London Borough of Hammersmith & Fulham

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Minutes

Tuesday 22 July 2014

PRESENT

Committee members: Councillors Rory Vaughan (Chair), Hannah Barlow, Andrew Brown, Joe Carlebach and Elaine Chumnery (Vice-chair)

Co-opted members: Bryan Naylor (Age UK) and Patrick McVeigh (Action on Disability)

Other Councillors: Councillors Stephen Cowan, Sue Fennimore and Vivienne Lukey

Officers: Dr Tracey Batten (Chief Executive, Imperial College Healthcare NHS Trust), Craig Bowdery (Scrutiny Manager), Liz Bruce (Tri-Borough Director of Adult Social Care), Sarah Garrett (SaHF Communications Lead), Trish Longdon (Lay Member of H&F CCG), Dr Susan McGoldrick (Vice-chair, H&F CCG), Dr Tim Orchard (Chief of Service for Specialist Medicine, Imperial College Healthcare NHS Trust), Clare Parker (Deputy Chief Officer, H&F CCG), Dr Mark Spencer (Medical Director for SaHF) and Dr Tim Spicer (H&F CCG).

1. APOLOGIES FOR ABSENCE

There were no apologies for absence.

2. DECLARATION OF INTEREST

Cllr Carlebach declared an interest as a Trustee of Arthritis Research UK, which was a landholder at the Charing Cross hospital site, and also as a Non-

Executive Director of the Royal National Orthopaedic Hospital Trust. Cllr Lukey declared an interest as Chair of Hammersmith & Fulham MIND.

Cllr Barlow declared an interest under item 6 as she worked for a PR company that included Macmillan Cancer Support as a client.

3. APPOINTMENT OF VICE-CHAIR

The Chair nominated Cllr Carlebach as Vice-Chair of the Committee, who explained that he understood this role was usually given to the opposition spokesmen for health, which was Cllr Brown. The Chair agreed that there would be a brief adjournment while the matter was discussed.

The Committee adjourned at 19:08
The Committee reconvened at 19:10

Cllrs Brown and Carlebach requested that the appointment of Vice-Chair be deferred until the subsequent evening's meeting of the Full Council. The Chair explained that he wanted to resolve the issue at this meeting and proposed putting the matter to a formal vote. Cllr Carlebach questioned the urgency of the decision and expressed his disappointment that the new committee was starting its work without attempts at cross-party working.

The Chair subsequently withdrew his nomination for Cllr Carlebach and nominated Cllr Chumnery instead. Cllr Carlebach nominated Cllr Brown. The Committee voted as follows:

Cllr Chumnery	-	3 votes
Cllr Brown	-	2 votes

RESOLVED –
That Cllr Chumnery be appointed Vice-Chair of the Committee for the 2014/15 municipal year.

4. TERMS OF REFERENCE AND MEMBERSHIP

RESOLVED –
That the Terms of Reference and membership be noted.

5. APPOINTMENT OF CO-OPTED MEMBERS

The Chair proposed that three co-opted members be appointed, as shown on the agenda. Cllr Brown explained that he supported the reappointment of Mr Naylor and Mr McVeigh, but felt that Ms Domb's appointment should be deferred until a more proportional method of nominating co-opted members could be developed. The Committee voted on the three proposals as follows:

For	-	3
Against	-	0

Not voting - 2

RESOLVED –
That the Committee co-opt the following as non-voting members for the 2014/15 municipal year:

- Bryan Naylor, Age UK
- Patrick McVeigh, Action on Disability
- Debbie Domb, HAFCAC

6. IMPERIAL COLLEGE HEALTHCARE NHS TRUST: CANCER SERVICES UPDATE

The Chair welcomed Steve McManus, Chief Operating Officer from the Imperial College Healthcare NHS Trust and received his report updating on cancer services. Mr McManus explained that there were eight standards used by NHS England to measure performance, and that at the start of 2012/13 the Trust was only meeting one of these. By the final quarter of 2013/14, all eight standards were being met.

The Committee discussed the patient experience and asked what steps were being taken by the Trust to improve it. Mr McManus agreed that the patient experience for cancer services was not yet as positive as it should be. In order to rectify this, the Trust was working with Macmillan Cancer Support to introduce patient navigators who would help patients move between departments and establish a clear pathway for the patient's care. This was based on a successful model used in the USA and would also free-up clinical nurse time. The programme would be rolled-out in the autumn. The Trust was also engaging with a national programme supporting early detection and diagnosis and exploring how clinical knowledge could be better used to help support GPs. Members suggested that the Committee should review the success of these interventions at a later meeting.

