q1 2018-19
Q2 2018-19
Q3 2018-19
Q4 2018-19
Q1 2019-20
Fluids within 1hr
National average (RCEM) - fluids within 1hr


Blood cultures within 1hr
100
90
80
70
60
50
40
30
20
10
0
Q1 2017-18
Q2 2017-18
Q3 2017-18
Q4 2017-18
Q1 2018-19
Q2 2018-19
Q3 2018-19
Q4 2018-19
Q1 2019-20
Blood cultures within 1hr
National average (RCEM) - blood cultures within 1hr


Lactate within 1hr
100
90
80
70
60
50
40
30
20
10
0
Q1 2017-18
Q2 2017-18
Q3 2017-18
Q4 2017-18
Q1 2018-19
Q2 2018-19
Q3 2018-19
Q4 2018-19
Q1 2019-20
Lactate within 1hr
National average (RCEM) - lactate within 1hr


Urine output within 1hr
100
90
80
70
60
50
40
30
20
10
0
Q1 2017-18
Q2 2017-18
Q3 2017-18
Q4 2017-18
Q1 2018-19
Q2 2018-19
Q3 2018-19
Q4 2018-19
Q1 2019-20
Urine output within 1hr
National average (RCEM) - urine output within 1hr

## 3. An audit of the study of the demand for chemotherapy over the next 10 years.

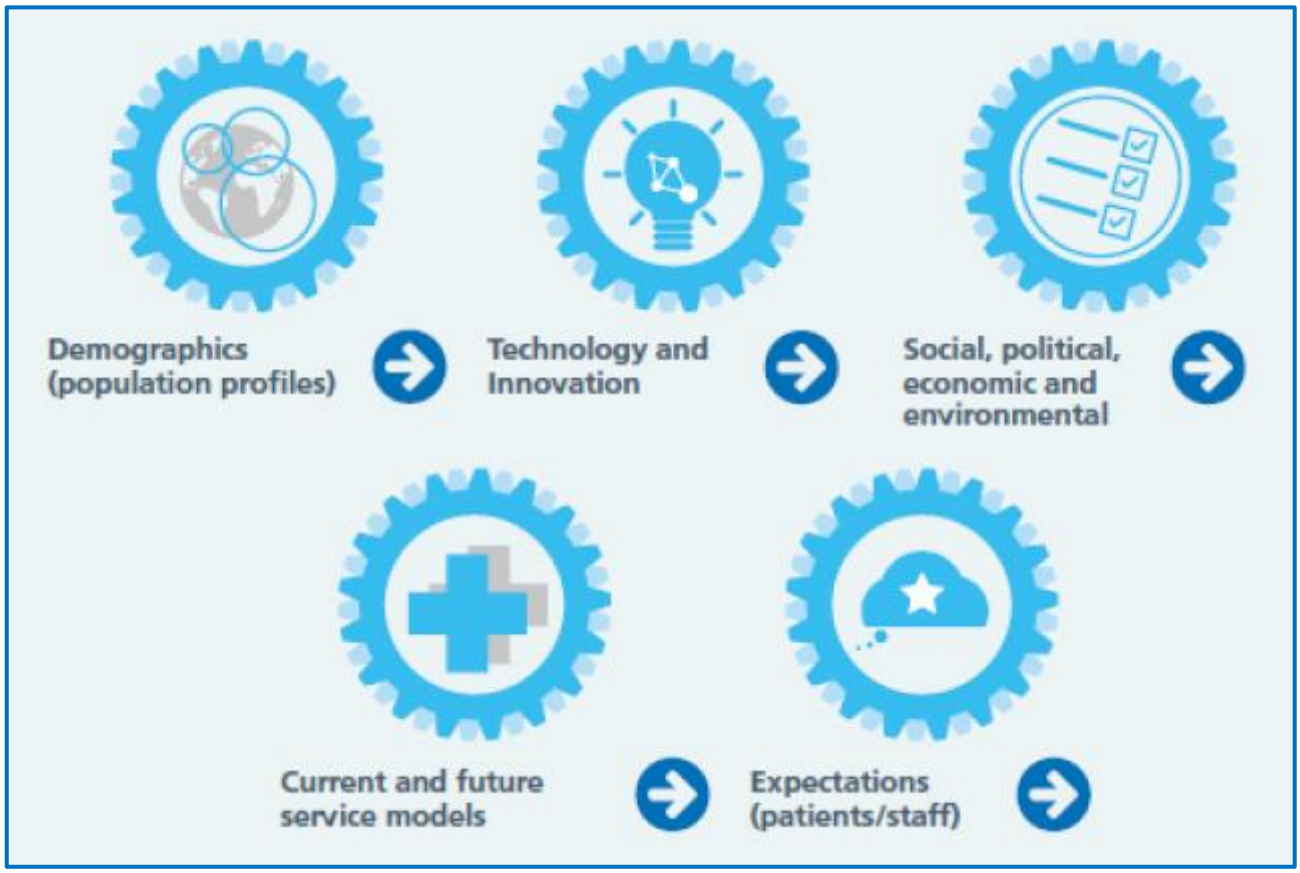
When trying to forecast demand on our services we look to a number of sources and areas of data – this is true of all services including cancer services.

As well as looking at local data sets for growth and population trends, we also considered research and strategies from national bodies including:

- Health Education England
- Public Health England
- Cancer Research
- NHS Long Term Plan

The NHS published a document in 2017 'Cancer Workforce Plan - Phase 1: Delivering the cancer strategy to 2021'. In this it states: 'Predicting the number and shape of the future NHS workforce is always difficult but this is especially true for cancer, where the needs of patients and our ability to respond is subject to radical change.'

Following this Health Education England published a 'Call for evidence' in relation to workforce challenges as they acknowledged our ability to understand and respond to cancer is continually changing, and they looked to develop a plan beyond 2021 having identified five key global drivers of change:




These key global drivers largely mirror the opportunities and areas we have identified within our Trust and the BHR area when considering and assessing the future provision of cancer treatment.

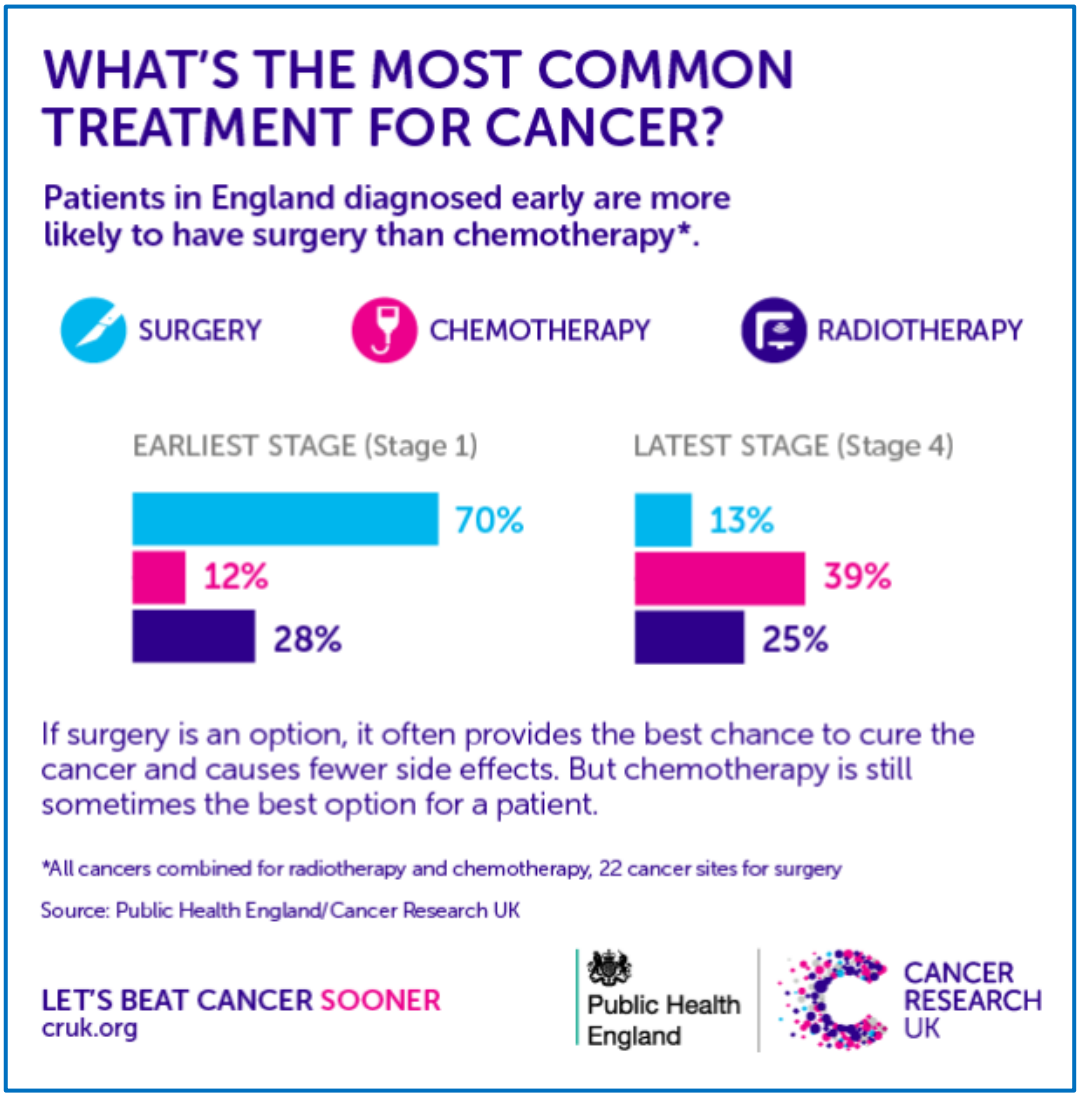
In respect to changing **demographics**, we work closely with our local authority public health partners, our BHR CCG colleagues and other health organisations to ensure we work with the most up to date population growth

projections and demographic changes across all three boroughs, so we can interpret this data and predict how it will impact demand on services.

In terms of **technology and innovation** the below list highlights a number of advances that we know will help in early diagnoses and prevention, which is key in reducing the number of patients needing chemotherapy treatment:

- Improvements in cancer screening services
- New screening services
- New diagnostic techniques
- The genomic medicine plans
- The increased focus on testing for hereditary conditions

**Current and future service models** are being reviewed all the time, and a key factor in reducing the prevalence of chemotherapy as a first treatment (as outlined in the 'call for evidence') for cancer patients is clearly linked to early diagnoses – as shown in the below illustration provided by Public Health England / Cancer Research UK:




This clearly demonstrates that if cancer can be diagnosed at stage 1, the most successful treatment is most likely to be surgery combined with radiotherapy, and the need for chemotherapy would be reduced. If this model can be better adopted then increased radiotherapy provision would be needed, rather than seeing the continued increase in chemotherapy demand.

We are ideally placed to provide additional radiotherapy resource.

The radiotherapy equipment in our Trust is among the most advanced available to patients in the world. Our LINAC (a medical linear accelerator used for external beam radiation treatments) devices have all been replaced in the last three years to provide the most advanced adaptive radiotherapy available.

We were the first trust in the UK and one of the first in the world to benefit from a Varian Halcyon radiotherapy machine, and are still the only Trust in the UK to have two.

We chose these machines as they offer improved outcomes for patients and also allow them to benefit from reduced times in the machines, which in turn allows extra capacity to be available for any growth in demand.

Chemotherapy capacity is a big issue nationally. We have done a lot of work recently in the Trust regarding scheduling of chemotherapy; this work is continuing.

Should demand on chemotherapy services increase, these new ways of working mean we have the ability to extend the service to accommodate such growth.

It is also worth highlighting that as drugs become licensed for sub-cutaneous administration (injection) we will look at ways of moving patients from the chemotherapy suite into administration in a clinic - increasing capacity further (as was the case for sub-cutaneous SACT for myeloma and breast cancer patients).

Changes in service models, and technological innovations, along with advances in medicines and treatments are likely to continue transforming the cancer services landscape over the coming years. To stay abreast of all developments we share and welcome ideas for good practice by liaising with colleagues across the NHS and with trusts across the UK, and we attend a number of meetings and conferences, often where systemic anti-cancer therapy (SACT) data sets and activity is discussed.

## 4. Data re the friends and family scores for cancer services.

This provides an overview of the results of the Friends and Family Test (FFT) and patient experience of oncology services during the period September 2018 to August 2019.

Analysis of results shows that there are areas where our Trust is performing above the London average, but there are also opportunities for improvement.

**Background**
The FFT, introduced by the Government in 2012, is a brief and standardised patient experience indicator. It provides organisations, employees and the public with a simple, easily understandable headline metric, based on near real-time experience. It is comparable from a patient's point of view and can be benchmarked from an organisation's perspective.

The FFT results are shown as the percentage of people that would recommend the hospital to their friends and family as well as a percentage response rate.

Within our Trust, we have a paper-based method of patient survey data collection, including the FFT. This is supported by our external partner, I Want Great Care.

In line with the national guidance, FFT collection for oncology is considered an outpatient service.

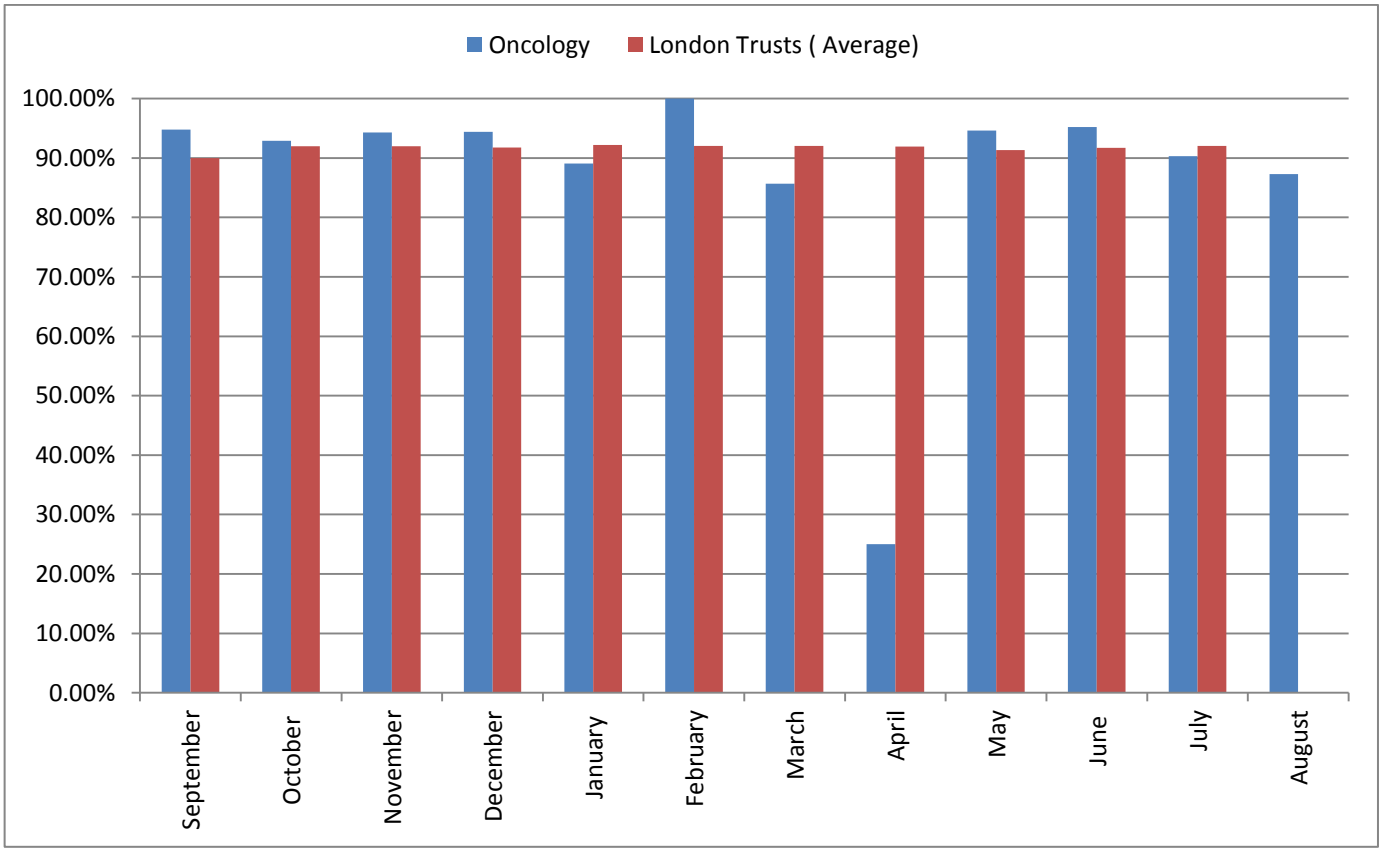
**Response rates**

As an outpatient service, there is no nationally set target for response rates. Patients are offered the opportunity to provide feedback on their experience at every visit to the hospital and for patients who may be attending on a daily basis; we would not expect them to complete a survey every time. However, patients are always offered this opportunity.

For the period between September 2018 and August 2019, Oncology Services received 610 completed surveys from patients receiving care and treatment.

**Positive recommendation**

The Trust FFT target for all outpatient services is 95.5%. The graph below shows our performance on a monthly basis for the period between September 2018 and August 2019. The graph shows that our internal target is higher than the London average performance and for seven of the 12 months reported, we performed better than the London average. Of note is the recommendation score of 25% in April, this relates to only four surveys completed this month.




**What the feedback tells us**

The word cloud below contains the top 100 words mentioned on patient feedback.

The main themes, both positive and negative, related to:

- Staff
- Communication
- Waiting times

The top mentions were:

- **Care** – mentioned 64 times. Patients feel that they have had good/excellent care.
- **Good** - mentioned 56 times. Patients are talking about their good care and the good staff.
- **Explained** – mentioned 20 times. Treatment and care has been well explained by doctors and nurses.
- **Waiting** – mentioned 19 times. Patients felt that their appointment was not on time (delayed).

Examples of comments received are below:

- Waiting time is usually good, when there has been a delay, explanation was given. Nurses are friendly and helpful.

- The waits for oncology appointments are sometimes very long. Up to two hours after the appointment time. While I appreciate that there are all sorts of reasons for this, it would be really helpful if an expectation could be set by staff e.g a long delay come back in 90 mins after the coffee.

- The staff were very welcoming. They answered any questions that we had. The sister in charge for the pre-assessment explained everything very clearly about the forthcoming treatments. She was very patient and attentive. We are very confident that we're getting the best treatment.

- I found the whole process and the care I received to be very good, I felt I was treated as an individual with respect to the situation and friendly attitude by all the staff I met. The only improvement I think of is the waiting time, but appreciated this is often not something easily controlled and everyone need their own time.

- Very friendly staff always polite and smiling. Slight delay in my appointment due to mix up, but staff very nice and sorry about this.

- Being kept informed by an excellent nurse called Michelle. Communication is so very important when you are not feeling so well. You do not feel that you are just a number. Blood test dept could be left open until later in the afternoon.

