MINUTES OF THE HEALTH PARTNERSHIPS OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 9 June 2011 at 7.00 pm

PRESENT: Councillor Kabir (Chair), Councillor Hunter (Vice-Chair) and Councillors Beck, Colwill, Daly, Hector, Hirani and Ogunro

Also Present: Councillors Cheese, Crane, John, McLennan and R Moher

1. **Declarations of personal and prejudicial interests**

None made.

2. **Minutes of the previous meeting**

RESOLVED:-

that the minutes of the previous meeting held on 5 April 2011 be approved as an accurate record of the meeting.

3. **Matters arising**

Fuel Poverty and Health Scrutiny task group

The committee heard that the Fuel Poverty and Health task group reported to the Executive in April 2011 and the recommendations were accepted. The issue would be followed up later in the year.

Access to GP Services in Brent

It was confirmed that Jo Ohlson (Brent Borough Director, NHS Brent and Harrow) had received the satisfaction data which was being validated and should be ready for the July meeting. It was noted that information on changing GPs without changing address had been circulated to members.

IT Systems

The Assistant Director (Community Care) confirmed that problems relating to IT systems incompatibility hindering the exchange of sensitive data between the council and the NHS were being resolved and interim arrangements were in place.

4. **Order of business**

The committee agreed to change the order of business so as to take early in the meeting the items relating to NWLH NHS Trust Quality Account and the item of urgent business relating to the GP list validation exercise.

5. **North West London Hospital NHS Trust Quality Account**

Catherine Thorne (Director of *Governance*, NWLH NHS Trust) in introducing the report advised that every trust was required to produce a Quality Account, which is a statement of quality relating to the services provided by that NHS trust and to allow organisations the opportunity to comment.

The report before members was the account for 2010-2011 and, while welcoming the content, questions were raised on the opportunity to monitor past concerns specifically in relation to maternity services, in the absence of historical information; the lack of improvement in complaints handling. The committee heard that the NHS London review into maternity services would form the basis of a report to the committee in September and would allow the recommendations to be looked at in the context of services. The committee was assured that, the incidence of neo natal death was very low and the link sometimes made between neo natal death and infant death were not correct. On complaints handling, it was accepted that performance should be better. Where complaints involved more than one agency it took longer to gather statements. Many complaints to the trust were complex involving many staff working different duty rotas, which also delayed the production of a formal response. Concern was expressed over the lack of improvement in local patient indicators relative to the national picture in areas relating to nurses, care and treatment. These were worse than the national figures and members felt it would be helpful to have an indication of how far the trust's performance was from the national average. It was agreed that average figures would be included in future however it was noted with some disappointment that the local response rate was low - only 800 patients responded to the In Patient survey on which the figures were based. Members were pleased to note the good work that had taken place in connection with stroke care.

Members were invited to contribute any further comments to be included in the submission to be prepared in consultation with the chair and vice chair.

RESOLVED:

that the Quality Account provided by North West London NHS Hospitals Trust be noted and authority be delegated to the chair to submit a response by the deadline of 14 June 2011.

6. **Any Other Urgent Business - GP list validation exercise**

Circulated to members in advance of the meeting was a briefing paper prepared by NHS Brent on the GP list validation exercise which was being conducted. There was a difference of over 100,000 between the census population and the registered list in NHS Brent and concern had been expressed that the validation exercise may not have been as fair and effective as it could have been.

Jo Ohlson (Brent Borough Director, NHS Brent and Harrow) advised the committee that list validation was not an unusual exercise. During 2007/10 a list validation exercise had been carried out resulting in some patients being removed. However 118,000 had not responded to letters and these were now subject to a further validation exercise. Ms Ohlson outlined the detail of the correspondence that was

subsequently sent out (which included a translation offer) and the level of replies received. 38,000 people had not responded to letters from the PCT and were due to be removed from GP lists. The gap between registered patients and residents of 100,000 was the highest in the country. Ms Ohlson advised that discussions were taking place on steps to be taken to assist vulnerable people and she assured the committee that practices would not be penalised for reinstating patients.

With the consent of the meeting Mr Irvin Van Colle, chair of the Kingsbury GP Consortium patient and public involvement forum questioned the extent to which the process was open and fair and made reference to one practice that was losing 25% of its patients. He acknowledged the importance of accurate lists but felt that reinstatement of patients would create a huge amount of unnecessary work and suggested that decision should be deferred on any practice that was likely to lose more than 5% of its patients. Mr Van Colle put that there could be many reasons why people had failed to respond to letters including not having English as a first language and that the removals should cease until the methodology had been reviewed.

Rob Larkman (Chief Executive, NHS Brent and Harrow) stressed the importance of accurate patient lists to help ensure that funding was being invested in the right areas. He stated that the methodology used was standard and in recognition of the sensitivities safeguards would be introduced for vulnerable people and those whose first language was not English. Further letters would be sent out. The Chief Executive indicated that practices adversely affected financially would be supported once the process was complete.

Members sought and received assurances that every effort would be employed to avoid removing vulnerable people and that requirements would be waived to reinstate them as easily as possible if necessary. Jo Ohlson offered to report back on the outcome. She advised that approximately £700,000 would be saved so far from the numbers removed accepting that this figure could reduce with re-registration.