Cllr Barlow declared an interest as an employee of a PR firm which included Macmillan Cancer Support as a client

Members asked how the *Shaping a Healthier Future* programme would impact on the quality of oncology care. Mr McManus described how the programme intended to provide the best possible clinical environment by co-locating expertise and experience. It was felt that this was the best approach for patient care and would facilitate rapid treatment.

Mr Naylor reported that in his experience the Trust's provision of cancer treatment was excellent, once the clinical care had begun. Prior to this however, the administration and clerical service was appalling. He also described how his experiences were not untypical and argued that the administrative aspects of cancer care required as much attention as the clinical. Mr McManus agreed that both aspects were important and acknowledged that while the Trust's clinical outcomes were among the best in the country, there was much work to be done to improve the administration.

The Committee discussed the provision of training for staff working with patients with a Special Educational Need (SEN) or a learning disability. Mr McVeigh explained that he had been informed that there was no specific training to equip staff with the skills needed to ensure high quality care for these vulnerable patients, and that his organisation (Action on Disability) had provided some informal training which it could and should deliver to all staff. Mr McManus explained that providing equitable care for all patients was a priority, and as such the Chief Nurse would welcome Mr McVeigh's input. On behalf of Age UK, Mr Naylor also offered assistance.

Cllr Lukey asked whether the cancer services at Charing Cross would be split across multiple sites as part of the *Shaping a Healthier Future* plans. Mr McManus explained that oncology was currently split across several sites and the Trust was aware that this caused challenges for patients and staff. It was therefore working on ways to make sure services were as seamless as possible. However this report addressed performance only, so issues regarding future service configuration could be picked-up under the following agenda item.

Members expressed concern that patients undergoing chemotherapy were not being offered the flu vaccination, meaning extremely vulnerable patients were not being immunised. Mr McManus explained that the Trust would be working with the CCG leading up to the winter to ensure that all patients were offered the opportunity to have the vaccine and that guidance be given to all staff to make them aware of this policy. It was questioned whether flu vaccines would also be offered to patients at Queen Charlotte's hospital and Mr McManus undertook to clarify whether the policy extended to that site. The Committee agreed that the provision of flu vaccinations should be considered at a future meeting and Mr McManus undertook to provide a report on the number of vaccinations given to patients and staff. It was also requested that the report include information on the provision of the shingles vaccine.

Action: Imperial College NHS Trust / Committee Coordinator

The Chair summed up the discussion and highlighted the Committee's request for a report on the flu and shingles vaccines, the concern regarding the administration of cancer care services and the offer of assistance from Action on Disability and Age UK to help ensure all patients received the same level of care. Members also requested that the Trust provide a report on how it proposed to improve the time between the patient presenting at their GP and a clinical referral. The Chair acknowledged the Trust's improved performance for cancer care, and thanked Mr McManus for his attendance.

Action: Imperial College NHS Trust / CCG

RESOLVED –
That the Committee note the report.

7. SHAPING A HEALTHIER FUTURE: UPDATE

The Committee received a report and presentation from the Hammersmith & Fulham CCG updating on the *Shaping a Healthier Future* programme and the

assurance framework for the planned Hammersmith Hospital Emergency Unit closure.

Members noted that the presentation described the improvements made to the provision of GP services, such as a system that allowed GPs, with patient consent, to access a patient's records from different locations across the borough. Members asked if this would also apply to practises in Kensington & Chelsea and it was confirmed that it would, with most of the eight boroughs in the North West London cluster using the same system. Members also asked for confirmation of the current patient numbers and the capacity of the new Parkview Centre for Health & Wellbeing. The presentation also included an overview analysis of where the patients who used the Central Middlesex and Hammersmith Hospitals lived, about which the Committee requested further details.

Action: CCG / Shaping a Healthier Future

The Committee asked for confirmation of consultant cover at the hospitals now as compared to the future proposals. Officers explained that St Mary's currently had 12 ED physicians, Charing Cross 5.6 and Hammersmith had none as it was staffed by acute physicians only. Clinical cover at Hammersmith had been an ongoing concern with a 40-60% vacancy rate for the last two years. Under the plans, it was proposed that Hammersmith would get 24 hours a day cover staffed by GPs and nurse practitioners, St Mary's would have five additional A&E consultants and Charing Cross four. Patient numbers at the hospitals were currently approximately 100 a day at St Mary's A&E and 160 a day in the Urgent Care Centre(UCC); 80 a day in Charing Cross A&E and 120 a day in the UCC; and 60 a day in the Hammersmith A&E and 80 in the UCC, although this was expected to increase given the move to 24 hour a day opening at Hammersmith.

