

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

4 FEBRUARY 2019

Chair: * Councillor Mrs Rekha Shah

Councillors: * Michael Borio * Vina Mithani
* Maxine Henson * Chris Mote

Advisers: † Julian Maw - Healthwatch Harrow
* Dr N Merali - Harrow Local Medical
Committee

* Denotes Member present
† Denotes apologies received

25. Attendance by Reserve Members

RESOLVED: To note that there were no Reserve Members in attendance.

26. Declarations of Interest

RESOLVED: To note that the following interests were declared:

Agenda item 7 – CQC Progress Report including actions from the Quality Summit

Councillor Chris Mote, a member of the Sub-Committee, declared a non-pecuniary interest in that his daughter was employed at Northwick Park Hospital. He would remain in the room whilst the matter was considered and voted upon.

Agenda item 8 – Alexandra Avenue GP Access Centre – Changes to walk-in services and the impact of changes

Councillor Maxine Henson, a member of the Sub-Committee, declared a non-pecuniary interest in that Alexandra Avenue GP Access Centre was situated in Roxbourne Ward which she represented.

27. Minutes

RESOLVED: That the minutes of the meeting held on 16 October 2018, be taken as read and signed as a correct record.

28. Public Questions

RESOLVED: To note that no public questions were received.

29. Petitions

RESOLVED: To note that no petitions were received.

30. References from Council and Other Committees/Panels

None.

RESOLVED ITEMS

31. CQC Progress Report including Actions from the Quality Summit

The Forum noted that, at its meeting in October 2018, the Sub-Committee had received a report of the London North West University Healthcare NHS Trust setting out the response to the Inspection Report of the Care Quality Commission (CQC).

The report before Members at tonight's meeting (4 January 2019) provided an update on the following:

- the recent unannounced CQC visit on 10 January 2019;
- an update on the completion of the 'MUST DO' Action Plan;
- an overview of the developed Composite Improvement Plan;
- a progress update on the Actions from the Quality Summit;
- a proposal of the CQC Preparation Plan.

A representative of the Trust introduced the report and stated that, since the Inspection, a CQC Review Group had been set up to consider the Action Plan, which was attached to the report. Good progress had been made and the CQC had made an unannounced visit in January 2019 and their further report was awaited.

Another representative informed Members of the progress made following the CQC Inspection Report and the next steps for the Trust. She added that the Trust had made good progress towards the recommendations of the CQC. A

strong governance framework had been established to ensure that the progress made was sustainable. The visit by the CQC in January 2019 related to the 'Warning Notices' issued following the Inspection in 2018, which had mostly been technical in nature and had not compromised safety of patients. All the issues raised at both the Ealing Hospital and Northwick Park Hospital sites had been addressed. She re-iterated that a further report of the CQC was awaited.

The Sub-Committee was informed that since the receipt of the Inspection Report, the Trust had engaged with frontline staff and comprehensive measures had been put in place in relation to Maternity Services. The pledges following the Quality Summit were also being addressed.

Members asked the following questions:

- **Action Plan - which actions in the Plan had been completed? What was outstanding? How had the staff been involved in the implementation and had they taken ownership? Which actions in the Plan were proving particularly challenging to implement and why?**

A representative of the Trust reported that engagement with staff had been positive. For example, in Maternity Services, a staff newsletter had been introduced to ensure that staff were kept informed of developments. Measures had been put in place to ensure that the progress made was sustainable. All Trusts faced difficulties in recruiting nursing staff and the Trust was working with NHS Improvement in this regard. Recruitment and retention measures were also being looked at, including that the Trust needed to be seen as an 'employer of choice'. International recruitment was being explored.

Another representative stated that the majority of the recommendations in the Inspection Report related to compliance with training and stock management. He stated that additional staff training had been put in train, particularly in relation to the Bleep System(s) in Maternity Services. It was essential to embed practice and audits were undertaken to ensure that the measures put in place were working. He explained that dedicated time slots for testing had been introduced and staff had been informed on how to escalate issues. Follow up audits were also conducted by other departments.

