

HEALTH AND SOCIAL CARE SCRUTINY SUB-COMMITTEE MINUTES

5 FEBRUARY 2015

Chair: * Councillor Mrs Rekha Shah

Councillors: * Michael Borio * Mrs Vina Mithani
* Niraj Dattani * Chris Mote

Advisers: * Julian Maw - Harrow Healthwatch
* Dr N Merali - Harrow Local Medical Committee

* Denotes Member present

32. Attendance by Reserve Members

RESOLVED: To note that there were no Reserve Members in attendance.

33. Declarations of Interest

RESOLVED: To note that the following interests were declared:

All Agenda Items

Councillor Mrs Vina Mithani declared a non-pecuniary interest in that she was employed by Public Health England. She would remain in the room whilst all matters were considered and voted upon.

Councillor Chris Mote declared a non-pecuniary interest in that his daughter was employed at Northwick Park Hospital. He would remain in the room whilst all matters were considered and voted upon.

34. Minutes

RESOLVED: That the minutes of the meeting held on 24 November 2014 be taken as read and signed as a correct record.

35. Public Questions, Petitions & References

RESOLVED: To note that none were received.

RESOLVED ITEMS

36. Harrow and Barnet Public Health annual report

The Sub-Committee received a report of the Director of Public Health which looked back over 50 years at a selection of topics which were public health issues fifty years ago and remained issues currently and contained proposals to address these.

Following a brief overview of the report, an officer responded to the following questions from Members:

- Obesity had a number of other conditions such as type 2 diabetes associated with it. What strategy was in place to deal with the high levels of diabetes among residents in Harrow?

There was an obesity strategy in place. Local analysis had shown that Harrow had one of the highest rates of diabetes nationally, which was prevalent mainly among those residents of South Asian origin. However, GPs provided excellent advice and services which were focussed on prevention. Harrow had the lowest complication rates for diabetes in the Country.

- Had the take up rate for NHS Health Checks trialled by Barnet and Harrow improved and had these been sufficiently publicised to the residents of both boroughs? Harrow had the highest rate of TB in London. What screening process was there for migrants who came to the UK who may be carriers?

The take up rate for Health Checks in both boroughs had improved since 2014. Point of care testing equipment had been rolled out to local pharmacies, where only a single visit, (as opposed to two or three visits to a GP) was required. These were also being offered at community venues.

Health checks for TB were required under visa conditions for travellers coming to the UK from south Asian countries. However, this would not eliminate those who had latent TB which could be exacerbated by a poor diet and living conditions and may be expressed at a later stage. Public Health England was rolling out a latent TB test which was being trialled at the clinic in Wealdstone.

- What was the strategy in relation to smoking cessation and deterring young people from starting smoking in the first place. Was there any evidence that e-cigarettes were less harmful than tobacco products?

The evidence base for or against e-cigarettes was not sufficiently strong to provide a definitive answer. Officers carried out test purchases of e-cigarettes and prosecuted any one found to be selling them to those under age. The National Institute for Clinical Excellence had set up London-wide and nationwide initiatives to look into this and was working in partnership with ASH and the National Centre for Smoking Cessation and Training (NCSCT).

- Were home STI testing kits being promoted?

The home testing kits were being promoted and were available for a number of different STIs. Early HIV testing was being promoted at clinics.

- Had the take up rates for the measles vaccination improved in Harrow?

In recent years there had been a national decrease in the take up rates for the measles vaccination. The take up rate in Harrow in percentage terms was in the low 90s. There was a targeted programme to ensure improved take up.

- What were the take up rates for the HPV vaccine and did the vaccine have any side effects?

The side effects for the vaccine were not major and the take up rate in Harrow was 80%.

- What was being done to ensure that GPs captured information from patients regarding their tobacco, shisha and e-cigarette smoking habits? What were the risks associated with shisha smoking?

It was a fallacy that Shisha was not harmful. There were a number of different ways shisha could be smoked and the level of risk would depend on the type of pipe and tobacco used as well as the heating method used. She added that hospitals should be encouraged to routinely ask questions regarding smoking and provide cessation support if required. Most smoking cessation information was delivered by Pharmacists, which reduced the pressure on GPs as the cessation programme lasted 5 weeks. Harrow was working closely with CNWL in this area.

Brent Council had recently undertaken an awareness raising campaign regarding the dangers of shisha smoking and Harrow would be looking to Brent for advice and support in designing its campaign. Additionally, there were plans to inspect every venue in Harrow where Shisha was available to ensure the premises were aware of their legal obligations. The university of Westminster campus would also be targeted.

RESOLVED: That the report be noted.

37. NWLHT A&E / Winter pressures

The Sub-Committee received a report of the Chief Nurse at London North West Healthcare NHS Trust (LNWHT) which provided an update on the Trust's emergency pathway and the action it was undertaking to address the underperformance of the core A&E performance targets.

Following a brief overview of the report by the Chief Operating Officer at LNWH, he responded to the following questions from Members:

- Had the recent introduction of a Golden Hour ward round helped to improve weekend discharges and reduce the length of stay or had this led to patients being discharged at odd hours, i.e. late at night?