Members noted the identified risk that after 10th September the emergency department at Hammersmith might not be able to be adequately staffed. Officers explained that this related to junior and middle grade roles which had been recruited to on six week contracts from 1st August. Therefore if the department did not close on 10th September as planned the hospital would need to recruit locum cover, which in light of the existing 40-60% vacancy rate could prove difficult.

The Committee expressed concern regarding the timing of the communication plan, with the advertising and literature not due to start until 28th July, meaning most of the campaign would take place during August when many people were on holiday. Members were also concerned that the literature implied that adults and children alike could visit the UCCs with infections. The UCCs would not have specialist paediatricians on site and so it was suggested that children were being put at risk by misleading information from *Shaping a Healthier Future.* Members cited the Wolfe Report which argued that in London alone a child dies unnecessarily each day, with the delays in getting to tertiary care being a major reason for this. As such the Committee felt that the communications relating to the closure of the A&E needed to be much clearer to avoid unnecessary confusion or delay. Officers explained that Hammersmith did not currently have specialist paediatric care and that most parents took ill children to their GP who were more than capable of treating

them. Members disagreed and stated that in their view encouraging parents with ill children to present at the UCC was not safe. It was suggested that a full directory of medical services should be made available. Officers explained that the communications plan was based on using a variety of mediums and formats: the larger billboards would focus on communicating the message that things were changing, and that these would be supplemented by leaflets and letter-drops which would include the more detailed information suggested by the councillors. The Committee was also assured that the Royal College of Paediatricians did not have concerns regarding the proposals, with the Vice Chair of the Royal College sitting on the *Shaping a Healthier Future* Board. Members suggested that the Vice Chair should then communicate his assurances to the committee, as well as that of the London Ambulance Service.

Members noted the intention to use schools to circulate information to parents by sending leaflets home with children, and asked whether health workers could be used in a similar way to ensure parents of younger children were reached. Officers explained that they were working with nurseries and hospitals to do so as they sought to reach as wider an audience as possible.

The Committee noted that the advertising highlighted that the UCCs would both be open 24/7, but explained that most residents were not aware of this. Officers explained that it was a challenge to communicate the information, partly because the extended opening hours were originally only planned for the winter months. Now it was confirmed as being year-round, it was acknowledged that this needed to be advertised further.

Members stated their alarm that NHS England had made a decision that patients not presenting at their GP for more than three years would be struck off their practice's register, particularly children. Officers explained that this was not actually a formal policy and so wasn't an issue in the borough, however it was also acknowledged that there had been instances where the system had failed.

The Committee discussed the borough's diverse population and asked how the message of the changes was being communicated to those residents who did not speak English as their primary language. Officers explained that they had worked with the hospitals to identify the languages spoken in the communities they served and that translated and easy-read versions would be developed. They were also working with CITAS to deliver face-to-face communication with community leaders and would be advertising in the local non-English newspapers. Members requested confirmation of what community groups had been identified so that they could check all of their residents were being reached.

Action: Shaping a Healthier Future

Members asked how the communications plan was being monitored and evaluated. Officers explained that independent company had been hired to review the communication during August and again in September after the closure. They were also tracking data such as the number of pharmacy bags with the information printed on them had been distributed and attending GP network meetings to assess their understanding. Anecdotal evidence would

also prove important. The Committee was informed that it was possible to guarantee which GP surgeries had received the information, but it was not possible to ascertain who had displayed the information or understood it. The independent evaluation would however seek to measure the impact and understanding of the message.

The Committee considered the importance of GPs in ensuring the reconfiguration worked and asked how the UCCs would have enough GPs to be adequately staffed when there was an existing high vacancy rate. Officers explained that the 9% vacancy rate at Hammersmith mirrored that across the Trust and was considered to be a manageable level. There was an ongoing recruitment programme and a lot of work had been carried out to promote Imperial as a good place to work. It was also confirmed that the 24/7 UCC would be fully-staffed and that the Trust was working with education providers to train more GPs and to keep trainees within London. Members suggested that the Committee should revisit this issue in six months' time.

