

Wembley Centre for Health & Care

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Thursday, 31 October 2019

Dear James,

Re: Scrutiny Committee Recommendations

Thank you for your letter of 25th October 2019 following the Extraordinary Scrutiny Committee held on Thursday 24th October 2019.

The CCG has 28 days to respond to these recommendations under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

Today, we called an Extraordinary Executive Committee to discuss the recommendations in detail and to formulate a collective response. We have gone through each of the Committee's recommendations below and have set out our response to them below.

Financial Recovery Plan

1. To ensure that under the financial recovery plan local services are maintain at a sufficient level to continue meeting the needs of Brent residents

Response: It is part of the CCG's statutory duties (whether there is a CCG at Brent level or at North West London level) to commission healthcare to the extent that the CCG considers necessary to meet the reasonable requirements of patients registered within GP practices of the CCG or who usually live within the CCG's defined geographic area. We can confidently say, therefore, that we will continue to meet the healthcare needs of Brent residents.

2. To request that the CCG undertake an Equality Impact Assessment in relation to all four strands of the overall strategy

Chair: Dr M C Patel
Chief Officer: Mark Easton
Managing Director: Sheik Auladin

HS North West London Collaborative of Clinical Commissioning Groups are a collaboration of NHS Brent CCG, NHS Central London CCG, NHS Ealing CCG, NHS Hammersmith & Fulham CCG, NHS Harrow CCG, NHS Hillingdon CCG, NHS Hounslow CCG, and NHS West London CCG.

Response: We do not believe that it is possible to conduct an Equality Impact Assessment on all four strands of the overall strategy. The first strand (same service at lower cost) clearly does not have any impact on equalities because the service is not changing. It is not possible to conduct an EQIA on a commercial pricing strategy. The second strand (changes to referral behaviour) is not a change to existing referral protocols and guidance (such as NICE guidance). It is simply a matter of sharing and embedding best practice so that the existing guidance is adhered to and that unnecessary referrals are not made if they do not meet that guidance. This entails a process of clinical dialogue between our clinical directors at the CCG and clinicians in GP practices to audit whether referrals are meeting these criteria and adjusting clinical processes accordingly. No change to policy is being made and therefore it would not be appropriate to carry out an EqlA because there is no change to assess against. We already know that adhering to best practice guidance is a good thing because it has been assured at a national level. The third strand refers to enforcement of existing policies, for example the Consultant-to-Consultant referral policy. Again, there is no change of policy to assess against, which would mean that carrying out an EqlA would be redundant. Only the fourth strand, which refers to updating eligibility criteria for the PPwT process and patient transport would require an EqlA because these would entail a change of policy that we would need to assess against impact for protected groups. Proposals in these areas are still under development but will be subject to an EqlA and appropriate patient engagement.

3. To request that the CCG review changes proposed to the Urgent Care Centre at Central Middlesex Hospital and the Cricklewood Walk-In Centre with regard to their impact on Primary Care, and be asked to reconsider their plans regarding the future of the Urgent Care Centre and put any proposals for its closure to a full public consultation.

Response: The implications of the changes at CMH have already been taken into account in developing the business case for the proposed change. Primary care services have extended hours at both practice level and at Access Hub level. We have commissioned 30 minutes additional extended hours provision at practice level (per patient per annum) and similar amount at Access Hub level, this equates to 64,688 appointment at the GP Access Hubs which replaces the need for the walk in centres and supports the national policy of shifting to planned appointments. Additionally, a number of appointments in the hubs are set aside each day to be made available to Urgent Care Centres, so that patients arriving at UCCs can be booked directly into GP appointment slots when presenting with illnesses that can be dealt with in general practice.

With regard to CMH, we know that an average of 1 patient per hour attends the UCC currently at the hours we are proposing to close. The majority of these patients have a primary care need, which can easily be met through commissioned capacity at GP Out-of-Hours, 111 and the other acute hospital sites such as Northwick Park Hospital and Ealing Hospital, amongst others.

As well as additional face to face appointments, all GP practices in Brent are working towards on-line access through e-consultation (43 out of 55 practices are actively utilising this service)– this enables patients to submit an on-line consultation to their GP practice 24

hours a day/ 7 days week. Their practice will review and respond within one working day. The 4 Harness PCNs have access to an e-hub where clinical e-consult are arranged by clinicians. Patients are contacted by telephone, text messaged or booked into an Access Hub appointment.

It is proposed that in future all patients requiring an extended hours appointment will be reviewed by the e-hub clinicians to enable only those patients that require face to face appointments to be seen in Access Hubs. This will increase capacity and reduce unnecessary travel by patients.

We are also making additional investments in primary care through additional funding for staff. This is part of a fund made available from NHSE (around £1.9 million for 19/20 in Brent) that is specifically earmarked for increasing capacity in general practice, freeing up lead GPs to take a strategic role within the Primary Care Network (PCN)

The year-on-year investment planned for Brent is shown below:

Year	Professional	Funding
Year 1	Clinical pharmacists and & Social prescribing link workers	£92K
Year 2	Physician associates & first contact Physiotherapists	£213K
Year 3	Paramedics	£342K
Year 4	From 2022, all of the above workforce will be increased, by 2024 a typical network will receive 5 clinical pharmacists (equivalent of one per practice), 3 social prescribers, 3 first contact physiotherapists, 2 physicians associates and 1 community paramedic.	£726K

The aim of the additional roles will be to provide additional and increased capacity in general practice with patients being seen by the right clinician in the right setting. For Brent this means an additional 10 Clinical Pharmacists and social prescribers treating and supporting patients, in the current financial year. For 2020 a further 10 pharmacists, physician's associates and physiotherapists will be funded by the CCG. This increase capacity in workforce will increase access to primary care.

