

North Central London Joint Health Overview and Scrutiny Committee – Meeting of Barnet, Enfield and Haringey Members

Notes of the informal meeting of the NCLS Joint Health Overview and Scrutiny Committee held in the Conference Room, Enfield Civic Centre on 23 April 2013

Present

Councillors

Anne Marie Pearce
Cllr Ingrid Cranfield
Alev Cazimoglu
Alison Cornelius
Graham Old
Gina Adamou

Borough

LB Enfield
LB Enfield
LB Enfield
LB Barnet
LB Barnet
LB Haringey

Support Officers

Melanie Ponomarenko
Andrew Charlwood
Linda Leith
Mike Ahuja

LB Haringey
LB Barnet
LB Enfield
LB Enfield

1. APPOINTMENT OF CHAIRMAN FOR MEETING

Anne Marie Pearce (LB Enfield) was appointed as Chairman for the meeting.

2. WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence had been received from Councillor David Winskill (LB Haringey).

3. BARNET, ENFIELD AND HARINGEY CLINICAL STRATEGY – UPDATE ON MATERNITY SERVICES, AMBULANCE SERVICES, ACCIDENT & EMERGENCY AND TRANSPORT

Dr Nick Losseff (Medical Director at NHS North Central London) advised Members that the Barnet, Enfield and Haringey (BEH) Clinical Strategy was on schedule to be delivered by November 2013 with recruitment and communications/engagement activity now taking place. Members noted that leadership of strategy implementation was now the responsibility of Enfield CCG under the direction of Liz Wise, their Chief Officer. It was noted that liaison would continue to take place through individual borough CCGs. Dr Losseff reported that the Clinical Cabinet had been meeting on an ongoing basis to ensure clinical quality, adding that external assurances would be obtained later in the year.

Maternity Services

Theresa Murphy (Nurse Director, North Middlesex NHS University Hospital NHS

Trust) provided an update on maternity services. She presented projected births for Barnet, North Middlesex and Edgware maternity units post BEH Clinical Strategy implementation. Members were advised that the Clinical Strategy would deliver the required ratio of staff to patients (1:30) and ensure that all maternity units had high calibre, competent midwives. Ms Murphy reported that workforce plans were in development and undertook to report back to the JHOSC as these evolved. Members noted that a new birthing centre would be opening at North Middlesex in 2014. In addition, community midwives geographical areas had been mapped, taking into account GP locations.

The Head Midwife at Barnet and Chase Farm Hospitals NHS Trust advised Members that recruitment was ongoing to assist in managing the transition up to November 2013. She reported that North Middlesex was now being offered to expectant mothers as a birthing option.

Cathy Geddes (BEH Programme Director for Barnet and Chase Farm) reported that Barnet and Chase Farm maternity units currently had a ratio of staff to patients of 1:32. Members noted that BEH Clinical Strategy would result in 98 (instead of 60) hours of consultant support and an additional building which would provide additional beds and ward space. In terms of the remodelled maternity services, Members noted that there would be an extra delivery suite at Barnet Hospital which would include a triage area, a revised out-patients department, expanded ante-natal and post-natal services. Outpatient services would continue to be provided at Chase Farm Hospital including midwives, obstetrics, scanning and post-natal care. It was noted that two weeks after birth responsibility for post-natal care passed to health visitors. Members were informed that in the new maternity model more care would be provided in the community. In addition, Members were informed that the same team would care for mothers across the hospital sites.

A member of the public expressed concern that the number of births requiring medical intervention was increasing and that this was not reflected in the BEH Clinical Strategy. She added that Barnet could not currently cope with patient numbers resulting in over 150 diverts between the Barnet and Chase Farm hospital sites. It was noted that transfers between the sites had taken place to deliver the highest standard of care possible, rather than due to capacity issues.

Responding to a public comment, health partners clarified that the Edgware Birthing Centre was not closing.