Members of the Committee explained that they found the text on the proposed leaflet to be confusing and argued that if they had a broken arm, the leaflet did not tell them where to go for treatment. Officers explained that the leaflet was just one aspect of the communication which was being supplemented by more detailed documentation that was being letter-dropped to people's homes and would also be included in newspapers. The communication was designed to reach as many people as possible and officers disagreed that the different formats gave mixed messages. The Committee was also informed that the language and formats had been tested by an individual organisation and tested with a group of uninformed local residents to test their understanding and interpretation. Members highlighted that there was no longer a local paper covering the borough. It was explained that papers covering the area served by Central Middlesex Hospital would be used, but in the absence of the Hammersmith Chronicle they would be using more billboards. The full range of media used was detailed in the full communications plan, which was available to the Committee If members wished to review it.

Members sought assurances that a repeat of the confusion following the closure of the A&E at Chase Farm Hospital would be avoided at Hammersmith. Officers explained that lessons had been learnt from Chase Farm with regard to communicating with hard to reach groups, and also that as the Hammersmith UCC would be open 24/7, there would not be the same issues with night closures. The Committee was informed that *Shaping a Healthier Future* included an Equalities & Engagement Group which focussed on reaching all parts of the community and had developed a strategy for hard to reach groups, which could be provided upon request.

The Committee noted the plans to deliver leaflets to homes, but members highlighted that many people put such leaflets straight into the bin without reading them. Officers explained that they were aware of this and so the leaflets would be delivered in branded envelopes which had proven to be more likely to be read. They would also be delivered in a separate delivery so would not be mixed with other leaflets such as those for fast food restaurants. They would also be working closely with GPs by providing them with leaflets,

posters and displays for electronic screens and would be meeting regularly with representatives to ensure they have the answers to the public's questions.

The Chair proposed that the meeting guillotine be extended to 10:30pm and committee members agreed.

The Leader sought clarification of who had advised on the communication and advertising and requested that their advice on the timing of the campaign be published. Officers explained that MC Saatchi had led on the campaign, but the timing was driven by clinical needs rather than communication so no such advice was given. The Leader also asked for confirmation of what outcome targets were given to MC Saatchi at the commencement of the campaign as he argued that the decision to use the work 'changing' rather than 'closing' to describe the A&Es was misleading and driven by a motivation to limit public opposition. In his view, the confusion caused by the campaign was putting lives at risk. Officers explained that the choice of 'changing' was made after testing different versions with the public to see what they preferred, and offered to share the results of the testing with the Committee. They also responded that the reason why independent testing took place was to avoid putting lives at risk and to ascertain how best to communicate to local residents. The Leader explained that he would therefore assume that the campaign had not started with a set target of how many people would actually understand the changes by the time they took effect. Officers explained that the communication plan would be evaluated and reviewed during the campaign and afterwards and officers undertook to share the evaluation criteria with the committee.

Action: Shaping a Healthier Future

The Leader emphasised that the use of the word 'changing' was misleading and his assumption that the communications plan was based on limiting public opposition rather than ensuring public understanding. Officers attempted to explain that there would be arrangements in place at Hammersmith for those presenting at the UCC requiring emergency care.

The Leader highlighted that the College of Emergency Medicine recommended that a detailed analysis of ambulance staffing requirements be included as part of any reconfiguration and asked whether this had been done. Officers explained that this had been carried out and was detailed in the report. It had been identified that an additional eight crew would be needed, for which *Shaping a Healthier Future* had helped to fund and recruit. The Leader also sought details of a skills-gap analysis that was also recommended by the College of Emergency Medicine to ensure the GPs staffing the UCC had the correct skills. Officers confirmed that this had been done in conjunction with Imperial and additional training such as ECG and X-ray interpretation had been identified as being required for some. They undertook to provide full details of the gap analysis and the methodology used.

Action: Shaping a Healthier Future

The Leader asked for confirmation of the percentage of patients currently treated in A&E that would be treated in the community. Officers explained that

whilst increasing numbers of patients were being treated in the community, the *Shaping a Healthier Future* plans were not predicated on this and this was not the reason for the closure. The Hammersmith A&E had a comparable capacity to other sites and so there was not a need to reduce demand. Officers undertook to provide full details of expected patient numbers following the closure of the A&E.

Action: Shaping a Healthier Future

The Leader sought clarification of how the NHS had accounted for increases in the local population and taken account of housing developments in the north of the borough. Officers explained that they used the GLA's data on population trends. The Leader explained that local housing policies had changed and asked whether the anticipated demand on services had be reviewed since the reconfiguration began. Officers explained that population figures had been used in the initial outline business case, but the rest of the reconfiguration process was based on improving services rather than on changing needs.