- **Action Plan – what policies had been put in place for the management of medicines, including those where the date had expired?**

A representative of the Trust stated that robust mechanisms had been put in place and the Trust was now compliant with its policies for the management and stock control for drugs at ward level. The CQC, as part of their unannounced visit in January 2019, had put this to test at Ealing Hospital and their report was awaited. It was noted that no patients had been harmed as a result of this issue. The Trust was not

complacent on this matter and would ensure that it remained fully compliant with the requirements.

Another representative added that Omnicell products to dispense medications had been purchased to help ensure patient safety. The products helped to ensure that medications were kept at the correct temperatures. The products allowed for stock control and dosage compliance. Checks against allergies were also made.

In response to a further question on how these products were being financed, the same representative stated that the costs were being met from existing budgets. He explained that whilst the Trust had received additional funding, the money was being used to fund, for example, the post of an Improvement Director and the appointment had been made from within the Trust for a fixed term of 1-year.

- **How had the feedback from service users and patient groups helped shape the action plan for improvements?**

A representative of the Trust informed the Forum that various meetings/organisations, such as the Patient Experience Committee, Healthwatch, patient stories and complaints had helped capture key messages for the Trust to work on.

- **There would be a re-inspection in the first quarter of 2019/20 (i.e. summer). What can the Council do to help facilitate a successful inspection?**

Representatives of the Trust stated that their attendance at meetings of the Council helped to provide feedback, including Member feedback from their constituents. Additionally, the following would help:

- ensuring that there was sufficient access to placements when the Trust was in the process of discharging patients. There continued to be some challenges around provision in care homes and the Council could help with their improvements;
- CQC would look at areas in which the Trust was languishing. An improved health/social care system together with collaborative working would help;
- improved service delivery, supporting each other, positivity, transparency and integrated working between the Trust and the Council was also essential.

- **Budget - Who managed the audit? Were both internal and external audits carried out?**

In response, a representative of the Trust stated that, for all action plans, audit was conducted within teams and by external teams. Internal audit would examine pathways (such as in the A&E), CQC would follow-up by carrying out further inspections, NHS Improvement

carried out reviews and the CCG would monitor on a monthly basis against the Plans and provide checks and balances. There were different tiers of scrutiny.

- **Risk Register – Was there an issue due to insufficient staff?**

A representative from the Trust explained that new entries included Paediatric Anaesthetic cover at Ealing and Junior Doctors' compliance with mandatory training. Steps were being taken to ensure that all staff were trained and compliant.

- **Had winter pressures unduly impacted upon the Trust's ability to deliver the CQC action plan?**

The Sub-Committee was informed that, since Christmas, the pressures on the emergency pathway had been extraordinary. Other areas of the Trust, such as the cardiology team, had to provide additional support to A&E Service. Such demands inevitably caused pressures on the Trust.

Staff had fully engaged with the Action Plan. Some areas were challenging but, overall, engagement with staff had been positive and they remained engaged.

The Chair thanked representatives of the Trust for attending the meeting and answering their questions.

RESOLVED: That the report be noted.

32. Alexandra Avenue GP Access Centre - Changes to Walk-in Services and the impact of changes

The Sub-Committee received an information report of the Harrow Clinical Commissioning Group (CCG), which provided an update on the Alexandra Avenue GP Access Centre in relation to 'Changes to Walk-in Services' made in November 2018 and the impact of their implementation. The changes had been aligned with the Urgent Care Strategy which the CCG had adopted.

A representative of NHS Harrow CCG introduced the report and outlined how the implementation of the Alexandra Avenue Walk-in Centre to a GP Access Centre had been launched and promoted, the benefits the change offered to patients in Harrow, how the change had been marketed, how appointments could be booked through both GP Practices in Harrow and the NHS 111 Service, including other Walk-in Centres and the Urgent Care/Treatment Centre. He referred to the feedback received which had been included in the report. He added that individuals who had 'walked into' the Centre had had their clinical needs assessed and were briefed on how they could access medical care in the future as a result of the changes made.

