NOTES OF THE NORTH CENTRAL LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE BRIEFING HELD ON FRIDAY, 26TH NOVEMBER, 2021, 10.00 AM - 1.00 PM

PRESENT: Councillor Pippa Connor (Chair), Councillor Tricia Clarke (Vice Chair), and Councillors Alison Cornelius, Paul Tomlinson, and Derek Levy

1. FILMING AT MEETINGS

The Chair referred to the notice of filming at meetings and this information was noted.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Larraine Revah, Linda Freedman, and Khaled Moyeed. It was noted that some members had not attending a meeting in some time and that the Chair would write to the relevant councils.

3. URGENT BUSINESS

There was no urgent business.

4. DECLARATIONS OF INTEREST

Cllr Connor noted that she was a member of the Royal College of Nursing and that her sister worked as a GP in Tottenham.

ORDER OF BUSINESS

Due to the availability of the presenters, the Committee agreed to receive Item 5 (Deputation on Primary care pressures), followed by Item 8 (Elective Services Recovery), and then Item 7 (Fertility Review), before returning to the advertised agenda order.

5. DEPUTATIONS / PETITIONS / PRESENTATIONS / QUESTIONS

The Chair noted that a deputation had been received from Brenda Allan, NCL NHS Watch, and Alan Morton, Help Keep Our NHS Public, on primary care and winter pressures.

It was explained that the deputation related to primary care in the context of winter pressures. It was noted that primary care accounted for 90% of patient contacts and was under significant pressure. The Committee was asked to urge the Integrated Care

System (ICS) to consider what more could be done to support primary care with its workload, workforce, and stability of provision. It was also asked that the Committee considered what could be done by councils and politically. It was added that the Committee should also pressure for GP representatives to be included in the ICS governance arrangements. It was added that a number of contracts were due for renewal and it was enquired what measures had been undertaken to ensure that these contracts would stay within the NHS and it was also enquired what greater scrutiny could be undertaken to avoid large companies taking over.

Jo Sauvage, NCL CCG Chair and Primary Care Lead, thanked the deputation and explained that she was happy to highlight some of the work that had been undertaken. It was noted that there were some important themes in primary care, including recruitment and retention issues. It was explained that, in order to support practices, there were a number of initiatives which aimed to streamline processes as much as possible. It was highlighted that the CCG had listened to residents' comments expressed at this Committee, at Health and Wellbeing Boards, and at patient participation group meetings. It was acknowledged that there was some inconsistency across NCL and it was important to understand why this was the case and to put packages in place to respond to needs. It was explained that there was a programme of work which was looking at the arrangements across NCL and considering possible actions.

Some members noted that the way to ensure greater scrutiny of decisions was to have greater member participation on the boards of the new ICS. It was also suggested that greater primary care representation on ICS boards would likely have an impact on the availability of staff in primary care. Brenda Allan, NCL NHS Watch, stated that some time should be invested in attending meetings where resources were allocated in order to address some of the existing problems in the system.

In relation to contracts, Alan Morton, Keep Our NHS Public, stated that he hoped that NCL would closely monitor its tendering processes. In relation to funding, he noted that NCL had experienced difficulties in obtaining funding for Covid-19 issues, had a backlog of elective surgery, and had general budget issues. It was asked whether officers could share their views on the budget for the coming months. The Chair noted that, due to time constraints, this question could be addressed under the Winter Pressures item.

6. MINUTES

RESOLVED

To note the minutes of the North Central London Joint Health Overview and Scrutiny Committee meeting on 1 October 2021.

7. FERTILITY REVIEW

Penny Mitchell, Director of Population Health Commissioning, Dr John McGrath, GP & Clinical Responsible Officer (CRO), and Francesca McNeil, Assistant Director of

Communications and Engagement, introduced the report which provided an update on the fertility review. It was acknowledged that fertility services were accessed by a small number of people but that they were very important and emotive for those concerned. It was explained that there were currently five separate policies across North Central London (NCL) and that the fertility review aimed to provide a consistent and equitable offer across the area and to maximise health outcomes.

It was noted that the review had strategically considered the current population needs and had been informed by local views in order to provide a policy that was suitable across NCL. It was explained that there were a number of highly technical points in the report but that, overall, the policy sought to move to a more modern position. It was added that the proposal would not mix public and private funding for NHS treatments.

It was noted that engagement had been key and that views had been sought from a wide range of people, including residents, service users, community groups, and fertility groups. It was explained that these initial views had informed the development of the policy. It was noted that there would now be a 12 week engagement period which would be publicised by the Clinical Commissioning Group (CCG) and by partners. It was added that a variety of engagement methods would be used to maximise input and that the process could be tailored if there were any particular groups or communities that had not responded.

In response to questions, the following responses were provided:

- It was clarified that, for the proposed fertility policy, those with an adopted child were not eligible for fertility treatment. It was explained that priority was given for those who had no living child. Some members of the Committee asked whether this could be reviewed. It was commented that this was a standard criteria but that the results of the engagement would be considered.
- In relation to the engagement of harder to reach communities, it was explained that the CCG had a list of approximately 120 community groups for this engagement process and was hoping to identify further groups. It was noted that information could be provided in different ways, including an easy to read version. It was added that a number of connections had been made during the Covid-19 pandemic and that, following conversations with these groups, there were some innovative ideas for engagement.
- The report commented that there were increased efficiency requirements for the NHS but it was noted that an increased spend was expected in relation to fertility services in order to increase services in an equitable way.
- Some members noted that there was an over-representation of white service users and enquired how equitable access would be ensured. It was explained that a communications programme was being developed to support the introduction of a new policy and that this would seek to ensure equitable access through the education of GPs, partners, and the wider public.

It was noted that, as part of the engagement process, evidence had been heard from a number of service users. It was explained that much of this evidence was holistic and did not relate to the specific fertility review. However, it was recognised that these overall experiences were important and they were captured in the engagement and recommendations reports. It was added that this information was also shared with the

specialist clinical group (providers) alongside reminders about the psychological support available.

The Chair noted that it would be useful for the Committee to receive an update on the final policy. It was added that the Committee would be interested to hear updates on which additional groups had been accessed through the engagement process and how the views of those who have (an) adopted child(ren) had been captured.

It was acknowledged that the policy aimed to increase the funding available for fertility services but concerns were expressed that this would not be possible. The Committee asked whether it would be possible to report on any contingency plans if additional funding was not granted. It was also noted that it would be important to ensure that primary care practitioners were fully aware of the various fertility options, pathways, and timescales and it was suggested that some guidance for primary care would be useful once the policy was confirmed.

RESOLVED

1. To note the report.

2. To request a further update on the fertility policy, including the engagement process for harder to reach groups and those with (an) adopted child(ren), funding contingency plans, and communication arrangements for primary care.

8. ELECTIVE SERVICES RECOVERY

Ali Malik, Lead for Elective Recovery, introduced the report which provided an update on elective services recovery in North Central London. It was explained that, at various points over the past two years, elective services resources had been redeployed to respond to the Covid-19 pandemic. It was also noted that infection prevention control measures had also reduced the efficiency of services by about 15%. As a result, it was explained that the elective services waiting list had grown. However, this had provided some opportunities to transform delivery and work differently.

It was noted that the team had rapidly developed a governance structure and programme around elective recovery after the start of the pandemic and had been the first Integrated Care System (ICS) in London to be given permission to re-start elective services. A new elective centre had been opened in the Grafton Way building which was part of University College London Hospital (UCLH). It was added that seven clinical networks had been developed which covered the high volume elective specialties and, through joint working, had resulted in improvements to pathways.

It was highlighted that North Central London (NCL) had been identified as an accelerator site. It was noted that accelerator site status came with some additional funding for this year only. It was added that there were 13 accelerator sites in the country and only one in London. It was noted that 15 projects had been funded in North Central London through this programme and some progress had been made. For example, this had allowed investment in a community gynaecology service which

provided a service that was more aligned with the community and which reduced pressure on acute hospital background. It was also noted that there had been investment in a data system, one system patient tracking list, which meant that all providers had access to the waiting lists and could look to redistribute patients accordingly to even out waiting times.

In response to questions, the following responses were provided:

- It was clarified that the shared waiting lists were only for NHS use and that there were strict criteria on what information was visible.
- In response to a question about the resilience of the elective services recovery programme, it was noted that there had been significant learning throughout the pandemic and that there were now processes and measures in place which meant that the impact of any new variants or changes should not be as significant. It was added that the programme was resilient and that there were parts of the system, such as Chase Farm, which provided ringfenced capacity for elective services.
- It was explained that community diagnostic centres were designed to provide an initial diagnostic test and potentially reduce the amount of touchpoints, or interactions, that patients had with hospital services. It was noted that this would be more efficient and better for patients who would have fewer outpatient appointments. It was added that a comprehensive communications plan would accompany this proposal.
- In relation to the accelerator pilot, it was noted that the £20 million funding was new funding that would only be available for this year. The funding would allow NCL to pilot new ideas, consolidate and share any learning from the pilots, and consider whether to take any of them forward. It was explained that the projects were being run by the NHS and overseen by the Clinical Commissioning Group.
- It was explained that the health and social care capacity pilot aimed to consider how the health and social care system could support the elective recovery backlog and the pressure on hospitals generally. It was noted that the additional funding could support teams and processes which allowed patients to receive treatment in non-hospital settings where this was medically appropriate.
- It was noted that there had been a recent reduction in performance relating to colorectal surgery. It was reported that the service had seen an increase in cancer referrals over recent months which had higher priority than normal elective pathways. It was explained that some capacity in this area had therefore been temporarily repurposed to respond to the demand for cancer services. It was anticipated that performance would improve once there was some stabilisation.
- It was explained that staffing was a key challenge and that innovative ways of working were being explored. It was noted that, where staff were willing and able, services were provided during evenings and weekends as overtime provision.

The Chair noted that there were particular stresses around workforce and suggested that it would be useful for the Committee to consider this. It was commented that this could focus on the pilots, possibly the health and social care pilot where there was some council involvement. The Chair added that the Committee would request an update on the outcomes of the elective services recovery programme and whether waiting times had been reduced as a result.

RESOLVED

1. To note the update.

2. To request a future update on the outcomes of the elective services recovery programme, including consideration of workforce issues.

9. WINTER PRESSURES

Paul Sinden, CCG Chief Operating Officer, Alex Faulkes, Head of Urgent and Emergency Care, and Darren Farmer, Director of Operations: Ambulance Delivery and Emergency Operations Centres Transformation, introduced the report which provided an update on winter pressures.

Paul Sinden noted that the priorities for winter were to reduce ambulance handover delays, to maintain elective recovery, and to maintain the rollout of the vaccination programmes for Covid-19 and the flu.

It was explained that there had been increases in primary care and urgent presentations, as well as low acuity appearances at A&E. It was noted that 6% of general and acute beds and 20% of critical care beds were currently occupied by Covid positive patients. It was commented that approximately 80% of these patients were unvaccinated which underlined the importance of maintaining the vaccination programme. It was added that there were high levels of bed occupancy with an average of 96% across North Central London (NCL) compared to the London average of 92%. It was explained that the pandemic had exponentially increased how trusts provided mutual aid and that escalation triggers were in place and had been strengthened for winter.

In relation to primary care, it was explained that situation reports were being undertaken by practices every two weeks. There were some concerns about a very small number of practices, approximately seven of 200, being closed and work was underway with these practices to ensure continuous provision. It was noted that about 20% of practices were reporting constraints on administrative capacity and that a number of staff were experiencing abuse from patients.

It was noted that the Winter Access Fund had provided approximately £7 million to extend primary care capacity over the winter period. This would be supporting practices to extend same day access and would be channelled into the areas with the highest levels of deprivation. It was noted that there would be some extended remote monitoring for people with long term conditions and extended links between practices and community pharmacies. It was added that many practices had raised administration capacity concerns and that work was underway with NHS bank partners to allow practices to access administration support.

In relation to e-consult, it was noted that this was introduced at the start of the Covid-19 pandemic in order to maintain access to healthcare. It was explained that, in general, the number of GP appointments had increased by 15%, not including e-consult. It was noted that e-consult flagged patients based on the severity of responses and that about 5% of people were diverted to 999 for emergencies and 111 for urgent issues. It was added that mechanisms were being developed to understand

patient experiences of e-consult and that work was underway with the provider and 111 to refine the service offer.

Darren Farmer noted that the London Ambulance Service (LAS) had experienced a large increase in demand of approximately 15-20%. It was explained that, as a result of the Covid-19 pandemic, a number of people were using private transport which was impacting the road networks and journey times. In relation to hospital breaches in October 2021, it was reported that there had been 450 over an hour at North Middlesex Hospital, 459 at Barnet, 333 at the Royal Free, 159 at Whittington, and 48 at University College London Hospital. It was highlighted that, since October, the LAS had been developing a new process with colleagues across the system which had been trialled over a two week period and had been reducing delays.

Alex Faulkes noted that the non-emergency NHS number, 111, had seen significant activity over the pandemic with a 30% increase in calls which was approximately 610,000 calls per year. It was explained that additional call volumes were anticipated over the winter and that suitable resources should be in place, although it was acknowledged that there were staff retention issues across the country.

In response to questions, the following responses were provided:

