

# HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

## 29 JUNE 2011

**Chairman:** \* Councillor Ann Gate

**Councillors:** \* Jerry Miles \* Sachin Shah  
\* Mrs Vina Mithani \* Simon Williams

\* Denotes Member present

### 41. Attendance by Reserve Members

**RESOLVED:** To note that there were no Reserve Members in attendance at this meeting.

### 42. Declarations of Interest

**RESOLVED:** To note that the following interests were declared:

Agenda Item 9 – Options for Future Organisational Arrangements for Ealing and North West London Hospitals Trust progress Report

Councillor Simon Williams declared a personal interest in that his wife was a Community Psychiatric Nurse for North West London Mental Health Trust. He would remain in the room whilst the matter was considered and voted upon.

Councillor Vina Mithani declared a personal interest in that she worked for the Health Protection Agency. She would remain in the room whilst the matter was considered and voted upon.

Councillor Ann Gate declared a personal interest in that she worked in a General Practitioner Surgery in Harrow. She was also an appointed observer

on the Harrow Local Medical Committee. She would remain in the room whilst this item was considered and voted upon.

Councillor Sachin Shah declared a personal interest in that he worked for Parkinson's UK. He would remain in the room whilst this item was considered and voted upon.

Mr Julian Maw declared a personal interest in that he sat on an NHS Organisational Futures Programme Board. He would remain in the room whilst this item was considered and voted upon.

#### **43. Appointment of Vice-Chairman**

**RESOLVED:** To appoint Councillor Vina Mithani as Vice-Chairman of the Sub-committee for the 2011/2012 Municipal Year.

#### **44. Appointment of Advisers**

In accordance with the Local Government (Access to Information) Act 1985, the Sub-committee considered a report of the Director of Legal and Governance Services on the appointment of non-voting advisers to the Sub-Committee for the 2011/12 Municipal year.

**RESOLVED:** That the following non-voting advisers be appointed to the Sub-Committee for the 2011/12 Municipal Year:

1. Mr Julian Maw, representing Harrow LINK;
2. Dr Nicholas Robinson, representing Harrow Local Medical Committee.

#### **45. Minutes**

**RESOLVED:** That the minutes of the meeting held on 21 March 2011 be taken as read and signed as a correct record.

#### **46. Public Questions, Petitions and Deputations**

**RESOLVED:** To note that no public questions were put, or petitions or deputations received at this meeting.

### **RESOLVED ITEMS**

#### **47. Options for Future Organisational Arrangements for Ealing and North West London Hospitals Trust Progress Report**

The Sub-Committee received a report from Ealing Hospital NHS Trust which outlined potential organisational arrangements for Ealing and North West London Hospitals NHS Trust (NWLHT). The Acting Chief Executive for Ealing Hospital Trust stated that in January 2011 the Boards of Ealing Hospital NHS Trust and NWLHT had separately considered a series of options for future organisational configurations. These options had been developed as a

response to the challenges faced by the North West London health economy. Members were informed that the two Trusts were anticipating a reduction in income of up to 25%.

To deal with these financial pressures, the Trusts were now exploring the benefits and feasibility of merging to create a new NHS Trust in West London. It was felt that reorganising services in this way would improve healthcare for North West London, create efficiency savings and allow the new organisation to successfully achieve Foundation Trust status.

The Acting Chief Executive for Ealing Hospital Trust informed the Sub-Committee that the Trusts were still working through the potential range of service configurations and considering the benefits of a merger. At present no formal decision had been made. The Trusts had also started an engagement process and were actively seeking the views of stakeholders. It was expected that a formal consultation would commence in September 2011 and would run for a minimum of 12 weeks. Following the consultation, the Sub-Committee would be provided with an executive summary detailing how views were being taken on board. The Acting Chief Executive for Ealing Hospital Trust added that Ealing Council's Overview and Scrutiny Committee were interested in working with Harrow and Brent to consider the proposals in more detail.

**RESOLVED:** That

- (1) the report be noted;
- (2) the Sub-Committee be provided with an update following the completion of the formal consultation exercise.

#### **48. North West London Hospital NHS Trust Quality Account**

In accordance with the Local Government (Access to Information) Act 1985, the Sub-committee received a report of the Divisional Director of Partnership Development and Performance enclosing the annual NWLHT Quality Account. The report also enclosed the response that had been developed by the Health and Social Care Scrutiny Lead Members.

The Chief Executive of NWLHT informed the Committee that all healthcare providers were legally required to publish an annual Quality Account and to provide key stakeholders, including local authority Overview and Scrutiny Committees, an opportunity to comment on the account. Members were informed that the Quality Account had already been considered by Brent's Overview and Scrutiny Committee and both Brent and Harrow LINK.