- The staff are brilliant in the radiotherapy dept from the reception to the people that work on you! They keep you informed totally. The only drawback was the waiting times some days and machinery breaking down, but that can't be helped really.

- A brilliant team - my whole course of treatment has been excellent. The past few years have definitely been helped by the people I have encountered in oncology - seriously a great team - I always recommend them to all my friends.

- All parts of my care have been excellent including advice about my illness and treatment.

- All my treatment was excellent. Very quick to respond never waiting for any length of time for anything. Was treated with respect and kindness throughout.

Havering
LONDON BOROUGH

# JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 15 OCTOBER 2019

| | |
|---|---|
| **Subject Heading:** | Healthwatch – Further comments re changes to chemotherapy services |
| **Report Author:** | Anthony Clements, Principal Democratic Services Officer, London Borough of Havering |
| **Policy context:** | The information presented gives further comments from the Local Healthwatch organisations on changes to chemotherapy services. |
| **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**

Details are given in the attached document and covering letter of further comments from the local Healthwatch organisations on recent changes to chemotherapy services.

## RECOMMENDATIONS

1. That the Committee considers the information presented and takes any action it considers appropriate.

## REPORT DETAIL

Healthwatch Barking & Dagenham, Healthwatch Havering and Healthwatch Redbridge have made further comments to the Barking, Havering and Redbridge University Hospitals NHS Trust concerning recent changes to local chemotherapy services. These are shown in the attached document and Healthwatch officers will be in attendance at the meeting in order to discuss the views of their organisations further.

## 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.

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Ilford, Essex, IG1 4PU

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Email: cathy@healthwatchredbridge.co.uk
Web: www.healthwatchredbridge.co.uk

Mr Joe Fielder, Chair
Mr Chris Bown, Interim Chief Executive Officer
Barking, Havering and Redbridge University Trust
Queen's Hospital
Rom Valley Way
Romford, Essex RM7 0AG

6 September 2019

Dear Mr Fielder and Mr Bown

## BHRUT Response to the Healthwatch Report to JHOSC 9 July 2019

At the Joint Health Overview and Scrutiny Committee (JHOSC) meeting in April 2019, the Healthwatch organisations from Barking & Dagenham, Havering and Redbridge published their joint report regarding the impact of the recent changes to chemotherapy services at BHRUT. At the meeting, officers from BHRUT accepted the recommendations within the report and were asked to provide further responses at the JHOSC meeting on 9 July 2019.

Colleagues from all three Healthwatch have now had the opportunity to meet and review your response and we would like to make some additional comments based on our original recommendations.

We feel it might be helpful if we were also to arrange a meeting to discuss our response in order to identify where additional concerns were raised and to ensure patients and carers are provided the best care and support possible at Queens and King George's Hospitals.

It would be helpful if the meeting could be arranged before the next JHOSC meeting (15 October 2019) as we will be sending a copy of our response to the committee for information and comments. We will also be raising our additional comments at the committee meeting.

To ensure clarity, we have updated your responses to each of the original Healthwatch recommendations.

Yours Sincerely

Cathy Turland

For and on behalf of Barking & Dagenham, Havering and Redbridge Healthwatch

**Healthwatch Redbridge**
Cathy Turland - Chief Executive Officer

**Healthwatch Barking & Dagenham**
Richard Vann – Healthwatch Officer

**Healthwatch Havering**
Ian Buckmaster – Executive Director

Cc: Anthony Clements, JHOSC

# HEALTHWATCH RECOMMENDATION RESPONSES

## Accident and Emergency

**HW Recommendation**

*The main concern to emerge from the event was the apparent lack of familiarity of staff in both Urgent Treatment Centre and the mainstream Emergency Departments, with the specific healthcare needs of patients undergoing treatment for cancer.*

*We recommend as a matter of urgency, clinical leads from urgent and emergency care meet their counterparts in oncology to agree protocols for dealing with cancer patients who hold red cards and require urgent or emergency treatment to ensure that their cancer treatment is not compromised in any way.*

**BHRUT Response**

Since the Healthwatch report was published we have taken the following actions:

1. Trust colleagues have met with the Partnership of East London Cooperatives (PELC) who provide the Urgent Treatment Centre service. They are now displaying clear notices in waiting areas to ensure our cancer patients know to identify themselves.
2. Staff who carry out the streaming of walk-in patients to our Emergency Departments (EDs), have been briefed to flag to the appropriate department that the patient has a red card when directed there.
3. Signs have been placed in clinical areas to remind staff to prioritise these patients.
4. We have refreshed our system and have clear protocols in place and flags on our patient record system.

It is worth noting that whilst our ED staff are highly skilled and trained, there may be a need to refer to a specialist on call for cancer patients, in order that the best possible care and treatment is provided.

**Red cards (chemotherapy alert card)**

When they first present in our EDs, patients with a red card are fast-tracked to find out what is wrong, and to assess their risk for infection (alerting staff to the increased risk of neutropenic sepsis).

However, it does not necessarily mean they will be fast-tracked to immediate treatment. Once the assessment has been made they will then be prioritised based on their medical need.

We will review how the red cards are explained to patients as the report has highlighted the potential for miscommunication or misunderstanding.

**HW Additional Response**

- *Healthwatch Havering recently carried out a visit to the Urgent Treatment Centre at Queen's Hospital and were pleased to observe a number of notices for patients and staff.*
- *We would however, request a copy of the protocol be forwarded to us.*
- *We will continue to monitor UTC's and Emergency Departments across the region to ensure this remains consistent.*
- *Healthwatch Redbridge have recently been made aware that a patient at another*

*hospital has raised concerns as they were not triaged appropriately. This will be followed up in due course.*

- *We understand that a patient's treatment is prioritised on their need however, we would question how a patients' needs are affected (such as their possible low immune systems) by other patients presenting with possible contagious conditions.*

## Sunflower Suite (Queen's Hospital)

**HW Recommendation**

*The lack of privacy, cramped space and lack of natural light needs to be addressed by the Trust. Patients are undergoing treatments which can be quite traumatic. Having conducive surroundings has a huge impact on the wellbeing of patients undergoing lengthy treatments.*

**BHRUT Response**

There has been no increase in beds or chairs on the Sunflower Suite to accommodate extra patients. The move from Cedar Ward at King George Hospital has resulted in treating an additional 10 patients per week on Sunflower Suite and there has been no impact or increase of the number of patients being treated at any one time.

With 24 to 27 days available each month to spread the activity, the growth on any given day is minimal, and this current increase in demand has been comfortably accommodated by extended hours and Saturday opening.

Should further capacity be needed, the option to extend the service to seven-day working is possible, opening on a Sunday should demand require it.

It is worth noting that due to the increase in the number of patients presenting with more complex cases, the number of patients being treated at Cedar Ward was naturally reducing over time and correspondingly the number was increasing at Sunflower Suite; see following table.

Number of chemotherapy treatments

| 2018 | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| KGH | 225 | 195 | 202 | 155 | 147 | 72 | 49 | 52 | 28 | 35 | 7 | 0 | 1167 |
| QH | 524 | 498 | 504 | 548 | 591 | 659 | 717 | 708 | 696 | 754 | 777 | 705 | 7681 |

Sunflower Suite does have three skylights, however, we appreciate there are no windows letting in natural light. At the current time there are no other available options.

**HW Additional Response**

- *At the focus group, patients and carers at all tables stated they felt the suite was cramped. We would ask why there is this perception.*
- *In what way were the hours extended? What are they now?*
- *It also appears from the figures presented that there was a reduction in patients attending since June 2018, a long time before the consultation took place. Could this be explained please?*

## Patient Transport & Parking Facilities

**HW Recommendation**

*Patients and carers should have access to parking when they need it. If the car park is required for other purposes, we would recommend the Trust identify how they could ensure patients can access other parking facilities free of charge.*

**BHRUT Response**

**Parking**

We do provide free parking for cancer patients whilst receiving treatment at Queen's. However, we acknowledge the dedicated oncology parking was reduced at the time as a result of two temporary units (a mobile decontamination unit (EMS) following a fire in our endoscopy suite and an MRI scanner) being placed in the car park.

However, the decontamination unit was removed on 16 April and has improved the availability of parking spaces considerably.

As part of our ongoing review of services, should parking for chemotherapy patients become a significant problem at any point in the future due to an increase in demand we will reassess the current arrangements, and consider other options.

**HW Additional Response**

- *The decontamination unit was in place for over a year. The endoscopy unit is still taking up car parking spaces.*
- *At what point are patients and carers made aware they can park for free in the multi-story car park or other bays? Is there a leaflet within the ward or outpatients department?*
- *We found little evidence that patients (attending the focus group) were asked or indeed knew that they could get free parking or transport.*

**HW Recommendation**

*All patients should be assessed for patient transport.*

**BHRUT Response**

**Patient transport**

Consultants assess all our patients prior to their first treatment, and authorise transport if the criteria are met.

If, over the course of a patient's treatment, nurses notice changes in their condition and their ability to attend our hospitals, they are reassessed and transport is booked where appropriate.

**HW Additional Response**

- *We found little evidence that patients (attending the focus group) were asked, or indeed knew that they could get free parking or transport.*
- *How is patient transport actually assessed? Does the consultant make an assessment without asking the patient or carer?*
- *Is the reassessment assumed by nursing staff or are patients provided with this information when they attend future appointments?*

## Oncology Appointments

**HW Recommendation**

*We recommend the system for booking patient appointments is reviewed. Patients should be able to confirm their next appointment before leaving the department.*

**BHRUT Response**

The direct booking at reception for oncology appointments was stopped due to the large number of appointments requiring overbooking into clinics which cannot be done by the reception team.

There were also issues with long queues for patients waiting to book their appointments.

We are currently considering what options are available to help improve the current process.

**HW Additional Response**

- *Regarding your comment on overbooking - could you clarify what you mean?*
- *Where you say you are considering options, could you explain how, and with whom you are consulting*

## Chemotherapy Appointments

**HW Recommendation**

*We recommend the system for booking chemotherapy appointments is reviewed to ensure patients are booked in appropriately and not made to wait unnecessarily. Patients should not have to wait for long periods of time when they could be booked in later in the day.*

*If appointments are being offered before 9.30am, medication should be ready to be administered.*

**BHRUT Response**

This is a very complex issue that we constantly strive to improve, and is a topic frequently discussed at our Chemotherapy Working Group.

Changes to the scheduling of the system have been made over the last few months, and templates have been provided to assist both the nursing and booking teams.

However, chemotherapy being dispensed on time is dependent on a number of factors, including the prescription being completed, the health of the patient, and bloods being within set parameters. Anything that requires further review or escalation to consultants will naturally slow the process down to ensure the continued safe treatment of our patients.

We try to accommodate requests for specific times as much as possible. Appointments at 9.30am are offered to patients who require at least 30 minutes pre-medication to try and prevent delays if the pharmacy has been unable to dispense the medication the night before.

**HW Additional Response**

- *Who are the members of you chemotherapy working group?*
- *Are any recent users of your chemotherapy services on it?*
- *If the suite is open from 8am, could you perhaps explain why the first appointments are not scheduled until 9.30am?*

## Questionnaire

**HW Recommendation**

*Information and issues identified through surveys and questionnaires should be addressed. Patients should feel listened to and valued for their opinion*

**BHRUT Response**

Feedback from our patients is invaluable as it helps us to make improvements to our services. For example following patient comments regarding staffing levels in oncology, we held a recruitment drive and have increased our staffing numbers. We also extended our hours to include Saturdays.

There are a number of ways patients can give feedback, share their suggestions, and raise issues or concerns. This includes our Friends and Family Test, which every patient is encouraged to complete, and is where we ask them 'how likely are you to recommend our ward/service to friends and family if they needed similar care or treatment?'

As well as patients raising things locally with staff on the wards, our corporate teams such as our Patient Experience team, support, listen and respond to patient feedback aiming to improve the overall experience.

Our Patient Advice and Liaison Service (PALS) is also available to help patients and their relatives or carers with any advice or concerns.

Reviewing our services and continuously improving is a priority for us, and looking at new ways to incorporate the views and feedback from patients and visitors is vital to this.

**HW Additional Response**

- In regards to your comment about staffing levels; when were these comments received?
- Recruitment was already required before the move took place. Was this for additional resources?
- Could you also confirm whether student nursing placements are counted within your establishment figures, or super-numery?
- Are you now at full complement for chemotherapy nurses?

## Phlebotomy

**HW Recommendation**

*We would recommend that phlebotomy services are reviewed to understand where a better service could be initiated.*

**BHRUT Response**

We recognise the opportunity for improvements in our Phlebotomy service (blood tests), and this has been a focus for the Trust over the past 12 months.

Based on feedback and data we are currently rolling out new initiatives such as an electronic appointment booking system, and a pilot of Saturday working at Queen's Hospital with a view to migrate to a seven day Phlebotomy service in the future.

Our patient partners are working closely with the division.

In addition, we are working closely with our system partners (NELFT and the CCGs) to improve services.

We are also looking into the possibility of a dedicated service for cancer patients.

**HW Additional Response**

- *Thank you for your response. We have no further comments.*

## Clinic services

**HW Recommendation**

*Patients should be able to ask for additional clinical support when they are attending clinics and not be sent to Accident and Emergency or Urgent Treatment Centre.*

*As previously stated, patients have raised concerns that Emergency Department clinicians do not always have the right level of experience to respond to the specific healthcare needs of patients undergoing treatment for cancer.*

**BHRUT Response**

The most important thing is that our patients get the right advice and the right treatment from the right clinician. Whilst this may feel like an inconvenience by patients who are directed to another department, ultimately our key concern is their health and ensuring their needs are being met by the most appropriate person and service.

If required, patients from the clinic can be considered for direct admission to the ward but the safety and comfort of the individual patient dictates the option chosen.

**HW Additional Response**

- *Thank you for your response. We have no further comments.*

## Cedar Centre

**HW Recommendation**

*Patients who have used the new 'Living with Cancer and Beyond Hub' have rightly praised it, however we recommend that more patients need to be made aware of the opportunities. More publicity and information should be made available to patients attending Queens Hospital.*

**BHRUT Response**

Health and wellbeing services are part of a major programme of work, formerly known as the 'recovery package' for cancer patients, and now referred to as 'personalised care.'

We have been working on the delivery of health and wellbeing groups for the past five years. There is national guidance on the core content of health and wellbeing information that should be available for cancer patients; we ensure we always follow this guidance when planning any groups.

The first stage of delivering personalised care is about ensuring our patients have had a Holistic Needs Assessment (HNA) which enables them to identify their main concerns at various points throughout the pathway of diagnosis and treatment.

Our clinical nurse specialists have been conducting HNAs with our patients for approximately two years. From these we have been able to run reports to evidence the top four concerns of our patients which in turn helps us to plan services to meet their needs. Finance and worry, and fear and anxiety, are consistently rated in the top four concerns; we have therefore increased our complementary therapy service to help address anxiety and are in the process of increasing our welfare benefits service.

Our group sessions are designed to meet people's information and support needs both pre

and post treatment.

The first session was initiated over five years ago, which is a one day post treatment health and wellbeing event. This is evaluated from written feedback from patients and carers who attend, and a patient partner also contributes.

Patient feedback from this event highlighted they would have found the information more useful before they started treatment, so in direct response we devised the EMPOWER session (a highly-commended service) which is a two-hour weekly workshop open to all patients recently diagnosed with any cancer.

Patients and carers complete feedback forms at every session. Weekly huddles are also held to review the attendance and comments of groups from the previous week, the information from which is used to build on and improve services.

In terms of signposting patients to the Cedar Centre service, our main form of communication about the range of activities on offer is via our newsletter, which is shared in the following ways:

- Oncology outpatient reception
- Receptions and waiting rooms in both Radiotherapy and Chemotherapy
- Macmillan information room
- Copies inserted in every new patient pack
- Promoted by all clinical nurse specialists (the keyworker for each patient) who signpost direct to services

We plan to expand this, by offering patients the option to sign up to this electronically to receive the newsletter by email – something already offered to those attending EMPOWER.

All the services available at the Cedar Centre (including complementary therapies and psychological support) are listed on our website, including contact details and how to book, plus a video to help people feel at ease for their first visit, and we hope to produce more videos about the services available in the coming months – more information can be found at www.bhrhospitals.nhs.uk/cancer-services

We have also begun issuing letters to all newly diagnosed patients inviting them to attend EMPOWER. It is expected that once people access this session they will take up more of the other services we offer.

For those who prefer social media, we have a cancer Twitter account (@BHR_cancerinfo) that regularly publicises activities taking place, so we have a range of ways for patients to hear about our services and engage with us.

All services are available to all patients having chemotherapy or radiotherapy treatment – however it's worth noting that accessing these additional services is optional.

**HW Additional Response**

- *Many patients and carers (at the focus group) said they were not made aware of the services available at the Cedar Centre.*
- *How do you make patients and carers aware of the services?*
- *Is the information available in other formats (other languages, easy read, large print etc).*

## Demographics

**HW Recommendation**

*We were however, concerned that the diversity figures presented by the Trust are not representative of the local populations particularly in Redbridge and Barking & Dagenham. Although we are aware a patient has the choice to use these services, we would recommend the Trust review the types of services being offered to identify why they are not being used by particular community groups.*

**BHRUT Response**

The important point to note in regards to demographics is that the diversity of patients accessing our health and wellbeing services is largely reflective of our patients receiving treatment. We believe this to be a more appropriate measure than local populations.

We will continue to monitor and analyse the uptake of services.

See Appendix 1 for tables and charts showing a breakdown of ethnicity data between 1 December 2018 and 31 March 2019 for both the number of patients receiving treatment and those attending health and wellbeing services.

**HW Additional Response**

- *We remain concerned that the tables provided are not representative of the population served by the hospitals.*
- *National figures for cancers[1] do reflect some indications that demographics play a part in cancer diagnoses, however we remain concerned that the figures suggest that most patients receiving treatment at Queens (75%), and those accessing the Cedar Centre (81%) are not from BME populations, which is very different to the overall balance of the population across BHR.*

## Pharmacy

**HW Recommendation**

*Patients should be given better information and support to access pharmacy services. No patient should be asked to wait for a prescription if it will take over four hours to prepare. Better systems should be in place to allow patients to return to collect their prescription at a suitable time.*

*If patients are required to contact the pharmacy, the Trust must ensure contact details are continually reviewed and updated.*

**BHRUT Response**

Some cancer patients are required to pick up prescriptions following appointments in Oncology outpatient clinics and due to the complexities of their conditions, these can take longer to prepare than standard medication, and need a number of checks completed.

However patients are provided with an approximate timeframe so they can leave and return to the Pharmacy later to pick up the drugs.

It is rare for a patient to have to wait four hours to have chemotherapy prepared, however chemotherapy for many patients cannot be pre-prepared as it has to be confirmed on the day after consideration of their physical condition; time then needs to be allowed for the preparation and administration to occur. Unfortunately this can cause

[1] https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/ethnicity

a delay however it is necessary to safeguard our patients.

