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A

External Services Select Committee

Date: **TUESDAY, 22 FEBRUARY 2022**

Time: **6.30 PM**

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

Meeting Details: Members of the Public and Media are welcome to attend. This meeting will also be broadcast live.

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Councillors on the Committee

Councillor Nick Denys (Chairman)
Councillor Devi Radia (Vice-Chairman)
Councillor Simon Arnold
Councillor Darran Davies
Councillor Heena Makwana
Councillor Peter Money (Opposition Lead)
Councillor June Nelson

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Putting our residents first

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External Services Select Committee

This Committee has an external mandate and reviews the performance and accountability of local service providers other than the Council. It also has statutory responsibilities to scrutinise the local health sector and community safety partnership.

Membership

7 Councillors appointed on a proportional basis.

Terms of Reference

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.

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

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Minutes

EXTERNAL SERVICES SELECT COMMITTEE

27 January 2022

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

	Committee Members Present: Councillors Nick Denys (Chairman), Devi Radia (Vice-Chairman), Simon Arnold, Darran Davies, Heena Makwana, Peter Money (Opposition Lead) and June Nelson **Also Present**: Sarah Bellman, Assistant Director Communications and Engagement, NWL ICS and NWL CCG Rachel Benton, Programme Director - Hillingdon Hospital Redevelopment, The Hillingdon Hospitals NHS Foundation Trust Graham Harris, Director, IBI Group Professor Abbas Khakoo, Clinical Lead, Hillingdon Hospital Redevelopment, The Hillingdon Hospitals NHS Foundation Trust Caroline Morison, Managing Director, Hillingdon Health and Care Partners (HHCP) Jason Seez, Deputy Chief Executive, Director of Strategy and Senior Responsible Officer, Hospital Redevelopment Programme, The Hillingdon Hospitals NHS Foundation Trust **LBH Officers Present**: Nikki O'Halloran (Democratic Services Manager)
38.	**APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS** *(Agenda Item 1)* There were no apologies for absence.
39.	**DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING** *(Agenda Item 2)* There were no declarations of interest in matters coming before this meeting.
40.	**EXCLUSION OF PRESS AND PUBLIC** *(Agenda Item 3)* **RESOLVED: That all items of business be considered in public.**
41.	**MINUTES OF THE PREVIOUS MEETING - 23 NOVEMBER 2021** *(Agenda Item 4)* **RESOLVED: That the minutes of the meeting held on 23 November 2021 be agreed as a correct record.**
42.	**UPDATE ON THE IMPLEMENTATION OF RECOMMENDATIONS FROM PAST REVIEWS OF THE COMMITTEE - GP PRESSURES** *(Agenda Item 5)* It was noted that the GP pressures review had been completed in 2020 and the Committee had received an update on the implementation of recommendations at its

