

## Minutes

### EXTERNAL SERVICES SCRUTINY COMMITTEE

20 November 2012

Meeting held at Committee Room 6 - Civic Centre,  
High Street, Uxbridge UB8 1UW



HILLINGDON  
LONDON

	<p><b>Committee Members Present:</b> Councillors Michael White (Chairman) Dominic Gilham (Vice-Chairman) John Hensley Phoday Jarjussey (Labour Lead) Judy Kelly Peter Kemp John Major</p> <p><b>Witnesses Present:</b> Jessica Brittin, Interim Chief Operating Officer, Hillingdon Clinical Commissioning Group Natalie Fox, Service Director, Older Peoples Services, CNWL Dr Parmod Prabhakaran, Consultant Psychiatrist, CNWL</p> <p><b>LBH Officers Present:</b> Dr Ellis Friedman, Joint Director of Public Health, PCT/LBH Andrew Thiedman, Service Manager Mental Health Danielle Watson, Democratic Services, LBH Nav Johal, Democratic Services, LBH</p> <p><b>Also Present:</b> Member of public - 1</p>	
30.	<p><b>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS</b> (<i>Agenda Item 1</i>)</p> <p>Apologies for absence were received from Cllr Josephine Barrett.</p>	<b>Action by</b>
31.	<p><b>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING</b> (<i>Agenda Item 2</i>)</p> <p>Councillor Peter Kemp declared a non-pecuniary interest, as he was a Governor of Central and North West London NHS Foundation Trust, and remained in the room during the consideration thereof.</p> <p>Councillor Phoday Jarjussey declared a non-pecuniary interest, as he was a member of Central and North West London NHS Foundation Trust and Hillingdon Hospital Trust, and remained in the room during the consideration thereof.</p>	<b>Action by</b>
32.	<p><b>MINUTES OF THE PREVIOUS MEETING - 11 OCTOBER 2012</b> (<i>Agenda Item 3</i>)</p>	<b>Action by</b>

	<b>RESOLVED: That the minutes of the meeting held on 11 October 2012 be agreed as a correct record.</b>	
33.	<b>EXCLUSION OF PRESS AND PUBLIC</b> ( <i>Agenda Item 4</i> )  <b>RESOLVED: That all items of business be considered in public.</b>	<b>Action by</b>
34.	<b>UPDATE ON CNWL CONSULTATION</b> ( <i>Agenda Item 7</i> )  <b>Central and North West London NHS Foundation Trust (CNWL)</b>  Ms Natalie Fox, Service Director for Older Peoples Services, CNWL, updated Members on the recent consultation on proposed modernisation of Hillingdon Older People Mental Health Services in Hillingdon. Ms Fox wished to have Members approval to move forward with the next steps of the consultation; staff consultation.  In May 2011 CNWL set out proposals to change the mental health services for older people in Hillingdon and in July 2012 the External Services Scrutiny Committee were informed that modernisation of the services was under consideration.  Ms Fox explained to Members that the 12 week consultation period started on 13 August 2012. During this time period 2 public meetings were held on 25 September and 24 October. The consultation ended on 4 November and an external organisation (Verve Communications) were commissioned to undertake an independent evaluation of the consultation.  Ms Fox explained that during the consultation that 300 consultation documents were circulated to a range of stakeholder as well as 200 flyers were printed; which highlighted the consultation period and promoted the public meetings. The consultation information was also detailed on the Trust's website and was available to download online. There were two advertisements placed in the Uxbridge Gazette which highlighted the dates of the public meetings.  The two public meetings were held in September and October where OPHA staff delivered a presentation on the proposed changes and answered queries and addressed concerns from the public. Announcements regarding the consultation were made at both internal and external meetings within the CNWL, Hillingdon PCT, OPHA management meetings, Trust-level meetings, contract meetings with commissioners, Partnership Board meetings and Overview and Scrutiny meetings.  Ms Fox stated that a total of 37 attendees for the meetings held in September and October 2012. These included councillors, carers, staff and representatives of different organisations. 6 responses were received during the consultation. All comments and queries were recorded in the meetings and relayed to Verve Communications to include in their evaluation.	<b>Action by</b>

The types of issues raised were broken down into five broad categories which included; community care, reduction of beds/ward closures, treatment, financial resources and respite. Although some questions did not relate directly to the consultation issues they were still answered by senior staff from the CNWL OPHA in attendance.

Concerns were made regarding the effect the proposals would have on community services and if they would have the ability to respond to increased demand. It was also questioned whether the savings would be reinvested in community care, care homes and improved hospital care and if so these details should be communicated to those involved in care.

Concerns were made about whether there would be enough beds for patients who needed hospital care and whether this would increase waiting times for hospital care. Suggestions were made to use beds earmarked for closure for respite care.

A range of questions about the effects on various treatments that patients would receive if the proposals were approved included concerns regarding drug administering, age related issues on wards, mixed treatment wards, fast tracking dementia patients through A&E, the Rapid Response Team dealing with drug/alcohol problems and the Memory Clinic.

In relation to financial resources questions were asked about the current cost of the service and who would decide on how things were spent. There was a suggestion made that some of the proposed bed closures be used for better respite care.

