



HILLINGDON  
LONDON



## External Services Select Committee

**Date:** WEDNESDAY, 9 OCTOBER  
2019

**Time:** 6.00 PM

**Venue:** COMMITTEE ROOM 5 -  
CIVIC CENTRE, HIGH  
STREET, UXBRIDGE

**Meeting  
Details:** Members of the Public and  
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### Councillors on the Committee

Councillor John Riley (Chairman)  
Councillor Nick Denys (Vice-Chairman)  
Councillor Simon Arnold  
Councillor Vanessa Hurhangee  
Councillor Kuldeep Lakhmana  
Councillor Ali Milani  
Councillor June Nelson  
Councillor Devi Radia

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**Contact:** Nikki O'Halloran

**Tel:** 01895 250472

**Email:** [nohalloran@hillington.gov.uk](mailto:nohalloran@hillington.gov.uk)

Putting our residents first

Lloyd White  
Head of Democratic Services  
London Borough of Hillingdon,  
Phase II, Civic Centre, High Street, Uxbridge, UB8 1UW

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1. To undertake the powers of health scrutiny conferred by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
2. To work closely with the Health & Wellbeing Board & Local HealthWatch in respect of reviewing and scrutinising local health priorities and inequalities.
3. To respond to any relevant NHS consultations.
4. To scrutinise and review the work of local public bodies and utility companies whose actions affect residents of the Borough.
5. To identify areas of concern to the community within their remit and instigate an appropriate review process.
6. To act as a Crime and Disorder Committee as defined in the Crime and Disorder (Overview and Scrutiny) Regulations 2009 and carry out the bi-annual scrutiny of decisions made, or other action taken, in connection with the discharge by the responsible authorities of their crime and disorder functions.

### **'Select' Panel Terms of Reference**

The External Services Select Committee may establish, appoint members and agree the Chairman of a Task and Finish Select Panel to carry out matters within its terms of reference, but only one Select Panel may be in operation at any one time. The Committee will also agree the timescale for undertaking the review. The Panel will report any findings to the External Services Select Committee, who will refer to Cabinet as appropriate.

# Agenda

## Chairman's Announcements

### **PART I - MEMBERS, PUBLIC AND PRESS**

- 1 Apologies for absence and to report the presence of any substitute Members
- 2 Declarations of Interest in matters coming before this meeting
- 3 Exclusion of Press and Public

To confirm that all items marked Part I will be considered in public and that any items marked Part II will be considered in private

- |   |  |         |
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| 4 | Minutes of the previous meeting - 5 September 2019   | 1 - 6   |
| 5 | Mount Vernon Cancer Centre                           | 7 - 10  |
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### **PART II - PRIVATE, MEMBERS ONLY**

- 9 Any Business transferred from Part I

## Minutes

### EXTERNAL SERVICES SELECT COMMITTEE

5 September 2019



Meeting held at Committee Room 5 - Civic Centre,  
High Street, Uxbridge

	<p><b>Committee Members Present:</b> Councillors John Riley (Chairman), Nick Denys (Vice-Chairman), Simon Arnold, Kuldeep Lakhmana, Ali Milani, June Nelson, Devi Radia and Steve Tuckwell (In place of Vanessa Hurhangee)</p> <p><b>Also Present:</b> Gerry Campbell, Strategic Programme Lead for Violence Against Women and Girls (VAWG) / DA PC Victoria Hull, Hillingdon SIM Officer, Metropolitan Police Service Dan Kennedy, Director, Housing, Environment, Education, Performance, Health &amp; Wellbeing Superintendent Ricky Kandohla, Ealing, Hounslow and Hillingdon BCU, Metropolitan Police Service Natasha Wills, The London Ambulance Service NHS Trust, Assistant Director of Operations, North West</p> <p><b>LBH Officers Present:</b> Nikki O'Halloran (Democratic Services Manager)</p>
19.	<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 had been received from Councillor Vanessa Hurhangee (Councillor Steve Tuckwell was present as her substitute).</p>
20.	<p><b>EXCLUSION OF PRESS AND PUBLIC</b> (<i>Agenda Item 3</i>)</p> <p><b>RESOLVED: That all items of business be considered in public.</b></p>
21.	<p><b>MINUTES OF THE PREVIOUS MEETING - 9 JULY 2019</b> (<i>Agenda Item 4</i>)</p> <p>It was noted that Ms Morrison had been provided with representations from the Committee in relation to Michael Sobell Hospice. It was anticipated that the information requested in the resolutions under minute number 17 would be provided at the Committee's meeting on 7 November 2019.</p> <p><b>RESOLVED: That the minutes of the meeting held on 9 July 2019 be agreed as a correct record.</b></p>
22.	<p><b>SAFER HILLINGDON PARTNERSHIP PERFORMANCE MONITORING</b> (<i>Agenda Item 5</i>)</p> <p>Mr Dan Kennedy, the Council's Director Housing, Environment, Education, Performance, Health and Wellbeing, advised that the organisations involved in the Safer Hillingdon Partnership (SHP) worked collectively to identify key crime types, set</p>

priorities and deliver programmes to prevent, detect and reduce crime. Hillingdon remained one of the safest boroughs in London and overall levels of crime in Hillingdon were lower than the other two boroughs in the West Area Basic Command Unit (BCU). Knife crime and drugs remained priorities in Hillingdon due to the significant links that these crimes had with other offences such as serious violence.

Members were advised that MOPAC (Mayor's Office for Policing and Crime) had announced that criminal activity was being mapped to identify criminal activity flows and hot spots in Hillingdon and neighbouring boroughs so that the response could be coordinated. This work had highlighted the strong connections between drug related violence, knife crime and other offences. The West Area BCU had a dedicated analyst that had been undertaking mapping analysis to identify hotspots. This work aimed to disrupt supply and demand and divert young people away from criminal activity.

Superintendent Ricky Kandohla, West Area (Ealing, Hounslow and Hillingdon) BCU, advised that the Metropolitan Police had been working closely with Thames Valley Police (TVP) in relation to issues such as county lines. This work had resulted in a more joined up and cohesive approach to the issues being faced which had prevented displacement activity in the Borough. Relations with TVP had strengthened, with information and resources now being shared which helped to tackle displacement issues.

Concern was expressed that, within the BCU, resources would be concentrated in the more challenged areas and that this would shift criminal activity to neighbouring boroughs where resources were more scarce. Supt. Kandohla assured Members that the BCU dealt with issues in their entirety to prevent this type of displacement. A lot of investment and preventative and engagement work had been undertaken in partnership in areas such as Hayes. Working with key communities had been an effective strategy.

Although not formally identified as a key priority, it was accepted that drugs played a huge role in crime and was therefore a priority for the SHP nonetheless. It was recognised that drugs provided a thread that ran through criminal activity so it was important to manage and address drugs issues to then have an impact on this other activity. Consideration also needed to be given to safeguarding issues when dealing with individuals involved with drugs. Voluntary sector organisations could provide support in these instances to help them move away from criminal activity.

Supt. Kandohla advised that a pilot (Divert) had been running in South London. This scheme worked by intervening with offenders at the point of police detention and asking if they had any interest in being rehabilitated.

Supt. Kandohla advised that Design Out Crime Officers liaised with developers when drawing up plans to help make new housing developments as safe as possible. Although they could not dictate design to the developers or specify who was allowed to live in a development, the police used their influence to improve development design and ultimately reduce the opportunity for criminal activity. To this end, developers such as Berkeley Homes had worked closely with the police.

Members praised the Community Payback scheme that had been operational in the Borough. The Council had been working with the police and the Community Rehabilitation Company (CRC) to increase the number of events (currently 2-3 per week) which had received positive feedback from residents. Whilst these events transformed areas such as alleyways, the challenge was in keeping them clean and tidy.

It was noted that multi national high street organisations had been working with the SHP. With regard to Uxbridge Business Improvement District (BID), Mr Kennedy had met with the manager at M&S as well as the management of smaller businesses. CCTV coverage in Hillingdon had been modernised and upgraded and would be monitored 24/7 from the Civic Centre in the near future. Furthermore, it had been agreed that Uxbridge BID funding would be provided for a dedicated police officer in Uxbridge to complement the existing police officers funded by the Council.

Mr Kennedy advised that work had been undertaken with regard to reducing serious youth violence. Engagement work had been undertaken with young people in schools and knife arches had temporarily been installed in some by the Police Schools Officers. Proactive police operations had included weapons sweeps and Stop and Search and a two week programme had been undertaken in Northwood where the Council and the police had worked with schools and local take-away establishments to reduce anti social behaviour issues associated with young people loitering on the street. However, it was important to recognise that sometimes young people would be innocently meeting up and should not be targeted just because they were in a group. It was suggested that the work undertaken with schools should be extended to groups such as the Scouts and Guides. It was noted that the use of police cadets to deliver messages to older people about doorstep fraud had been very impactful.

It was noted that the target to reduce knife crime with injury by 5% was currently largely on track but it was queried whether this performance could be sustained. Mr Kennedy advised that dedicated resources had been provided to deal with knife crime and serious youth violence. As well as an increase in information provided by the community, Stop and Search had had a significant impact on these issues in the Borough and was being supported by the public.

Concern was expressed that research undertaken in London indicated that Stop and Search did not work to reduce knife crime. Furthermore, it was suggested that Stop and Search disproportionately affected BAME groups which created tension and trust issues and made it harder for the police to engage with those communities. Conversely, it was suggested that, if some communities were being stopped more often than others, then this might be an issue that needed to be addressed by society.

Supt. Kandohla believed that Stop and Search, when used correctly, was a very good tactic and that the body worn cameras provided evidence that the procedure was being used proportionately, legitimately and ethically. A Stop and Search monitoring group oversaw this process and dip samples were taken to ensure that the tactic was being used appropriately and that it did not alienate people. Youth engagement teams had been talking to residents at community engagement events and intelligence leading to Stop and Search was frequently originating from residents. Although Stop and Search appeared to be welcomed by young people, early engagement with them in schools was undertaken as a preventative measure.

It was noted that under-reporting of Domestic Abuse (DA) and other forms of hate crime meant that victims were not being supported and that dangerous/violent offenders and dangerous places were not being identified. Mr Gerry Campbell, the Council's Strategic Programme Lead for Violence Against Women and Girls (VAWG) / DA, advised that there had been an increase in the number of DA issues reported and recorded. This increase was thought to be indicative of the success of the DA Strategy. The structured programme of training for front line statutory and voluntary sector professionals, and engagement with communities, had resulted in more victims coming forward and / or being identified by professionals. It was also noted that there

had been increases in the number of IDVA service referrals and subsequent referrals onto the MARAC, meaning that more victims and their families were being assessed and referred for multi-agency support. Although there had been an increase in the number of reports, this was not necessarily indicative of an upward surge in DA offending given the local, regional and national levels of under-reporting overall.