With regard to the change in hours at CMH UCC, the CCG has already engaged with local stakeholders and made the decision to change the opening times so they are more in line with the time patients most use the service. The key forums for stakeholder engagement have included:

11th April 2019: Brent Equalities, Engagement and Self-Care Sub-committee (BEES) with stakeholders from Healthwatch, CVS Brent, Public Health (LA) and Strategy and Partnerships (LA).

15th May: the CCG's Head of Engagement and Head of Urgent Care met with a Healthwatch representative to update

13th June, 2019: The CCG held a workshop with patients, community partners including Healthwatch

26th of June 2019: NHS Brent CCG had conversation with the Cllr Sheth, Chair, Overview and Scrutiny Committee

Friday 28th June: CMH UTC site visit was also arranged for councillors for from 2pm-4pm

2nd July 2019: Brent Connect Meeting, Wembley

9th July 2019: Brent CCG attended Community Wellbeing Scrutiny Committee with case for change

26th September 2019: CMH UTC drop in Session

15th October 2019: CMH UTC drop in Session

Leaflets were also handed out at community events and sent by email partners for cascading across the borough.

The response we had from patients and the public is summarised below. We heard the following:

- The case for change is strong
- It makes sense to reduce the times
- In its communications, the CCG should be open and transparent about the cost savings of the proposed change, the re-distribution of resources in the wider system and the need to use resources more efficiently.
- It would be helpful for the CCG to be open about the recovery plan going forward in light of the deficit for 2019/20.
- Partners will assist with raising awareness
- The CCG should ensure its communications are tailored to reach protected characteristic groups
- Alternative services offer a range of access methods which cater to the different needs of protected groups
- At the Brent Connect meeting, the chair and a member of the public both expressed some disquiet in response to the change in opening times referring back to closure of the A&E at CMH.

The CCG has already presented the issues to the Scrutiny Committee on 9th July 2019, setting out the CCG's approach to engagement. This included providing copies of the EQIA and QIA for the proposal. The minutes of the meeting state "The Chair thanked everyone for their contribution to the meeting and confirmed that as reflected in the discussion held, the committee agreed that sufficient public involvement had taken place in relation to the proposal to reduce opening hours at the Urgent Care Centre at Central Middlesex Hospital". The latest recommendation of the Scrutiny Committee therefore appears to contradict its

earlier decision in July regarding the approach to engagement, which did not consider a full public consultation to be required. The CCG agreed with the Committee's recommendation and acted on this decision in good faith to the timescales we had set out.

Since no material facts have changed since the original paper was presented on 9th July 2019, the CCG maintains that it should continue with the approach originally endorsed and that there is no need to now launch a formal public consultation exercise. This means that the changes will come into effect on Friday, 1st November as previously advised.

It should be noted that for Cricklewood Walk-In Centre, this is commissioned by Barnet CCG and although Brent CCG has been co-ordinating with Barnet CCG to facilitate the provision of information and to engage with the local public in Brent about the proposed changes, Brent CCG is not the decision-maker in the matter.

4. That the CCG be requested to reverse their decision to close the Urgent Care Centre at Central Middlesex Hospital

Response: The CCG is not closing the Urgent Care Centre at CMH. We are reducing the hours and closing between midnight and 8am. Please see point 3, above for more detail regarding CMH.

5. That the CCG be requested to provide a further update regarding the Financial Recovery Plan in 6 months' time following the winter period

Response: The CCG is happy to provide a future update. Please confirm if you would like this to focus more on any particular areas.

NWL Commissioning Reform

1. To request that the CCG guarantee that the new structure will include local governance arrangements with lay people to be fully involved

Response: The CCG can confirm that any future structure under a single North West London CCG will include local governance arrangements with lay people to be fully involved. The CCG is currently working with the council to agree areas of joint commissioning and, where appropriate, joint roles that help draw synergies between the different portfolios. We will be able to progress these more once we understand the financial envelope for management costs available to us.

2. To request that should the proposals for a single CCG proceed this is seen as an opportunity to further develop and integrate health and social care provision within the new structure

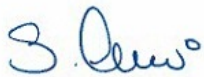
Response: We confirm that this is indeed the case and that the proposals for the single CCG are seen as an opportunity to further develop and integrate health and social care provision within the new structure. We are working closely with the Strategic Director of Community Wellbeing, the Director of Adult Social Care and the Joint Director of Integration (Council/CCG) to ensure that we further develop joint commissioning in the areas that we have the most synergies.

3. That the CCG be requested to report back to the scrutiny committee before any final decision is made regarding the new structure in relation to both the financial position and lessons learnt as a result of the shadow arrangements currently in place

Response: We are happy to report back to the Scrutiny Committee on progress before the financial decision is made.

I trust that this provides a sufficiently detailed response to the recommendations of the Committee. I am sure that we will have the opportunity for further feedback at future Scrutiny Committee meetings and we are happy to update on progress.

Yours sincerely,



Sheik Auladin
Managing Director, Brent CCG



Dr M C Patel
Clinical Chair, Brent CCG