Observations were made by a representative from Verve Communications at one of the public meetings they attended. Most of the issues were responded to by OPHA staff/clinicians in attendance, however written follow-up responses were needed for a small number of questions. Attendees seemed satisfied with the meeting and the way it was conducted. CNWL OPHA staff responded to issues in an informative and professional manner. Attendees were seeking assurance that enough beds would remain and that savings would be reinvested in ward staff and community services.

The Uxbridge Gazette highlighted the issues being consulted in a press article on 31 August which was also posted online. There was also a post in the West Drayton & Yiewsley community section of the newspaper's website on 4 November. No readers' posts relating to the proposals were submitted.

Ms Fox explained that the next step of the consultation was to present to the Trust's Council of Members to agree proposals to a consultation with staff regarding redeployment.

In summary, from the material received, from observations at one of the public meetings, and from the absence of any negative campaigning or adverse press coverage, Verve Communications noted that there appeared to be little opposition to the proposals.

	<p>Ms Fox explained to Members that there was under occupancy on bed usage in Hillingdon in this area and the organisation wished to increase the ratio of staff to beds. That if additional beds were required the service would be able to access a bed across the 5 Borough's that were covered.</p> <p>Miss Fox explained that there would be a shift of resources as a gap in the services had been recognised. The proposed bed closures to run the 'Memory Clinic' and up-skill staff was discussed in further detail. Miss Fox explained further that the consultation clearly outlined how money would be spent. During the consultation concern was made regarding the need for better respite care.</p> <p>It was discussed that the 40 beds in Hillingdon, for dementia and for functional issues such as depression was the highest number of beds across all CNWL older people services. A Member advised the Committee that he attended one of the events and verified it was well natured. There were concerns made about dementia in respect of the long waits for initial appointments and longer waits for follow-up appointments. He also stated people were keen that the Memory Clinic had an investment. The general feedback was this proposed change was something people could tolerate as they could see the bigger picture.</p> <p>Dr Pramod Prabhakaran, Consultant Psychiatrist, CNWL, explained that he felt people with depression should not be treated the same as people with dementia. He explained that dementia is an organic change in the brain and highlighted there that there should be separation in the ward with focus on individual groups and 1 to 1 care given to those with dementia.</p> <p>Members thanked Ms Fox and Dr Prabhakaran for attending and updating the Committee on the consultation. Members were happy with the feedback received to date and agreed that the consultation should move forward to the next stage.</p> <p><b>RESOLVED: That the presentation be noted.</b></p>	
35.	<p><b>OPTICIANS AND HEARING SERVICES</b> (<i>Agenda Item 5</i>)</p> <p>Jessica Brittin, Interim Chief Operating Officer at Hillingdon Clinical Commissioning Group (CCG) advised Members that Ceri Jacobs will be in post from the week commencing 26 November 2012.</p> <p>Ms Brittin asked for clarity on what information exactly Members were requesting. The Chairman asked what were 'Hearing Services' and what were the roles of the CCG and the High Street providers. Members had little knowledge of the services available and what troubles residents were encountering with the service. Ms Brittin explained that Hearing Services were more a high street service and this was different to audiology. Hearing aids were not commissioned as part of the NHS remit, but by specialist. That places such as Specsavers did offer hearing aids.</p>	<b>Action by</b>

	<p>Members requested that the CCG provided the Committee with a further detailed report on the hearing service and the service it provided residents.</p> <p>Ms Brittin explained that Opticians were part of Primary Care contracting services. This year it was a North West London based team that was contracted to work on this service. The CCG was led by GPs which made a split between commissioners and primary care.</p> <p>Ms Brittin explained that the CCG was operating in shadow form and will be fully commissioned in April 2013. The CCG had commissioned services by working closely with Natalie Fox, Service Director, Older People Services, on 'Shaping a Healthier Future'.</p> <p>Ms Brittin explained that the CCG was already managing budgets and commissions services directly onto the Borough. The CCG ensured acute services were commissioned appropriately by looking at health trends of population for example and increase in dementia and diabetes.</p> <p>Members asked whether there would be any change to the NHS voucher system. Ms Brittin explained that the NHS voucher system was a government policy and would not be affected. The voucher did not always cover the cost as the price is reflected on the type of lenses and the frame of the glasses.</p> <p>Members requested feedback on quality control of the service and details of the complaints procedure which would highlight any potential issues. It was agreed that a briefing note be supplied to Members.</p> <p><b>RESOLVED: That</b></p> <ol style="list-style-type: none"> <li><b>1. the presentation be noted.</b></li> <li><b>2. Members requested a briefing note which detailed the Hearing Service be provided by the new Chief Operating Officer, once appointed; and</b></li> <li><b>3. Members requested feedback on quality control and the complaints procedure from CCG regarding the Opticians Service.</b></li> </ol>	
36.	<p><b>PHARMACIES AND PRESCRIPTIONS SERVICES</b> (<i>Agenda Item 6</i>)</p> <p>Dr Ellis Friedman, Joint Director of Public Health, PCT/NHS updated Members on Pharmacy and Prescription Services in the Borough.</p> <p>Dr Friedman explained that his colleague, Neelam Bose, was responsible for the commissioning side and that the GP's were providers. Dr Friedman provided an overview of the various pressures in the community. There was a formal requirement for a pharmaceutical needs assessment which concentrated on issues such as accessibility and out of hour's services. The last assessment was completed in 2011 which provided answers to Members questions.</p> <p>Members had concerns about the prescription service not being</p>	<b>Action by</b>

transparent. One of the concerns was that there were sometimes shortages of a drug given in comparison to what was on the prescription. Dr Friedman said that was a serious matter and the pharmacist was obliged to prescribe the right number of tablets, if that was not done then the patient should complain.