For outpatient prescriptions it would be very rare that preparation would take four hours, unless there was an issue that had to be checked with the prescriber. In this case Pharmacy would advise the patient and ask them to come back later.

Pharmacy details have not changed and we accept on this occasion we may have given out the wrong number.

The provision of the chemotherapy medication for patients at the Cedar Centre was not ideal in that medication often could not be prepared until patients arrived at Cedar on the day of treatment and the distance between the hospitals inevitably caused some delays for the patients while they waited for the drugs to be delivered from Queen's Hospital.

This delay has been removed and although we cannot eliminate delay from the system completely, the movement to Sunflower Suite has made the system more efficient for patients.

**HW Additional Response**

- *Other hospitals such as Whipps Cross Hospital for example, still use this system of a 'satellite service' whereby chemotherapy medication is transported from a central hub.*
- *We are concerned that, as there was no proper consultation, the impact of this change has not been reviewed appropriately. When services are moved, there is a possibility that the cost burden is externalised and sits with the patient (in terms of additional travel costs for example).*

## Patient Engagement

**HW Recommendation**

*We recommend the Trust review the way patients and carers are involved in the development of the service. The Trust told us they had engaged with some patients who were previously using cancer services but we were not able to confirm whether they were recent users of current services.*

*Most patients and carers we spoke with told us they were not actively engaged with during the service change and would welcome the opportunity to have an input into the proposals.*

**BHRUT Response**

We acknowledge that on this specific occasion we were unable to engage with patients as we had planned due to unforeseen circumstances which meant the service had to be moved much quicker than had been expected.

Whilst we regret patients and their families or carers were not able to input into the changes on this occasion, we strongly believe the move was in the best interests of patients and are pleased the Healthwatch findings did not highlight anything to the contrary.

As is standard practise, we will continue to review the service, and engage with all relevant stakeholders as appropriate.

We have very good engagement with our Patient Partner for the service, whose views and opinions are routinely taken on board, whether on general opportunities to improve or develop, or on specific proposals.

We also listen to views and suggestions, and ensure ideas are followed through, from the Cancer Patient Public Advisory Group (CPPAG).

**HW Additional Response**

- *We do feel the report highlighted a number of areas of concern. Your response seems to suggest the opposite.*
- *Many people were really positive about being engaged with in the future but are not Patient Partners (either by choice or because they do not know about the group).*
- *We remain concerned that not enough cancer patients and carers currently receiving treatment are involved in the service changes.*
- *We previously suggested that patients and carers who attended this focus group might be formed into a current patient user group to support the Trust to develop the service. Indeed, this was fully supported by BHRUT's Professional Lead for AHP's & Nursing | Cancer and Clinical Support.*

## APPENDIX 1

Table 1 and Chart 1 – Ethnicity of patients receiving treatment, 1 December 2018 to 31 March 2019

Table 2 and Chart 2 – Ethnicity of patients attending health and wellbeing services, 1 December 2018 to 31 March 2019

**Table 1**

| Ethnicity of patients receiving treatment 1 December 2018 to 31 March 2019 | |
|---|---|
| **Ethnicity** | **Count** |
| White British | 541 |
| Any other White background | 53 |
| Indian or British Indian | 45 |
| Black African or Black British African | 37 |
| Asian – other | 23 |
| Black Caribbean or Black British Caribbean | 17 |
| Any other ethnic group | 16 |
| Pakistani or British Pakistani | 16 |
| Bangladeshi or British Bangladeshi | 10 |
| Not stated / refused | 10 |
| Any other Black background | 9 |
| White Irish | 6 |
| Chinese | 5 |
| Any other mixed background | 3 |
| Mixed White and Black African | 3 |
| Mixed White and Black Caribbean | 3 |
| Unknown | 3 |
| Mixed White and Asian | 1 |
| **TOTAL** | **801** |

**Table 2**

| Ethnicity of patients attending health and wellbeing services - 1 December 2018 to 31 March 2019 | |
|---|---|
| **Ethnicity** | **Count** |
| White British | 181 |
| Any other White background | 8 |
| Indian or British Indian | 10 |
| Black African or Black British African | 11 |
| Asian – other | 4 |
| Black Caribbean or Black British Caribbean | 4 |
| Any other ethnic group | 1 |
| Pakistani or British Pakistani | 1 |
| Bangladeshi or British Bangladeshi | 2 |
| Not stated / refused | 4 |
| Any other Black background | 3 |
| White Irish | 2 |
| Chinese | 1 |
| Any other mixed background | 0 |
| Mixed White and Black African | 1 |
| Mixed White and Black Caribbean | 1 |
| Unknown | 1 |
| Mixed White and Asian | 0 |
| **TOTAL** | **235** |

Chart 1

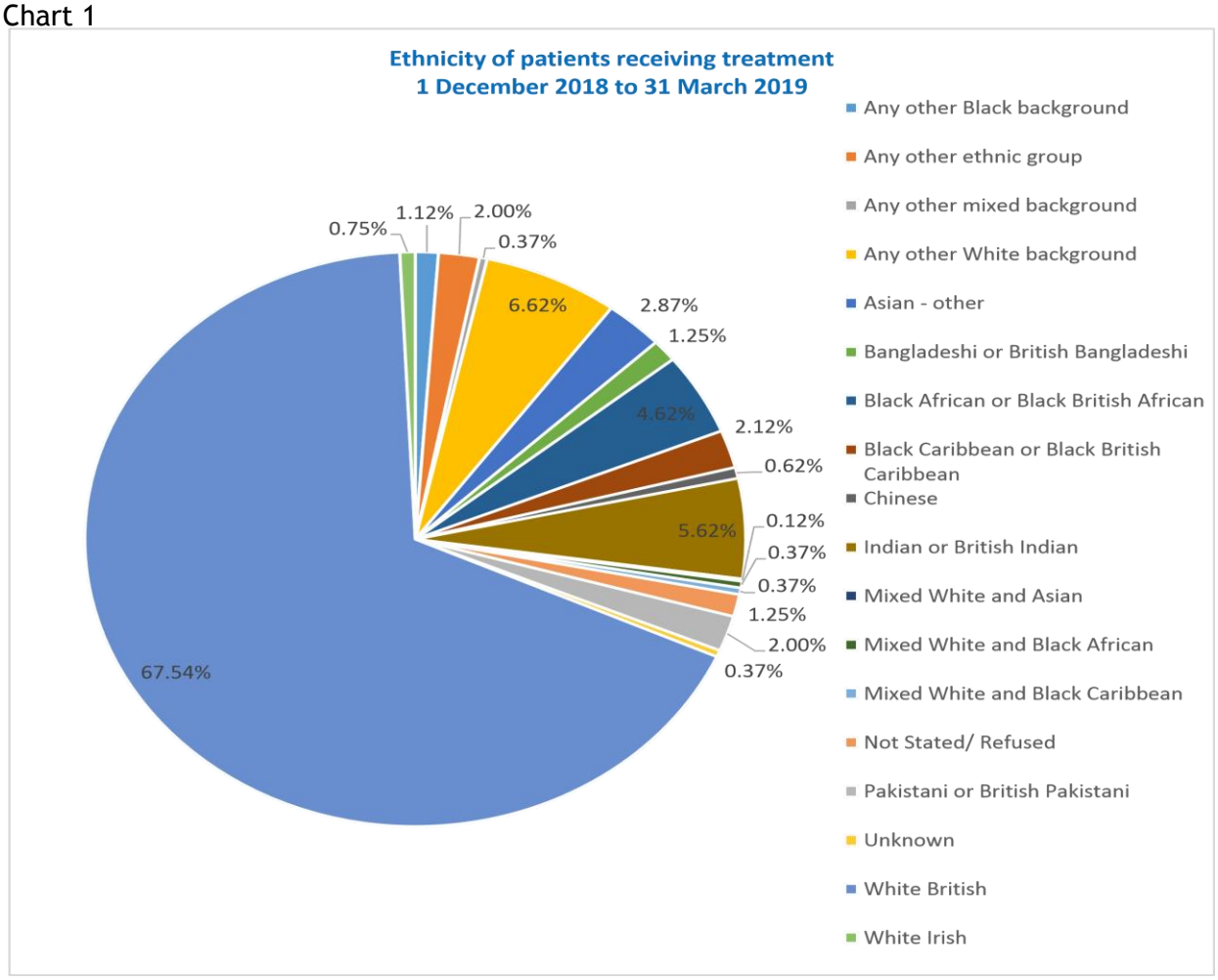
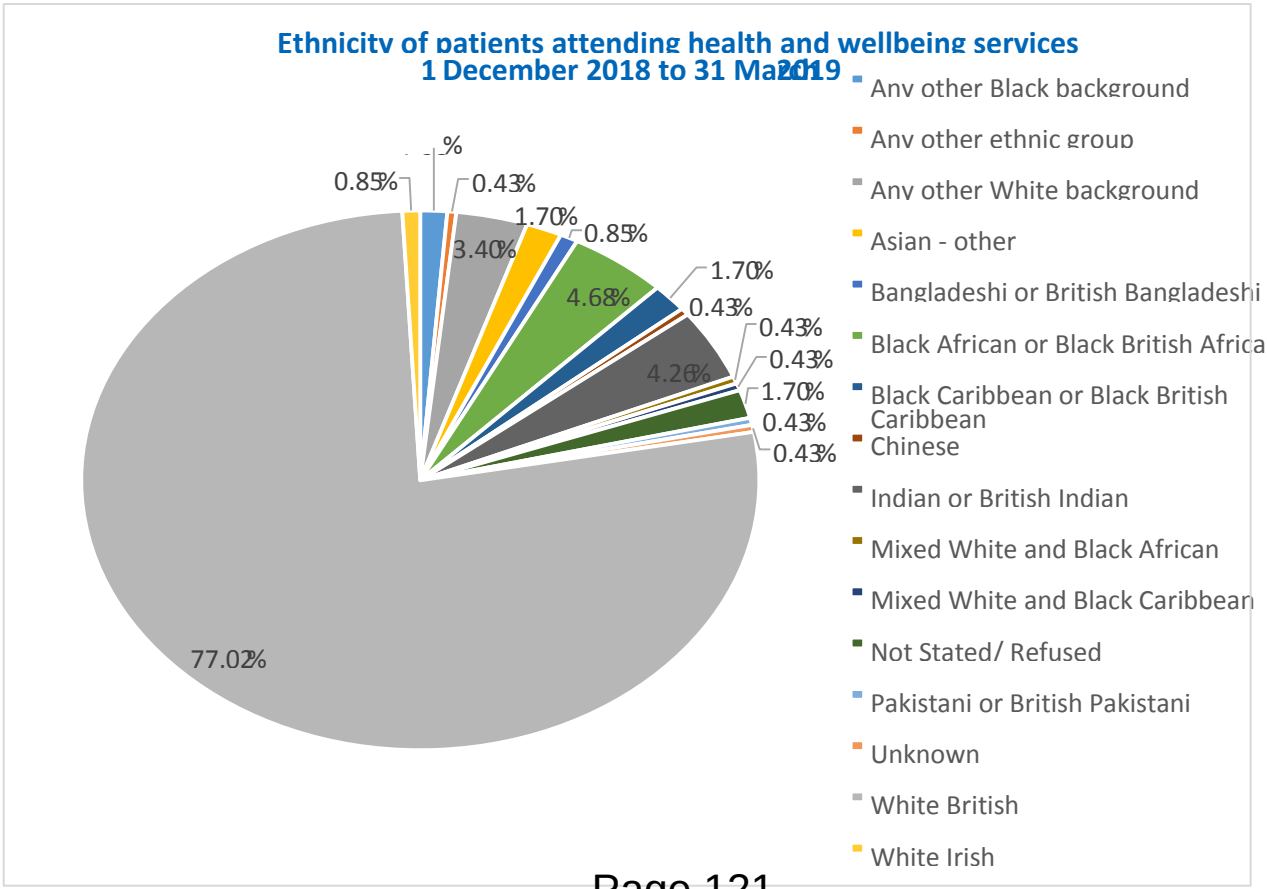



**Chart 2**



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Havering
LONDON BOROUGH

# JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE, 15 OCTOBER 2019

| | |
|---|---|
| **Subject Heading:** | Healthwatch Havering Report What would you do? |
| **Report Author:** | Anthony Clements, Principal Democratic Services Officer, London Borough of Havering |
| **Policy context:** | The information presented summarises recent survey work undertaken by Healthwatch Havering. |
| **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**

Details are given in the attached report of survey work undertaken by Healthwatch Havering in response to the NHS long-term plan.

## RECOMMENDATIONS

1. That the Committee considers the information presented and takes any action it considers appropriate.

## REPORT DETAIL

As part of a national programme of work, Healthwatch Havering has undertaken a survey of residents in Havering concerning how they would like to see the NHS develop during the period of NHS England's long-term plan. A report detailing the outcomes of the survey is attached.

## 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

# NHS Long Term Plan

## 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 Community Interest 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***

# Executive summary

## Background

During April 2019, Healthwatch Havering gathered views from residents of Havering about how they would like to see the NHS develop during the period of NHS England's long-term plan. This was part of a nation-wide exercise, led by Healthwatch England on behalf of NHS England and involving the Healthwatch network across England.

Seeking residents' views is a very important part of our role and already during 2019 we have undertaken two important 'seeking your views' exercises. In Havering, we do this in partnership with other organisations and these two public consultations have included the North East London Health Joint Overview & Scrutiny Committee, the Barking, Havering & Redbridge Clinical Commissioning Group and Barking, Havering & Redbridge University Hospitals Trust (BHRUT). These have been on Cancer Services and Urgent and Emergency Care – both very high up on everyone's agenda locally; the results of both consultations have been published.

In undertaking these two surveys we worked with local organisations that we know well. We have been conscious that often organisations and individuals feel 'survey exhaustion' and it is important to recognise that to continue to inspire residents to share their views we need to respect the time that they give and not overburden them. We have included some of this evidence within this report.

In undertaking the survey we are now reporting on, we worked with individuals and groups that we had not worked with before. Although, regrettably, fewer individuals responded than we had hoped for (and many of those who did participate were reluctant to give their views in full), we have learnt a considerable amount about these groups which will support transforming our communications with the public, and ensuring that their voice is heard in the planning, development and delivery of health and social care.

A significant number of people told us that they felt that the survey was too long and complicated, and many objected to completing the demographic details at the end, terming them "the nosey pages". One respondent asked:

***"why do you need to know who I sleep with?"***

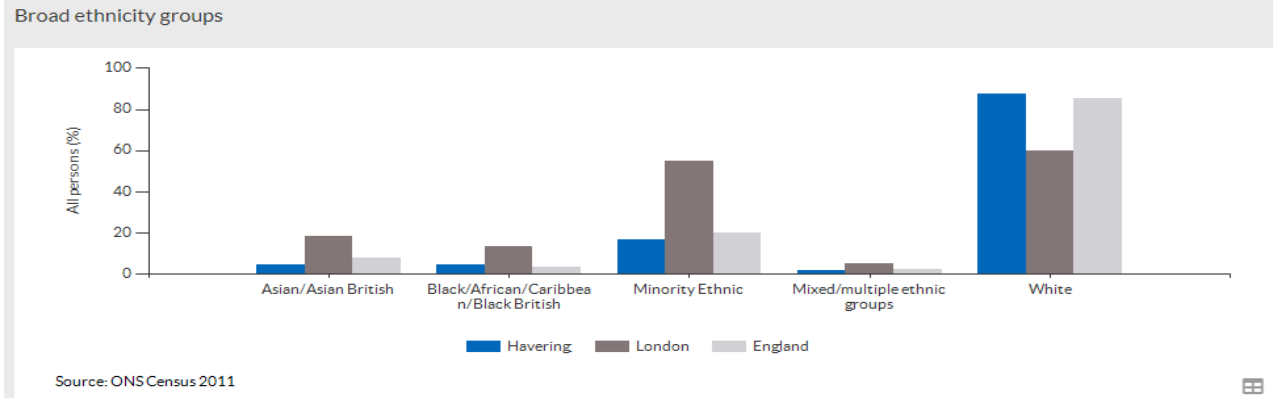
## STP priorities

Havering is one of seven London Boroughs to the east of central London, and the City of London itself, that together comprise the North East London Sustainability and Transformation Plan (STP) area; the STP brings together the statutory health and social care agencies that cover that area and is being taken forward by the East London Health and Care Partnership (ELHCP), led by the Clinical Commissioning Groups for the boroughs working jointly.

The STP priorities for the ELHCP are: Cancer, Mental Health, Primary Care, End of Life Care, Prevention, Urgent and Emergency care and Maternity. For reasons of practicality, it was not possible for our survey to cover all of these priorities, but aspects of it address Cancer, Primary Care, End of Life, Prevention and Urgent and Emergency Care.