It was explained that the contents of the Quality Account were prescribed by the Department for Health and therefore the report had to address specific issues. Whilst the Trust was generally happy with its performance, it was acknowledged that there was still room for improvement. As an example, the Chief Executive of NWLHT stated that the Trust was happy with the reduction in cases of MRSA but needed to improve its handling of complaints.

Following questions from Members, the Chief Executive of NWLHT clarified the following points:

- much of the data in the report compared NWLHT to other Trusts. This benchmarking was useful but could also create the illusion that NWLHT was not improving when in fact there had been noticeable improvements from the previous year. However, as other Trusts continued to improve at a similar rate, NWLHT's relative position remained stable;
- the Trust attributed the rise in the number of complaints to an efficient and clear complaints system that encouraged users to provide feedback. Whilst response times had increased, this was due in part to a number of highly complex complaints that required substantial investigation. The Trust's complaints system also required staff to respond to all complaints in writing and this could sometimes increase response times, particularly as the Trust had lost many administrative staff due to a 20% cut;
- feedback forms were made available to patients and these were automatically dealt with under the Trust's complaints system, irrespective of the comments. The Trust had also started to carry out electronic surveys with outpatients so as to encourage people who aren't comfortable feeding back their views whilst in hospital. Patients were also able to feedback through the Patient Advice and Liaison Services and Patient Choices;
- Trust Directors had started to tour wards to meet patients and discuss quality and safety issues with front-line staff;
- when determining priorities for the year, the Trust had to select from a pre-determined list provided by the Department of Health. The three priorities chosen for 2011/12 were selected as they were identified as areas where the Trust could improve;
- Chronic Obstructive Pulmonary Disease (COPD) was a major cause of admission and re-admission to hospital. For 2011/12 the Trust would work with partners in primary care to specifically improve the quality of care for patients admitted to hospital with an exacerbation of COPD. It was hoped that by improving patients' understanding of the disease the Trust could reduce the number of re-admissions;
- patient groups were available to work with the Trust to influence yearly priorities. Harrow LINK had already considered the priorities for 2011/12 and the comments were enclosed in the Quality Account;
- during 2010/11, the Trust completed 60 of 75 national clinical audits for which it was eligible. The Trust was also eligible for 2 confidential enquiries and had participated in both. The majority of the data from these audits was available online. When an audit identified potential or

existing issues, the matter was followed up by staff within the relevant service area.

An Adviser to the Panel stated that, in the future, it would be useful if the Quality Account provided an overview of any key issues that had arisen during audits.

In relation to the Trust's priority to reduce the number of falls amongst patients whilst they were in hospital by 10%, Members requested that they be provided with the current figures. Members added that the Trust might want to consider providing more baseline data for targets in the future Quality Accounts to ensure it was clear how priorities were determined.

**RESOLVED:** That

- (1) the report be noted;
- (2) the response developed by the Health and Social Care Scrutiny Lead Members be noted;
- (3) Members of the Sub-Committee be provided with data detailing the number of falls that had occurred amongst patients in North West London Hospital in 2010/11.

#### **49. Review of Primary Care Urgent Care In Harrow**

The Sub-Committee received a report of the NHS Harrow Borough Director which set out the steps being taken by NHS Harrow to ensure that patients were able to access services appropriate to their clinical need. The Borough Director stated that in January 2011 NHS Harrow had commissioned a review of Primary Care Urgent Care services in the borough. The purpose of this review had been to explore the reasons why patients used Primary Care Urgent Care services in the way they did, to develop proposals for improving patient outcomes and to identify the ways in which Primary Care Urgent Care services could be made more efficient.

The key findings of the review were as follows:

- Walk-in Centres were mostly used by those living in close proximity, implying that they were seen as a convenient option rather than a place to receive urgent treatment;
- patients demonstrated a strong preference for receiving care from their own GP, placing great value on continuity of care;
- a significant proportion of patients believed that Walk-in Centres and A&E should only be used in emergencies. However, a large sub-set of patients indicated that they used these urgent care services as their main source of non-urgent primary care, or as an alternative to the GP out of hours service;

- many patients used Urgent Care services because they had difficulty accessing their own GP.

The Borough Director stated that the range of services available in Harrow provided residents with considerable freedom of choice but also created a situation where some patients consistently utilised clinically inappropriate services. Analysis indicated that it would be clinically more appropriate for a significant proportion of the patients who currently used urgent care services to be treated by their own registered GP. As a result of seeking non-urgent treatment via an Urgent Care pathway, patients missed out on the continuity of care that GPs were able to provide. It also created a situation where NHS Harrow was essentially paying for the same service twice.