The representative added that during the first two months, 85% of available appointments had been booked for Monday-Friday but the appointments during the weekends remained largely unused. The CCG was working with NHS 111 and the Urgent Care Centre to ensure that the capacity at the

Access Centre was effectively used and to help reduce the burden on the Urgent Care Centre and the A&E Services, particularly during the winter months.

The Sub-Committee was also informed that there was no evidence that the change to an Access Centre had had any material impact on the services provided both before and after the change. Data had shown that patients presenting themselves to the various medical services were presenting themselves to the correct service in light of their condition. It had been noted that there had been an increase in the number of younger patients presenting themselves to the A&E Service and that, year on year, there had been a 14% increase in Brent patients.

The representative from Harrow CCG added that recent data had shown that the usage at Alexandra Avenue GP Access Centre had gone up to 96% and the CCG was working to ensure maximum utilisation.

- **What had been the impact on the two Walk-in Centres in Harrow? Was it correct that the CCG was looking to take out £1m from the medical centre budget? Would the Walk-in Centres in Harrow be changed to GP Access Centres?**

The representative from the CCG stated that the situation at Belmont Walk-in and Pinn Medical Centres had remained static. In relation to the budget, he was not aware of any such information but undertook to provide details and clarification in this regard. A Medical Committee, as part of a PMS (Personal Medical Services) Contract Review (part of a wider development of primary care services), would ensure that matters were dealt with as equitably as possible and that patients were not disadvantaged.

The Member concerned stated that he had heard different views regarding the budget and it was important that the correct information was shared with partners. The CCG representative stated that he would ask his colleague dealing with this area to provide a summary document in this regard as he did not want to mislead the Sub-Committee.

An adviser referred to the PMS process and stated that not every General Practice in Harrow had applied for the contract. The PMS Contract (what GPs could do over and above the core services provided) was in addition to the GMS Contract. There had been a national drive to make the PMS process equitable and General Practices were being asked to return the extra payments and to re-apply. It was likely that the money added up to £1m. It was important to ensure that during the re-application stage, all General Practices were given an opportunity to apply to ensure that the money went to the primary care services rather than the CCG.

- **A large number of housing developments were taking place in Harrow and the population would increase. How was the CCG planning forward and addressing the issue of patient care when budgets were tight?**

The infrastructure would include General Practice, which was the basis of delivering medical care. Funding from NHS England was directly linked to the population. Additionally, primary care was undergoing change. The CCG was looking at various housing development sites, such as the Kodak and Belmont sites, with a view to providing effective medical care in those areas. The CCG would also look at the overall growth in the population, including the growth in both the older and young populations to ensure that all had equal access to medical care.

An adviser clarified that funding for General Practice was provided by the NHS England. He was of the view that patients, occasionally, inappropriately went to the Alexandra Avenue GP Access Centre as they were not triaged and continual care would not be followed up.

Moreover, the Access Centre was not able to refer patients to other medical services, such as secondary care. He pointed out that patients still went to see their GP after attending the Alexandra Avenue Access Centre. He suggested an audit of patient care.

He questioned why the CCG was adding money to GP Services which should be provided by General Practitioners. He suggested a study on what level of capacity each General Practice in Harrow provided and relate it to those who utilised the services.

In response, the CCG representative stated that he would relay the point on carrying out a study on capacity back to his colleague. He acknowledged that NHS England funded the General Practices. The CCG would consider requests from 'courageous' General Practices that wanted to enhance services, thereby improving primary care service provision. The CCG would evaluate service models for quality. The provision of GP Access Centres was to start a journey for improved primary care provision and to manage demand.

The Adviser was of the view that it would be better if services were devolved to General Practices rather than providing them at the Alexandra Avenue GP Access Centre. He questioned whether there had been a conflict of interest when decisions were made to change Alexandra Avenue from a Walk-in Centre to a GP Access Centre. In response, the CCG representative stated that conflicts of interests were managed and the relevant people would have 'excused' themselves from decision-making.