Members heard that that there seemed to be some inconsistency between the policy and experience of practices involved in the validation process. Vulnerable patients had been removed from lists sooner than expected although Jo Ohlson confirmed that vulnerable patients on medication would be safeguarded and were also likely to exist on community records and therefore not included in the validation exercise. She stressed the need for practices to respond urgently to notifications and not wait to appeal against removals until the last minute.

The committee heard that patients presenting themselves as unwell would be seen irrespective of whether they were registered and there was also the walk-in centre in Wembley in case of emergency. The committee heard that lessons were being learned from this experience. It was acknowledged that the process would have benefitted from taking place over a longer period of time, the diversity of Brent's population needed tobe taken into account and addressees to be clearly warned not to ignore correspondence.

The committee accepted NHS Brent's assurances that where patients had been removed from lists this had been justifiable and in any event re-registration was not

complicated. The intention to consider reviewing lists on a more regular basis was noted.

The Chair certified this item as urgent in view of the level of public concern and as the deadline for removing patients from GP lists was on the 9 June.

RESOLVED:

that the briefing paper from NHS Brent on the GP list validation exercise be noted and an update on the be exercise presented to the next meeting.

7. **Plans for the future of North West London NHS Hospitals Trust and Ealing Hospital Trust**

Simon Crawford (North West London NHS Hospitals Trust) introduced the report which set out progress on the possible merger of North West London NHS Hospitals Trust and Ealing Hospital Trust. Consideration was still being given to the benefits of a merger which it was believed would provide an opportunity to improve the quality and standard of health care delivered by the trusts. The eventual aim would be to have larger, more specialised teams, improved efficiency, avoid duplication and spread good practice. Significant financial savings were also anticipated. A Strategic Outline Case had been approved and work had now started on an Outline Business Case and at the same time Clinical Working Groups have been established comprising senior clinicians and GP representatives from the three boroughs to develop the clinical vision for the new organisation and options for configuration. The engagement process would include GPs and other stakeholders including patients, staff and individual groups.

Members raised questions on the impact of the current discussion over government health reforms and sought assurances that changes would be clinically driven and services protected. Simon Crawford assured that quality remained a key consideration, that health and well-being would set the agenda and the intention that the merged organisation would be in a better position to deliver. Questions were also raised on the possibility of improving estate utilisation through private finance initiatives to generate income and the risks involved and assurances were given that there would be full consultation on any proposals. The committee were also advised that an options appraisal had been requested and alternatives to merger would be considered.

Members noted that a further report would be submitted in September and it was suggested that consideration be given to a meeting being convened of the scrutiny committees of the three boroughs concerned to further discuss the proposals.

RESOLVED:

that the report be noted.

8. **GP Commissioning Consortia update and primary care issues in Brent**

Jo Ohlson (Brent Borough Director, NHS Brent and Harrow) introduced the regular report on GP commissioning. She reminded the committee that GP commissioning consortia have been long established in Brent and was unlikely to be affected by

the current 'pause' in the government's Health and Social Care Bill. Ms Ohlson outlined the individual commissioning plans developed by each of the five consortia to implement the Quality, Innovation, Productivity and Prevention Plan in 2011/12.

In discussion, Jo Ohlson emphasised that GP pathfinder consortia had a high level of commitment. The recent government announcements of the formal involvement of nurses in consortia was not a new development in Brent. She acknowledged that there would be difficult decisions ahead with both the council and health service working with reduced resources which emphasised the need for increased partnership working. It was noted that one of the initiatives that GP commissioners were working on was urgent care and ways of offering more choice for patients and families at home during end of life care. Jo Ohlson referred to barriers that would need to be overcome to make progress in this area and the need to up-skill professionals. The committee heard that a more holistic approach was required and agreed on the need to have appropriate care plans in place to avoid unnecessary hospital admissions. Current financial challenges reinforced the need for health care reform and the committee noted that NHS London was pushing for rapid delegation to consortia. Alison Elliott (Assistant Director, Community Care) agreed with the suggestion mental health was an area for joint collaboration and confirmed that work was taking place with the PCT and GP commissioning colleagues to improve the service.

On the future and feasibility of the Stag Lane Clinic, Jo Ohlson reported on the poor state of the buildings and the possibility of savings through the renegotiation of the contract. She would be able to report further towards the end of July.

9. **Khat Task Group Scope**

Councillor Hunter (Chair, Khat task group) advised that the Khat task group had met twice and had also met community workers. A 'Check before you chew group' had been established and there had been input from the community at the outset. She drew attention to the task group's scope appended to the report from the Director of Strategy, Partnerships and Improvement.

RESOLVED:

that the Khat task group's scoping document be noted and the final report submitted to the September meeting of this committee.

10. **Work Programme**

The committee had before it the work programme for 2011/12 for comment which was based on issues that had arisen from previous meetings. The following were suggested for inclusion:

- the role of community pharmacists
- the Shadow Health and Well Being Board
- end of life palliative care and strategy
- mental health care

11. **Date of Next Meeting**

It was noted that the next meeting would be taking place on 26 July 2011.

12. **Any other business**

Members' attention was drawn to a meeting to discuss the NHS taking place at the Town Hall on Sunday 12 June organised by Barry Gardiner, MP.

The meeting closed at 9.00 pm

SANDRA M KABIR
Chair