## Demographics

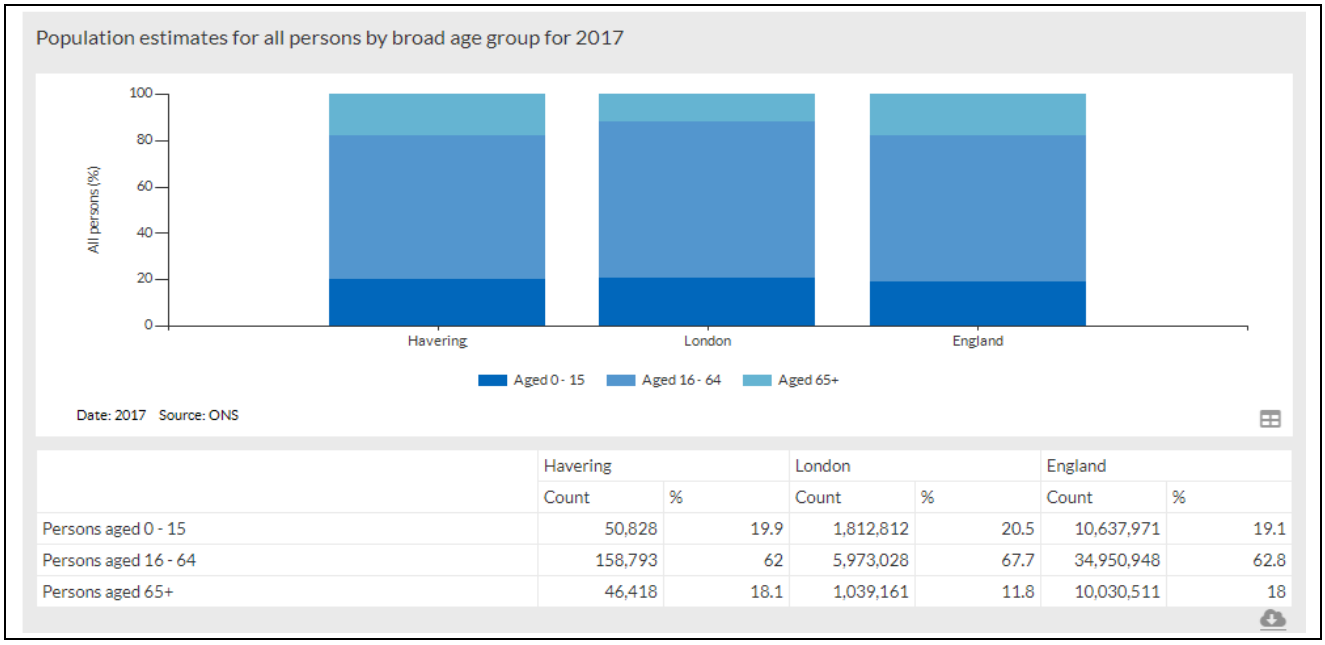
Havering is a London Borough, with a population estimated in 2017 of about 256,000[1], with the lowest level of ethnic diversity in London: in the 2011 census, the population was broadly split between those identifying as White – 87.7%; and other ethnicities – 12.4% (Asian 4.9%; Black 4.8%; mixed 2.1%; other groups 0.6%); further demographic changes since then suggest that the current balance is likely to be around 80% white and 20% other ethnicities:




| | Havering | | London | | England | |
|---|---|---|---|---|---|---|
| | Count | % | Count | % | Count | % |
| Asian/Asian British | 11,545 | 4.9 | 1,511,546 | 18.5 | 4,143,403 | 7.8 |
| Black/African/Caribbean/Black British | 11,481 | 4.8 | 1,088,640 | 13.3 | 1,846,614 | 3.5 |
| Minority Ethnic - Total | 39,617 | 16.7 | 4,504,657 | 55.1 | 10,733,220 | 20.2 |
| Mixed/multiple ethnic groups | 4,933 | 2.1 | 405,279 | 5 | 1,192,879 | 2.3 |
| Other ethnic group | 1,324 | 0.6 | 281,041 | 3.4 | 548,418 | 1 |
| White | 207,949 | 87.7 | 4,887,435 | 59.8 | 45,281,142 | 85.4 |

[1] The general demographic data here and elsewhere in the report are taken from the Havering Data Intelligence Hub provided by Havering London Borough Council (https://www.haveringdata.net/population-demographics/)

Havering's age-profile is also atypical of London – it has the highest proportion of elderly residents of any London Borough but there are also a growing number of children and young people:




| | Havering | | London | | England | |
|---|---|---|---|---|---|---|
| | Count | % | Count | % | Count | % |
| Persons aged 0 - 15 | 50,828 | 19.9 | 1,812,812 | 20.5 | 10,637,971 | 19.1 |
| Persons aged 16 - 64 | 158,793 | 62 | 5,973,028 | 67.7 | 34,950,948 | 62.8 |
| Persons aged 65+ | 46,418 | 18.1 | 1,039,161 | 11.8 | 10,030,511 | 18 |

152 people responded to our survey, which we carried out at seven events within the borough, using both one-to-one interview and focus group approaches. In reporting, we have also considered other Healthwatch activity we have carried out on related matters.

**The detailed demographics of the respondents to our survey are set out on pages 26 and 27 following. Comments from individual respondents are set out in quotations throughout the text.**

## Purpose

The purpose of this survey was to discover how people felt about the health services they receive and how that might be improved, in order to inform the development of NHS England's Long Term Plan for the NHS nationally, and the STP locally.

## Objectives

To ensure that the views and aspirations of patients and service users are taken into account in the development of health and social care services as the NHS Long Term Plan is developed and delivered, whether at national, regional or local level.

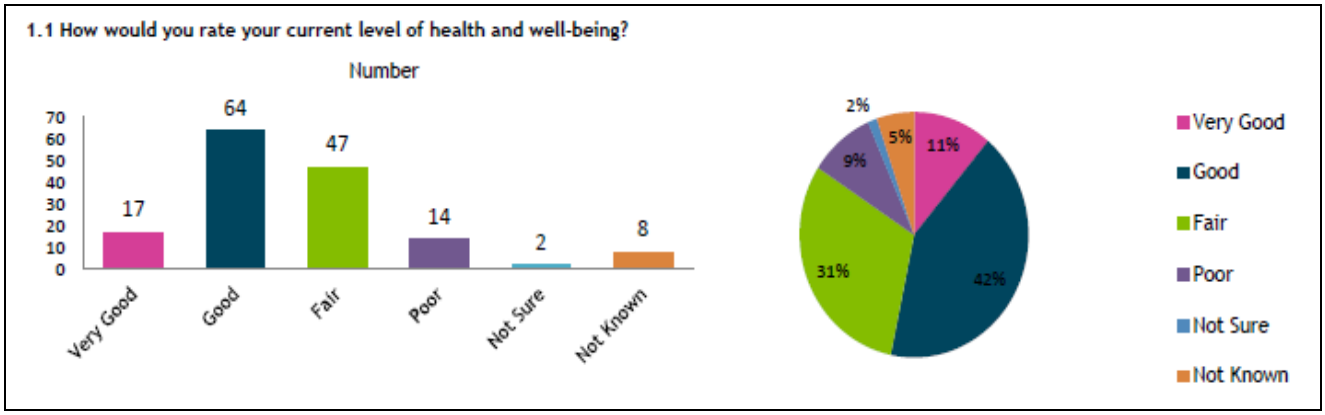
In addition to the work on this and similar surveys by other Healthwatches, nationally and in North East London, we will continue to use the data we have obtained by this and other surveys and activities to influence the development of local health and social care facilities.

# Prevention: staying healthy for life

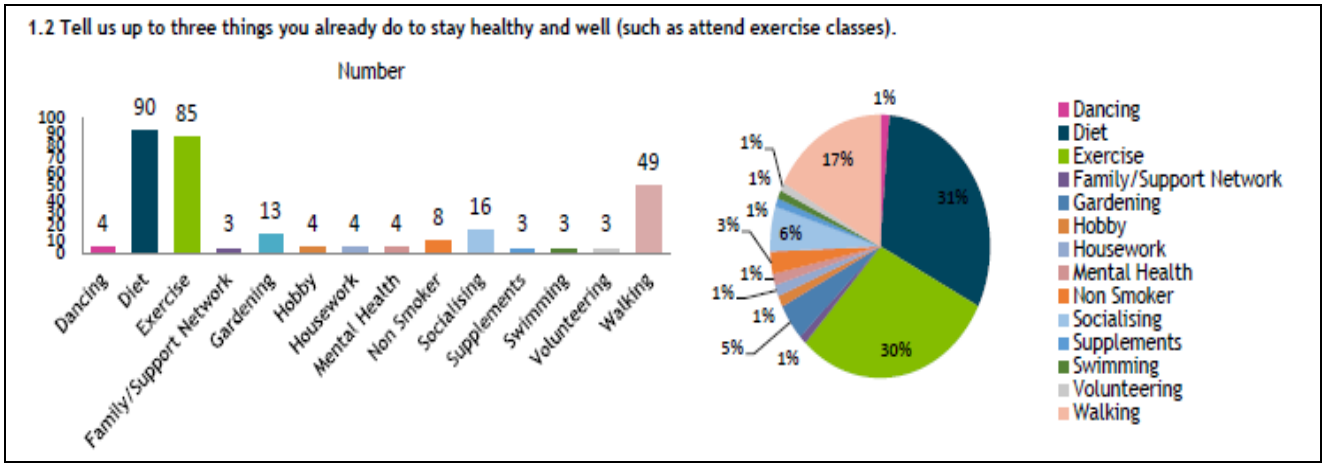
**The NHS isn't just there to help us when we're ill, but to support us to live a healthy life too. What do we need, to live a healthy life?**

## What matters most to people in Havering?

Most of the respondents (128) told us that they felt their current health and well-being to be very good, good or fair. Only 14 people told us they were in poor health and 10 people declined to answer that question:




Most people were taking conscious steps to remain healthy and independent and the vast majority (128) felt it was important that they be supported to remain in their homes rather than move to residential care or hospital, and to be able to travel around on their own (for which the London Freedom Pass, providing free public transport was an important factor). Even those with mobility problems told us that they tried to get out as much as they could:




All of our respondents felt that access to healthcare was important and most wanted reliable information on which to base decisions about their health and wellbeing:

***"keep to NHS promise e.g. when given a 2-week referral this should happen and not just to be told there are no appointments"***

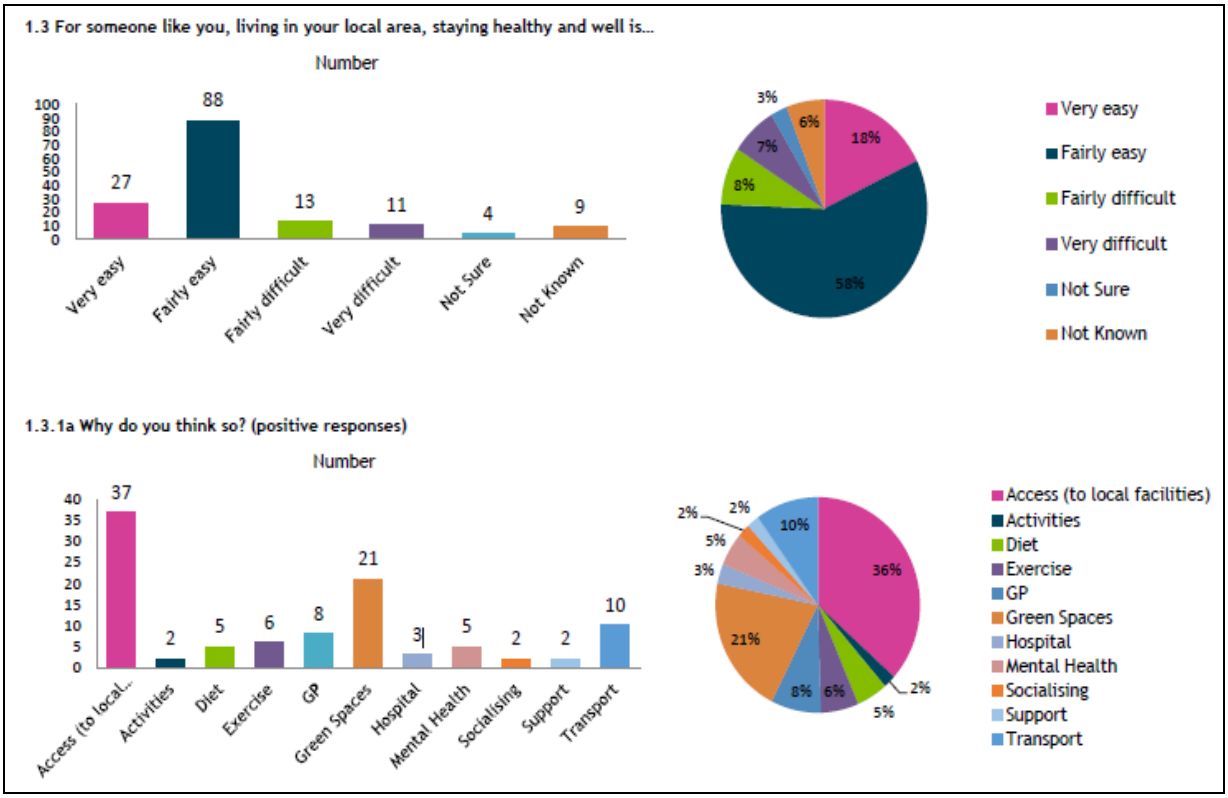
## What did they tell Healthwatch?

Almost all respondents told that us they felt their current health and wellbeing was fair or better. They took personal responsibility for maintaining that by a range of actions, including taking exercise – not necessarily formal exercise but simply walking (especially with their dog) – and participating in hobbies. They took care of their diet and had taken positive steps to promote their own health, such as giving up smoking. They took part in active hobbies including gardening, bowling, line dancing and attending clubs. They took part in, and enjoyed, socialising.

Most respondents found it easy to stay healthy and well. They felt that access to healthy amenities such as local parks was easy and that they were well served by local transport.

- **What works well?**

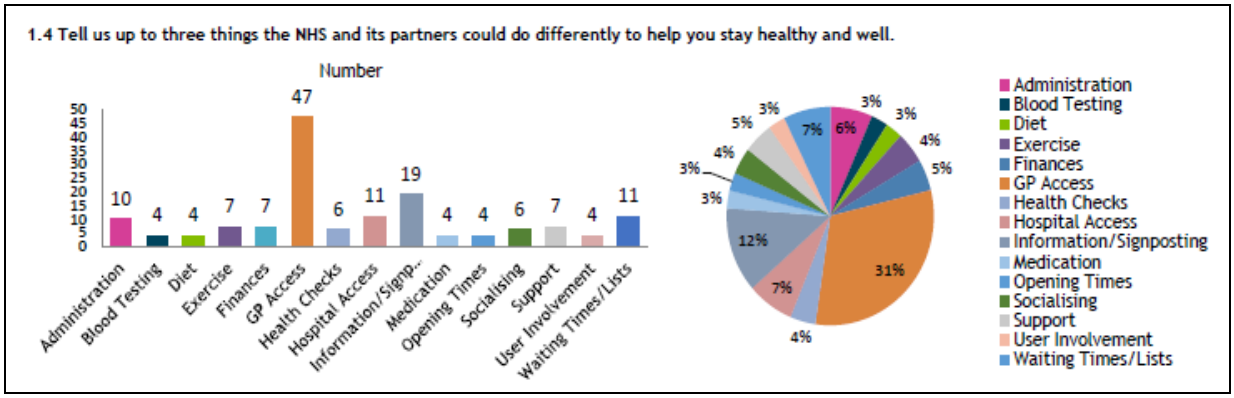
  Respondents felt that local facilities worked well for them – most could get out and about and had easy access to parks and shops, although some were housebound or less mobile and were not so easily able to access those facilities. So far as the NHS was concerned, nearly all respondents felt that the treatment provided by the service was excellent but that its ancillary services needed to improve:



- **What could be better?**

  Many respondents wanted improvements in the GP service: a common complaint was that there is a long wait for appointments to see the GP and that it should be easier to see one. They wanted to see GPs offer more services, such as phlebotomy and stitch removal; they also wanted more out-of-hours appointments and home visits: 133 respondents felt it was important that they should be able to see the healthcare professional of their choice.[2]

  Respondents wanted a range of improvements in GPs' services, including healthchecks, blood tests and blood pressure checks:




*"Blood tests needed at surgeries especially for tests needed after fasting"*

*"The phlebotomy service locally seems to be in meltdown"*

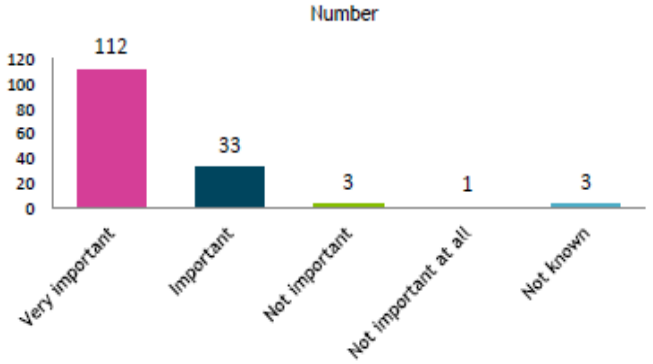
*"More staff needed to take blood tests, long waits or being told to come back another day is not acceptable"*

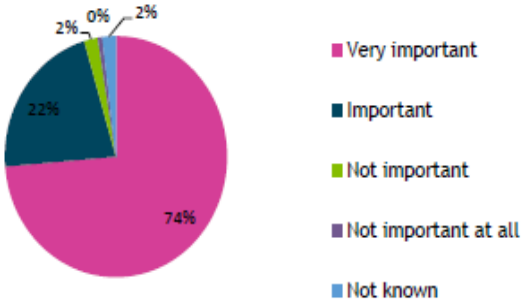
## Staying healthy and well

We asked respondents what they thought was important for staying healthy and well. Most told us that they considered a healthy diet, physical activity, having friends and taking part in social activities, dealing well with stress, feeling safe and being able to access reliable information about their health were all important:

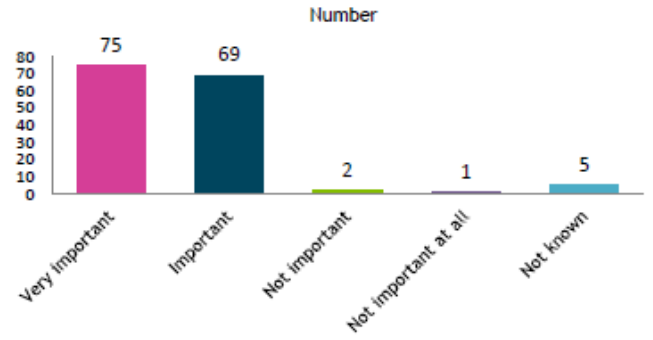
[2] This reinforces findings from our Enter & View visits to various GP surgeries in the borough

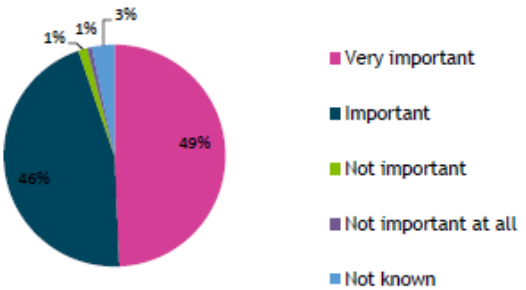
1.5a How important do you think each of the following are for staying healthy and well?: A healthy diet



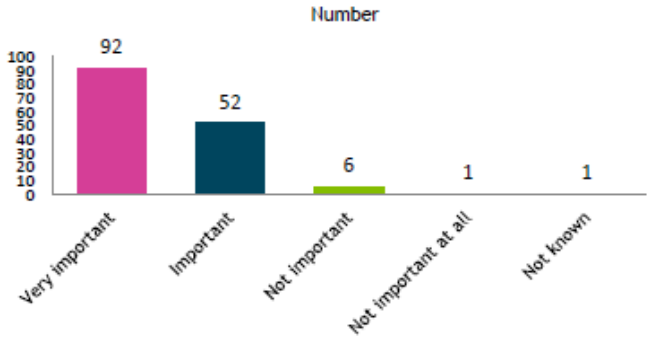



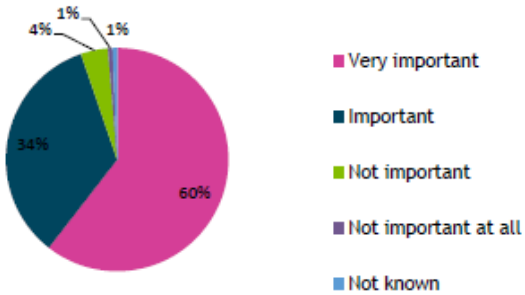

1.5b How important do you think each of the following are for staying healthy and well?: Physical activity