- Some members shared their experience of e-consult. It was noted that there was a lengthy form to fill out, that some of the questions asked were quite personal but irrelevant to a patient's situation, and that it was not useful for urgent requests. It was added that some GPs were using e-consult and were not booking appointments over the phone which was difficult for some patients. Jo Sauvage, NCL CCG Chair and Primary Care Lead, noted that staff were available on the phones and that it would be important to ensure that e-consult was not a barrier to access. It was explained that e-consult may not be appropriate for all patients but that it was an important option to cater for diverse populations. It was added that it was useful to hear about the relevance of the questions asked by e-consult and to consider whether this required refinement.
- John McGrath, GP & Clinical Responsible Officer (CRO), explained that e-consult was designed to provide online consultations rather than to book appointments. It was noted that the questions asked were based on a clinical algorithm that had been checked and that many of the questions would have been asked by a GP if the consultation was in person. It was accepted that e-consult was not useful in all situations, such as for under fives, and that it should be used as an addition to normal GP arrangements rather than a replacement.
- Some members noted that there had been issues with cycling schemes that had affected attendance times at hospitals for the LAS and it was enquired whether the LAS was included in the consultation process for new schemes affecting roads. Darren Farmer explained that contact differed by borough but that more focus was placed in areas where there had been more incidents. It was highlighted that there were two elements: Low Traffic Neighbourhoods (LTNs) which were organised by councils and cycle lanes which were organised by Transport for London (TfL). It was noted that the LAS continued to work with councils and TfL to ensure that patients could be reached in a timely manner. It was added that the LAS was a stakeholder and was routinely consulted but that engaging with this process was not always possible with increased workloads.

- It was noted that the LAS had been implementing some new measures to tackle delays and it was enquired what this involved. Darren Farmer explained that work had been undertaken to identify which trusts were under the most pressure and which had capacity and, in response, boundary areas had been adapted to redirect some activity to trusts with capacity. It was highlighted that this was done in relation to patients who were least likely to require admission.
- It was noted that a number of LAS sites across London had been reconfigured in response to the Covid-19 pandemic but had now been deconsolidated to increase capacity. It was explained that there was a long term ambition for the LAS to move to a more centralised model but that no further changes were anticipated in NCL at present. It was added that it had been difficult to identify direct links between changes and impacts due to the number of developments that had taken place.
- In relation to mental health, Sarah Mansuralli, Director of Strategic Commissioning, acknowledged the significant impact of the pandemic on mental health. It was noted that A&E was not an appropriate place for those experiencing a mental health crisis but that many patients experienced a long length of stay where out of hospital pathways were not well-established. It was explained that there was some additional funding for mental health winter pressures and that it was aimed, working alongside colleagues in social care and housing, to establish better pathways. It was noted that it was aimed to support multi-disciplinary work around discharges to ensure that people would have the right care and support in the community. It was added that there had been developments in community transformation, including additional roles within primary care to support mental health need. It was noted that primary care had become more integrated with mental health and that lower level crisis provision had significantly improved. For example, it was highlighted that it was now possible for patients to access support lines directly rather than having to go through crisis services.
- The Chair enquired whether there were any areas of particular concern for the LAS. Darren Farmer explained that the LAS was in a solid position to cope with winter pressures and that, with new systems, was hoping to halve waiting numbers. It was noted that there had been significant, increased demand on the system, and particularly on staff, which could not be sustained and he urged everyone to use the system wisely, including the 111 telephone number and pharmacies.

The Chair noted that the Committee appreciated all of the work of the LAS in keeping the public safe and well and fully supported the request for extra staffing and wellbeing support. It was noted that it was useful to hear the actions that had been undertaken to reduce waiting times outside hospitals. The Committee requested a future update on the results of the proposed actions to improve LAS waiting times. In relation to e-consult, the Committee asked to receive additional information on how it was being used and whether it was an appropriate platform. In relation to workforce pressures, the Committee requested a future update to ensure that GPs and staff were appropriately supported.

It was noted that the deputation on primary care and winter pressures had raised a number of questions and it was requested that the CCG sent a written response to the deputation after the meeting.

RESOLVED

1. To note the update.

2. To request a future update in relation to e-consult, including additional information on how it was being used and whether it was an appropriate platform.

3. To request a future update on the results of the proposed actions to improve the London Ambulance Service waiting times.

4. To request an update in relation to workforce pressures to ensure that GPs and staff were appropriately supported.

5. To request a written response to the deputation from NCL NHS Watch and Keep Our NHS Public on primary care and winter pressures for the Committee to consider.

10. WORK PROGRAMME

28 January 2022

- Estates Strategy Update
- Dental Services
- Workforce – to consider initiatives in primary and secondary care about how to retain staff, family friendly policies, accommodation arrangements, flexible employment policies, and sustainable retention practices. It was suggested that this could include a further update from the London Ambulance Service on any new initiatives.

18 March 2022

- Mental Health and Community Services Review
- Lower Urinary Tract Services Update
- Finance

To be arranged

- Royal Free Maternity Services
- Missing Cancer Patients
- Children's Services
- Screening and Immunisation
- Workforce Update (including supporting staff)

11. NEW ITEMS OF URGENT BUSINESS

There were no new items of urgent business.

12. DATES OF FUTURE MEETINGS

It was noted that the future North Central London Joint Health Overview and Scrutiny Committee meetings were scheduled for:

28 January 2022
18 March 2022

CHAIR: Councillor Pippa Connor

Signed by Chair ……..

Date ……