Following detailed analysis of the consultation data, NHS Harrow was proposing to make changes to the Primary Care Urgent Care system in the borough, based on the following principles:

- Walk-in Centres, Urgent Care Centres and A&E should be for urgent cases only;
- better access to GPs;
- Urgent Care Centres expanded to reduce pressure on A&E;
- access to Urgent Care consistent across Harrow;
- value for money.

Following questions from Members, the Borough Director clarified the following points:

- NHS Harrow was considering whether better 'signposting' was needed to ensure that patients were referred to the most appropriate service;
- the review of Primary Care Urgent Care services had considered a range of care services, including NHS Direct and community pharmacies. The scope of the review had not been limited to Urgent Care Centres, Walk-in Centres and A&E;
- it was not the intention to reduce the hours Walk-in Centres or Urgent Care Centres were open to the public, but rather to reduce activity and to ensure that they were used appropriately when there was a genuine clinical need;
- it was acknowledged that Walk-in Centres and Urgent Care Centres provided a number of important services, including blood pressure and PAP tests. However, maintaining duplicate service provision was not financially viable and these tests could be provided by GPs;
- across London, there was a general push to reduce the number of Walk-in and Urgent Care Centres, or to locate them near A&E services.

A Member stated that, in his experience, most people cared less about continuity of service and more about a health professional having access to their medical records. He queried whether improved IT infrastructure could help improve the situation. In response the Borough Director stated that research had demonstrated that, for people with a long-term medical condition, continuity of care was very important.

An Adviser to the Panel stated that people did not always distinguish between clinical urgency and their own perceptions of urgency. This had always been a problem for the NHS and it was unlikely that the situation would change. The Adviser added that most residents wanted better access to GP services and longer opening times. The Borough Director acknowledged that patient satisfaction with GP accessibility needed to be improved.

**RESOLVED:** That the report be noted and followed-up with a progress report following the NHS Harrow Board meeting in July through the health and adult social care lead members.

## **50. Review of Infant Mortality Rates in Harrow**

The Sub-Committee received a report of the Divisional Director of Partnership Development and Performance which enclosed a briefing paper from NHS Harrow in relation to Infant Mortality Rates (IMR). The briefing paper outlined the current IMR trends in Harrow, the potential causes and the actions being taken to address the issue.

The Director of Public Health in Harrow outlined the following key findings:

- there had been an increase in the number of infant deaths in 2009 and 2010 compared to 2008. Whilst the numbers behind the statistics were small, the matter was being taken seriously;
- no single factor could be considered as the main cause of the recent increase in the number of infant deaths;
- the majority of deaths were in infants from the Black and Minority Ethnic (BME) groups;
- national and local research suggested that a number of risk factors for infant mortality needed to be addressed. The main risk factors were child poverty, overcrowding, late antenatal booking, low birth weight babies, reduced vaccination rates and difficulty accessing interpretation services;
- there had been an unexplained increase in the number of premature babies and this was often associated with IMR;
- there had been an increase in the number of people travelling to England to give birth. As these parents only arrived in the country

shortly before giving birth, the NHS had no control over the antenatal services received beforehand.

The Director of Public Health stated NHS Harrow was working closely with primary care providers in Harrow to increase the uptake of antenatal care services. He stated that NHS Harrow was also working with the Local Authority to consider the provision and quality of housing in the borough.

The Director of Public Health stated that whilst the media had previously linked the issue of IMR to a local hospital's maternity services, this link was unsubstantiated. He added that it was important that faith in NHS services was not undermined as this could result in more expectant mothers delaying seeking antenatal care.

Following questions from Members, the Director of Public Health clarified the following points:

- it was acknowledged that some of the recommendations detailed in the report addressed major social problems that could not easily be resolved. However, it was clear that NHS Harrow would need to increase its engagement with relevant authorities and risk groups;
- some segments of the community were opposed to antenatal screening and would not terminate pregnancies even if they were not clinically viable. NHS Harrow was looking to increase engagement with such groups.

A Member stated that it could be hard for expectant mothers to register for antenatal care services before they reached 12 weeks. Individuals were sometimes rejected by their preferred hospital and the referral process could create substantial delays. The NHS Harrow Borough Director stated that the issue was acknowledged and work was being undertaken to address it.

**RESOLVED:** That the report be noted.

(Note: The meeting, having commenced at 7.30 pm, closed at 9.20 pm).

(Signed) COUNCILLOR ANN GATE  
Chairman