Members discussed repeat prescriptions and that these were given for some long standing conditions. The individual would be required to be periodically reviewed and should have the correct medication and number prescribed each time. Members also discussed loans for repeat prescriptions.

Members were also concerned about brands of medicines which then change which were not as good as the original and wondered whether this was because there was a cheaper supplier. Dr Friedman explained that what was prescribed was what was written on the form. A generic version was often used rather than a branded version as they were cheaper. The generic drugs were tested for the same active ingredient used in the branded drugs. If a patient had a particular reason for wanting a different drug, for example because they found the size or the shape of a tablet easier to swallow then it would be up to the patient to discuss with their GP. If the GP changed the patient to the branded version then the pharmacy was obliged to dispense the branded version. Ms Brittin stated that using generic drugs has saved the NHS millions of pounds. Dr Friedman explained that it was rare that people did not take the generic forms of medicine when they were equally well tolerated and used as well as the branded versions.

Members asked how residents' concerns were being monitored and addressed and why percentages quality feedback were lower in some wards than others and whether these percentages could be attributed to how many pharmacies were in a Ward. It was noted that there was a pharmacy in one ward which had 20% feedback and others with 100%. Dr Friedman explained that advice was given to pharmacies on how to improve the service offered.

Blood pressure measurements by pharmacists was discussed and Dr Friedman stated he would invite Ms Bose to provide Members with a written response on this – a lot of pharmacies did not provide this service.

Members asked if Hillingdon had too many chemists. The national provision was 1 in 5000, whereas Hillingdon it was 1 in 3500. Dr Friedman explained there was a wide range in Hillingdon and it was based on resident population. Hillingdon also had a number of people that came into the Borough for work and this figure was not a particular concern.

Dr Friedman explained that the government changed the way pharmacies were regulated. Pharmacies were now part of a market driven system which in turn created more competition as they were geographically closer. However, the premises and equipment still needed to be fit for purpose. Dr Friedman also highlighted that there was an increase of online pharmacies.

	<p>Members expressed concern that if a superstore opened an opticians or pharmacy within its store that it would close local pharmacies. Dr Friedman explained that a wide range was acceptable based on resident population and a marker of convenience where people could get services from.</p> <p>Members discussed free prescription and how it was known to a pharmacist if a patient was entitled to it. Dr Friedman explained that it was a criminal offence to indicate on the prescription it was free if the patient was not entitled to free prescription and the majority of patients took their prescriptions to a pharmacy associated with their doctor. The pharmacy recognised the GP signature and should take the necessary steps to see if the signature was valid or forged. The prescription could not be rubber stamped it had to be signed by the GP.</p> <p>Members questioned whether patients could go to a number of pharmacies and subsequently over prescribe themselves drugs such as the morning after pill. Dr Friedman explained that if a drug was available over the counter then it was generally safe, although if you did take too much it could give complications. Pharmacies should still give advice when giving over the counter drugs and patients should read the safety instructions as it was their responsibility.</p> <p><b>RESOLVED: That the presentation be noted.</b></p>	
37.	<p><b>WORK PROGRAMME 2012/2013</b> (<i>Agenda Item 8</i>)</p> <p>Consideration was given to the Committee's Work Programme. It was agreed that the next review undertaken by the Committee would be Diabetes Services in the Borough. The review would include 3 witness sessions and a stakeholder event, which was currently being organised by the Community Engagement Team. Members had already been identified for the Working Group.</p> <p>Members agreed that the Crime and Disorder update meeting which was scheduled for 19 February 2013 be swapped with Community Cohesion meeting which was scheduled for 19 March 2013. This was due to Committee receiving a crime and disorder update at the October 2012 meeting.</p> <p>The Committee agreed that a meeting scheduled for 19 February 2012 at 6pm to start at an earlier time of 4pm.</p> <p><b>RESOLVED: That:</b></p> <ol style="list-style-type: none"> <li><b>1. the Work Programme be noted;</b></li> <li><b>2. a stakeholder event for the Diabetes Working Group would be arranged for 30 January 2013; and</b></li> <li><b>3. the Committee meetings for Crime and Disorder update to swap with the Community Cohesion update in February and March 2013.</b></li> </ol>	<b>Action by</b>

The meeting, which commenced at 6.00 pm, closed at 7.15 pm.
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These are the minutes of the above meeting. For more information on any of the resolutions please contact Danielle Watson / Nav Johal on 01895 277488 / 01895 250692. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.