- **How many patients (ie those that were not registered with a Harrow GP) had been turned away from the Alexandra Avenue GP Access Centre? What was the year on year comparative data?**

The representative from the CCG undertook to provide the data separately. He added that the CCG was also tracking the number of patients presenting themselves to A&E but that the figure had not increased. He explained that the impact of change would be measured and year on year data would be provided. He undertook to share the previous year's figures. Additionally, the CCG would not look at the volume of patients but also which areas they were coming from. He informed Members that only one person arriving as a 'Walk-in patient' at the Alexandra Avenue GP Access Centre had been asked to leave and he explained the circumstances behind this.

- **What was the capacity at Alexandra Avenue GP Access Centre and did the Centre see enough patients? Were patients losing out due to the appointment only system and were they presenting themselves at Urgent Care Centre(s) or A&E instead?**

Members were informed that further work was required on the appointments system, particularly relating to the weekend. A 100% utilisation was not expected and it was important to retain some gaps.

A Member asked why the appointments were not being utilised. In response, the representative from the CCG reported that approximately 20-30 appointments were not being taken up and that these could be shifted to during the week when the take up rates were high. The representative added that the situation would be monitored as the weekend take up had improved in January 2019. He was of the view that it was important for the service to embed for six months and he would report back on the situation.

- **Alexandra Avenue Centre was a large building. How was it being utilised?**

The representative from the CCG stated that the CCG would be using the building for other services. He reported that community clinics for outpatients were also held at the premises and it was intended to introduce ENT Clinics there in order to increase capacity. Other services were also being considered.

- **When scrutiny did its review of access to primary care in 2017, Members were alerted to the then new Harrow Health Now app that residents could use to assess their own health concerns in the first instance – had this been promoted any further to align with the changes to primary care access in the borough?**

The NHS CCG representative undertook to report back.

- **The NHS Long Term Plan was published in January – how do the changes planned/implemented in Harrow fit the national strategies for primary care and urgent care?**

The representative from the CCG referred to the 10-year Plan, which his colleague was working on. He referred to the intervention programme for urgent care and referred to the services provided at Honeypot Medical Centre. He added that consideration had also been given to how best to help elderly patients. The CCG was testing out a number of theories with a view to expanding services.

The Chair thanked the representative from the CCG for attending the meeting and answering questions.

RESOLVED: That the report be noted and that a further written report capturing all the issues raised at the meeting, including how have these issues and the change at Alexandra Avenue GP Access Centre impacted on CCG's plans for primary care provision in the medium and longer term, be submitted to the June 2019 meeting of the Sub-Committee.

33. Update from NW London Joint Health Overview and Scrutiny Committee

The Sub-Committee received a report of the Divisional Director of Strategic Commissioning updating Members on the discussions held at the meeting of the North West London Joint Health and Overview and Scrutiny Committee (JHOSC) held on 4 December 2018.

The Chair reported that the JHOSC had extended its terms of reference to include scrutiny of regional Sustainability and Transformation Plans and the Council; had ratified the extended terms of reference in its own Constitution at its November 2018 full Council meeting.

The Chair reported that the next meeting of the JHOSC was scheduled to meeting on 12 March 2019 at 9.30 am and that it would be hosted by the Council. She added that the extraordinary meeting referred to in the report would not now meet in February 2019 as indicated in the officer report.

RESOLVED: That the report be noted.

34. Meeting Dates for Municipal Year 2019/20

RESOLVED: To note that, during the Municipal Year 2019/20, the Health and Social Care Scrutiny Sub-Committee was scheduled to meet on the dates set out below:

Wednesday 12 June 2019 at 7.30 pm, Harrow Civic Centre
Tuesday 5 November 2019 at 7.30 pm, Harrow Civic Centre
Monday 3 February 2020 at 7.30 pm, Harrow Civic Centre.

(Note: The meeting, having commenced at 7.30 pm, closed at 9.04 pm).

(Signed) COUNCILLOR REKHA SHAH
Chair