OUR HEALTHIER SOUTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

MINUTES of the Our Healthier South East London Joint Health Overview & Scrutiny Committee held on Tuesday 17 May 2016 at 6.30 pm at Woolwich Town Hall, Wellington Street, Woolwich, SE18 6PW

PRESENT:

Councillor Ross Downing
Councillor Jacqui Dyer
Councillor Judith Ellis
Councillor Alan Hall
Councillor Robert Hill
Councillor James Hunt
Councillor Averil Lekau
Councillor Rebecca Lury
Councillor John Muldoon
Councillor Bill Williams

OTHER MEMBERS PRESENT:

OFFICER SUPPORT: Greenwich Senior Corporate Development Officer and Committee Officers
Mark Easton Programme Director Our Healthier South East London
Angela Bhan Chief Officer Clinical Commissioning Group (CCG) Bromley

1. APOLOGIES

Apologies were received from Councillor Hannah Gray, Councillor Matthew Morrow, and Councillor John Muldoon for lateness.

2. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

There were none.

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

4. MINUTES

The following amendments were requested and agreed to the minutes of the meeting held on 26 April 2016:

RESOLVED

Item 7 Mental Health – Councillor Jacqui Dyer asked that under the resolved points it be added; clarify visibility within the structure, and that a consultation be brought forward to the next meeting.

Item 8 Sustainability and Transformation Plan – councillor Jacqui Dyer asked that the following amendment be made for detail on specialist mental health commissioning : how many placements and what is the breakdown in terms of 'in area' / 'out of area'

5. DISCUSSION OF ANY OTHER OPEN ITEMS AS NOTIFIED AT THE START OF THE MEETING

6. URGENT AND EMERGENCY CARE NETWORK

Angela Bhan, Chief Officer Clinical Commissioning Group (CCG) Bromley and responsible officer for South East London urgent and Emergency Care Network presented on the Urgent and Emergency Care Network.

- The Committee requested a copy of the London Urgent and Emergency Care (U&EC) Facilities Specifications.
- The Committee made general point that the information on how existing Emergency and Urgent Care provision meets the Facilities Specifications needs to be clearer and more accessible, especially when it will be presented to members of the public.

In response to questions raised by the Committee the following answers were provided;

- Queen Marys Hospital would not be reduced to 16 hours, this is a minimum level. The full range of diagnostic facilities available needed to be reviewed against the specification. The hospital also provided an out of hours GP service in Bexley. Not all Urgent Care Centres (UCCs) are the same.
- This was a first overall view of the facilities. Information for the

public and the Ambulance service would be produced and would be more detailed.

- Clarity would be provided regarding slides 5 and 6 for No response / N.A. (grey in key)and limited information available (blue in key). This arose due to some of the questions in the consultation not being clear.

Action: Angela Bhan

- The peak time for GP surgeries was mid-afternoon to 10.00pm.
- Facility related to hours and access to diagnostic services etc. The designation was based on the principles shown in the final slide.
- Timeline – The London Quality Standards (LQS) were London-wide and the Sustainability and Transformation Plan (STP) was a national initiative and the aim is to deliver as soon as possible. At present the south-east was ahead of other areas. The designation assessment for London was due to be completed by June 2016. A thorough review would then be undertaken, but there were no deadlines agreed to date.
- A detailed analysis was required as there was a need to understand what needed to be done by site. A proposed delivery plan was expected by the end of 2016. Changes would occur as the process went along and a set of actions would be agreed to make this happen. These decisions would be made at a local borough level as they would be part of normal improvement programmes.
- Analysis of the impact on the public would be undertaken separately - Community Based (Primary) Care Workstream.
- Engagement would be undertaken with both Healthwatch and the public, and a task group would provide input for the development of general practice and community based care.
- It was noted that communication must be tangible and presented in a way that people understand.

In response to questions raised by the public the following answers were provided;

- The yellow and terracotta colours used in the key for slides 4,5 and 6 both represented ‘partial’.
- A list of the clinical and facility specification standards would be provided to the Committee.

Action: Angela Bhan

- There was an expectation that a medical consultant would be available on site 16 hours per day, at present this was not standard, a consultant may cover from home and 24 hour

cover was provided but not on site.
The chair requested that it be made clear what 'cover' meant and what was available, this was agreed.

- Not all of the A&E departments met London Quality Standards (LQS) at this time, however additional work would be undertaken to achieve this and would feed into the timeline.

Action: Angela Bhan
(Break A&E data down by borough and centre.)

- Criteria should be provided as to what constitutes a change and what did not. All services have interdependencies and there was a need to be aware of the impact on communities.

RESOLVED

Request for a copy of the London Urgent and Emergency Care (U&EC) Facilities Specifications.

Provide a breakdown of A & E data by borough and centre.

The information on how existing Emergency and Urgent Care provision meets the Facilities Specifications needs to be clearer and more accessible, especially when it will be presented to members of the public.

7. PLANNED CARE: ELECTIVE ORTHOPAEDIC (ECOS)

Mark Easton, Programme Director Our Healthier South East London presented Planned Care: Elective Orthopaedic Centres (EOCs).

The Committee noted that the Consultation is planned to begin in October 2016 and the draft document will be available for the September 2016 JHOSC meeting and the Consultation document will contain a clear clinical case for the proposed new model and options.

The Committee requested more information on the South West London Elective Orthopaedic Centre (SWLOC) and for a visit to be arranged for JHOSC members.

In response to questions raised by the Committee the following answers were provided;

- If two sites were next to each other, then one would need to be inner and one outer London. Queen Mary's was asked to provide an assessment of their suitability. It was likely that

three or four sites would come forward. These would be ranked and a consultation would inform the preferred options.

- The following sites had the capacity to separate elective and non-elective surgeries; Queen Marys, Orpington, Guys and Lewisham.
- Implementation of an organised individual patient transport service, as used in the SWLOC model would be considered. Access for visitors and older patients was also one of the criteria being reviewed.
- A consultation would be undertaken if the Committee considered it is required.
- It was important that the centres were co-located with other services, especially with regard to elderly patients who may need to access them. Orpington was currently upgrading to enable the care of complex cases.
- Hospital contracts would be amended so that patients could be channelled. The Competition Authority would need to be content that reasonable patient choice was still available.
- Briggs Review – It was noted that there was a variation in the cost of implants and that cost was not an indicator of quality. Choice would be harder to govern across institutions. However; volume of supply would be cheaper.

In response to questions and issues raised by the public the following answers were provided;

- A consultation would address points raised regarding a standalone service with no access to other services, which would not allow consultants to discuss the wider implications of cases. If the standalone model was not clinically supported then it would not go ahead.
- The risk of a potential financial crisis, as per the SWLOC model, the impact on feeder hospitals, and the enhanced status quo, would be considered within the consultation.
- Information would be shared with the Planning Care Reference Group and the Evaluation Group also has public representation.
- Use of private companies – They would have to prove that they could provide the necessary facilities.

RESOLVED

Consultation is planned to begin in October 2016 and the draft document will be available for the September 2016 JHOSC meeting.

The committee recommended that the consultation document contain a clearer clinical case for the proposed new model and options.

A request was made for more information on the South West London Elective Orthopaedic Centre and for a visit to be arranged for JHOSC members.

8. PART B - CLOSED BUSINESS

9. DISCUSSION OF ANY CLOSED ITEMS AS NOTIFIED AT THE START OF THE MEETING AND ACCEPTED BY THE CHAIR AS URGENT.

10. EXCLUSION OF PRESS AND PUBLIC

CHAIR:

DATED: