LONDON BOROUGH OF TOWER HAMLETS

MINUTES OF THE HEALTH SCRUTINY PANEL

HELD AT 6.30 P.M. ON TUESDAY, 19 APRIL 2011

M72, 7TH FLOOR, TOWN HALL, MULBERRY PLACE, 5 CLOVE CRESCENT, LONDON, E14 2BG

Members Present:

Councillor Tim Archer (Chair)

Councillor Abdul Asad
Councillor Lutfa Begum
Councillor Anna Lynch
Myra Garrett
Dr Amjad Rahi

Co-opted Members Present:

Myra Garrett	–	(THINk)
Dr Amjad Rahi	–	(THINk)

Officers Present:

Michael Keating	–	(Service Head, One Tower Hamlets)
Jebin Syeda	–	(Scrutiny Policy Officer)
Helen Taylor	–	(Acting Corporate Director Adults Health & Wellbeing)
Amanda Thompson	–	(Team Leader - Democratic Services)

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Lesley Pavitt and Kosru Uddin.

2. DECLARATIONS OF INTEREST

Councillor Lutfa Begum declared a personal interest in all agenda items as she was an employee of Tower Hamlets PCT.

Councillor Anna Lynch declared a personal interest in agenda item 5.4 as she was an employee of Barts and the London Trust.

3. UNRESTRICTED MINUTES

The minutes of the meeting of the Panel held on 25 January 2011 were agreed as a correct record and signed by the Chair.

4. REPORTS FOR CONSIDERATION

4.1 Excellence in Quality Strategy

In addition to a written report detailing the headline objective and quality improvement priorities for 20011/12, Mr Steve Ryan, Medical Director, and Kay Riley (Chief Nurse), from Barts and the London NHS Trust, were present to give an overview of the Trust's performance against 2009/10 objectives.

The presentation focussed on the following points:

Quality and Operational Delivery Progress 2009-2011

Quality, safety and standards:

- Top 20 Trusts for HSMR in last 3 years
- Achieved Level 3 NHSLA in 2010
- Infection control fewer MRSA & C Dif cases 2 years running
- Selected as lead education provider
- Designated an stroke centre (quintupling service size)
- Forefront of London wide trauma system

National targets and KPIs:

- Rated by DH 'performing' for last 3 quarters
- Turnaround on 18 weeks
- Met emergency care standard 09-10 & 10-11
- Hitting maternity, cancer & cardiac standards
- Challenged in T&O, 6hr waits and cancelled operations
- Single sex compliance – RLH from April 2012

Building capacity and capability:

- Appraisal rates of 90%+
- Staff Survey progress
- Talent management and operational 'top 50' externally appraised / coached
- Barts Phase 1 delivered April 2010
- RLH Phase 1 (Dec 11 - Mar 12)
- Renewing CRS ICT products in 2011

Expenditure controls and £36m cost reduction:

- £2.5m+ programme for drugs (use and price)
- 90% of contracts externally tendered
- End to end processes reviewed for better control
- Driving out temporary staffing, halved in Q3-4
- Low sickness absence rates (3-4%)
- Vacancy rates reduced to below 8%

Quality Account our stated priorities going forward

Improving the patient's experience

- Keeping wards and public areas clean
- Staff always being kind and compassionate
- Improving the quality and availability of patient information
- Build on the improvements we have achieved in maternity services
- Continued focus on food and nutrition and help with feeding
- Not cancelling - operations and clinics
- Make the OP appointments booking, and scheduling processes more reliable

Improving safety and delivering harm free care

- Intentional rounding - hourly comfort checks for all patients
- Reducing pressure ulcers by a further 30%
- Implement safety alerts within the specified time
- Continue to exert zero tolerance on poor infection control standards
- Prevent risk for people with known allergies
- Better nutrition and hydration campaign

Effective care and treatment

- To implement six new enhanced recovery surgical pathways
- Normalise birth to ensure comparable caesarean section rates and higher satisfaction
- Continue to deliver improved national access and waiting time standards
- Maintain our excellence in stroke, cardiac and trauma care
- Develop integrated pathways and services with community care teams and specialist services to benefit patients and promote better health

Committee Members then asked detailed questions on a number of issues including budget cuts and the impact of PFI, the availability of drug support and rehabilitation for drug users, the need to improve the appointments process and the outpatient experience overall, the number of jobs at risk and which areas would be most affected, patient entertainment and provision of internet access, and the need to try and improve links between different clinics so patients only needed one set of tests etc.

The Chair thanked Mr Ryan and Ms Riley for their presentation, the contents of which were noted by the Panel.

4.2 Focus on Dementia

Received a report from Richard Fradgley, Head of Mental Health Commissioning (NHS TH) and Barbara Disney, Service Manager, Strategic Commissioning (LBTH), outlining the actions the Tower Hamlets Partnership would take forward to improve services for people with dementia, and detailing the development of the Commissioning Strategy.

The Panel noted that the strategy had been developed with the involvement of a range of stakeholders across the Tower Hamlets Partnership, including service users and carers, NHS Tower Hamlets, East London NHS Foundation Trust (ELNHSFT) as well as the Council and voluntary sector.

Since the publication of the Strategy, the partnership had made considerable progress with its delivery:

- Commissioned a new Memory Service to be provided by ELNHSFT with substantial additional capacity and new, clearer pathways in and out for service users and their carers.

- Commissioned ELNHSFT to sub-contract a new Dementia Adviser Service, the aim of which was to provide a point of contact and support for service users with a diagnosis of dementia but who have low to moderate associated needs.

- Commissioned a new Dementia Liaison Service at the Royal London Hospital to provide rapid specialist assessment to in-patients with dementia or possible dementia.

- Commissioned an extra care supported accommodation scheme at the Shipton Street site specifically for service users, which would hopefully be ready to open by the end of 2011.

- Developed and started to implement a 3 year Dementia Awareness Strategy, with a focus on improving both local knowledge on dementia as a condition and access to local services.

- Included within the annual GP Practice Prescribing Audit, questions regarding prescription of anti-psychotic drugs to service users with dementia.

- Promoted better end of life care for people with dementia.

The Partnership was continuing to work on the following priorities:

- Residential Care
- Respite for both service users and carers
- Development of interface between the Memory Service and GP practices
- Reconfiguration of in-patient beds for people with dementia
- Personalised Care
- Extra Care – sheltered housing

In response to questions Mr Fradgley advised that the issue of language barriers would be addressed by both the Dementia Awareness Strategy and outreach work, and support for carers was the number one priority of the Commissioning Strategy.

4.3 New Residents and Refugee Forum - Access to Healthcare

Received a presentation from Vaughan Jones, Vice-Chair of the New Residents and Refugee Forum, providing detailed findings of the seminar on the issues of accessing healthcare faced by new migrants in Tower Hamlets.

The presentation focussed on the following points:

- Since opening in 2006 Project: London had seen growing numbers of patients unable to access NHS services
- From 2006 -2010 Project: London saw 3,008 service users and provided 2,370 consultations
- In 2010 Project: London saw 180 service users from Tower Hamlets – of these, 102 service users eligible for care were effectively barred from being registered with the majority of surgeries because of restrictive practice policies requiring them to (a) prove their immigration status or (b) show original photo ID in order to register
- The most prevalent countries of origin for service users in 2009 were India, China, Philippines, Eritrea, Bangladesh, Uganda, Brazil, Romania, Pakistan and the Ukraine
- A recent Freedom of Information request revealed the number admitted to A&E at The Royal London Hospital who were not registered with an NHS GP was 18,847 in the year 2008 and 17,075 in 2009

Barriers which prevent new communities from accessing healthcare included:

- Language barriers which led to further problems in diagnosing and prescribing
- Barriers caused by inhospitable and sometimes hostile GP surgery staff
- Barriers caused by surgery staffs lack of knowledge and understanding of regulations
- Barriers caused by new communities not having knowledge of NHS systems and rights

Specific reasons given for refusing registration in Tower Hamlets included:

- Lack of sufficient proof of ID (either none available, and the surgery insists on photo ID in order to register a patient; or photocopy of passport not sufficient – surgery insists on seeing original passport, even when this is not available)
- Lack of sufficient proof of address (needed 1-2 'official' pieces of PoA from within the last 3 months in order to register. Only accepted bank statements, tenancy agreement, utility bills, etc)
- Lack of proof of immigration/residency status, when surgery insists on seeing this 'to prove entitlement to NHS services'

Tower Hamlets NRRF Recommendations:

1. Guidelines and Training for front-line staff - this should be complemented by the provision of training to all front line staff as part of their induction and become a regular feature of any ongoing training programmes.

2. Enforcement of written confirmation of refusal to register - a further concern is in relation to community members being refused GP registration without a letter being issued to confirm the reason addressing why they could not register. This should be standard practice, otherwise we are unable to keep track of the number of people who are being refused primary healthcare access.

3. Support for NRPF clients receiving treatment for TB - Barriers exist in relation to providing daily treatment for TB to community members that have NRPF and street homeless. Accommodation and support needs to be provided to ensure full treatment can be dispensed.

Members of the Panel raised the following points:

- The cost of emergency treatment could be avoided if GP's could be accessed sooner

- Was there a formal complaints procedure?

- Some communities, for example travellers, were very difficult to access, and language skills and interpreters were also very important

- Some clinics provided advocacy services which were useful in helping register people sooner.

- The need to clarify the registration service defining those with automatic rights to services and those whose eligibility needed to be determined.

Jane Mulligan, NHS East London, welcomed the comments made and advised that there was a need to clarify the process and make sure it was carried out appropriately. Contractual arrangements with GP surgeries could be enforced and those in breach could be named and shamed. 'Navigators' were available at some surgeries and A and E departments.

The Chair thanked Mr Vaughan for his presentation and assured him that the Health Scrutiny Panel would continue to raise these issues in the future and put pressure on GPs.

4.4 Visit to Barts and the London Trust - Verbal update

The Chair gave a verbal report of the Panel's meeting with Peter Morris, Chief Executive, and Ali Mohammed, Director of Human Resources, at Barts and the London Hospital.

The outcome of the discussion had been:

- Barts and the London were looking to make 6.5%-7% (approx. 41m) budget buts in 2011 which included a 1% (6m) surplus as an aim
- It would not to be carrying forward any deficits by 2012 – a good position to be in as part of the merger plans
- Proposals included looking at the use of property and community services, not just staff and service costs
- The media talked of 635 redundancies – however there were 405 live vacancies and only 178 at risk
- The consultation process was due to end on 13 May 2011

A numbers of other issues were highlighted by the Panel, including:

- The loss of patient engagement and involvement during the transition/change period
- The quality of care and compassion demonstrated by night staff was considered to be unsatisfactory
- The appointment system at the dental institute wasn't working – people were left waiting for long periods of time and then told to go home.
- Patients often didn't see the named consultant on their referral letters

4.5 Cancer - the Development of Early Diagnosis and Preventative Services - Scrutiny Challenge Session

The Chair asked Jebin Syeda, Scrutiny Policy Officer, to present the report detailing the outcome of the Scrutiny Challenge Session on the Development of Early Diagnosis and Preventative Services held on 18 January 2011.

The session had taken place at the Mile End Hospital to enable local residents and patients to attend, and was structured to enable an exchange of information about the local approach to addressing cancer issues and an opportunity to hear stories from residents and patients about their experience of using local health services.

The recommendations had previously been considered and agreed by the Overview and Scrutiny Committee.

The Panel noted the report.

4.6 Health Scrutiny Panel response to Health Lives Healthy People White paper

The Chair advised that following the discussion held at the last meeting, a letter was submitted to Andrew Lansley, Health Secretary, outlining the issues raised by the Health Scrutiny Panel in their response to the White Paper – Healthy Lives Healthy People.

Helen Taylor, Corporate Director, Adults Health and Well Being (LBTH), advised that the Council had applied to be an 'early implementer' of the proposed Health and Well Being Board, and an introductory meeting had been arranged for early July when the membership and terms of reference would be determined. The need to establish a link to scrutiny and establish what each would be responsible for would also need to be agreed.

5. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS TO BE URGENT

As it was the last meeting of the municipal year the Chair expressed his thanks to all those present for their valuable contributions to the work of the Health Scrutiny Panel.

The meeting ended at 9.30 p.m.

Chair, Councillor Tim Archer
Health Scrutiny Panel