	meeting on 9 February 2021. As the pandemic had hindered the implementation of some of the recommendations in the report, Members had requested that a further update be provided in 2022. The Committee agreed that, with the continued influence of the pandemic, a further update on the implementation of the recommendations be brought back to the Committee in 2023. Included in the recommendations was reference to the use of virtual GP consultations. Members were aware that North West London Clinical Commissioning Group (NWL CCG) was currently looking at the provision of virtual GP consultations. As this appeared to be a topic of interest to many residents, it was agreed that this issue be included on the agenda for the meeting on 22 February 2022 and that Mr Richard Ellis be invited to attend to speak to the item. **RESOLVED: That:** **1. an update on the implementation of the recommendations from the GP Pressures review be considered at the meeting in February 2023;** **2. virtual GP consultations be included as an item at the meeting on 22 February 2022; and** **3. the discussion be noted.**
43.	**HILLINGDON HOSPITAL REDEVELOPMENT** *(Agenda Item 6)* The Chairman welcomed those present to the meeting. It was noted that the Committee had received a brief update on the development of the new Hillingdon Hospital at its meeting on 7 October 2021 and a fuller update at its meeting on 28 April 2021. Ms Rachel Benton, Hillingdon Hospitals Redevelopment Programme Director at The Hillingdon Hospitals NHS Foundation Trust (THH), advised that the project involved a three-stage business case process: Strategic Outline Case (SOC); Outline Business Care (OBC); and Full Business Case (FBC). An indicative timeline was shared with the Committee. The SOC stage had been completed and the project was currently in the OBC stage which involved a more detailed work up of the preferred way forward and progression of the planning application. The FBC would involve a further detailed work up of the plans before entering into contracts. The Hillingdon Hospital team had been working closely with the New Hospitals Programme (NHP) team. Development of the OBC had started in late 2020 and it was anticipated that this would be finalised and taken through internal governance processes in May and June 2022. Subject to Trust Board approval, this would then be ready for submission to regulators. The submission date would be subject to agreement with the NHP team. A lot of detailed work had been undertaken in relation to the design. This work had included input from clinical teams from across the hospital as well as from clinical representation from outside of the hospital. Feedback had also been received from staff and members of the public and the detailed designs were now nearing completion. The estates strategy had been endorsed by the North West London Integrated Care System (NWL ICS) Estates Board and there had been a refresh of the clinical services strategy with partners to support the OBC. Five pre-application meetings had been held with local authority planners which had informed subsequent iterations of the new hospital design ready for anticipated submission of the planning application in April 2022. Challenge had been made in

relation to a range of issues including landscaping, tree retention, flood risk minimisation and buffer zones. It was noted that the project would be in a stronger position if the OBC was completed with planning approval already in place. The redevelopment team would be meeting with the Greater London Authority in the week commencing 31 January 2022.

Ms Benton advised that a public exhibition had been held in June 2021 which had helped to inform the development plans. Although some of this engagement had been face to face, a large proportion had been undertaken online.

Mr Graham Harris, Director at IBI Group, advised that the design had moved from the 1:500 stage (where the right type of accommodation was put in the right place) to the 1:200 stage, involving a more detailed work up of the designs. A lot of work had been undertaken in the initial stages of the design to ensure that costs did not increase during the development of the plans. Although there were some tensions to ensure that the project stayed within the anticipated budget envelope, allowances had been made for inflation and risk (optimisation bias).

It was noted that Modern Methods of Construction (MMC) was thought to be more than just fabricating parts of the build off site and then putting them together on the site, with consideration also given to standardising the construction. Members were advised that the project had been designed as a single phase build and decant which would mean that there would be minimal disruption to the ongoing workings of the hospital. Work was being undertaken to identify peripheral buildings on the site to determine whether they were used / underused. Decant plans were already in place and a number of service moves would be undertaken so that the build site was completely isolated from the working hospital entrances and the site was ready to be built on once the funding had been agreed. A communications plan would be put in place in advance to ensure that patients knew exactly where they needed to go whilst the old hospital was still operational.

Mr Harris noted that there had been a drive for the development to be net zero carbon which had meant that consideration had been required with regard to mechanical and electrical servicing. Other considerations had included the need to ensure that the project would be attractive to possible contractors. It was hoped that the procurement process (led by NHP) would seek tenders from about three contractors. However, over the last twenty years, hospital builds had been benchmarked so there were checks and measures in place to ensure that the tenders provided value for money.

Ms Sarah Bellman, Assistant Director – Communications and Engagement at North West London (NWL) Integrated Care System (ICS) and NWL Clinical Commissioning Group (CCG), advised that there had been a public exhibition between June and August 2021. Although there had been some face-to-face engagement, this exhibition had been largely undertaken online. However, there had been face-to-face engagement at the Love Uxbridge Festival where the feedback received had fed into the 1:500 and 1:200 work.

It was noted that three roadshows had been planned in the north of the Borough, Uxbridge and Heathrow Villages but that this had had to be shifted online. Insofar as the public feedback was concerned, analysis had been undertaken of the demographics and geographic location of respondents. It was noted that there had been a large number of responses from residents in the immediate vicinity of the hospital.