Further concern was expressed that certain antisocial behaviour issues (ASB) were not being addressed. Large quantities of used nitrous oxide (NO) canisters were being discarded on Bath Road in Heathrow Villages but, despite residents logging calls about the issue, the police did not appear to be responding. Supt. Kandohla advised that the police had been looking at disrupting the supply of NO and had been using Your Life, You Choose to talk to young people at schools about the negative effects of the drug and ultimately prevent usage. Proactive targeted work was also being undertaken by drugs workers and in hospital to address this issue.

PC Victoria Hull, Serenity Integrated Monitoring (SIM) Officer for Hillingdon, was supported by a care coordinator at The Pembroke Centre and another at Mead House. The SIM project had been initially introduced on the Isle of Wight and sought to provide an integrated response to crisis behaviours. Results had shown a reduction in the number of S136s which had been against the national trend. Members asked that PC Hull be invited to the meeting on 7 November 2019 to talk to Members in more depth about the SIM project.

Concern was expressed in relation to the time that it had taken for the police to respond to reports made by Councillors regarding criminal activity taking place around certain alleyways in their wards. These issues had only been addressed after they had been escalated. It was noted that the police were able to report issues relating to Council responsibilities via the Contact Centre.

With regard to employment, Supt, Kandohla advised that there were currently two vacancies in the West Area BCU. He also noted that an additional 22 officers were being recruited into the area.

Mr Kennedy advised that work had been undertaken in the Borough with intelligence based on risk factors such as school attendance and exclusion (Axis Project). Partners had proactively been able to steer young people away from criminal activities by mapping their siblings and acquaintances and had significantly reduced the number of repeat offences. This work had resulted in a recent MJ award for innovation.

The matter of street begging was raised and Members were advised that Government funding had been made available to the Council to support rough sleepers into tenancies. This involved a joint approach with partners. There had been some evidence of persistent begging in the Borough which had been found to be undertaken largely by people travelling into Hillingdon from outside the Borough. This had been addressed through joint working between the Police and the Council.

Ms Natasha Wills, the London Ambulance Service's (LAS) Assistant Director of Operations - North West, advised that the data provided in her presentation did not provide fine detail related to the issue reported. For example, a call in relation to a penetrating trauma incident could be in relation to a knife wound or might be the result of a car accident.

Members were advised that the LAS had made it easier for staff to report instances of assault by providing them with iPads and the numbers had reduced year on year. To help keep staff safe, the Trust used a locality alert register which identified where LAS

staff had previously been assaulted. It was noted that there were two Category 1 patients (who had previously physically assaulted members of staff) in Hillingdon where the police would be asked to attend with LAS staff. There was one Category 2 patient, two Category 3 patients (general verbal abuse) and one Category 4 patient (behavioural issues). Ms Wills was aware that, despite being encouraged to report instances, sometimes LAS staff adopted the stiff upper lip approach. As the LAS could not prosecute an offender, it was only if a staff member reported an instance of assault that management would get to know about it. Generally, LAS staff did keep their line management apprised so that they could provide them with support and successful prosecutions were widely reported throughout the organisation to demonstrate that staff did not have to put up with that kind of behaviour.

The Chairman asked that Supt Kandohla provide Members with an update on assaults on police officers when he next attended a meeting of the Committee.

Ms Wills noted that the LAS had been involved a range of preventative work which included knife prevention and "Safe Drive, Stay Alive", some of which had been in conjunction with the police. Some of the most impactful presentations and demonstrations had used shock tactics that showed the audience what had happened to others. It was suggested that greater collaboration between the emergency services might have a longer lasting effect. Ms Wills was aware that LAS staff talking about shocking issues did provide perspective and advised that she would be taking this up with Supt. Kandohla after the meeting.

**RESOLVED: That the presentations be noted.**

23. **WORK PROGRAMME** (*Agenda Item 6*)

It was noted that the Committee's next meeting would be focussing on dental health services in the Borough. The Democratic Services Manager advised that the Council's former Social Services, Housing and Public Health Policy Overview Committee had undertaken a review of children's oral health in 2015. As this report would provide useful background information, a copy would be circulated to Members of the Committee.

It was suggested that the following dental-related issues be raised at the meeting on 9 October 2019:

- waiting times for an appointment;
- challenges faced by patients trying to join a practice list as an NHS patient;
- the range of dental treatment that patients could get on the NHS;
- whether older/elderly people were entitled to free dental treatment; and
- the arrangements that were in place for those people on low income with regard to receiving dental treatment.

Members were asked to provide the Democratic Services Manager with any additional issues that they would like considered at this meeting.

**RESOLVED: That:**

1. a copy of the Social, Services, Housing and Public Health Policy Overview Committee's review of children's oral health be circulated to Members of the Committee;
2. Members email the Democratic Services Manager with any additional issues that they would like considered at the meeting on 9 October 2019; and

	<b>3. the Work Programme be noted.</b>
	The meeting, which commenced at 6.00 pm, closed at 7.46 pm.

These are the minutes of the above meeting. For more information on any of the resolutions please contact Nikki O'Halloran on 01895 250472. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.

## EXTERNAL SERVICES SELECT COMMITTEE - MOUNT VERNON CANCER CENTRE

<b>Committee name</b>	External Services Select Committee
<b>Officer reporting</b>	Nikki O'Halloran, Chief Executive's Office
<b>Papers with report</b>	None
<b>Ward</b>	n/a

### HEADLINES

To enable the Committee to receive an update on the service review at Mount Vernon Cancer Centre.

### RECOMMENDATION:

**That the External Services Select Committee notes the update provided.**

### SUPPORTING INFORMATION

#### Service Review at Mount Vernon Cancer Centre

On 10 April 2019, a letter was circulated from NHS England and NHS Improvement advising that concerns had been raised regarding the long-term sustainability of the services provided at the Mount Vernon Cancer Centre, and the environment from which they were delivered. In light of these concerns, NHS England, East and North Hertfordshire NHS Trust (ENHT) which runs the Centre, and the East of England and London Cancer Alliances, agreed that a review of the services was the best way to understand the issues and plan a way forward.

The Cancer Centre treatment service at the Mount Vernon Hospital is managed by ENHT and delivered from an increasingly ageing estate managed by The Hillingdon Hospitals NHS Foundation Trust (THH). It is a standalone cancer centre based in North Middlesex which primarily serves the populations of Hertfordshire, South Bedfordshire, North West London and Berkshire. The Centre provides outpatient chemotherapy, nuclear medicine, brachytherapy and haematology as well as radiotherapy for these populations. There are also inpatient and ambulatory wards. The services are commissioned by NHS England's specialised commissioning team and by Clinical Commissioning Groups.

The review started in May 2019 and involved peer reviews of (and engagement with) the services, and the involvement of patients, clinicians, non-clinical staff and key stakeholders, giving them an opportunity to influence the shape of Mount Vernon Cancer Centre services into the future. It will also include a piece of work to examine the long-term requirements for the population that the Mount Vernon Cancer Centre serves, based on population health needs and national service specifications, and a separate exercise to look at radiotherapy demand and capacity.

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Classification: Public

External Services Select Committee – 9 October 2019

It is anticipated that the review will lead to the development of options which will be designed to ensure the sustainability of cancer services for the populations served by the Mount Vernon Cancer Centre. These options will be the subject of much discussion and clinical engagement before any decisions are made about what the future services will look like. Any changes required will be subject to engagement with relevant stakeholders.

On 12 June 2019, Members of the External Services Select Committee received an update with regard to the review. The minutes of this item have been replicated below:

Mount Vernon Cancer Centre (MVCC) Review

*Ms Caroline Blair, Programme Director Renal and Cancer at NHSE, advised that a letter had been sent out from NHSE and NHSI - East of England to stakeholders in April 2019. A meeting was being held on 13 June 2019 to look at the options available for the site and it was noted that reviews had been undertaken at the Mount Vernon site at various times. East and North Hertfordshire NHS Trust (ENH), which provided the cancer services at Mount Vernon Hospital, had effectively requested the review of cancer services provided at the site.*

*The concerns raised by ENH had been in relation to the estate and facilities on the site. In addition, there was no ITU / HDU facility on site. Dr Vaughan-Smith advised that immunotherapy was an expanding area of treatment which meant that there was a growing need to have access to an ITU. However, repairs had been made when issues had been reported. It was noted that there had been a growth in referrals and attendance at MVCC.*

*Ms Jessamy Kinghorn, Head of Communications and Engagement at NHSE Specialised Services, advised that NHSE had been approached by ENH at the end of March/early April and the review was currently at the data gathering stage. An external review had been commissioned, a site visit would be undertaken the following week and telephone interviews would be undertaken. NHSE would be able to report back on these findings in July 2019. Four patient engagement events/workshops had also been scheduled in North Hertfordshire, West Hertfordshire, Hillingdon and North West London. Focus groups would then be set up to fill any gaps in the feedback. Data was being gathered from other sources such as the national patient survey, a Healthwatch Hillingdon report from last year and the Macmillan Advisory Group. The patient/public voice was being considered alongside the clinical voice.*

*Members were advised that fifteen hospitals fed into MVCC with 13.09% of the patients coming from Hillingdon. Consideration would be given to the deliverability of various options. It was anticipated that the review would result in a more sustainable service. If options looked like changes would be needed to the patient pathway, an options appraisal/plan would need to be undertaken.*

*Concerns had previously been raised by Members regarding ENH's ability to be a fit and proper provider. There had been a particularly difficult issue whereby ENH had refused to provide a service unless enormous capital investment was undertaken. It was thought suspicious that ENH had tried to relinquish hospice services and was now looking at its involvement in cancer services. It was unclear how the services at Mount Vernon could remain stable when these issues had already prompted a number of staff to resign.*

*It was important to provide the best possible service to the best of the providers' ability in the circumstances available. Ms Kinghorn advised that clinicians were currently working up options and she would need to come back to a future meeting to talk through these options once determined.*

*Members queried who would be responsible for any expenditure that would be needed on the building as a result of the MVCC review. Ms Kinghorn advised that she would need to investigate this matter further and would provide the Democratic Services Manager with a definitive response for circulation to the Committee as soon as possible. It was suggested that, if The Hillingdon Hospitals NHS Foundation Trust (THH) was responsible, it would be worth liaising with the Trust so that they could identify where the money might come from as they already had a £26m deficit. Ms Kinghorn advised that THH was part of the Programme Board so she would be able to ask the question at their next meeting.*

*Mr Nguyen advised that the majority of patients in North West London were from Hillingdon. He noted that there was an immediacy needed with regard to engagement with staff. It was also suggested that a relocation to Lister Hospital would not be good for Hillingdon residents. However, it was thought that, if a decision was made to move the service to Stevenage, it was likely that Hillingdon patients would go to a London hospital such as the Royal Marsden. Mr Nguyen advised that a request had been made to include Hillingdon's Clinical Lead on the Programme Board.*

Ms Kinghorn will be providing Member with an update on progress made to date with regard to the review.

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## EXTERNAL SERVICES SELECT COMMITTEE - DENTAL HEALTH SERVICES

<b>Committee name</b>	External Services Select Committee
<b>Officer reporting</b>	Steve Clarke, Chief Executive's Office
<b>Papers with report</b>	None
<b>Ward</b>	n/a

### HEADLINES

Members are to scrutinise action taken in Hillingdon to address health inequalities in relation to dental health.

### RECOMMENDATION:

**That the External Services Select Committee notes the content of the report and seeks clarification about matters of concern in the Borough.**

### SUPPLEMENTARY INFORMATION

On 21 May 2015, the Council's Social Services, Housing and Public Health Policy Overview Committee presented a report to Cabinet on children's oral health. During this single meeting review, Members considered information from witnesses about the work that was being undertaken in child oral health in the Borough; noting the preventative measures being taken such as the Early Years Programme and Brushing for Life campaign. This report aims to illustrate a broader view of national and regional trends when it comes to dental health, including local concerns within the Borough.

#### National trends and focus

In the UK, oral health is steadily improving for both adults and children. The proportion of adults with no natural teeth is at an all-time low, while the proportion of those with 21 teeth or more has been consistently rising. However, there are concerning levels of variation between different parts of the country and socioeconomic groups. On the whole, dental health is better in the south and east of England, and poorer in the north of England.

Poor oral health has been linked to a number of general health issues including lung disease and poor diabetic control, there is also an association between chronic gum disease and cardiovascular disease. The cost to the NHS of treating oral health conditions is around £3.4 billion per year. Dental decay, also known as caries, and gum disease are the most common oral conditions, and are largely preventable through the maintenance of good oral health practices.

Good oral health is fundamental in facilitating good general health and wellbeing. In recent years, there has been a focus on adopting preventative strategies to combat major public health concerns facing the UK. There are large scale public health campaigns addressing widespread concerns such as obesity and type-II diabetes, however, more needs to be done to ensure that

the focus on prevention in dental health is joined up with wider efforts to prevent ill health.

## **Regional concerns and health inequalities**

There are concerning levels of variation between different parts of the country and socioeconomic groups. The quality of dental health is better in the south and east of England, and poorer in the north of England. However, in 2019, those in London were the least likely to see an NHS dentist, with just 44% having had a check-up in the previous 24 months. Nationwide, the number of adults accessing NHS dental services has fallen to a 10-year low with just 50.2% of adults reporting to have seen a dentist within the previous two years. Attendance of NHS dentistry services has become of growing concern and links have been drawn between the prevalence of gum disease and individuals who do not visit the dentist regularly.

The most prominent reason cited for the lack of people accessing dental services is the increasing cost, more than a third of survey respondents (36%) admitted to sacrificing dental visits in order to keep their bank balance in check. Cost is not the only reason behind not attending a dentist. Anxiety (22%), the fear of getting bad news (18%) and work commitments (8%), are all reasons why people stay away. Since 2010, net government expenditure in England on dental services has dropped by £550 million in real terms; over the same period, the cost of NHS dentistry services has increased by more than 30%.

NHS dental treatment is free for:

- anyone under 18 years old
- adults under 19 years old, in qualifying full-time education
- pregnant women, or women who have had a baby in the previous 12 months
- being treated in an NHS hospital and your treatment is carried out by the hospital dentist
- those receiving low-income benefits, or if they are under 20 years old and a dependant of someone receiving low-income benefits

There is a need to emphasise the availability of free NHS dental treatment, specifically for those receiving low-income benefits, as access to these services remains low for this demographic.

Lifestyle choices impact on a person's oral health - for example, tobacco use and drinking alcohol above the recommended levels are risk factors for oral cancer. The combined effect of drinking alcohol and using tobacco multiplies the risk of developing mouth cancer. Other factors, often associated with socio-economic circumstances, such as poor diet, contribute to health inequalities and a divide in the quality of oral health from the most deprived to the least deprived areas.

## **Hillingdon**

There are a number of dental health concerns within the Borough, however, one has been prioritised as forming part of Hillingdon's Health and Wellbeing Strategy for 2018-21. Namely, that young children in Hillingdon have levels of dental decay that are higher than the average for England. The 2015 National Dental Epidemiology Programme, looking at the dental health of five year olds found that, in comparison to the rest of London, the percentage of children affected by dental decay in Hillingdon, 37.8%, was only exceeded by one other London borough (Ealing, 39%). This paints a picture of a localised issue in West/North-West London as Harrow also experienced a high proportion of child dental decay at 34.2%. The prevalence of decay was

attributed to long term bottle use, this suggests that action to discourage long term bottle use and sugary drinks consumption will be needed if oral health levels are to be improved.

A 2010 Oral Health Needs Assessment, conducted by NHS Hillingdon, found that in Hayes and Harlington there was a particularly high unmet need in both referral for specialist services and community dental services.

### **'The Sugar Tax' - Practical implications on dental health**

The Government's Soft Drinks Industry Levy (SDIL), more commonly known as the sugar tax, was introduced in April 2018 as part of the childhood obesity strategy; the measure introduced levies of 24p per litre for drinks containing >8g of sugar per 100ml and 18p per litre for drinks containing 5-8g of sugar per 100ml. Its aim was to reduce sugar consumption, a leading cause of dental caries<sup>1</sup>, by persuading companies to reformulate their high sugar brands and avoid paying the levy.

In the two years preceding the introduction of the tax, many soft drinks manufacturers reduced the sugar content of their beverages in preparation for the levy; because of this, HMRC reduced their revenue forecast from the levy to £275m from an initial £520m during the first year of operation. The revenue generated from the SDIL was to be earmarked to help fund physical education activities in primary schools, the Healthy Pupils Capital Fund and provide a funding boost for breakfast clubs in over 1,700 schools. However, as the primary objective of the levy was to tackle childhood obesity rates, there were calls from the Global Child Dental Fund for 20% of the proceeds to be reinvested into innovative oral health prevention strategies.

Research on the practical implications of the UK's SDIL on dental health is in its early stages; however, a 2019 Dutch-German study found that a 20% taxation on sugary beverages would result in a €159m saving in terms of dental care expenditures<sup>2</sup>; concluding that, an intervention of this kind could substantially improve oral health and reduce the caries-related economic burden.

There are frequent calls for the sugar tax to go further and cover other confectionary products. Although soft drinks account for 10% of a child's sugar intake, confectionaries such as sweets, ice cream and puddings make up more than a fifth of their sugar intake. The early successes of the SDIL in changing the behaviours of soft drinks manufacturers has fuelled calls for a more extensive sugar tax, particularly to help address wider health problems (29% of UK adults classified as obese and nearly five million people living with type-II diabetes).

### **Responsibilities**

NHS England has responsibility for the commissioning of all dental services including specialist, community and out of hours dental services; locally, this feeds down to Hillingdon CCG. Most dentistry within the Borough is provided by private practitioners paid to deliver frontline NHS services, most of whom also provide, on a commercial basis, services which the NHS does not provide, largely cosmetic. This differs from the way in which GP surgeries function.

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<sup>1</sup>Adv Nutr - Sugars and Dental Caries

<sup>2</sup> Public Health - Caries related effects of a tax on sugar-sweetened beverages

The Hillingdon Health and Wellbeing Strategy for 2018-21 notes the formation of the North West London Sustainability and Transformation Partnership (NWL STP), the Health and Wellbeing strategy also highlights the 10 transformation themes and 5 overarching delivery areas which are key to improving health outcomes in North West London. Delivery area 1 pertains to 'Prevention and Wellbeing' with good children's dental health forming an integral part of it. This is to be facilitated by transformation theme 7, 'Integrated Care for Children & Young People', a key outcome of which being to increase the dental health of 0-4 year olds to the national average by 2021. Children's dental health formed part of the strategy in direct response to the high proportion of children in the Borough with dental decay, however, the Health and Wellbeing Strategy does not detail any key actions or outcomes for the dental health of adults.

## **BACKGROUND PAPERS**

21 May 2015: Social Services, Housing and Public Health Policy Overview Committee Report: Children's Oral Health

## **REFERENCES**

<sup>1</sup> *Sugars and Dental Caries: Evidence for Setting a Recommended Threshold for Intake.*, Advances in Nutrition. 2016 Jan; 7(1): 149–156.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4717883/>

<sup>2</sup> *The caries-related cost and effects of a tax on sugar-sweetened beverages.*, Public Health. 2019 Apr; 169: 125–132  
<https://www.sciencedirect.com/science/article/abs/pii/S0033350619300344>

## EXTERNAL SERVICES SELECT COMMITTEE - GP PRESSURES: DRAFT FINAL REPORT

<b>Committee name</b>	External Services Select Committee
<b>Officer reporting</b>	Liz Penny, Chief Executive's Office
<b>Papers with report</b>	Appendix A: GP Pressures Select Panel Draft Final Report
<b>Ward</b>	n/a

### REASON FOR REPORT

To enable the parent Committee to review and comment on the draft report and recommendations that have arisen from the Select Panel's review into the pressures faced by GPs in the Borough.

### SUGGESTED COMMITTEE ACTIVITY

1. To add, amend or delete information contained within the report;
2. To add, delete or amend the recommendations contained within the report

### INFORMATION

Members should note that, once any suggested amendments are incorporated into the draft report, it will be forwarded to Cabinet for consideration at its meeting on 14 November 2019.

Members are asked to comment on the information contained within the draft report and ensure that the recommendations are reflective of concerns raised during the course of the review.

### BACKGROUND DOCUMENTS

Agendas and minutes from Select Panel meetings held on:

- 6 December 2018
- 23 January 2019
- 27 February 2019
- 24 April 2019
- 29 May 2019
- 24 July 2019
- 24 September 2019

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# GP Pressures



## **A review by the External Services Select Committee**

Councillors John Riley (Chairman); Nick Denys (Vice-Chairman); Simon Arnold; Vanessa Hurhangee; Devi Radia; Kuldeep Lakhmana (Labour Lead); Ali Milani and June Nelson

**2018/2019**

## **The review was conducted by a Select Panel comprising:**

Councillors John Riley (Chairman); Ian Edwards; Vanessa Hurhangee; Kuldeep Lakhmana and Kerri Prince



**HILLINGDON**  
LONDON

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## Chairman's Foreword

### ‘A review of GP Pressures in Hillingdon’



On behalf of the External Services Select Committee, I am pleased to present this report which was prepared by a Select Panel established by the main Committee. The Select Panel was requested to conduct a comprehensive review of current pressures on GPs in the Borough and to consider ways in which said pressures could be alleviated. Members were aware that residents in the Borough had highlighted difficulties in securing timely GP appointments and had raised concerns regarding the apparent low GP: patient ratio (as further evidenced by way of the figures detailed on page 11 of this report).

A number of witness sessions were held during which the Panel Members had the opportunity to meet with a wide range of external stakeholders including representatives of the Citizens Advice Bureau (CAB), Hillingdon Clinical Commissioning Group (HCCG), the Local Medical Committee (LMC), Health Education England (HEE) and Healthwatch Hillingdon. As the review progressed, it became apparent that the pressures currently experienced by GPs and others within the primary care sector are both complex and far reaching. Moreover, it was noted that, inevitably, said pressures have impacted negatively on both the recruitment and retention of GPs in the Borough and on the patient experience itself.

Further to the witness sessions and on completion of the review, the Select Panel prepared a number of recommendations; these related to collaborative working, improved signposting to raise awareness of services available to residents, the simplification of administrative procedures and the establishment of a single online directory of services. It is anticipated that the implementation of these recommendations will result in a more joined up approach to the health and social care provision within the Borough which will, in turn, lead to a reduction in the pressures currently experienced by GPs and an improved customer experience overall.

Finally, I would like to take this opportunity to thank those officers who have given up their time to help the Committee, and commend them for their continued hard work in striving to ensure the provision of high quality health and social care within the Borough.

#### **Councillor John Riley**

Chairman of the External Services Select Committee

## Summary of recommendations to Cabinet

Through the witness sessions and evidence received during the detailed review by the Select Panel, Members have agreed on the following recommendations to Cabinet:

1	That Hillingdon Health and Care partners explore the establishment of a single online directory of health, care and wellbeing services (delivered and maintained / updated by Hillingdon Health and Care Partners) to be utilised across the partnership, particularly by GPs, and to link into emerging NHS digital applications being promoted nationally for patients *
2	That Hillingdon Health and Care Partners work with the Citizens Advice Bureau (CAB) to explore the simplification of processes in relation to GP referrals to CAB services *
3	That Hillingdon Health and Care Partners improve signposting for patients to CAB services and to emerging digital applications via information screens in GP surgeries *
4	That Cabinet requests Adult Social Care officers make available information sessions to the emerging Neighbourhood Teams on the scope of the Council's Adult Social Care duties.
5	That Hillingdon Health and Care partners explore affordable options to enable homecare to be triaged and deployed more flexibly by the Neighbourhood Teams to support the independence of residents and prevent GP visits and hospital admissions that are avoidable *

6	That Cabinet welcomes the pilot work by Council officers to streamline GP administrative procedures in relation to patient requests for medical information to support their housing assessments, and requests that this be rolled out across the Borough.
7	That Cabinet note that the External Services Select Committee will continue to closely monitor any implementation of the above recommendations, along with GP training programmes and the recruitment of new GPs, particularly in the South of the Borough.
8	That planning officers be asked to consult with Hillingdon CCG when processing any planning applications relating to accommodation for the elderly that are subject to CIL.

**\* Subject to Cabinet endorsement, these external recommendations are not within the Council's control, and Council officers will formally submit them to Hillingdon Health and Care Partners at the senior level for a response.**

**NB: Hillingdon's Health and Care Partners (HHCP) is the Borough's Integrated Care Partnership, including the local GP Confederation, CNWL, Hillingdon Hospital, H4All and other voluntary and community sector partners.**

## Background to the review

### Introduction

A review into GP pressures was originally initiated in 2015/16. Given that the topic continues to be of considerable importance and relevance today, the Committee agreed to resume the review in 2018/19. Consequently, in October 2018, a Select Panel chaired by Councillor John Riley and charged with the undertaking of a revised review of current GP pressures within the Borough, was set up by the External Services Select Committee. This review aimed to consider the work undertaken by the previous External Services GP Pressures Working Group in 2015/16. Furthermore, it intended to examine changes which had occurred more recently with a view to making recommendations to Cabinet. The remit of the review was to explore current pressures on GPs in the Borough and consider ways in which said pressures could be alleviated, thereby enhancing the experience of local residents and improving levels of satisfaction Boroughwide.

The review aimed to gain a thorough understanding of the challenges faced by GPs in Hillingdon at present which included:

- the inadequate number of GP training places allocated to Hillingdon;
- the increasing population;
- the increasing acuity and number of conditions experienced by patients;
- the positive move to improve the health and social care pathway which will result in more patients being monitored by GPs;
- the increasing trend to move the care of people with long term conditions out of a hospital setting and closer to home at the GP surgery;
- the number of GPs that could retire in the next 5 years or leave the profession; and
- Government proposals to ensure that everyone in England has access to GP services seven days a week.

Whilst it was acknowledged that the Council has limited direct responsibility in this area, it was agreed that the issues be reviewed locally with a view to making recommendations on behalf of the Council and Hillingdon residents.

### The NHS

The NHS was launched in 1948. It was born out of a long-held ideal that good healthcare should be available to all, regardless of wealth – a principle that remains at its core. With the exception of some charges, such as for prescriptions and optical and dental services, the NHS in England remains free at the point of use for anyone who is a UK resident.

There are currently nearly 67 million people living in the UK; over 55 million in England alone. The NHS in England deals with over 1 million patients every 36 hours. It covers everything from routine screenings and treatments for long-term conditions, to transplants, emergency treatment and end-of-life care.

The NHS employs approximately 1.5 million people, placing it in the top eight of the world's largest workforces. The NHS in England is the largest part of the system, employing approximately 1.2 million people. Of those, the clinically qualified staff include approximately 106,430 doctors, 285,893 nurses and health visitors, 21,597 midwives, 132,673 scientific, therapeutic and technical staff, 19,772 ambulance staff, 21,139 managers and 9,974 senior managers. Nationally, it is estimated that GPs undertake approximately 90% of NHS activity for 7.5% of the cost, seeing more than 320 million patients each year. In March 2017, there were 33,423 full-time equivalent GPs (excluding locums), which was a reduction of 890 (2.59%) on March 2016<sup>1</sup>.

Funding for the NHS comes directly from taxation. Since the NHS transformation in 2013, the NHS payment system has become underpinned by legislation. The Health and Social Care Act 2012 moved responsibility for pricing from the Department of Health, to a shared responsibility for NHS England and Monitor. When the NHS was originally launched in 1948, it had a budget of £437 million (roughly £9 billion at today's value). In 2018/19 total health spending in England was around £129 billion and is expected to rise to nearly £134 billion by 2019/20, taking inflation into account.

## **GP Confederation / Primary Care Networks**

General practice in England is under significant strain. Many GPs and their teams are struggling to meet the increasing pressures of decreasing resources and the burden of patients with long term and complex conditions. Fundamental changes in the way the NHS works encourage competition between companies to bid for areas of work in the NHS and there are already a wealth of independent sector organisations providing services to patients under NHS contract.

An increasing number of GP practices are entering into some kind of collaborative arrangement with other practices. Whether this is driven by the desire to share costs and resources or as a vehicle to bid for enhanced services' contracts, providing general practice at scale is increasingly being viewed as the way forward.

Hillingdon Primary Care Networks have been created and Hillingdon CCG has put measures in place to support them to become fully operational and more active providers of enhanced health care services. It is anticipated that this will ensure the GP community has the best opportunity to deliver consistently high quality healthcare to its local population. In 2017/2018, there were 46 GP practices in Hillingdon, 44 of which were members of the Hillingdon Confederation. More recently, in 2019, eight Primary Care Networks (PCNs) have been established.

Primary Care Networks are a new way for local health services to work together to care for populations in a particular geographical area. It is anticipated that PCNs will help practices in

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<sup>1</sup> <https://www.nhsconfed.org/resources/key-statistics-on-the-nhs>

Hillingdon meet recruitment and workload challenges, and achieve the objectives set out in the NHS Long Term Plan and General Practice Forward View. Patients will benefit by having access to a wider range of health and wellbeing services based around the needs of their local populations. The intention is that, in the longer term, PCNs will include a wide range of staff and services, including pharmacists, physiotherapists, paramedics, physician associates and social prescribing support workers, providing tailored care for patients closer to home. This will allow GPs to focus more on patients with complex needs. From the 1 July 2019, a PCN contract has been introduced as a Directed Enhanced Service (DES) for GP practices. It will ensure General Practice plays a leading role in every PCN and means much closer working between networks and the wider services in the community.

### **Joint Commissioning**

In April 2016, NHSE set out plans to enable CCGs to commission and fund additional capacity across England to ensure that, by 2020, everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services. In April 2017, full delegation of primary care commissioning authority was transferred from NHS England (NHSE) to HCCG. Thereafter, in February 2018, NHSE published guidance which required CCGs to provide extended access to GP services, including at evenings and weekends, for 100% of their population by 1 October 2018. This had to include access during peak times of demand including bank holidays and across the Easter, Christmas and New Year periods.

To address the increased demand for hospital services, The Hillingdon Hospitals NHS Foundation Trust (THH) has been working with HCCG. A number of successful small pilots have been undertaken to provide better access to GPs and consideration is being given to how this can be scaled up across the Borough.

### **Better Care Fund (BCF)**

The Better Care Fund is a Government initiative intended to improve efficiency and effectiveness through increasing integration between health and social care. The focus of the BCF in Hillingdon has been on preventing older people from being admitted to hospital and expediting their discharge home should admission to hospital be necessary. The scope of Hillingdon's 2019/20 plan has been expanded to include early intervention and prevention for children and young people with special educational needs and also integrated care and support for people with learning disabilities and/or autism care.

The Hillingdon Primary Care Strategy - General Practice Services 2017-21 - aims to set out how general practice will be supported to achieve key objectives working in the wider context of community based services<sup>2</sup>.

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<sup>2</sup> <https://www.hillingdonccg.nhs.uk/download.cfm?doc=docm93jjm4n11014.pdf&ver=25014>

## Evidence & Witness Testimony

At the onset of the review, the increasing pressures on GPs in the UK were widely recognised. In December 2018, the Royal College of General Practitioners published an article entitled 'Excessive workload forcing GPs to quit, RCGP survey shows.'<sup>3</sup> Said article highlighted GPs' concerns and noted that "About a third of the GPs we surveyed said they were unlikely to be working in general practice in five years' time. This is gravely concerning. We are talking about highly-trained, highly-skilled doctors, that the NHS is at risk of losing – some will retire, which is to be expected, but many are planning to leave earlier than they otherwise would have done because of stress and the intense pressures they face on a day to day basis, whilst simply trying to do their best for their patients."

### **Key Challenges identified**

As the review progressed, a number of witness sessions were held during which the Panel Members had the opportunity to meet with, and hear from, a wide range of external stakeholders which included representatives of the Citizens Advice Bureau (CAB), Hillingdon Clinical Commissioning Group (HCCG), the Local Medical Committee (LMC), Health Education England (HEE) and Healthwatch Hillingdon. The witness testimony highlighted a number of significant challenges to modern day general practice; notably, excessive workloads, difficulties in recruiting and retaining staff, funding, an ageing population and deprivation in the south of the Borough.

### **An ageing Population**

Greater London Authority (GLA) projections for the London Borough of Hillingdon suggest that the number of residents aged 65 and over will increase by 13% between 2019 and 2025 from 41,700 to 47,700 and by 23% between 2019 and 2030 from 41,700 to 54,400. Moreover, it is estimated that those aged 80 and over will increase by 10% between 2019 and 2025 from 12,100 to 13,500 and by 25% between 2019 and 2030 from 12,100 to 16,100<sup>4</sup>

Such increases will inevitably have a significant impact on general practice and will undoubtedly result in additional strain on care home provision. It was noted that there were concentrations of care homes in certain parts of the Borough which had a disproportionate impact on particular practices in those areas. Consequently, GPs in said practices were at times reluctant to register patients from care homes due to the increased workload this entails. Moreover, since considerable efforts were being made to assist older people in staying in their own homes for longer, it was acknowledged that people moving into care homes were likely to have more complex needs in the future. It was also noted that all nursing homes in the Borough were privately run and could accept anyone willing to pay their fees, whether or not they had previously lived in the Borough.

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<sup>3</sup> <https://practicebusiness.co.uk/excessive-workload-forcing-gps-to-quit-rcgp-survey-shows/>

<sup>4</sup> Joint Strategic Needs Assessment - main report - Demographics

In view of the aforementioned points, Panel Members suggested that the impact on NHS services be taken into consideration when the Local Authority received any new planning applications, subject to the Community Infrastructure Levy (CIL), relating to new care home developments for the elderly. It was noted that the Community Infrastructure Levy (CIL) was a charge which allowed local authorities in England and Wales to raise funds from developers undertaking new building projects in their area. Members of the Select Panel were informed that the money raised was used to pay for infrastructure required to support development - this could include transport schemes, flood defences, schools, health and social care facilities, parks, open spaces and leisure centres.

Members were advised by the Council's Head of Planning that the CCG already receive notification of new planning applications through a weekly list. Furthermore, at liaison meetings, the CCG and Council officers discuss the health impacts of major development proposals. However, given that new elderly persons' accommodation could have a far greater impact on healthcare provision than other forms of housing, it was suggested that the planning team could amend their procedures and consult the CCG directly on all planning applications involving elderly persons' accommodation. It is considered that this could be beneficial to developing the CCG's understanding of likely future healthcare demand and how they should prioritise healthcare delivery.

## Funding

GPs are in receipt of central Government funding which represents approximately two-thirds of their income stream while additional income (approximately one-third) comes from offering other services (vaccinations, minor surgery, etc) and for hitting targets. GPs rely on both their healthy patients and the extra funding received for additional services to make their businesses viable. The original funding structure was founded on the principle that there would be enough healthy people to make it workable; however, patients now tend to visit the GP more frequently - on average six times per year - and no additional money has been made available to GPs to reflect this change.

## The South of the Borough

Hillingdon is a diverse Borough and the challenges encountered by GPs in the semi-rural northern part of the Borough differ to those faced by colleagues in the more densely populated south. There are a considerable number of locums currently working in the south of the Borough; recruiting permanent staff is often challenging. This is attributed to the fact that the work in the south of the Borough is deemed to be particularly demanding. Other considerations are travelling impracticalities, the availability of schools and a lack of suitable housing for GPs and their families.

The Panel heard from trainee GPs who indicated that they preferred to be given an opportunity to gain work experience in both the north and the south of the Borough; unfortunately, this did not always happen in reality. It is acknowledged that this does not assist with recruitment since, on qualifying, trainees often opt to accept a permanent role in the practice in which they had trained.

With regards to workload, GPs in the south of the Borough are regularly required to help patients with enquiries relating to non-clinical matters such as housing, school places and benefit claims - medical priority letters for the housing department are frequently requested. Furthermore, some patients present with serious issues related to drug addiction, homelessness, smoking and alcoholism; hence the work is exceptionally demanding, yet rewarding. The cohort of patients is very different to that in the north of the Borough and there are sometimes language barriers which impede communication. As a consequence, consultations often take far longer than the ten minutes allocated.

## **Workforce and Workload**

Increasingly challenging GP workloads are impacting negatively on the perception of the profession and discouraging newly qualified doctors from joining general practice, as evidenced in the attached report prepared by Healthwatch Hillingdon in May 2018<sup>5</sup>. The Select Panel was informed by the Chair of Hillingdon CCG that there was currently only one GP to every 2700 patients in Hillingdon; this is the third highest ratio in London and 900 more than the recommended number. Moreover, a key concern is the ageing workforce; 28% of Hillingdon GPs are over 55 and pressure will be increased further as many GPs are due to retire in the near future.

It was acknowledged that partners often struggle to find the time to run both the business and the clinical side of a practice. Being a partner offers the possibility to work independently and is still perceived to be an attractive option by some young doctors; however, the burden of bureaucracy and administration in general practice is off-putting and will need to be reduced going forward to improve recruitment levels. It is reported that many GPs now opt to work as locums as the money is better and the amount of paperwork is less onerous; some locums can now earn even more than partners.

In terms of workload, in the past, the work of a GP was more straightforward; nowadays GPs are expected to complete a multitude of administrative tasks in addition to treating patients with long-term health conditions and complex comorbidities. Moreover, patients aged 45 - 60 are now routinely invited in for health checks and GPs are expected to offer supplementary services for older patients. The aforementioned additional duties have served to increase the workload of a GP exponentially.

## **Initiatives**

### **Citizens Advice Bureau (CAB)**

The Director of the Citizens Advice Bureau in Hillingdon appraised Members of the CAB services currently on offer within the Borough. Key services offered in Hillingdon included initial help at Uxbridge and Hayes Citizens Advice Bureau, a telephone assessment helpline, debt advice including benefits advice, seasonal energy savings advice, financial advice and outreach

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<sup>5</sup> <https://healthwatchhillington.org.uk/?p=9925>

advice at Hillingdon Aids Response Trust (HART).

Members commented that the breadth of the services offered by the CAB was not widely known and it was likely that many vulnerable residents were unaware of what was available to them. It was recognised that problems relating to debts and benefits could be detrimental to both mental and physical health. The Panel recommended that the Local Authority Directory of Services be updated to incorporate signposting to CAB services and suggested that, where possible, signposting information be displayed on information screens in GP practices and on the Hillingdon Health Help Now app. Additionally, it was recommended that, if feasible, GP websites be updated to incorporate information regarding the CAB with a direct link to relevant pages. Moreover, it was noted that it was not currently possible for GPs to refer their patients to CAB services via a single referral form; it was suggested that such a simplified option would be beneficial to GPs as it would be more efficient and far less onerous.

### Health Education England (HEE)

A representative of HEE - The Head of Primary Care Education England (London NW) addressed the Panel and informed Members that one of the biggest challenges at present relates to legislation, as general practice requires a licence in order to be able to work.

GP training is centrally funded; practices are paid approximately £8,000 to have a trainee for a year. Going forward, new contracts include a proposal to invest money in training hubs to educate all staff in a small geographical area. As these new contracts are being phased in, the allocation of more trainees in the south of the Borough will be a possibility.

Under the terms of current GP contracts, trainees are obliged to make crucial decisions about their future careers at a very early stage; this is deemed to be unhelpful as trainees lack the experience to make an informed choice at this point. Moreover, should qualified GPs opt to take a break from the profession, re-entering general practice is particularly challenging and involves sitting further exams. Furthermore, there is a requirement for those GPs who have been absent from the profession for more than five years to be reassessed and supervised for three to six months at junior doctor pay level. It is agreed that the aforementioned stipulations do little to assist in improving recruitment and retention levels within general practice.

With regards to the recruitment of specialist registrars, there are currently four working in the south and eight in the north of the Borough. It is suggested that the three years of registrar training should include one year in the south of the Borough; it is felt that this would assist in addressing recruitment challenges. The Head of Primary Care Education England - London NW commented that the fair allocation of trainees around the Borough was a matter which could be considered further. However, there is little leeway to increase GP registrar numbers within the Borough at present as London is deemed to be over-provided and is therefore not considered a priority area.

A number of recruitment initiatives are underway within the Borough. Moreover, GP Fellowships in Hillingdon are currently being considered - these will offer additional support to newly qualified GPs and, it is hoped, will encourage more people to join the profession.

## Housing - Administration

A reduction in the administrative burden placed on GPs from the south of the Borough - particularly in relation to medical priority letters for the housing department - would reduce their workload significantly. The Council's Housing Manager and the Housing Register, Allocations and Lettings Manager were invited to address the Panel to clarify their administrative procedures in relation to housing assessments. It was agreed that GPs and Council Housing officers would meet separately at a later date to flesh this out and discuss further.

In a subsequent witness session, the Panel heard that the aforementioned meeting had taken place and had been extremely productive; a new process had been discussed which would streamline procedures and assist in reducing GP workload. Members were informed that, in most cases, a brief medical summary (for which there was no charge) would suffice and a medical priority letter for housing would not be required. It was suggested that a similar approach could potentially be adopted in relation to other departments within the Council. Members were informed that the new approach would be piloted in an attempt to reduce the administrative burden on GPs and, if successful, would be rolled out across the Borough.

## Online Directory of Services / Improved Signposting

A comprehensive central hub of information detailing services available to residents within the Borough and accessible via a single common pathway would be a very useful development and was the 'Holy Grail' that everyone strove for. Such a hub of information would assist in reducing pressures on GPs as residents would have easy access to the array of health and social care services on offer to them and an improved understanding of whom to approach in relation to their needs; the GP is not always the best person to contact.

The local authority is obligated to prepare a single Local Directory of Services and ensure that said document is in the public domain. The current Directory of Services needs to be updated to reflect the development of the new neighbourhood teams. The Directory of Services is the back end of the Health Help Now app (a patient app available to people across NW London to assist residents in finding the right health services, medical advice and trusted information). Promotion of the app and improved signposting to it would be extremely beneficial to residents. It was agreed that signposting within GP surgeries via information screens could also be used to better effect to promote the Health Help Now app and the CAB services available to residents.

In addition to the above, in relation to Social Care and Wellbeing, steps are being taken to improve signposting utilising the Council website as a repository for advice and information; this digital strategy is already well underway and the website is being redesigned to make it more transactional.

## Triaging

In order to alleviate the pressure on GPs, a more nuanced triaging system was discussed which would attempt to ensure that only those patients who had a genuine medical need were offered an appointment with a GP. Members recognise that this would be difficult to manage since

receptionists are not clinically trained and have limited medical knowledge. However, the Panel heard that the CCG is working with a number of GP receptionists to build their confidence and increase their knowledge; it is hoped that this will enable them to triage / signpost residents more successfully. It was also noted that some GP practices have already adopted a nurse-led telephone triage system and offer telephone consultations. Another initiative involves bringing in volunteers from organisations such as the Citizens Advice Bureau and Dementia Friends. Said volunteers provide surgeries in the GP waiting room and can issue 'social prescriptions'.

## Workforce Training

On the topic of workforce training, there are currently twelve training practices in the Borough, four of which are located in the south. At present, there are 14 trainee GPs which is the maximum number allowed on the scheme. Approximately 60-70% of newly trained GPs opt to take up their first job at the practice in which they trained.

Members were briefed by two trainee GPs who informed them that the GP training scheme was very competitive - most of the trainees were from the Hillingdon area. Some trainees were given an opportunity to complete a work placement in both the south and the north of the Borough, though this was not always the case. Most of the trainees preferred to work in Hillingdon after qualifying and many were interested in taking on a mixed business / clinical role in the future but were concerned about unmanageable workloads. The trainee GPs commented that flexibility was important to young trainees hence many chose to pursue the locum route.

The current training scheme incorporates little information regarding running a business and, although they preferred to focus on clinical matters, the trainees felt that more business training throughout the course would be beneficial. It was noted, however, that the content of the Vocational Training Scheme was set in stone with little flexibility.

On qualifying, trainees complete two years of foundation training before deciding on which route to take next. Following a recent change to GP contracts, trainees are obliged to make decisions about their futures at an early stage. If they start working in hospital then opt to transition into general practice, they will lose out financially; hence it no longer makes sense monetarily to make such a transition.

The trainees informed the Panel that, traditionally, working as a GP was seen to be a fulfilling and rewarding career. It was reported that this was no longer perceived to be the case; consequently, some trainees opt to work in the private sector and many older GPs are choosing to leave the profession.

## Social Care and Health Services

As detailed in a House of Commons briefing paper dated 20 October 2017:

*“Health and adult social care services in England have traditionally been funded, administered and accessed separately. Health has been provided free at the point of use through the National Health Service, whilst local authorities have provided means tested social care to their local populations. As a result of demographic trends, including an ageing population, an increasing number of people require support from both health and social care services. It is argued that these patients can be badly served by the current health and social care model, and that by integrating the two services, the patient can be put at the centre of how care is organised. As well as improving the experience for the patient, it is argued that integration can save money by cutting down on emergency hospital admissions and delayed discharges.”*

The Panel was advised by the Council’s Corporate Director - Adult, Children and Young People Services that a programme of asset rationalisation is in progress within Hillingdon. Said programme aims to optimise the use of assets within the Borough; one option could be to co-locate social work services in new health centres in the future.

The Council works increasingly with the Care Connection, Neighbourhood and Rapid Response teams. Current arrangements and emerging initiatives would be reflected in the 2019/20 Better Care Fund plan, which was the Government’s only statutory vehicle for securing health and social care integration.

#### Neighbourhood Teams

Members were informed that virtual Integrated Care Partnership (ICP) teams were already in operation helping local health and social care professionals, voluntary and community sector organisations and service users and carers to work more closely together (the Neighbourhood team model). The Panel heard that eight 'Neighbourhood Teams' were being developed which would serve to identify and manage the 15% of the population within their neighbourhoods deemed to be at greatest risk of hospital admission and of developing long-term care needs.

Members were advised that there was a widely held belief that any need in relation to adults that was not medical in nature was 'social' and therefore fell within the scope of Adult Social Care. The Panel was reminded that the scope of Adult Social Care was defined by the Care Act 2014, which established a national eligibility criteria. It was also noted that Adult Social Care was not free at the point of delivery like healthcare, but subject to an assessment of financial resources. It was agreed that training on the scope of the Council's Adult Social Care duties would be beneficial to address such misconceptions.

#### Integrated Homecare

Members were made aware of the Enhanced Support for Care Homes and Extra Care Service being delivered by Hillingdon Health and Care Partners (GP Confederation, Hillingdon Hospital, CNWL and the H4All third sector consortium); this would provide dedicated support for GPs and other healthcare professionals with the intention of preventing admissions to hospital that were avoidable. Said initiative will incorporate an acute visiting service whereby a GP employed by the care service will visit care homes; this will free up GP time as, at present, GP visits to care homes are frequent and time consuming. All GPs, visiting GPs and ambulance staff will have

access to a shared portal to enable them to view and update patient records accordingly. This would be a supplementary service which would offer additional primary care support when required on an ad hoc basis; patients will continue to be registered with their own GP surgeries.

Partners are currently in discussion regarding the scope for the commissioning of additional homecare hours that could be deployed more flexibly by, for example, GP practices and/or the Neighbourhood Teams to support admission avoidance. This is being considered as part of the development of a new homecare model that will be included within a tender later this year.

## Findings & Conclusions

### Single online directory of health, care and wellbeing services

As previously indicated within this report, Panel Members have noted that there is at present a plethora of services, information, advice and guidance available to Hillingdon residents regarding health, care and wellbeing services in the Borough. It is agreed that the sheer volume of information in the public domain is often bewildering and residents are unsure how to access the appropriate services pertinent to their needs. Consequently, many people prefer to approach their local GP on non-clinical matters for advice and guidance - this is both time consuming for the GP and frustrating for the patient who will invariably need to be referred elsewhere.

The Panel commented that an easily-accessible central online directory incorporating details of all the relevant services available to residents in the Borough would be an invaluable resource which would assist in reducing pressure on GPs. Said hub of information would link into emerging NHS digital applications such as the NHS App currently being promoted throughout the UK.

On that basis, it is recommended that:

**1**

**That Hillingdon Health and Care partners explore the establishment of a single online directory of health, care and wellbeing services (delivered and maintained / updated by Hillingdon Health and Care Partners) to be utilised across the partnership, particularly by GPs, and to link into emerging NHS digital applications being promoted nationally for patients**

### GP referrals to CAB services

As mentioned previously in the report, during one of the Select Panel witness sessions, Members heard from the Director of the Citizens Advice Bureau in Hillingdon who appraised them of the scope of the CAB services on offer. Members remarked that the range of services available to residents was extensive, yet expressed concern that this information was not widely known or understood. It was acknowledged that this was disconcerting; particularly in view of

the fact that the CAB had recently assumed responsibility for the Universal Credit (UC) Help to Claim Service. The Panel was informed that at present there were opportunities for local GPs to work with the CAB in a number of ways:

- GPs could refer patients to specific projects such as Debt Free London, Mental Health Money Advice, Universal Credit Help to Claim (new claims only), EU Settled Status, Energy Best Deal projects (November to March) and MoneyPlan (independent financial advice).
- GPs could signpost to the general CAB service - patients could access the service via online telephone call-back request, by calling Adviceline, emailing a project or by visiting the bureaux in person; of these, the online call-back request was the simplest option. Web chat was also available for UC claims;

Although GPs are free to refer patients to CAB services whenever they choose to, it is recognised that current referral pathways to said services are complex and lacking in clarity. Members agreed that a simplified referral process would be extremely beneficial, thereby reducing time pressures on GPs and assisting in improving services to local residents.

On that basis, it is recommended that:

**2**

**Hillingdon Health and Care Partners work with the Citizens Advice Bureau (CAB) to explore the simplification of processes in relation to GP referrals to CAB services.**

## **Improved signposting to CAB and to emerging digital applications**

As discussed above, the Panel observed that residents in the Borough are often unaware of the range of services available to them; this is a matter of considerable concern which needs to be addressed forthwith. It is noted that many, though not all, the GP surgeries in the Borough are already equipped with screens which are used to relay vital information to patients as they wait to see their GPs. It is agreed by the Panel that these are an invaluable resource which could potentially be utilised to raise awareness of the CAB services available to residents and to signpost patients to emerging health and social care digital applications such as Health Help Now.

On that basis, it is recommended that:

**3**

**Health and Care Partners\* improve signposting for patients to CAB services and to emerging digital applications via information screens in GP surgeries.**

## Information sessions regarding the Council's Adult Social Care duties

Members note that there are a number of changes in progress in respect of the provision of primary and social care within the Borough. Hillingdon Health and Care Partners (HHCP) - the Borough's Integrated Care Service - has been working together for a number of months to develop a new model of care known as Neighbourhoods. Each of the proposed eight Neighbourhoods will be led by a network of GPs and will provide enhanced out-of-hospital care. Said Neighbourhoods will be empowered to tailor services and move resources to best meet the needs of the local population. The Neighbourhoods teams will be supported by skilled staff from community, mental health, acute and voluntary sector services and each will have a named social worker. It is anticipated that this joined-up and flexible approach will provide a seamless service, thereby assisting in further reducing the pressures on GPs themselves.

The Panel commented that information sessions regarding the scope of the Council's Adult Social Care duties will be invaluable; it has been reported that this is a complex area which lacks clarity hence many staff have little understanding of the intricacies of social care and what it actually entails. Members were pleased to note that some information events were already planned and supported this approach.

On that basis, it is recommended that:

**4**

**Cabinet requests Adult Social Care officers make available information sessions to the emerging Neighbourhood Teams on the scope of the Council's Adult Social Care duties.**

## Triaging and Deployment of homecare by the Neighbourhood Teams

During the witness sessions, Members heard that the additional workload generated by an ageing population contributed significantly to the already unsustainable pressures on GPs in the Borough. It was noted that GP visits to care homes were particularly time-consuming and were increasing in number. The Panel was supportive of the proposed acute visiting service whereby a clinically trained GP employed by the care service would be tasked with the completion of visits to care homes, thereby freeing up GP time. Moreover, the Panel recognised that elderly residents in the Borough preferred to retain their independence and remain at home whenever possible. Members therefore supported the Neighbourhood Team model which would assist in

both maintaining said independence and in preventing hospital admissions that were avoidable. An example of a patient suffering from an anxiety attack was cited whereby the symptoms could appear similar to a heart attack but a hospital admission could be avoided if a suitably trained professional were available to establish the root cause of the problem.

On that basis, it is recommended that:

**5**

**Hillingdon Health and Care partners explore affordable options to enable homecare to be triaged and deployed more flexibly by the Neighbourhood Teams to support the independence of residents and prevent GP visits and hospital admissions that are avoidable.**

## **Streamlined administrative procedures**

As indicated earlier in this report, the Select Panel meetings provided a platform for officers and GPs to explore and gain a better understanding of administrative requirements in relation to medical requests to support housing assessments. This is a fortunate 'bi-product' of the main review and has already served to reduce some of the administrative pressures on GPs, particularly in the south of the Borough. A more streamlined approach to such requests for medical details has been trialled and it is hoped that, with the support of the Vice-Chair of Hillingdon LMC, this simplified system will be rolled out across the Borough in the near future.

Members welcome this new approach and are also supportive of initiatives to introduce a similar modus operandi in relation to benefit claims, although it is recognised that these are now the responsibility of the Department of Work and Pensions and are therefore out of the Council's control. Notwithstanding this, Members note that, in relation to medical records to support benefit claims, the appropriate contacts have already been established to enable such an approach to be explored going forward.

On that basis, it is recommended that:

**6**

**Cabinet welcomes the pilot work by Council officers to streamline GP administrative procedures in relation to patient requests for medical information to support their housing assessments, and requests that this be rolled out across the Borough.**

## GP Training Programmes and the Recruitment of new GPs

As the review progressed, a number of concerns were raised regarding current GP training contracts which were deemed to be somewhat inflexible and, at times, unhelpful in assisting with the recruitment and retention of GPs, particularly in the south of the Borough. Panel Members felt it was of vital importance that trainee GPs be provided with an opportunity to gain work experience both in the north and the south of the Borough. Members note that Health Education England has indicated a willingness to be flexible in terms of their training programmes and it is suggested that this be explored further to encourage the allocation of more trainees in the south of the Borough. It is noted that the range of experience trainees could gain from working in different parts of the Borough would also be a selling point to encourage them to apply to train in Hillingdon. Moreover, it is recommended that all training practices in the Borough be encouraged to recruit trainees to fill their training programmes since it is widely acknowledged that, once qualified, trainees often opt to take up a permanent position in the practice in which they complete their training.

On that basis, it is recommended that:

7

**Cabinet note that the External Services Select Committee will continue to closely monitor any implementation of the above recommendations, along with GP training programmes and the recruitment of new GPs, particularly in the South of the Borough.**

## Planning Applications for new Care Homes for the Elderly

As previously indicated within the body of this report, the population of the UK is ageing and the consequent demand on healthcare services is particularly challenging. The Select Panel recognised that care homes and centres of accommodation for the elderly had a disproportionate effect on the demand for NHS services in a given area.

In view of this, it was recommended that planning officers be requested to amend their procedures and consult with CCG colleagues directly with regards to the impact on healthcare services when processing any new planning applications involving elderly people's accommodation. It was considered that this would also assist in developing the CCG's understanding of likely future healthcare demand and how they should prioritise healthcare delivery.

On that basis, it is recommended that:

8

**That planning officers be asked to consult with Hillingdon CCG when processing any planning applications relating to accommodation for the elderly that are subject to CIL.**

## Terms of Reference of the review

**The Committee established a Select Panel to undertake the detailed investigation, whose membership comprised:**

- Councillor John Riley (Chairman)
- Councillor Ian Edwards
- Councillor Vanessa Hurhangee
- Councillor Kuleep Lakhmana
- Councillor Kerri Prince

**The following Terms of Reference for the Select Panel were agreed by the Committee from the outset of the review:**

1. To review the evidence gathered by the GP Pressures Working Group in 2015/2016;
2. To understand the key / central current pressures that are faced by GPs;
3. To explore the possible implications for residents of expected changes to services provided by GPs;
4. To identify what support is currently in place for GPs and whether this level of support will be sufficient in the future;
5. To examine best practice elsewhere through case studies, policy ideas and witness sessions;
6. To explore ways in which services can improve and work more collaboratively to alleviate the pressures faced by GPs in the Borough, and recommend these to the appropriate body; and
7. After due consideration of the above, to bring forward recommendations to the Cabinet and, if required, the Health and Wellbeing Board, in relation to the review.

## Witnesses and Select Panel activity

The Committee's Select Panel received evidence from the following sources and witnesses:

<p><b>Witness Session 1 - 6 December 2018</b></p>	<p><b>Dr Ian Goodman (Chair - Hillingdon CCG)</b>  <b>Dr Venio Suri (GP and Vice-Chair - Hillingdon Local Medical Committee)</b>  <b>Turkay Mahmoud (Interim Chief Executive Officer - Healthwatch Hillingdon)</b>  <b>Gary Collier (Health and Social Care Integration Manager)</b></p>
<p><b>Witness Session 2 - 23 January 2019</b></p>	<p><b>Annette Alcock (Workforce Education Training Lead - Hillingdon CCG)</b>  <b>Emma Jenkins / Shreya Morzeria (Trainee GPs)</b>  <b>Caroline Morison (Managing Director - Hillingdon CCG)</b>  <b>Dr Mita Mukerjee (GP Partner - Hayes Medical Centre)</b>  <b>Dr Jaipal Sira (GP and Local Medical Committee representative)</b>  <b>Dr Venio Suri (GP and Vice-Chair - Hillingdon Local Medical Committee)</b></p>
<p><b>Witness Session 3 - 27 February 2019</b></p>	<p><b>Turkay Mahmoud (Interim Chief Executive Officer - Healthwatch Hillingdon)</b>  <b>Dr Jaipal Sira (GP and Local Medical Committee representative)</b>  <b>Dr Venio Suri (GP and Vice-Chair - Hillingdon Local Medical Committee)</b>  <b>Dr Steve Hajioff (Director of Public Health)</b>  <b>Mark Billings (Housing Manager)</b>  <b>Melissa Murphy (Housing Register, Allocations and Lettings Manager)</b>  <b>Tony Zaman (Corporate Director - Adult, Children and Young People Services)</b></p>

<p><b>Witness Session 4 - 24 April 2019</b></p>	<p><b>Heather Brown (Director - Hillingdon Citizens Advice Bureau)</b>  <b>Dr Clare Etherington (Head of Primary Care Education England - London NW)</b>  <b>Turkay Mahmoud (Interim Chief Executive Officer - Healthwatch Hillingdon)</b>  <b>Caroline Morison (Managing Director - Hillingdon CCG)</b>  <b>Dr Venio Suri (GP and Vice-Chair - Hillingdon Local Medical Committee)</b>  <b>Dan West (Director of Operations - Healthwatch Hillingdon)</b>  <b>Dr Steve Hajioff (Director of Public Health)</b></p>
<p><b>Witness Session 5 - 29 May 2019</b></p>	<p><b>Caroline Morison (Managing Director - Hillingdon CCG)</b>  <b>Dr Venio Suri (GP and Vice-Chair - Hillingdon Local Medical Committee)</b>  <b>Gary Collier (Health and Social Care Integration Manager)</b></p>
<p><b>Witness Session 6 - 24 July 2019</b></p>	<p><b>Caroline Morison (Managing Director - Hillingdon CCG)</b>  <b>Dan West (Director of Operations - Healthwatch Hillingdon)</b>  <b>Gary Collier (Health and Social Care Integration Manager)</b>  <b>Dr Steve Hajioff (Director of Public Health)</b></p>

## References

NHS Confederation 'NHS Statistics, Facts and Figures' 14 July 2017

NHS Hillingdon CCG 'Hillingdon Primary Care Strategy General Practice Services 2017-21'  
*November 2017, Version 16.0*

Practice Business 'Excessive workload forcing GPs to quit, RCGP survey shows' 4 December  
2018

Joint Strategic Needs Assessment Report, London Borough of Hillingdon Website

Healthwatch Hillingdon 'GP Shortages Put Pressure on Doctors and Patients'  
<https://healthwatchhillingdon.org.uk>

House of Commons Briefing Paper, Number 7902 'Health and Social Care Integration' 20  
*October 2017*

## EXTERNAL SERVICES SELECT COMMITTEE - WORK PROGRAMME

<b>Committee name</b>	External Services Select Committee
<b>Officer reporting</b>	Nikki O'Halloran, Chief Executive's Office
<b>Papers with report</b>	Appendix A – Work Programme
<b>Ward</b>	n/a

### HEADLINES

To enable the Committee to track the progress of its work and forward plan.

### RECOMMENDATIONS:

That the External Services Select Committee:

1. determines which topic/s it would like to discuss at its crime and disorder meeting on 11 February 2020;
2. determines when it will consider the following issues:
  - a. bowel, cervical and breast screening in the Borough; and
  - b. Mount Vernon Cancer Centre review; and
3. considers the Work Programme at Appendix A and agrees any amendments.

### SUPPORTING INFORMATION

1. The Committee's meetings tend to start at either 5pm or 6pm and the witnesses attending each of the meetings are generally representatives from external organisations, some of whom travel from outside of the Borough. The meeting dates for this municipal year were agreed by Council on 17 January 2019 and are as follows:

Meetings	Room
Wednesday 12 June 2019, 6pm	CR6
Tuesday 9 July 2019, 6pm	CR5
Thursday 5 September 2019, 6pm	CR5
Wednesday 9 October 2019, 6pm	CR5
Thursday 7 November 2019, 6pm	CR5
Tuesday 14 January 2020, 6pm	CR5
Tuesday 11 February 2020, 6pm	CR5
Thursday 26 March 2020, 6pm	CR5
Wednesday 29 April 2020, 6pm	CR6
Thursday 30 April 2020, 6pm	CR6

2. It has previously been agreed by Members that, whilst meetings will generally start at 6pm, consideration will be given to revising the start time of each meeting on an ad hoc basis should the need arise. Further details of the issues to be discussed at each meeting can be found at Appendix A.

3. It should be noted that the Committee is required to meet with the local health trusts at least twice each year. It is also required to scrutinise the crime and disorder work of the Safer Hillingdon Partnership (SHP). To keep the crime and disorder meetings focussed, consideration will need to be given to the topic/s that Members would like to discuss at their next crime related meeting on 11 February 2020.
4. At its meeting on 12 June 2019, Members agreed that consideration would need to be given to scheduling additional meetings to consider the following issues:
  - i) bowel, cervical and breast screening in the Borough; and
  - ii) Mount Vernon Cancer Centre review.
5. An update for discussion on the Mount Vernon Cancer Centre review has been included on this agenda.

### **Live Broadcasting of Meetings**

6. It should be noted that Cabinet, at its meeting on 30 May 2019, agreed that all future policy overview and select committee meetings would be broadcast live on YouTube. As such, this and all subsequent External Services Select Committee meetings will be broadcast live. Where possible, these meetings have been moved into Committee Room 5 to facilitate better views of the meetings.

### **Reviews**

7. As the meetings of the External Services Select Committee usually deal with a lot of business, the Committee is able to set up Select Panels to undertake in depth reviews on its behalf. These Panels are 'task and finish' and their membership can comprise any London Borough of Hillingdon Councillor, with the exception of Cabinet Members. A Select Panel has been established to look at developments since the GP Pressures review was undertaken by the previous Working Group. The Committee will be considering the Select Panel's final report at this meeting.

### **BACKGROUND PAPERS**

None.

**EXTERNAL SERVICES SELECT COMMITTEE  
WORK PROGRAMME**

*NB – all meetings start at 6pm in the Civic Centre unless otherwise indicated.*

*Shading indicates completed meetings*

Meeting Date	Agenda Item
12 June 2019  <i>Report Deadline: 3pm Friday 31 May 2019</i>	<b>Update on the implementation of recommendations from previous scrutiny reviews:</b> <ul style="list-style-type: none"> <li>• Community Sentencing</li> </ul> <b>Update on Cancer Screening and Diagnostics</b>  <b>Update on Potential Changes at Moorfields City Road Site</b>  <b>Mount Vernon Cancer Centre Review Update (NHS England)</b>  <b>Update on the Implementation of Congenital Heart Disease Standards (NHS England)</b>
9 July 2019  <i>Report Deadline: 3pm Thursday 30 June 2019</i>	<b>Health</b> Performance updates and updates on significant issues: <ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>3. Central &amp; North West London NHS Foundation Trust</li> <li>4. The London Ambulance Service NHS Trust</li> <li>5. Public Health</li> <li>6. Hillingdon Clinical Commissioning Group</li> <li>7. Healthwatch Hillingdon</li> </ol> <b>Hospice Provision in the North of the Borough – Update</b>  <b>Update on the implementation of recommendations from previous scrutiny reviews:</b> <ul style="list-style-type: none"> <li>• Hospital Discharges (SSH&amp;PH POC)</li> </ul>
5 September 2019  <i>Report Deadline: 3pm Friday 23 August 2019</i>	<b>Crime &amp; Disorder</b> To scrutinise the issue of crime and disorder in the Borough: <ol style="list-style-type: none"> <li>1. Metropolitan Police Service (MPS) – specifically knife crime and safer neighbourhoods, drugs and a police perspective on Serenity Integrated Monitoring.</li> </ol>

Meeting Date	Agenda Item
<p>9 October 2019</p> <p><b>Report Deadline:</b> 3pm Friday 27 September 2019</p>	<p><b>Dental Health Services – Single Meeting Review</b></p> <p><b>Mount Vernon Cancer Centre Review Update (NHS England)</b></p> <p><b>GP Pressures Select Panel</b> Consideration of draft final report.</p>
<p>7 November 2019</p> <p><b>Report Deadline:</b> 3pm Monday 28 October 2019</p>	<p><b>Health</b> Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>3. Central &amp; North West London NHS Foundation Trust</li> <li>4. The London Ambulance Service NHS Trust</li> <li>5. Public Health</li> <li>6. Hillingdon Clinical Commissioning Group</li> <li>7. Healthwatch Hillingdon</li> <li>8. MPS: Serenity Integrated Monitoring Officer</li> </ol>
<p>December 2019 - TBA</p> <p><b>Report Deadline:</b> TBA</p>	<p><b>Challenges Faced by The Hillingdon Hospitals NHS Foundation Trust</b> To be preceded by a site visit to Hillingdon Hospital in the week before this meeting takes place.</p>
<p>14 January 2020</p> <p><b>Report Deadline:</b> 3pm Thursday 2 January 2020</p>	<p><b>Post Office Services – Single Meeting Review</b></p>
<p>11 February 2020</p> <p><b>Report Deadline:</b> 3pm Thursday 30 January 2020</p>	<p><b>Crime &amp; Disorder</b> To scrutinise the issue of crime and disorder in the Borough:</p> <ol style="list-style-type: none"> <li>1. London Borough of Hillingdon</li> <li>2. Metropolitan Police Service (MPS)</li> <li>3. Safer Neighbourhoods Team (SNT)</li> <li>4. London Fire Brigade</li> <li>5. London Probation Area</li> <li>6. British Transport Police</li> <li>7. Hillingdon Clinical Commissioning Group (HCCG)</li> <li>8. Public Health</li> </ol>
<p>26 March 2020</p> <p><b>Report Deadline:</b> 3pm Monday 16 March 2020</p>	

Meeting Date	Agenda Item
<p>29 April 2020</p> <p><b>Report Deadline:</b> 3pm Friday 17 April 2020</p>	<p><b>Health (1)</b> Quality Account reports, performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Central &amp; North West London NHS Foundation Trust</li> <li>3. Public Health</li> <li>4. Hillingdon Clinical Commissioning Group</li> <li>5. Healthwatch Hillingdon</li> </ol>
<p>30 April 2020</p> <p><b>Report Deadline:</b> 3pm Monday 20 April 2020</p>	<p><b>Health (2)</b> Quality Account reports, performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> <li>1. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>2. The London Ambulance Service NHS Trust</li> <li>3. Public Health</li> <li>4. Hillingdon Clinical Commissioning Group</li> <li>5. Healthwatch Hillingdon</li> </ol>
<p>June 2020</p> <p><b>Report Deadline:</b> TBA</p>	
<p>July 2020</p> <p><b>Report Deadline:</b> TBA</p>	<p><b>Health</b> Performance updates and updates on significant issues:</p> <ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>3. Central &amp; North West London NHS Foundation Trust</li> <li>4. The London Ambulance Service NHS Trust</li> <li>5. Public Health</li> <li>6. Hillingdon Clinical Commissioning Group</li> <li>7. Healthwatch Hillingdon</li> <li>8. Local Medical Committee</li> </ol>
<p>September 2020</p> <p><b>Report Deadline:</b> TBA</p>	<p><b>Crime &amp; Disorder</b> To scrutinise the issue of crime and disorder in the Borough:</p> <ol style="list-style-type: none"> <li>1. London Borough of Hillingdon</li> <li>2. Metropolitan Police Service (MPS)</li> <li>3. Safer Neighbourhoods Team (SNT)</li> <li>4. Public Health</li> </ol>
<p>October 2020</p> <p><b>Report Deadline:</b> TBA</p>	

Meeting Date	Agenda Item
November 2020 <i>Report Deadline: TBA</i>	<b>Health</b> Performance updates and updates on significant issues: <ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>3. Central &amp; North West London NHS Foundation Trust</li> <li>4. The London Ambulance Service NHS Trust</li> <li>5. Public Health</li> <li>6. Hillingdon Clinical Commissioning Group</li> <li>7. Healthwatch Hillingdon</li> </ol>
January 2021 <i>Report Deadline: TBA</i>	
February 2021 <i>Report Deadline: TBA</i>	<b>Crime &amp; Disorder</b> To scrutinise the issue of crime and disorder in the Borough: <ol style="list-style-type: none"> <li>1. London Borough of Hillingdon</li> <li>2. Metropolitan Police Service (MPS)</li> <li>3. Safer Neighbourhoods Team (SNT)</li> <li>4. Public Health</li> </ol>
February 2021 <i>Report Deadline: TBA</i>	<b>Hospice Provision in the North of the Borough</b> <ol style="list-style-type: none"> <li>1. Michael Sobell Hospice Charity</li> <li>2. The Hillingdon Hospitals NHS Foundation Trust</li> <li>3. East and North Hertfordshire NHS Trust</li> <li>4. Hillingdon Clinical Commissioning Group</li> <li>5. Healthwatch Hillingdon</li> </ol>
March 2021 <i>Report Deadline: TBA</i>	
April 2021 <i>Report Deadline: TBA</i>	<b>Health (1)</b> Quality Account reports, performance updates and updates on significant issues: <ol style="list-style-type: none"> <li>1. The Hillingdon Hospitals NHS Foundation Trust</li> <li>2. Central &amp; North West London NHS Foundation Trust</li> <li>3. Public Health</li> <li>4. Hillingdon Clinical Commissioning Group</li> <li>5. Healthwatch Hillingdon</li> </ol>
April 2021 <i>Report Deadline: TBA</i>	<b>Health (2)</b> Quality Account reports, performance updates and updates on significant issues: <ol style="list-style-type: none"> <li>1. Royal Brompton &amp; Harefield NHS Foundation Trust</li> <li>2. The London Ambulance Service NHS Trust</li> <li>3. Public Health</li> <li>4. Hillingdon Clinical Commissioning Group</li> <li>5. Healthwatch Hillingdon</li> </ol>

Meeting Date	Agenda Item
<b>Possible future single meeting or major review topics and update reports</b>	
<ul style="list-style-type: none"><li>• Telecommunications - plans in place by BT regarding advancements made in mobile technology</li><li>• Mental health discharge</li><li>• Collaborative working between THH and GPs in the community</li><li>• Opportunities for local oversight of services provided in Hillingdon that had been commissioned from outside of the Borough</li><li>• Transport provision within the Borough - Transport for London (TfL), Crossrail, bus route changes and Dial-a-Ride</li></ul>	

## MAJOR REVIEW (PANEL)

### Members of the Panel:

- Councillors Riley (Chairman), Edwards, Hurhangee, Lakhmana and Prince

**Topic:** GP Pressures

Meeting	Action	Purpose / Outcome
<b>ESSC:</b> 10 October 2018	Agree Scoping Report	Information and analysis
<b>Panel:</b> <b>1<sup>st</sup> Meeting -</b> 6 December 2018	Introductory Report / Witness Session 1	Evidence and enquiry
<b>Panel:</b> <b>2<sup>nd</sup> Meeting -</b> 23 January 2019	Witness Session 2	Evidence and enquiry
<b>Panel:</b> <b>3<sup>rd</sup> Meeting -</b> 27 February 2019	Witness Session 3	Evidence and enquiry
<b>Panel:</b> <b>4<sup>th</sup> Meeting -</b> 24 April 2019	Witness Session 4	Evidence and enquiry
<b>Panel:</b> <b>5<sup>th</sup> Meeting -</b> 29 May 2019	Witness Session 5	Evidence and enquiry
<b>Panel:</b> <b>6<sup>th</sup> Meeting -</b> 25 June 2019 CANCELLED	Witness Session 6	Evidence and enquiry
<b>Panel:</b> <b>6<sup>th</sup> Meeting -</b> 24 July 2019	Consider Draft Recommendations	Agree recommendations
<b>Panel:</b> <b>7<sup>th</sup> Meeting -</b> 24 September 2019	Consider Draft Final Report	Agree final draft report
<b>ESSC:</b> 9 October 2019	Consider Draft Final Report	Agree recommendations and final draft report
<b>Cabinet:</b> 14 November 2019	Consider Final Report	Agree recommendations and final report

*Additional stakeholder events, one-to-one meetings, site visits, etc, can also be set up to gather further evidence.*