

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW & SCRUTINY SUB-COMMITTEE
Virtual Meeting
23 February 2021 (7.00 - 8.10 pm)**

Present:

Councillors Nic Dodin, Nisha Patel (Chairman), Ciaran White (Vice-Chair), Darren Wise, Philippa Crowder and David Durant

Councillors Paul McGeary and Denis O'Flynn were also present.

Also present:

Ian Buckmaster, Healthwatch Havering

Ceri Jacob, Managing Director, BHR Clinical Commissioning Groups (CCGs)

43 APOLOGIES FOR ABSENCE AND ANNOUNCEMENT OF SUBSTITUTE MEMBERS

There were no apologies for absence.

44 DISCLOSURES OF INTEREST

There were no disclosures of interest.

45 MINUTES

The minutes of the meeting of the Sub-Committee held on 10 December 2020 were agreed as a correct record.

46 MEETING PROTOCOL

The protocol for meetings of the Sub-Committee during the Covid-19 pandemic was noted by the Sub-Committee.

47 NORTH EAST LONDON NHS UPDATE

The Managing Director of the BHR Clinical Commissioning Groups explained that numbers of Covid cases remained higher than in the first wave of the virus. Despite this, the birthing centre at Queen's Hospital had reopened the previous week.

Staff sickness had reduced at BHRUT but the impact on staff remained a concern with staff being tired both mentally and physically. Health and wellbeing resources were available for staff at both BHRUT and NELFT.

All non-urgent surgery and outpatients appointments had been postponed from January 2020 onwards due to the pandemic. People were advised to use the NHS 111 out of hours services for urgent matters. Service updates were available on the BHRUT website and stringent social distancing was maintained at both King George and Queens Hospitals. Some operations were taking place at Queens with endoscopies being performed at King George.

As at 19 February, 332k people had received a Covid-19 vaccine in North East London. In Havering, 89% of care home residents had received the vaccine with 89% of residents aged 80+ having done so. These figures were 90% for those aged 75-79 and 88% for 70-74 years. Some 15,000 front line staff in North East London had also been vaccinated. Many housebound vaccinations had been undertaken and vaccinations for the next two cohorts were now beginning. Any residents in cohorts 1-4 were advised to now contact their GP if they had not yet received a vaccine.

Some community pharmacies were now delivering the vaccine and officers felt the vaccination programme had been a good example of joint working to deliver vaccinations on a large scale. Uptake of the vaccine varied in different groups and pop up services were also used to deliver the vaccine. Videos giving information about the vaccine were available on the East London Health and Care Partnership website.

Officers did not feel that the vaccine programme was coercive and people were able to decline the vaccine if they chose. A Member stated that the Council was asking employees if they had received the vaccine. The vaccine was also not experimental and had been tested widely. People were strongly advised to have the vaccine although officers accepted that some people were hesitant about doing so. Pop up clinics in community locations such as mosques allowed people who may have concerns to talk to public health specialists.

Several Members reported residents having difficulty with booking second vaccinations on-line and officers were happy to receive any details of where this had occurred. 70% of BHRUT staff had now received the vaccine. It was confirmed that the programme was on target to vaccinate all over 50s by the end of April.

Clarification could be provided on whether companies were indemnified for claims relating to the vaccine. Side effects could also be reported via the yellow card scheme. Some drugs were available to treat the symptoms of Covid-19 and officers emphasised that many people did not develop symptoms in any case.

The Sub-Committee noted the update.

48 HEALTHWATCH HAVERING - REVIEW OF HAVERING GP PRACTICE WEBSITES

A director of Healthwatch Havering introduced the report by stating that the move of many GP appointments from face to face to an on-line basis had led the organisation to undertake a review of GP websites. The websites of all 45 GP practices in Havering were visited by Healthwatch on at least three occasions each. Key issues considered as part of the review were to consider the ease of access to GP websites and the level of information on the sites.

It was noted that a significant proportion of people were affected by digital exclusion due to e.g. a lack of an internet connection or the cost of laptops etc.

Healthwatch looked at if a GP practice had its own website, opening hours were clear, face to face appointments were available and there was a facility to cancel appointments. It was found that 10 Havering GP practices used the NHS Choices website. Seven GP websites made no mention at all of Covid-19. Only around half of the websites indicated face to face consultations being available despite Healthwatch being told by the CCG that this would be the case.

It was also not easy in some cases to cancel appointments on line. In around 40% of cases, general information on health and wellbeing was not easily found on the website. Only 3 Havering GP websites had facilities for people with sight difficulties and 2 had any facility for people with learning disabilities.

It was noted that there was in fact no obligation on GPs to have their own website. Healthwatch had therefore recommended that Havering CCG worked with GP practices to review GP websites and ensure that GP contractual requirements were kept to.

Some GP websites had been found by Healthwatch to be excellent but others much less so. It was felt it would also assist if Practices were known by a single common name. A Member added that appointments could also be easily made via the NHS app.

It was clarified that every GP practice was a private business. Many did operate from NHS premises such as the GPs based at the Harold Hill and South Hornchurch Health Centres. A number of local GPs were retiring and this had led to more closures or mergers of Practices. Younger GPs did often prefer to work in larger Practices.

The Sub-Committee noted the report from Healthwatch Havering.

Chairman