The Leader asked the medical professionals present whether they had any nervousness that people did not understand the differences between an A&E and an UCC, and whether they were concerned that people would present at the wrong location, putting lives at risk. They explained that in their view the current system was already complex and that measures were already in place to help patients navigate the system. Dr McGoldrick explained that when the communications were first discussed, she had favoured using the word 'closing', but because the issue was so important, independent professional advice had been sought. The Leader noted that the professional advice was dependent upon the brief it was given. Dr Spicer also explained that he had initially favoured 'closing', but that as well as the professional advice, they had listened to the resident groups with whom the language had been tested who preferred 'changing'. He also explained that the Committee had only seen a small part of the communications and that as well as the leaflets and billboards there were elements giving much more detail. The Leader suggested that the communication plan was not doing the job the clinicians wanted it to, and that they should be concerned as it was putting lives at risk. Dr Batton explained that she was concerned about the current A&E department at Hammersmith. There was a clear clinical imperative to make changes there and she believed this change was being delivered in a planned, sustainable way. To do so, the Trust had taken professional advice and had tested this advice with independent resident groups with no prior knowledge of the proposals. She explained that there were different views on all communication and advertising campaigns, but despite this the aim of improving healthcare was shared by everyone. The department was not sustainable and needed to be changed, and she was confident that lives were not being put at risk.

The Chair asked when the outline business case would be published and why it was intended to not be publicly published. Officers explained that following approval by the Trust Board, the business case would be submitted to the TDA (Trust Development Authority) and would be published between three and six months later. On advice of the TDA, it would not be publicly available

until after it had been approved, however the clinical strategy would cover the key points and this would be made public.

Following a question from the Chair, officers confirmed that the combined communications budget for the closure of Hammersmith and Central Middlesex A&Es was £400,000.

The Chair expressed concern at the situation at Hammersmith A&E with no consultants and explained that he would have expected cover to be in place. Officers explained that Hammersmith hadn't had a full A&E for over fifteen years since the use of trainees there had stopped a decade ago. As there were no trainees, there were no consultants on site with the service relying on acute physicians for cover. It had been increasingly difficult to get good locum cover due to accumulated problems over the years, which were unrelated to the proposed changes.

The Chair thanked the NHS representatives for their attendance.

RESOLVED –
That the report be noted.

8. NORTH WEST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

The Chair explained that it was the view of the administration that bi-partisan working on health had broken down, and therefore nominated himself and Cllr Sharon Holder to be appointed to the North West London Joint Health Overview & Scrutiny Committee (JHOSC).

Cllr Brown explained that the JHOSC represented the eight boroughs in north west London and that it was required to include members of both parties, and that it had done previously. He argued that the Chair's nominations were personal and political antagonisms and he asked for a ruling from the Scrutiny Manager. When he was unable to get this ruling, Cllr Brown moved a vote of no confidence in the Chair arguing that he and his colleagues were being prevented from carrying out effective scrutiny.

The Committee voted on the nominations as follows:

Those in favour of the nominations: - 3
Those against the nominations: - 2

RESOLVED –
That Cllrs Rory Vaughan and Sharon Holder be appointed to the North West London JHOSC.

The Committee then voted on the vote of no confidence motion:

Those with no confidence in the Chair: - 2

Those with confidence in the Chair: - 3

The motion was lost and fell.

9. THE ROLE OF HEALTHWATCH IN HAMMERSMITH & FULHAM

The Committee received a report from the Director of Healthwatch Central West London. The Chair thanked Healthwatch for attending but explained that there was insufficient time for members' questions.

RESOLVED –
That the report be noted.

10. CARE ACT IMPLEMENTATION: PROGRESS UPDATE

The Committee received a report from the Executive Director for Adult Social Care. The Chair thanked officers for attending but explained that there was insufficient time for members' questions.

RESOLVED –
That the report be noted.

11. WORK PROGRAMME

This item was not discussed due to the guillotine falling at 10:30pm.

12. DATES OF FUTURE MEETINGS

The Committee noted the future meeting dates as follows:

- Tuesday 7 October 2014
- Monday 17 November 2014
- Tuesday 6 January 2015
- Wednesday 4 February 2015
- Monday 13 April 2015

Meeting started: 7.00pm
Meeting ended: 10.30 pm

Chairman .....

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