Concern was expressed that, although 30,000 people had visited the exhibition online, feedback had only been submitted from 360 individuals. Ms Bellman advised that not everyone who had engaged had felt strongly enough about a particular issue to provide feedback and that some had attended just out of interest. Although the response rate was thought to be quite good, engagement would continue to solicit additional responses. Consideration would be given to holding events such as roadshows in other locations across the Borough, such as Hayes, and targeting high footfall areas.

As well as working with clinical teams to undertake specific engagement, feedback would also be sought from attendees at two children's centres in the week commencing 31 January 2022. A survey had recently been undertaken in radiology to establish what patients wanted their waiting area to look and feel like. Further face-to-face engagement would be undertaken now that Covid restrictions had eased. Members were asked to contact Ms Bellman if they had any location suggestions. It was also suggested that Ms Bellman forward the details of any planned engagement events to the Councillors as they would be able to publicise the information.

Healthwatch Hillingdon had provided the project team with contacts in some health groups who had then been in communication with them. Ms Bellman would be happy to circulate a list of the groups that they had had contact with to the Committee. Members would then be able to identify which additional groups they were aware of that could be contacted.

Some of the comments received in the feedback had not yet been considered in detail by the project team. Areas for further engagement had included dementia friendly facilities, access for different disabilities, layout of waiting areas and reception areas and staff facilities. During the 1:50 stage, consideration would be given to the look of the rooms, etc. In the meantime, conversations would be undertaken with the same groups as the development progressed so that different questions could be asked.

Members queried whether the space in Accident and Emergency (A&E) would be configured to incorporate mental health. Professor Abbas Khakoo, Redevelopment Clinical Lead at THH, advised that five out of the twenty patients currently on the paediatric ward were there as a result of a mental health issue. Consultation on the new design had been undertaken with Central and North West London NHS Foundation Trust (CNWL) and in A&E and would incorporate a dementia friendly environment. As they were more aware of what happened on the ground, senior nurses had been leading on the inpatient areas and an Equality Impact Assessment would be signed off in the next couple of weeks.

Mr Jason Seez, Deputy Chief Executive, Director of Strategy and Senior Responsible Officer, Hospital Redevelopment Programme at THH, noted that a clinician had raised the issue at one of the roadshows and confirmed that mental health was being integrated into the design. He advised that THH had been liaising with the teams from other Trusts that were going through the same hospital development process. This had meant that they had been able to share and compare and THH had been able to adapt its design accordingly. It was agreed that the Chairman would put Mr Seez in contact with the local mental health lead from the Metropolitan Police Service, who needed to be included in the consultation for the development of elements of A&E to support mental health.

A huge programme of work had been undertaken with regard to the Covid vaccine roll out. This work had provided an opportunity to develop good relations with GPs across the Borough which would help regarding engagement with those patients that were

harder to reach. Members asked that outcomes of this action be evidenced.

Mr Seez noted that an announcement had been made in the autumn of 2020 of the 40 named hospitals for redevelopment. In the autumn of 2021, a bidding process had been undertaken for an additional eight, taking the total to 48. Mr Seez advised that THH was trying to position itself for the next tranche of new hospitals coming through. Hillingdon had worked hard to meet all of the New Hospital Programme criteria and hoped to be one of the earlier hospitals to have its funding approved. The nuance had now changed to 'when' the new hospital would be built, rather than 'if'.

Members queried whether or not there was a Plan B if the funding for a new hospital was not secured (for example, private investment). Mr Seez advised that Plan A had been developed to reflect all key requirements and that this should give it the greatest chance of success. The development had been set out as a series of chapters and it was noted that the one stage build would provide a better return on investment (the current building had been planned as a two stage development but had stopped after the first stage so had only been half completed). New hospitals had previously been funded through private finance which had then been paid off like a mortgage. National policy had shaped the programme and now, to get best value for money, this generation of new hospitals were funded through public dividend capital.