Patients were not discharged at odd hours. The high rate of re-admissions at Northwick Park Hospital was average in comparison to other hospitals but this figure was rising. High re-admission rates may be due to patients being discharged too early, patients' difficult home circumstances and inadequate community based support.

- Why were the current levels of A&E waiting times so high?

This had been due to winter pressures i.e. illnesses such as flu outbreaks. However, the levels had not been as high as in previous years.

- Had penalty clauses for delays in delivering the construction of the modular unit been written into the building contract?

Penalty clauses had been written into the contract as there were inherent risks associated with working on such a complex site, however, he did not anticipate any major challenges which would lead to delays in completion by December 2015.

- What was being done to ensure better signage for and access to the A&E unit?

The estates service at Northwick Park was aware of the situation and was working to resolve it.

- What measures were in place to ensure that those patients who were not eligible for free treatment were being charged accordingly?

There was a well-developed income protection policy in place. However, this would not apply to emergency care as it was the ethos of the NHS to provide emergency care to everyone.

- What would be the net increase in bed capacity after the building works were completed at Northwick Park Hospital?

There had been an increase of 40 beds in the current financial year and there would be 66 additional beds once the modular build was complete. Although this increase represented an increase in capacity that would bring the hospital on par with other A&E provision in London, it should be noted that demand at peak times would continue to exceed bed capacity, though this would occur with less frequency than previously.

- Ealing Hospital had recently extended the level of consultant cover at weekends. Was there sufficient weekend consultant cover at Northwick Park Hospital?

Yes, as it was the Trust's policy that working arrangements and working conditions for staff at all three hospital sites should be the same.

- The Capita report of May 2014 suggested that an additional 100 beds were needed at Northwick Park Hospital – would this be sufficient?

The figures quoted in the report were a snapshot in time and this figure would increase as the local population continued to both increase and age. The increase in bed capacity would bring the hospital in line with other UK hospitals, however, this was not a one-off fix. Northwick Park continued to be in the top decile nationally for rates of occupancy and length of stay. This was due in part to the rise in chronic cases and increased number of acute beds. There were additional challenges in terms of community bed capacity and community services to support patients after they had been discharged.

- Had there been any cases where the discharge of patients had been delayed because care packages were not in place?

The number of delayed transfer of care cases had reduced during the winter, but there was room for improvement. The hospitals' merger and the creation of a Community Services Director had helped to mitigate against this.

- Was the current workforce adequate and why did the Trust need to employ more consultants?

The increase in bed capacity meant that additional consultants had to be deployed. This was an area of challenge nationally and there were difficulties in recruiting and retaining Emergency consultants. There were plans to recruit more sub-consultants.

- An adviser stated that GPs had the capacity to reduce hospital workloads and noted that although the number of attendances had not increased, the number of admissions had. Good risk assessment and

management by senior consultants would lead to fewer admissions and earlier discharges would reduce the pressure on beds. He asked how many patients were currently waiting to be discharged pending a care package being implemented.

This figure was 10%, however, 10% of 600 beds was a high figure. In such cases patients were delayed awaiting care packages or support from social services and/or family members as well as due to logistical issues.

The Rapid Access and Treatment (Ratting) policy was designed to alleviate these pressures by helping identify those individuals who were medically fit for discharge.

- Had the Trust considered providing GP cover at Hospitals as a means of relieving pressure on A&E or looked at alternative models of provision, for example, opening 7-days a week between 8.00 am to 8.00 pm, allowing GPs to accompany consultants on ward rounds?

Northwick Park received around 500 patients per day. Half of these were urgent care cases. It was not a question of the volume of individuals who visited the hospital but related more to the number of medical admissions and how to ensure fewer repeat admissions.

- An adviser stated that the number of referrals by GPs to A&E had increased despite recent efforts to reduce them. Community units, for example, the Denham unit and contracts with other social care providers should also be considered as step-down units.

There was a campaign to ensure that the Alexandra Clinic remained open 7-days a week. The Trust was considering all of the measures mentioned above.

RESOLVED: That the report be noted.

38. CQC inspection of CNWL Mental Health and Community Services

At its meeting of 24 November 2014, the Sub-Committee Members had indicated a desire to submit evidence and comments from the Sub-Committee to be fed back to the Care Quality Commission (CQC) in relation to its inspection of the CNWL planned for 23 February 2015.

An adviser from Harrow Healthwatch stated that Harrow Healthwatch had already forwarded comments to the CQC, which would inform the work of the inspectors. Patients' groups and user groups had also fed back to the CQC regarding improvements they would like to see made to local services.

In view of the above, the Sub-Committee decided not to send any additional comments to the CQC and requested that a copy of the inspectors findings and any subsequent compliance action plan be forwarded to Sub-Committee Members as soon as they were available.

RESOLVED: That the CQC be requested to forward a copy of the inspector's findings and any subsequent compliance action plan to Sub-Committee Members as soon as they were available.

(Note: The meeting, having commenced at 7.30 pm, closed at 9.10 pm).

(Signed) COUNCILLOR MRS REKHA SHAH
Chair