Siobhan Harrington (BEH Clinical Strategy Programme Director) advised Members that BEH were developing a fact sheet regarding maternity services which would detail the changes for the trusts. She added that Victoria Ward at Barnet Hospital would increase from 30 to 48 beds.

Health partners emphasised that the implementation of the BEH Clinical Strategy would improve maternity services, resulting in an improved quality of care, increased hours of consultant access, a better midwife to patient ratio and new facilities including increased theatre capacity.

Members and the public noted that maternity services demand projections had not

included cross boundary admissions from Hertfordshire. Modelling data had used statistics from Barnet, Enfield, Haringey and North Middlesex. A member of the public commented that there had been very little communication with Hertfordshire residents (particularly Broxbourne) on changes to maternity services in North London. Siobhan Harrington reported that they had been engaging with all of the Hertfordshire Clinical Commissioning Groups (CCGs) on the changes, adding that it was recognised that there needed to be more detailed engagement with the Broxbourne and Hertsmere CCGs.

Ambulance Services

Katy Millard (Assistant Director of Operations (East), London Ambulance Service) provided Members with an update on ambulance services in the context of the BEH Clinical Strategy. She reported that London Ambulance Service received 1.7 million calls per annum and that approximately 25,000 of those related to maternity. The Ambulance Service received around 1,300 calls per day which were classified as life threatening. These were prioritised through the Medical Priority Dispatch System an evidence/risk based system. Members were informed that approximately 300 patients were taken to Chase Farm Maternity Unit via ambulance in 2012/13. It was reported that the anticipated additional journey time for patients to travel to North Middlesex instead of Chase Farm was expected to be 5 minutes.

Mark Docherty (Ambulance Commissioner – London, National Ambulance Commissioners Group) advised Members that there had been significant changes to the local health economy. He reported that paramedics were skilled in identifying the most appropriate clinical care setting for patients, even if this resulted in longer transfer times. Commissioners were currently completing a review of London Ambulance Service capacity which utilised real time data and journey times. Mr Docherty undertook to share the findings of the review with Members once this had been considered by the Board. He acknowledged the requirement to increase the capacity of the service, adding that there would be an increase of approximately 600 more ambulance staff across London. Members were informed that commissioners and the London Ambulance Service were committed to providing additional resources to meet demand (circa £15 million in 2013/14).

Responding to a comment from a member of the public in relation to the commitment for an additional two ambulances to be provided in the Enfield borough, the Ambulance Service reported that they used a dynamic deployment technique rather than providing specific numbers of ambulances in given locations. Members were advised that vehicles would not be ring fenced to a specific area and would be deployed based on need. It was noted that there were a number of types of vehicles available including cars, ambulances, urgent care crews, motorbikes and bicycles to respond to incidents.

Transport

Dr Nick Losseff provided an update on transport in the context of the BEH Clinical Strategy. Members were advised that Dr Tim Peachey (Interim Chief Executive at Barnet and Chase Farm Hospitals NHS Trust) had been chairing the Barnet and Chase Farm Hospitals NHS Trust Transport Group which had been meeting

monthly. Dr Losseff advised that any impact on patients as a result of the BEH Clinical Strategy implementation was expected to be positive or neutral.

Siobhan Harrington advised Members that as part of the Transport Review, the most affected wards had been identified as Southbury, Enfield Highway, Enfield Chase, Enfield Lock and Enfield Town. She reported that they had been working with Transport for London to revise public transport routes wherever possible. A Member commented that these were three of the most deprived wards in Enfield and questioned what activity was taking place to target services and communications at these communities.

A Member of the public commented that the road layouts on the Barnet Hospital site required revision to be able to manage the increased vehicle movements on the site.

Members questioned when the 202 additional parking spaces would be available on the Barnet Hospital site as the area in question was currently housing construction site plant equipment. Health partners advised that site plant equipment was currently being stored on site whilst building construction works were being carried out, adding that there were some drainage issues that needed to be resolved before the car park construction began.