The Hospital Development Team had been pushing the timelines and had been working with colleagues at a local and national level to progress the project at pace. Support had been forthcoming at a Hillingdon level as well as support from the NWL ICS, NHS London and national colleagues.

It was recognised that Hillingdon needed a new hospital but it was queried how this new hospital would be better than the current one. Mr Seez advised that the new physical building was only part of the improvement and that the new development would see improvements to the layout and service adjacencies. The clinical engagement in the new design had been very good and action would continue to maximise public engagement to elicit the patient perspective.

Professor Khakoo advised that there would be no change to the services that would be delivered from the new hospital but that they would be delivered differently as they would be more joined up with things like mental health services and social care. It would be important to ensure that the hospital was part of the local system of care rather than a stand-alone entity. Patients would want their hospital to be great but would be able to avoid going there at all if the services provided by different partners were synergised.

Professor Khakoo noted that the Hospital Redevelopment Team had been looking at the models of care provided elsewhere and patient flows. The buildings then became the vehicles to deliver those models of care. To this end, the critical care unit would be doubled in size and a benchmarking exercise had been undertaken in relation to elective care which had resulted in a proposed increase in the diagnostics available including three MRI scanners and five CT scanners.

With regard to infection prevention and control, the new hospital would have 70-80% of patients in single rooms. Not only would this enable a continuation of service in the event of a virus outbreak, but it would also provide better privacy and dignity for patients.

The 1:50 stage would be undertaken after the OBC had been approved and would

show patient flows in more detail. Walk through visuals would also be available to show the results of patients and clinicians co-creating the hospital with the architects.

It was noted that the IT infrastructure was being developed to give patients the option to wait in an onsite coffee shop for an appointment rather than in a waiting room.

Mr Harris advised that, when determining the capacity of the multi storey car park, consideration had been given to the number of parking spaces needed for staff, visitors and patients. Thought had also been given to the public transport network as there had been a balance that had needed to be struck.

There had been some suggestion at the beginning of the process that Hillingdon should join with Brunel University and become a university hospital but this would have complicated and prolonged the process. Professor Khakoo worked with Brunel University and was looking to open a new medical school there soon. The hospital site and the university site were geographically very close to each other which had helped with the opening of a new nursing school at Brunel. The focus was on developing the workforce, particularly primary care. This ongoing work demonstrated the strong collaboration between the two organisations.

THH comprised Hillingdon Hospital and Mount Vernon Hospital (MVH). MVH had become busier in the short term due to the Hillingdon Hospital development. Although THH owned the MVH site, there were a number of organisations that provided services there including Mount Vernon Cancer Centre (MVCC) – MVCC was currently bidding to become one of the 8 additional named hospitals as part of the national new hospitals programme. At some point in the future, consideration would need to be given by THH and its partners to the future of MVH.

RESOLVED: That:

1. **Ms Bellman forward the details of any planned engagement events to the Democratic Services Manager for circulation to the Committee;**
2. **Ms Bellman provide a list of the groups that they had had contact with to the Democratic Services Manager for circulation to the Committee;**
3. **the Chairman put Mr Seez in contact with the local mental health lead from the Metropolitan Police Service; and**
4. **the discussion be noted.**

44. **WORK PROGRAMME** *(Agenda Item 7)*

Consideration was given to the Committee's Work Programme. It was noted that the Committee's next meeting on 22 February 2022 would be looking at the new way of working that had been introduced through Hillingdon Health and Care Partners (HHCP). Members would be looking at the reasons for the introduction of the place based partnership (HHCP) and any improvements that it had initiated. Ms Caroline Morison, Managing Director of HHCP, would provide examples of how service delivery had been improved. She would be talking about the wider context and about how the redevelopment of Hillingdon Hospital had provided the opportunity to increase the pace of change in the Borough.

North West London Clinical Commissioning Group (NWL CCG) had brought together the CCGs from all NWL boroughs including Hillingdon CCG. The Integrated Care Partnerships (ICPs) and NWL were now aligned and supportive of the Hillingdon Hospital rebuild. Mr Richard Ellis, NWL CCG, would also be invited to attend the meeting on 22 February 2022 to talk to Members about the provision of virtual GP

consultations.