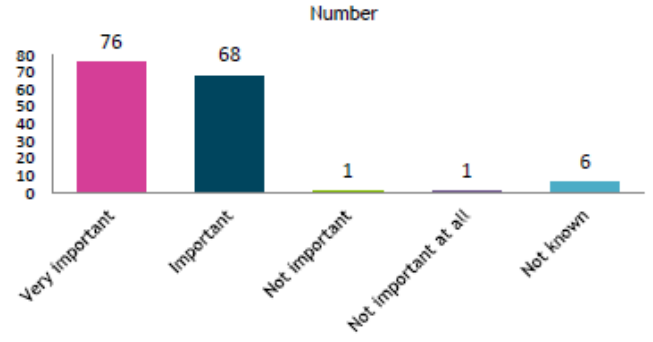



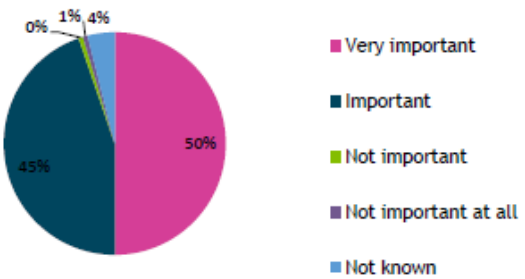

1.5c How important do you think each of the following are for staying healthy and well?: Having friends and taking part in social activities

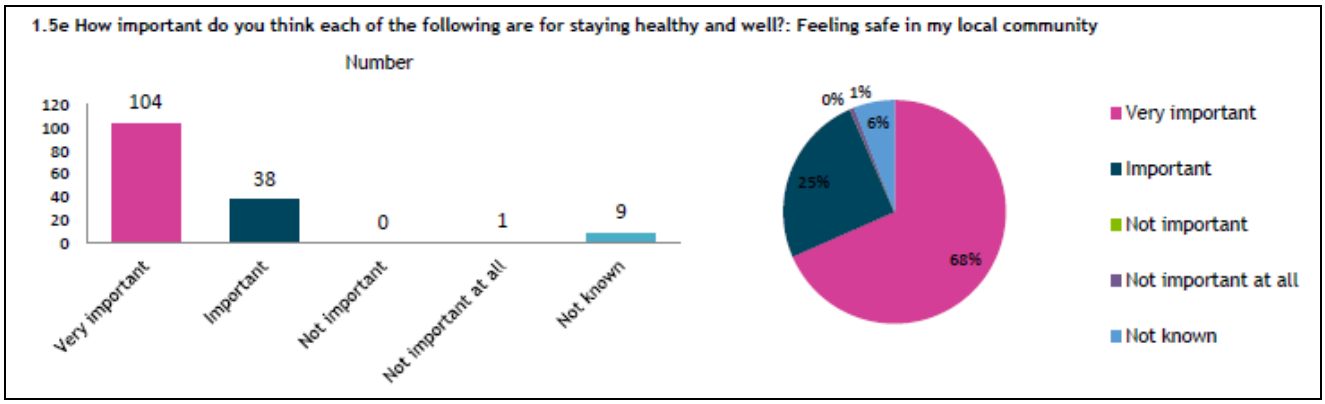


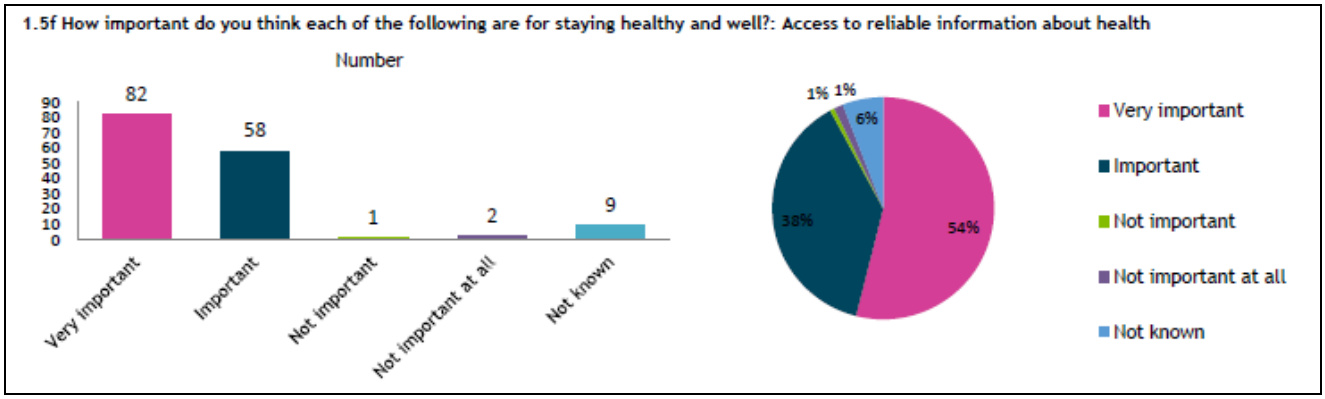




1.5d How important do you think each of the following are for staying healthy and well?: Dealing well with stress



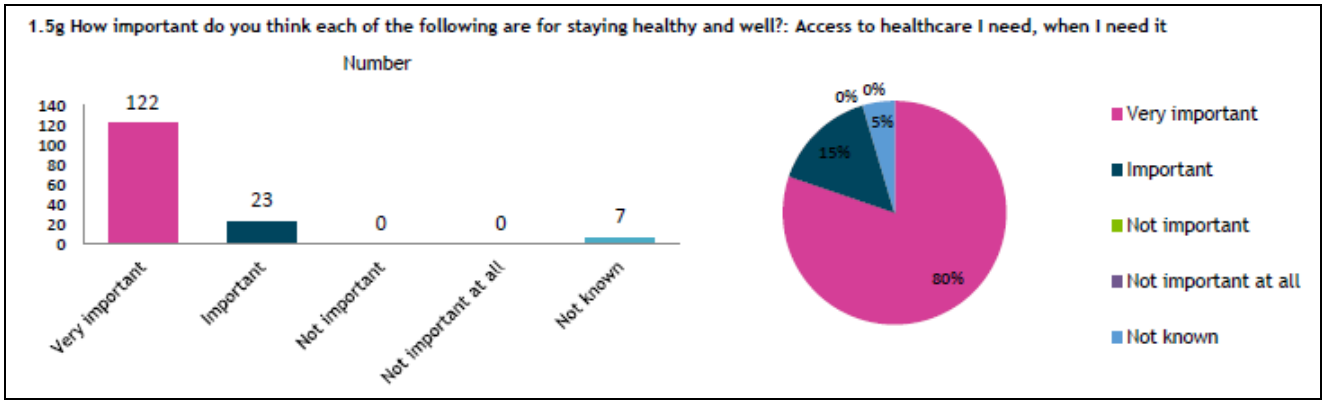





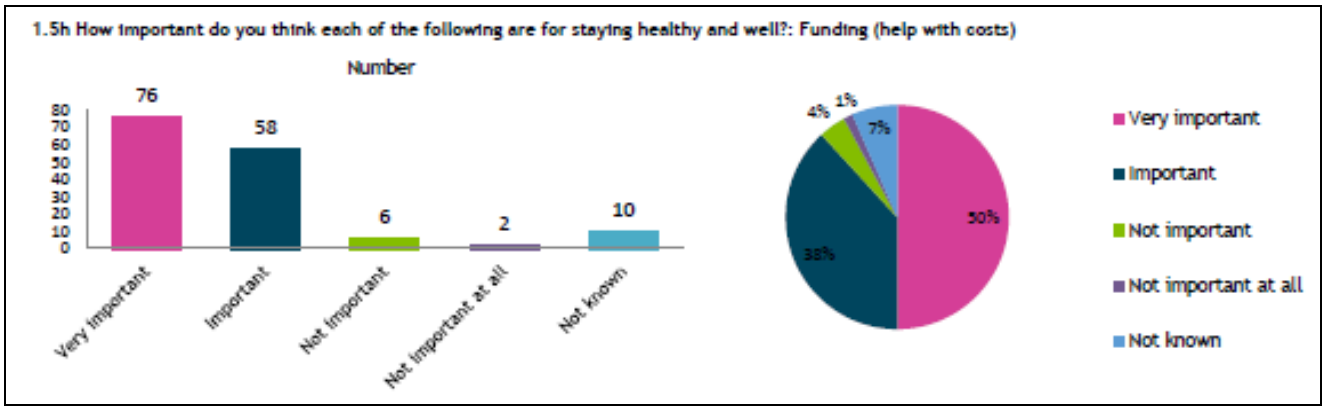

## Access to healthcare

We also asked respondents how important it was to them to access the healthcare they needed, when they needed it. None told us it was unimportant – most felt that accessing healthcare when needed was very important:




*"Having only one GP and one nurse in practice offers no choice"*

Most respondents felt that it was important to have be able to access funding to help with preventing ill health:




*"GP services need more resources and support"*

## Conclusion:

The data from our survey suggests that most people regard staying healthy, well and independent as a priority, and that they look to the NHS and other social care agencies to support them in maintaining that.

It may be thought that such a conclusion is self-evident, but the data clearly supports the view that public policy needs to be directed firmly at maintaining people's health, wellbeing and independence. In the past, not all public policy has been able to achieve all three: change is therefore needed to ensure that work is focused on these priorities holistically.

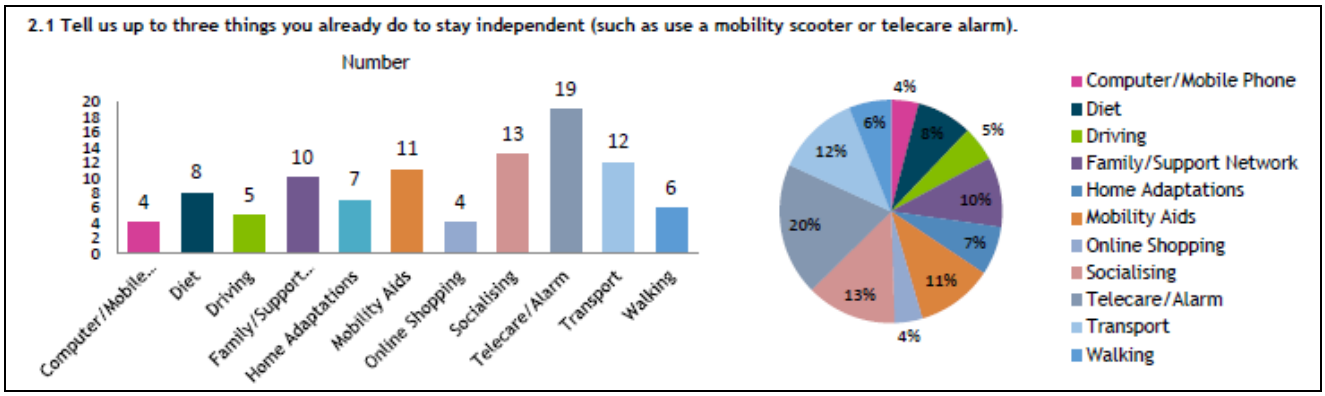
For the majority of our respondents, the keys to achieving this were the ability to access health and social care, green spaces and public transport facilities.

# Maintaining health and personal independence

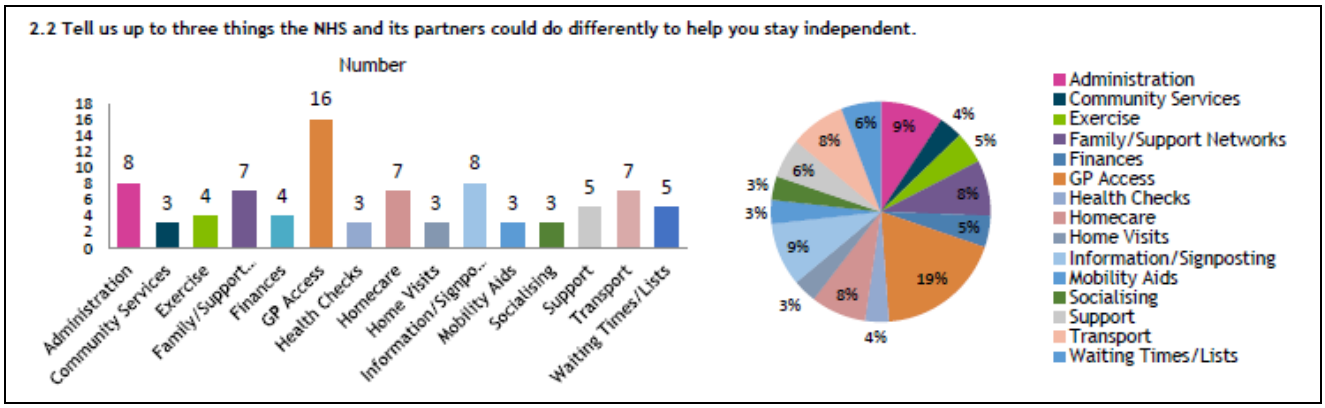
Every community has a diverse range of needs. How can we best tailor services to meet our individual needs, to help us stay healthy and independent?

A key priority for respondents was the ability to maintain their own independence; they wanted to retain their independence for as long as possible, and most were taking active steps to remain healthy, even those in the later stages of life.

We asked what people were doing to maintain their independence. Respondents told us that they used a variety of means to do so:



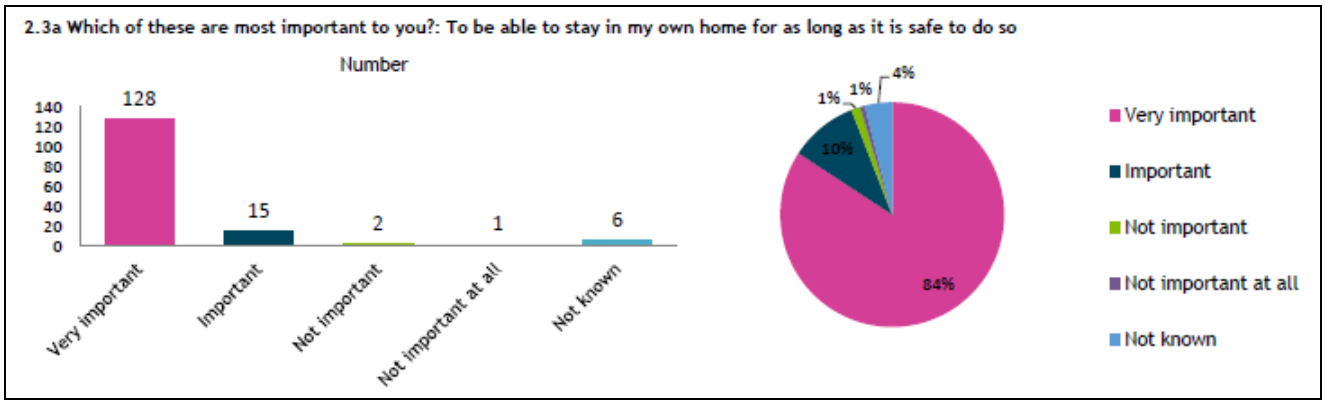

We asked specifically what the NHS and other health and social care agencies could do to help maintain people's independence. Respondents told us that there were various improvements the agencies could make to support their independence:



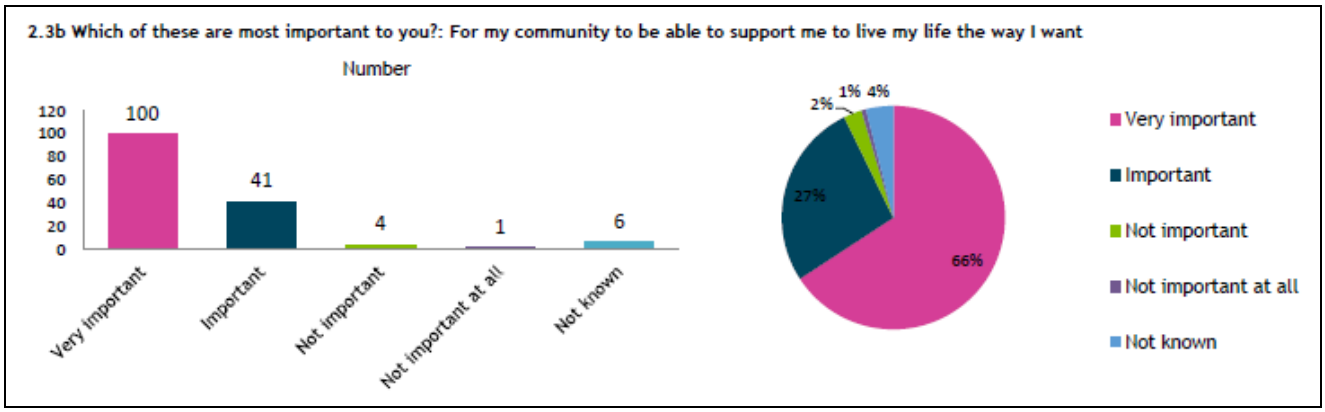

*"Make getting GP appointments easier and not have such long waiting lists to see consultants"*

*"Easier access to telephone advice from surgery"*

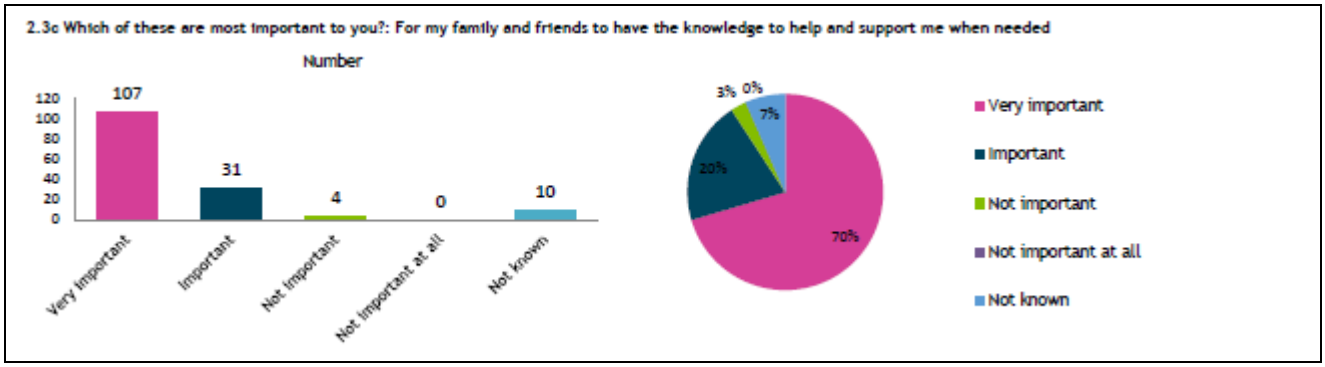
Almost all respondents felt that staying in their own home for as long as it was safe to do so was important:



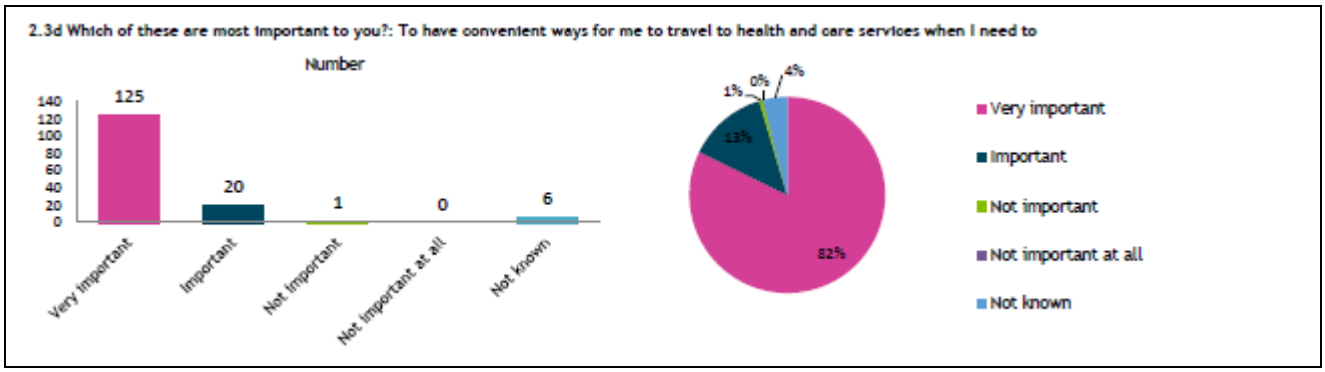

They also wanted the support of their community:



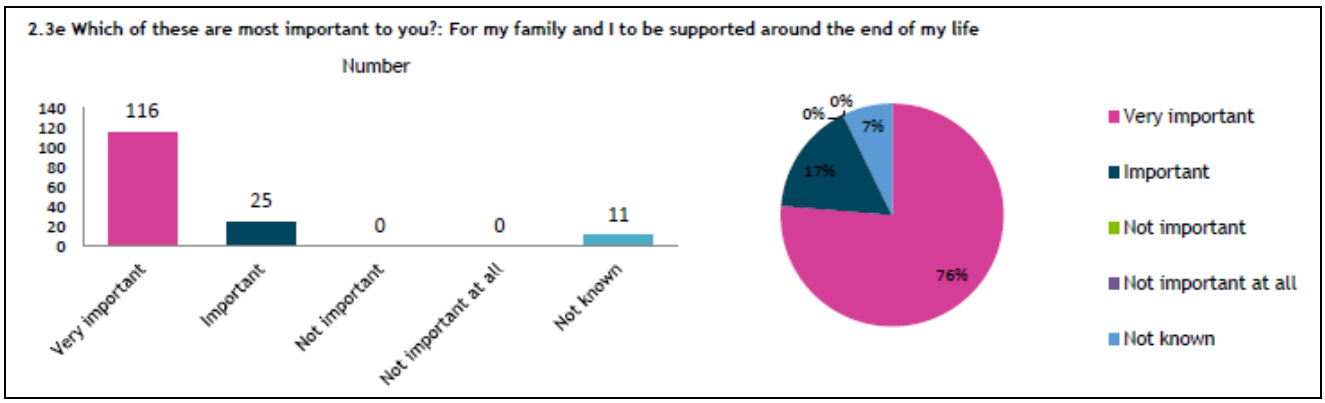

… and for friends and family to know how to give that support:




The ability to get to health and care services was also important:




This extended to care at the end of life – perhaps not surprisingly, no respondent told us that such was unimportant:




## Conclusion:

In addition to staying healthy people want to maintain their independence and look to health and social care agencies to support them in doing that at all stages of life.

*"Overall I have a very high opinion of the NHS but feel it is drowning in excessive admin and bureaucracy"*

*"Support needed for local groups and STOP trying to close them"*

*"Remember the elderly, otherwise we can be very vulnerable at home alone"*

*"Not enough support given to people that are housebound"*

*"I am 92 – I don't think the NHS knows me anymore"*

# Case study - Cancer care: changes to chemo-therapy services in Havering

In late autumn 2018, BHRUT decided to rationalise cancer care services by concentrating chemotherapy treatment at Queen's Hospital, Romford – previously, chemotherapy had been delivered both there and at King George Hospital, Goodmayes. This was a move that generated some local controversy and the Healthwatches for Barking & Dagenham, Havering and Redbridge were asked to carry out a consultation exercise to ascertain what patients felt about the change[3]. A focus group was held in late March to which a random sample of patients was invited, who said that staff in the wards at Queen's Hospital were:

> ***"really welcoming, nurses were great, amazing, caring, wonderful volunteers, professional and brilliant"***

There was a calm atmosphere and they felt safe and supported. They did, however, feel that the accommodation was cramped and privacy was compromised:

> ***"we're packed in like sardines"***

They also complained about a lack of natural lighting (a common criticism of the Queen's Hospital building).

Patients considered that staff were doing an excellent job under difficult circumstances, coping with additional tasks but with little time to devote exclusively to their patients. Their shift patterns had been altered and staff seemed under greater pressure.

Patients recounted their experiences, including being expected to administer their own injections of medication without explanation or instruction, and attendance at the Emergency Department (A&E – the commonly used term) for treatment unrelated to their cancer at which their need for priority treatment was not recognised: one patient told us:

> ***"I'm scared of A&E at Queens as they're not specialised in cancer care"***

Another said:

> ***"I went to A&E after my third (chemotherapy) treatment as my temperature had soared. I had to explain the issue to four doctors! They had no knowledge of the risk to oncology patients"***

[3] **Changes to chemotherapy services at BHRUT:** a review of patient experience by Barking, Havering and Redbridge Healthwatch (Healthwatches Barking & Dagenham, Havering and Redbridge – April 2019)

A third told us:

> ***"The staff at A&E didn't know how to take blood from the PICC line. They were about to take it from my toe but my wife had to stop them and pointed out that a chemotherapy patient can't have blood taken from their toe"***

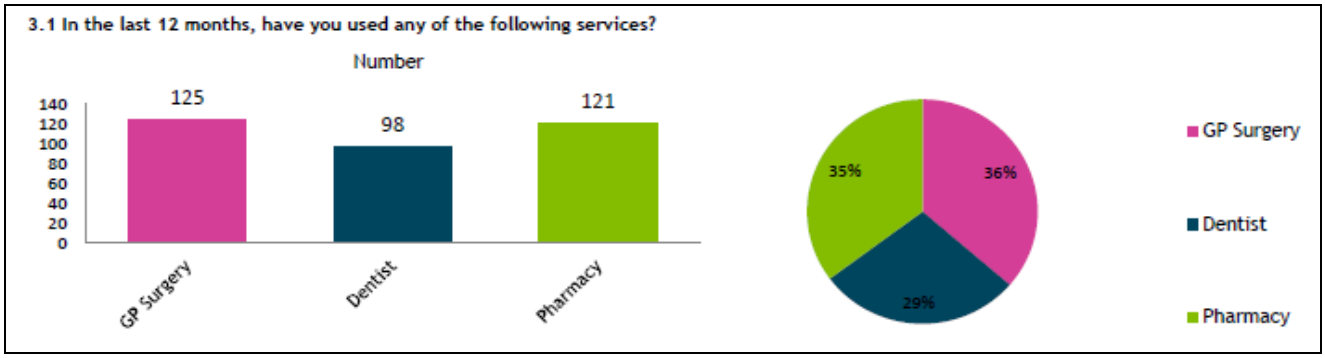
We had already been looking closely at the A&E department and its adjunct, the Urgent Treatment Centre co-located at Queen's Hospital, amid concerns that the department was often over-crowded and slow to process individuals calling there for urgent attention. We will be looking closely at the response to the complaints about the attention paid to patients undergoing cancer treatment who attend A&E for unrelated urgent care.

Pleasingly, subsequent observations tend to confirm that the importance of prioritising cancer patients has been recognised and is being given the appropriate attention.

# Developing Primary Care

The plan aims to 'join up' services. As part of this, primary care services (such as GPs and Pharmacies) will be expanded to include a greater range of services.

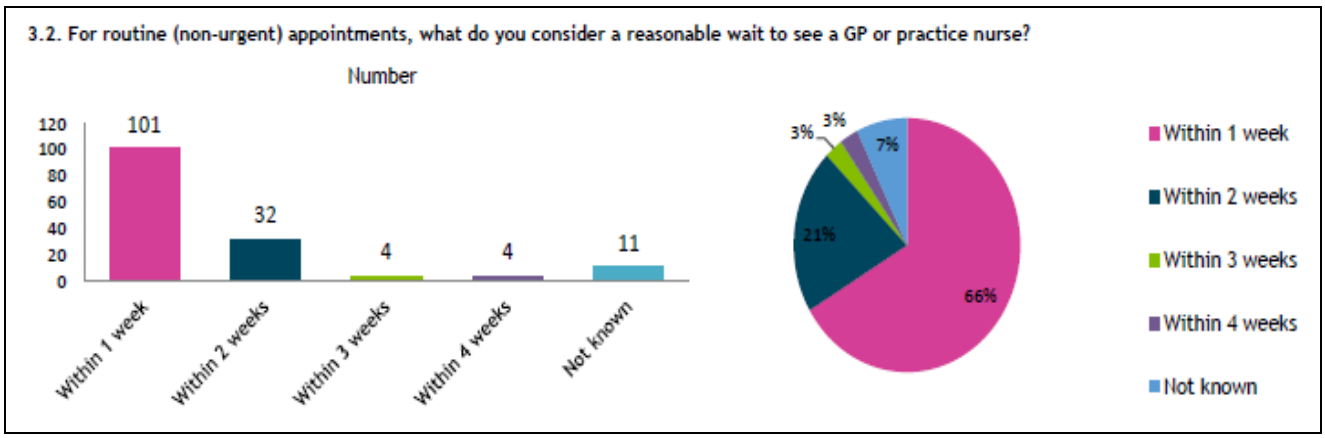
We asked respondents whether they had used a primary care service (GP, Dentist or Pharmacy) in the past 12 months. Some had used only one service, others two or all three:



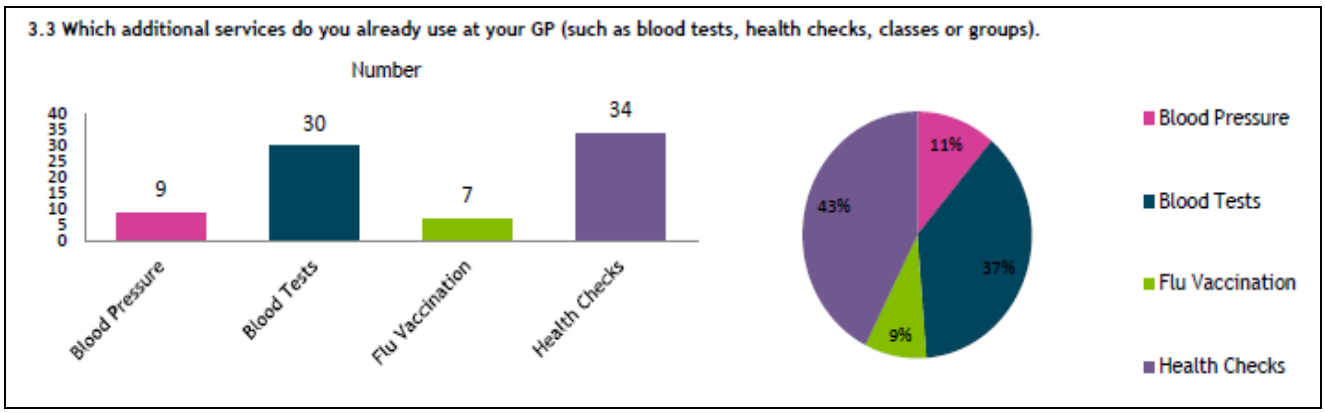

Respondents were asked what would improve the service they receive from the NHS.

***"I think a lot of Doctors don't really listen to what is wrong with you. They should take more time with patients"***

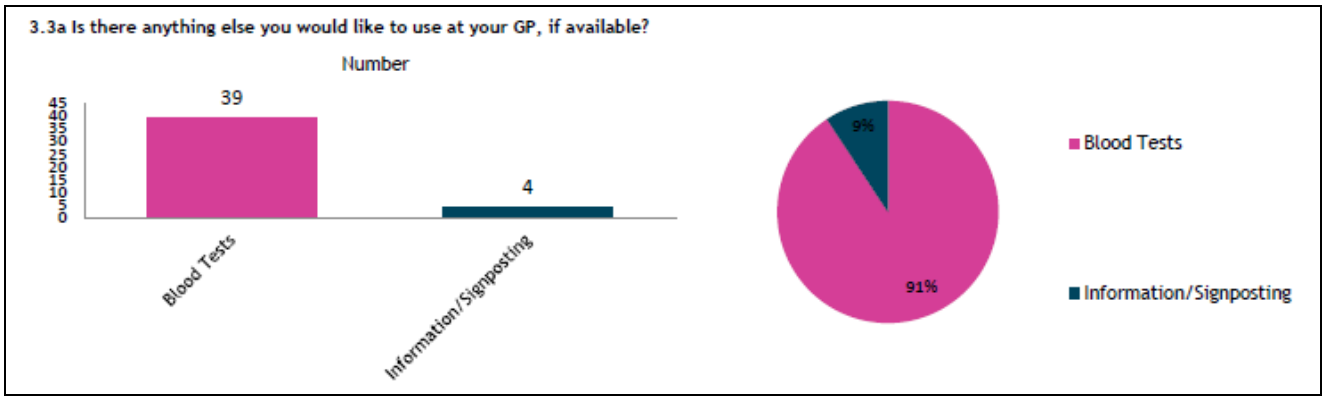
A common response was to suggest that the appointments system be improved. Many respondents complained that it was difficult to get an appointment within a timescale they considered reasonable, or with the GP (or other professional – e.g. Practice Nurse) within what they felt was a reasonable time. Some told us that they had experienced waiting times for an appointment of one month, or even longer. Most felt that a reasonable waiting period for a routine, non-urgent appointment was up to one week:



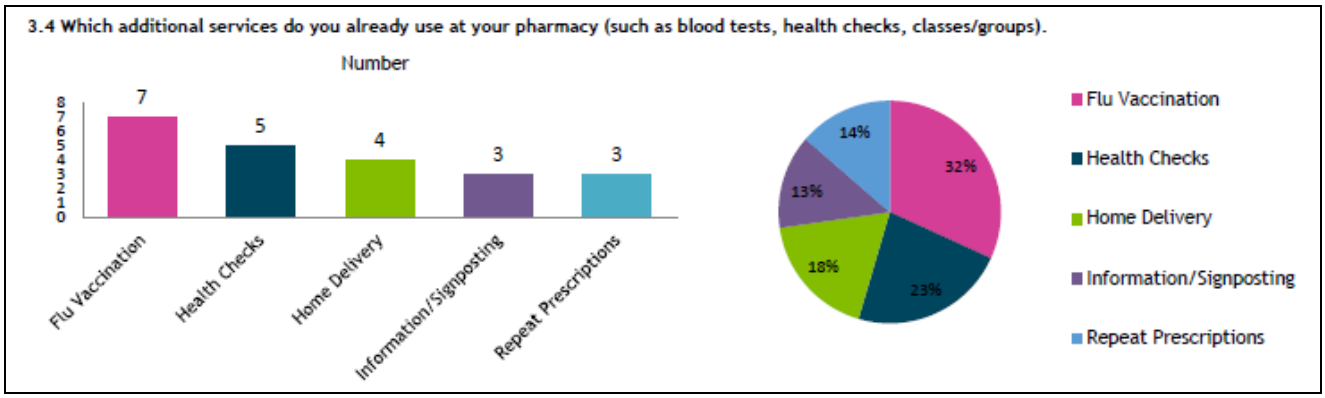
Many were able to use additional services at their GP practice:



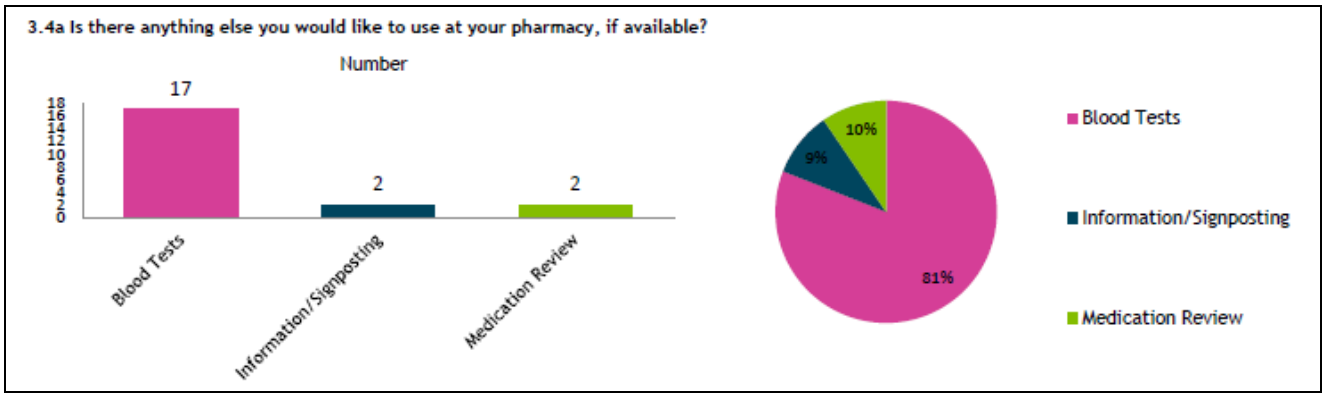

When we asked those whose GPs did not offer other services, they told that blood tests in particular were an additional service that many wanted to see available at their GP practice:




Similarly, respondents were asked what services they used at their local pharmacy:




Again, asked what additional services they would like to see provided at pharmacies, respondents told us:

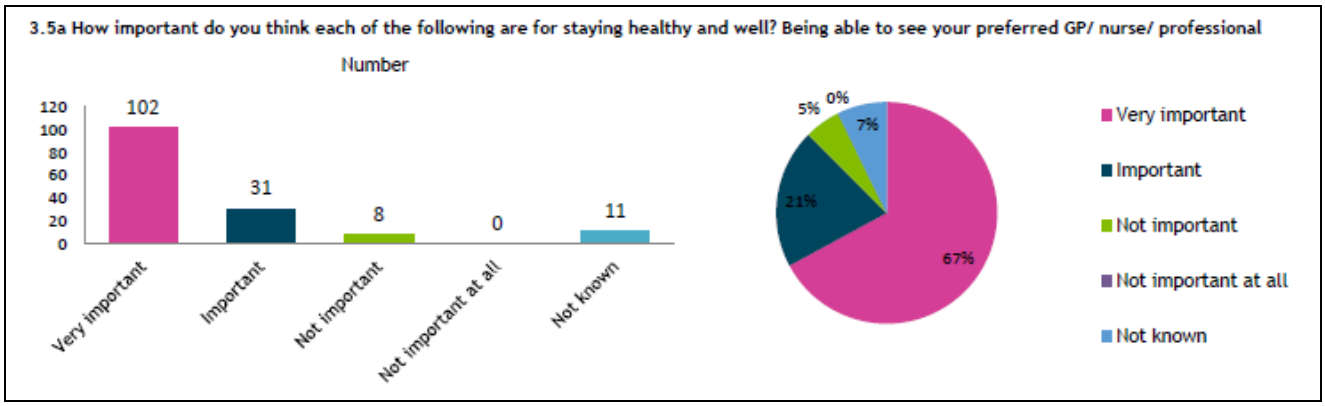



*"Continue improving pharmacy advice"*

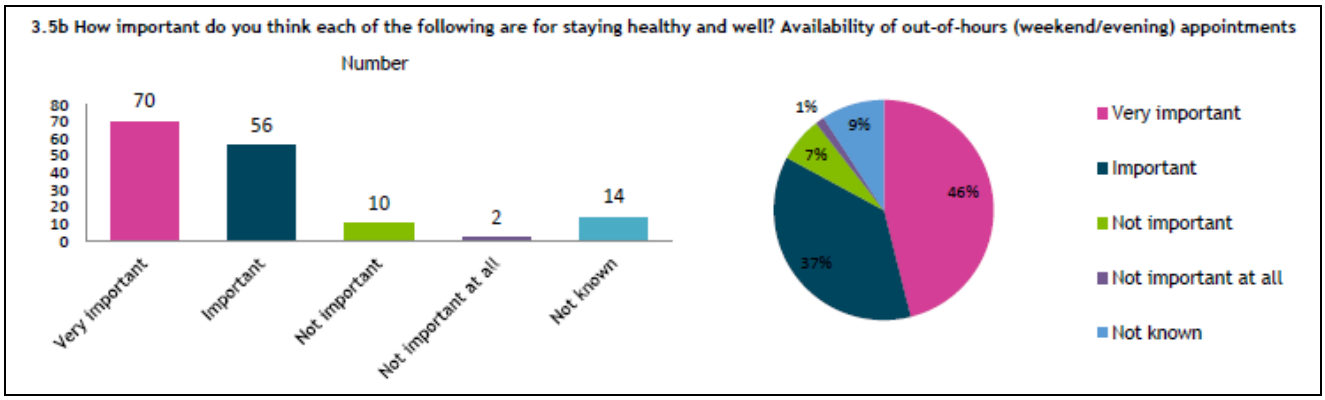
**Clearly, the availability of blood tests is a major concern for respondents in Havering. Currently, these are available from Queen's Hospital, Romford and several "satellite" centres around the borough but (aside from this survey) we have received complaints from users about difficulties in accessing the service, such as centres offering only limited numbers of tests on a "first come, first served" basis, providing them only within a limited time period and, at Queen's Hospital, extended waiting periods. We have decided to carry out a review of blood test services in Havering later in 2019.**

We asked respondents what they thought was important for staying healthy and well. They told us that more services needed to be available, or more accessible, at or from GP practices, including blood tests (phlebotomy) and health checks. A few wanted to see pharmacies adjacent to GP practices. They did not appear to be interested in using a pharmacy for primary care.

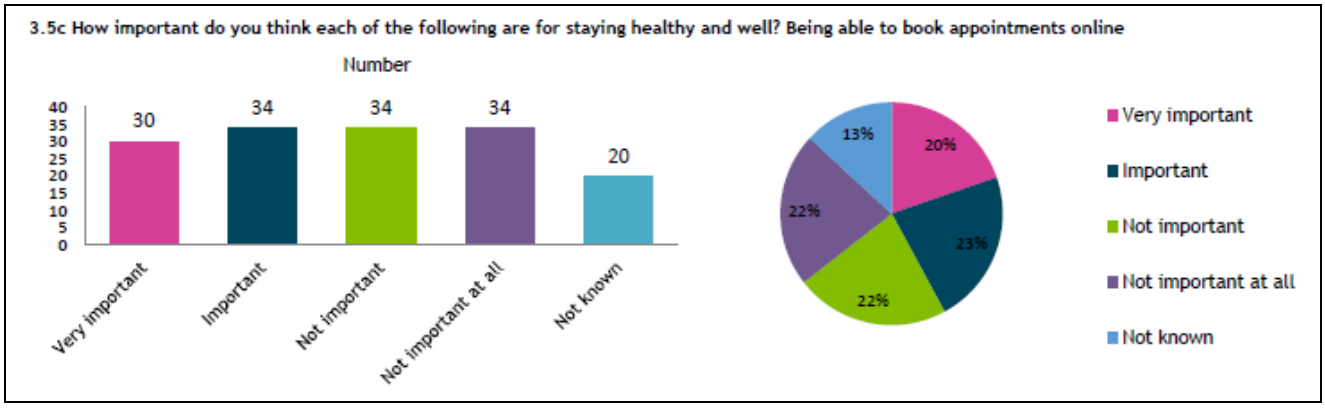
Most wanted to be able to see the healthcare professional of their choice:

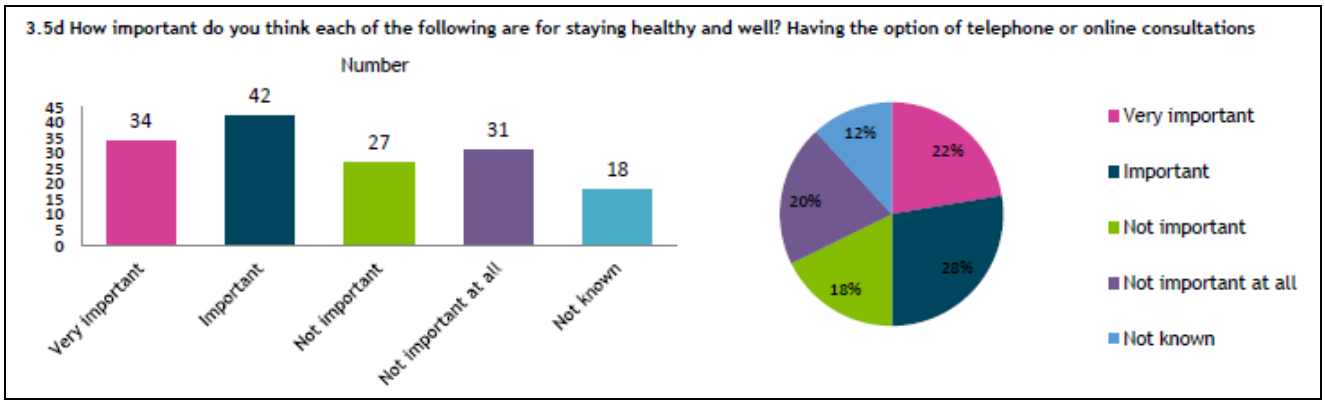


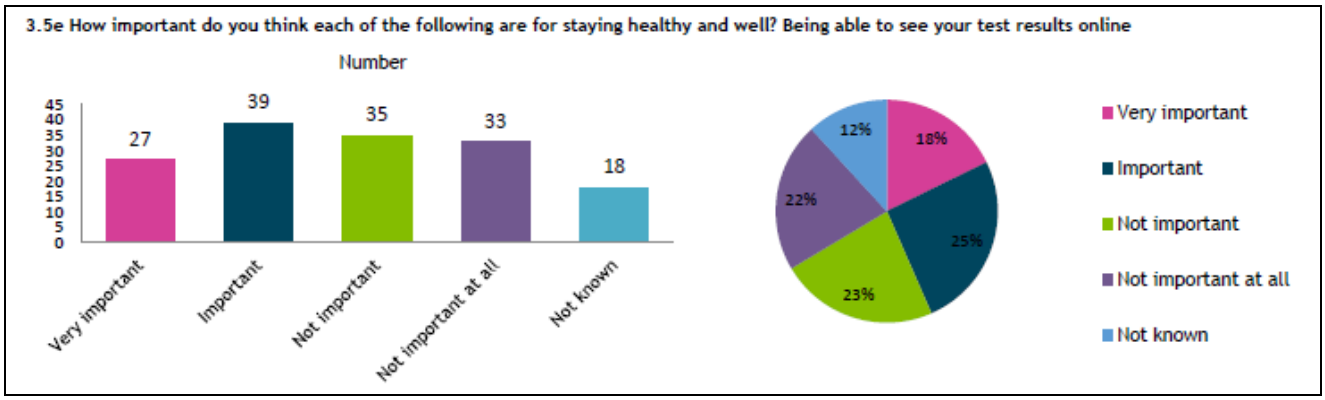

The accessibility of primary care services when needed, "out of hours", was of paramount importance:

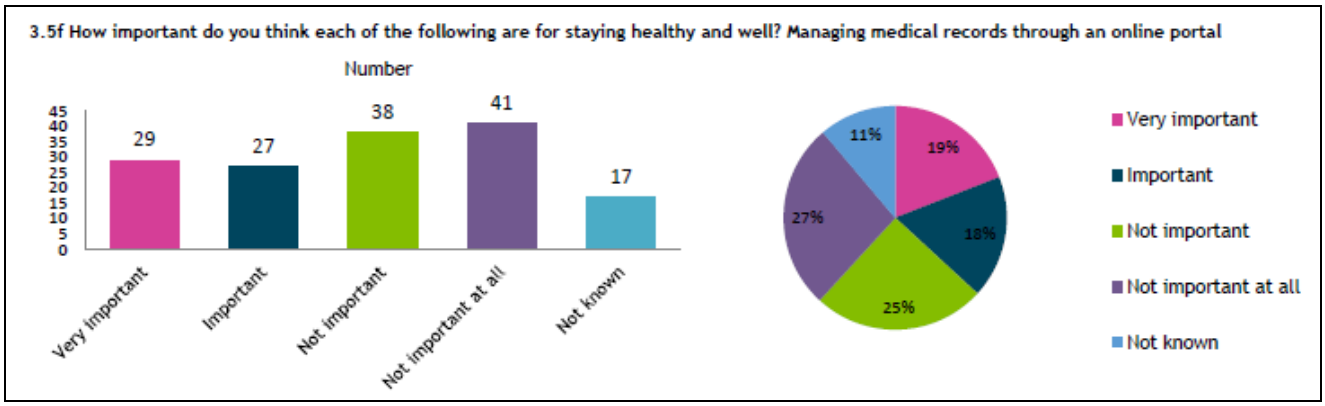



## Most people also wanted to have face-to-face consultations: options for remote access such as online or by telephone were regarded as unimportant by the majority:

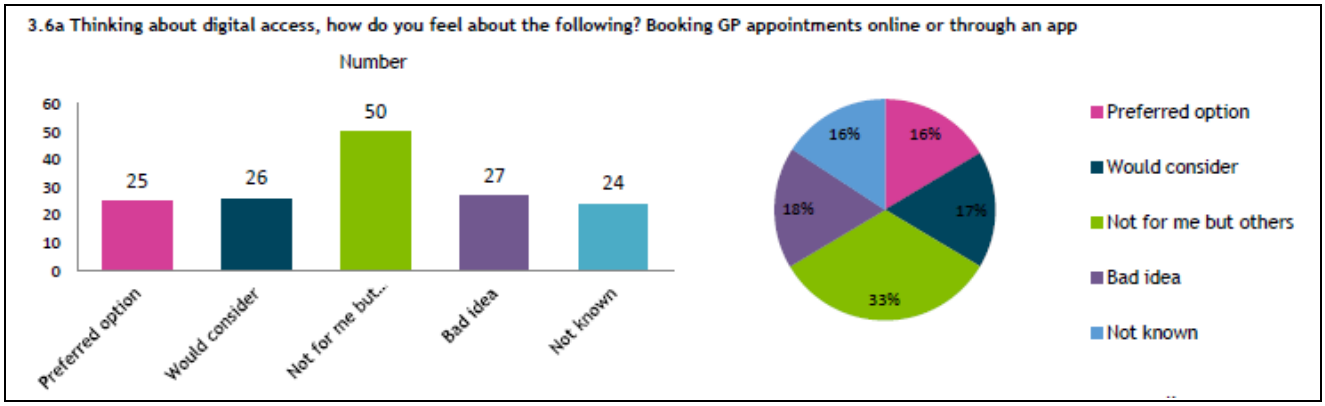




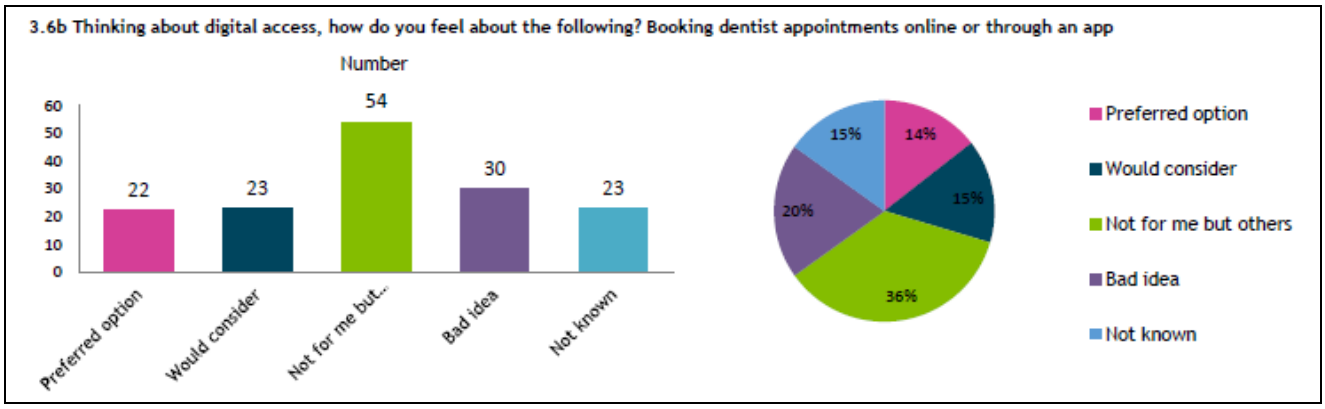

Only about one-third of respondents seemed to find the prospect of booking appointments for GPs online acceptable; another third told us that they thought others might do so but they did not fell it was something they wanted:



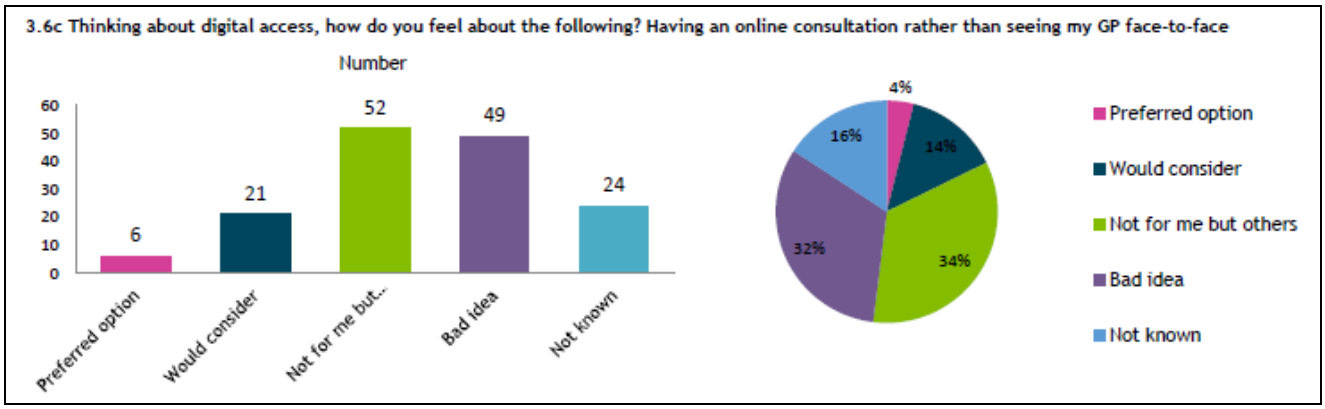

*"People who do not have computers should be able to make an appointment at GP surgery in a reasonable time"*

*"Important to have telephone appointments as no access to a computer"*

The reaction to making digital bookings to see a dentist was similar:

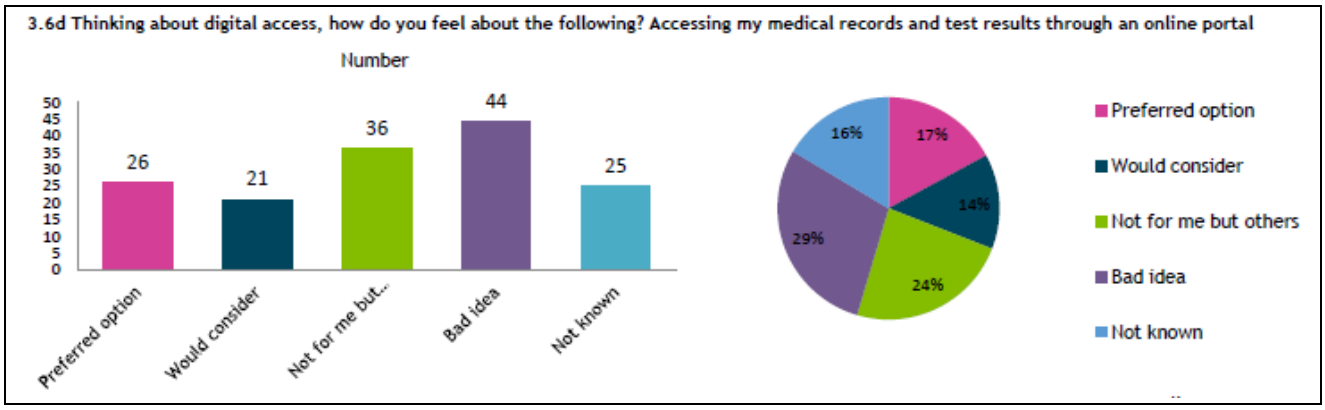



Fewer respondents would be happy with online rather than face-to-face consultations with their GP:




*"If you could see a GP when you are first unwell then many complications would not arise. GPs have too many patients on their books so are therefore unable to cope with the demand. No one is a winner"*

Similarly, respondents were not keen on accessing medical or test results online:



## Conclusions

### What people expect during their treatment journey

Most respondents' comments related to primary care, predominantly GPs' services. As noted earlier, a key concern was the time needed to obtain an appointment: respondents reported long waiting times for an appointment. In other tests of opinion we have carried out during Enter & View visits to GP practices, patients have frequently commented that they have difficulty in getting same-day appointments and, in some cases, have had to wait for up to a month for a routine appointment. Most respondents expected to be seen, if not the same day, then within a couple of days but told us it was rarely possible to achieve that.

For those who had had to use hospital services, improvements to A&E were essential. Waiting times there were considered unacceptable and, although new streaming arrangements had been introduced, they were not felt to be working as well as expected. As noted above, a particular concern has been identified for patients undergoing treatment for cancer, whose condition was not recognised by A&E staff – this is being remedied.[4]

Comments were also made about the cost of using the hospital's car park.

### What people expect during service change and transformation

Other surveys we have carried out[5] have shown that people are confused by the terminology used by the NHS – for example, few people can easily distinguish between the terms "urgent care" and "emergency care", which to some extent explains the large number of non-emergency patients who go to A&E (although with the new streaming approach, they will be referred to the adjoining Urgent Treatment Centre rather than A&E). Evidence from other surveys suggests that much clearer information needs to be available to service users in order to inform their choice of treatment pathway – in response to this survey, 140 respondents told us that information was important (of whom 82 said it was "very important"). Only three respondents thought good information was "not important".

Nearly all respondents felt it was important to be supported by their local community, friends and family and to be able to travel easily; they also

[4] We are undertaking a series of Enter & View visits at the Emergency Department (A&E) of Queen's Hospital, Romford (including the separate initial streaming arrival area) to observe how the new arrangements are working in practice following receipt of complaints about the system.

[5] **Urgent and Emergency Care Consultation Responses** (2016) and **Urgent and Emergency Care: Right care, Right place, First time** (2018) (Healthwatches Barking & Dagenham, Havering and Redbridge)

wanted good support for their end of life journey. The metrics for each of those issues showed over 140 respondents feeling that it was important or very important to have those forms of support.

Interestingly, support for digital or online services was low, possibly in contrast to other Healthwatch areas. This may reflect the age profile of the respondents to our services; as shown later, most respondents to our survey were aged 65 or over. But it demonstrates that any determined drive to digitise services may well result in people being less able to access essential services; it is particularly important to bear this in mind when planning services – a "one size fits all" approach is unlikely to work for everyone.

***"It is very important to see a GP not just read a screen so that concerns can be discussed and issues sorted out. The waiting times at A & E are at an unacceptable level. There is a need for more staff so that sick people can be seen and treated in a few hours and not spend the whole night waiting to see the next person"***

# Next steps

This report, and others like it from Healthwatches across North East London, and indeed the whole country, will be used to inform the development of the Long Term Plan nationally and within Sustainability and Transformation Plan areas; the STP area for Havering is North East London.

Locally, we will be presenting these findings (together with evidence gathered from other surveys and activities we have undertaken) to the local health bodies and to the local authority (including the Health & Wellbeing Board and Health Overview & Scrutiny Committee) so that account can be taken of this evidence in the planning of health and social care services for Havering.

# Recommendations

Our survey was part of both a regional and a national exercise, and there will doubtless be broader recommendations of general applicability across North East London and England generally once the survey results have been collated. But there are some local points that have emerged that we invite the Havering CCG and other players in the Havering health and social care economy to consider.

As mentioned elsewhere in the report, the demography of Havering is different to much of the rest of London; the proportion of people from BME backgrounds is lower than elsewhere in London, whilst there are more people in the 55+ age ranges. Solutions that might be applicable to other parts of North East London or across Greater London may not work in Havering.

## Prevention: staying healthy for life

1 **That "social prescribing" be used more extensively than at present to encourage service users to make more use of non-medical facilities to support their health and wellbeing**

2 **That more information be made available as to where patients should go to arrange for stitches to be removed**

3 **That the arrangements for blood-testing (phlebotomy) in Havering (and Barking & Dagenham and Redbridge) be reviewed to address service users' complaints about inadequate service (such as**

restricted numbers of tests or opening times (or both) and long waiting times before being seen) [6]

## Maintaining health and personal independence

4 That signposting and advisory services be reviewed to enable service users more easily to access information, not just about the health services they need to use but about broader health and wellbeing issues

5 That, in developing future health and wellbeing policies and individual service developments, the underlying theme be the need to maintain individual health and personal independence for so long as possible and practicable

## Cancer care: changes to chemo-therapy services

6 That the arrangements for patients undergoing cancer treatment who attend the Emergency (A&E) Department at Queen's Hospital for unrelated reasons be reviewed to ensure that they are accorded the priority of treatment that their condition requires

7 That the accommodation used for cancer treatment at Queen's Hospital be reviewed to ensure that the patient experience is not adversely affected by over-crowding, lack of privacy or inability to enjoy natural day light

## Developing Primary Care

8 That, in developing online consultations and other, non-traditional forms of contact between patients and healthcare professionals, the needs of those who prefer to deal with HCPs face-to-face be acknowledged and honoured

[6] As noted in this report, we will be carrying out our own survey of phlebotomy services during 2019

# Methodology

We spoke to people at seven events, organised with –

Havering Over Fifties Forum

Romford Evangelical Church

Romford Salvation Army Drop-in Group

Havering Partially Sighted Society

Tea Pot Friendship Group

Havering Sign Language Club

Havering Sight Strategy Group

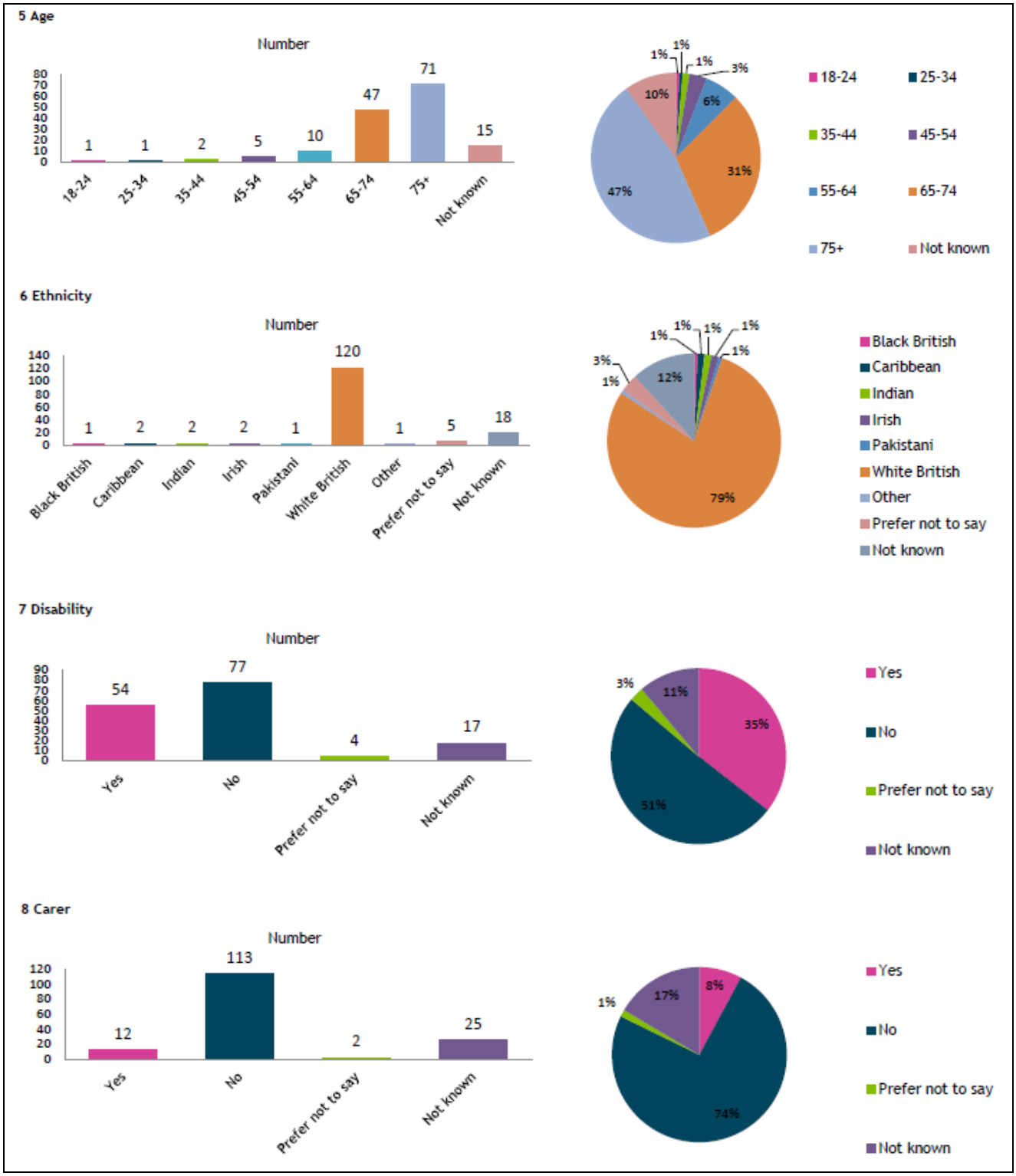
Not all those who attended these events were willing to participate in the survey.

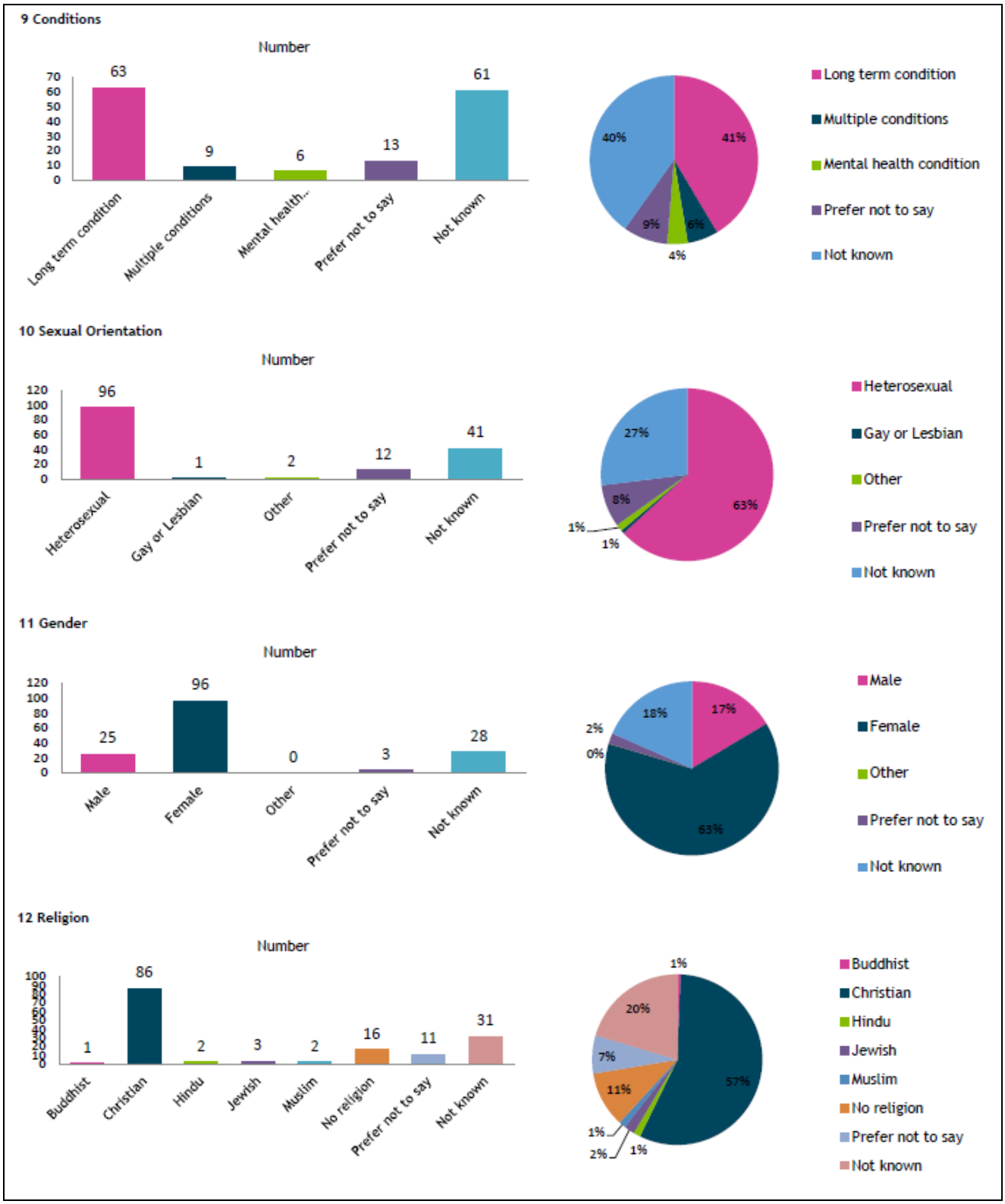
In addition, we have included in the report a summary of an event we organised jointly with our Healthwatch colleagues in Barking & Dagenham and Redbridge for patients undergoing treatment for cancer at Queen's Hospital, Romford.

Several survey forms were also completed by members of Healthwatch Havering.

# Demographic data of respondents to the survey

In all, we received back 152 survey forms. Respondents who completed these forms declared the following demographics:






The level of response to the survey was disappointing – we had hoped to persuade more participants to respond. As noted earlier, some were put off by the complexity of the questionnaire and what they saw as intrusive and unnecessary requests for personal information. In the time available for this survey, we were not able to arrange a broader range of events: with more time, we would have been able to conduct a more broadly-based survey.

# Acknowledgements

We would like to thank all respondents to the survey, and the organisers of the various bodies that hosted our consultation events:

Havering Over Fifties Forum

Romford Evangelical Church

Romford Salvation Army Drop in Group

Havering Partially Sighted Society

Tea Pot Friendship Group

Havering Sign Language Club

Havering Sight Strategy Group

Cancer patients from Queen's Hospital

We would also like to thank respondents from Havering who took part in events arranged by our colleagues in Healthwatch Redbridge, whose survey forms were passed to us for processing.

Thanks also go to Darren Morgan, Data Analysis and Community insight Manager, Healthwatch Waltham Forest, for his help in analysing the data obtained from this survey, and to colleagues from the ELHCP and North East London Healthwatches for their support for the surveys carried out across the area.

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Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

# Report to update the JHOSC on actions taken following BHR CCGs' decision to implement a new model of care for community urgent care.

This report provides an update on actions taken by Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (BHR CCGs) to implement the new model of community care for BHR.

## Background

Community urgent care services provide urgent same-day care and advice for people with urgent, but not life-threatening physical and mental health issues. They include our GP hubs, walk-in services, urgent care centres and the GP out-of-hours service.

From 29 May to 4 September 2018 we undertook a 14-week public consultation on options for a new model of community urgent care which would make it easier for people to get the right care in the right place, first time. We asked for views on two options that would deliver the national standards required and also meet the needs of our growing and changing population in BHR.

In November 2018, our Joint Committee of Governing Bodies agreed that Option 1 of the proposals should become the future community urgent care pathway for our area and agreed that this should be progress to the procurement stage

The new pathway will see local people able to get urgent care through two points of access

- Bookable services at eight location across BHR, with appointments available by calling NHS 111
- Four Urgent Treatment Centres (UTCs) where people can book appointments or walk in and wait if they chose

The new model will see two existing walk-in services (at Loxford Polyclinic in Ilford and South Hornchurch Health Centre in Havering) become bookable services with appointments available via NHS 111.

Patients who need to see a clinician but who (for medical reasons) are unable to leave their home will be supported by a home visiting service. This will support a specific group of patients including those who are at the end of their lives.

The CCGs will develop a comprehensive communications and engagement plan to support these changes, with the continued involvement of all three local Healthwatch organisations.

In particular, we listened to feedback from stakeholders and the public who said more work was needed to ensure local people understood how to access urgent care, about NHS 111 and the changes to local services (including the changes to the two existing walk-in services)

## Procurement of the four Urgent Treatment Centres and the out of hours home visiting service

The new model of care will include four Urgent Treatment Centres in BHR – two co-located next to the A&E departments at King George Hospital and Queen's Hospital and two community UTCs at Harold Wood Polyclinic and at Barking Community Hospital.

Based on expert procurement and legal advice, the CCGs took the decision to commission the four Urgent Treatment Centres as one single contract that also includes the out of hours home visiting service.

### Service requirements

The hospital-based UTCs at Queen's and King George Hospital will be open 24 hours a day, 365 days a year, They will see patients who are booked in for appointments by NHS 111, those referred in by clinicians and people who choose to walk in and wait to be seen.

The community-based UTCs at Harold Wood Polyclinic and Barking Community Hospital will be open seven days a week and will be expected to treat patients from 8am to 10pm.

Our objective is for all four UTCS to deliver a consistent service including:

- All UTCs should be a GP-led service, which is under the clinical leadership of a GP or Emergency Department (ED) consultant where clinically justified. They will be staffed by an appropriately trained, multidisciplinary clinical workforce.
- The scope of practice in urgent treatment centres must include minor illness and injury in adults and children of any age, including wound closure, removal of superficial foreign bodies and the management of minor head and eye injuries.
- Investigations and diagnostics will be available in all UTCs
- All UTCs will be able to issue prescriptions, including repeat prescriptions and e-prescriptions
- All UTCs must have direct access to local mental health advice and services
- All UTCs will accept all suitable walk-ins, ambulance conveyed patients and directly bookable appointments from NHS 111
- The services must be compliant with national standards and with local urgent care pathways
- Patients who "walk-in" should be clinically assessed within 15 minutes of arrival, but should only be prioritised for treatment, over pre-booked appointments, where this is clinically necessary.
- Patients who have a pre-booked appointment made by NHS 111 should be seen and treated within 30 minutes of their appointment time.
- There must be an effective and consistent approach the prioritisation of "walk-in" and pre-booked appointments, and slot management to balance pre-booked and walk in capacity

The out of hours home visiting service will be open from 6.30pm to 8am from Monday to Friday, and 24/7 at weekends and on bank holidays. Patients who need to be seen will be assessed and booked in by NHS 111's Clinical Assessment Service – a team of clinicians who provide clinical assessment and oversight within the 111 team.

This procurement exercise commenced in July 2019. As the procurement process is currently live it is not possible to share any further details at this stage.

We plan to confirm the outcome of the procurement in November, with the four UTCs in operation from 1 July 2020. The CCGs will ensure the JHOSC and other stakeholders informed of our progress.

## Engagement with local people

In line with our commitment, the CCGs have continued to work with local Healthwatch colleagues to engage with local people on how we can improve communications on urgent care services.

In spring 2019, BHR CCGs commissioned the three local Healthwatch organisations to undertake research with local people – testing their knowledge of NHS 111 and exploring how they currently find out information on health services and their views on how best we can share information on local services.

We also asked for feedback on a range of existing communications materials. The findings will help inform our plans for communications and engagement ahead of upcoming changes to local community urgent care services.

- Read the summary report, Communicating with the public on urgent care services
- Read the Healthwatch Barking and Dagenham report
- Read the Healthwatch Havering report
- Read the Healthwatch Redbridge report

The CCGs are now planning the next stage of this engagement and research work, and will continue to work with Healthwatch and other stakeholders to ensure that we engage effectively with local people

## Changes to the walk-in services at Loxford Polyclinic and South Hornchurch Health Centre

Listening to feedback from our stakeholders and local people, the CCGs committed to developing a robust communications and engagement strategy to support the changes. There will be a particular focus on these two sites as the service will move from a walk-in service to a bookable service.

The engagement work to date is helping to shape this plan, and we will continue to work with Healthwatch and other local stakeholders to plan and develop our approach. We will ensure we communicate and engage with local people ahead of the changes.

The CCGs also agreed specific actions include placing a public telephone in both centres. Patients who walk in will be able to contact NHS 111 for advice on the telephone or to book an appointment at a time that is convenient for them.

We are in discussions with current providers on the plan for the changes, and will confirm the timeline once this has been agreed.

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