It was agreed that an update would be sought on the implementation of the recommendations from the GP Pressures review at the Committee's meeting in February 2023.

Members discussed the best way to review the Trusts' Quality Account reports. In the past, there had been two meetings scheduled at the end of April with the Trusts' attendance split between the meetings. However, this had not proved to be the most effective use of time as the reports were not always ready to be discussed at those meetings. As such, only one meeting had been scheduled and Members would need to determine how they would like to focus this meeting. The Committee's responses to each of the Trust Quality Account reports would be agreed outside of the meetings and submitted within the subsequent 30 day permitted response time.

The Committee's meeting on 22 March 2022 would be focussed on crime and disorder. Members asked that a Neighbourhood Watch representative be invited to attend again for further discussion. It was also suggested that the main focus of the meeting be on crime and disorder relating to licensed premises. For example, in relation to the 172 licensed premises in the Borough, how was the associated crime and disorder being managed.

It had become apparent that there were a limited number of Health Based Places of Safety (HBPoS) and that this impacted on police time. The Chairman had had some informal meetings over the last couple of months with a range of different partners about this issue. Although CAMHS had been provisionally scheduled for the meeting in June 2022, it was agreed that this be moved to July 2022. In June, it was agreed that the Committee would consider a summary report of the findings regarding the role of the police in dealing with mental health patients at Hillingdon Hospital Emergency Department. Representatives from CNWL, THH, HHCP, NWL CCG, MPS and the Council would be invited to attend.

RESOLVED: That:

1. **Mr Richard Ellis, NWL CCG, be invited to attend the meeting on 22 February 2022 to talk about the provision of virtual GP consultations;**
2. **an update on the implementation of recommendations from the GP Pressures review be considered in February 2023;**
3. **a Neighbourhood Watch representative be invited to attend the meeting on 22 March 2022 and that the focus of the meeting be on crime and disorder relating to licensed premises;**
4. **CAMHS be rescheduled from the meeting in June 2022 to July 2022;**
5. **the role of the police in dealing with mental health patients at Hillingdon Hospital Emergency Department be scheduled for the meeting in June 2022 and that representatives from CNWL, THH, HHCP, NWL CCG, MPS and the Council be invited to attend; and**
6. **the Work Programme, as updated, be agreed.**

The meeting, which commenced at 6.30 pm, closed at 8.11 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 - PROGRESS WITH GP ONLINE CONSULTATIONS IN HILLINGDON

Committee name	External Services Select Committee
Officer reporting	Richard Ellis, NWL CCG Hillingdon Borough Director
Papers with report	Appendix 1
Ward	n/a

HEADLINES

This paper is to brief members of the Committee on progress with GP online consultations, both prior to and during the period of the Covid-19 pandemic, and into recovery.

RECOMMENDATION

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

SUPPORTING INFORMATION

1.0 Introduction and Background

1.1 NW London CCG, and its constituent CCGs prior to April 2021, have been in the forefront of developing digital access within local GP practices, in order to facilitate patient access to appointments, advice and services; to expedite clinical referrals between NHS, social care and other care organisations; and to improve and streamline back-office record-keeping and business administration for practices.

1.2 The NHS commitment to 'Digital First', which started in 2018 prior to the Covid-19 pandemic, proved its value during the pandemic, the community lock-downs and the post-pandemic recovery. This enabled general practice to remain open and provide a choice of telephone, online or video consultations and advice to their patients. As Hillingdon and NWL CCG explored remote monitoring of patients with Covid-19 symptoms, the digital resources within practices and the Covid 'hot hubs' allowed patients and their clinicians to stay in close communication while minimising the requirement to travel, or the risk of infection for patients and professional staff. Throughout the Covid vaccination campaign, digital communications via the NHS App has enabled updates and reminders for patients, simple booking systems, and downloadable vaccination certificates for patients' peace of mind.

1.3 NHSE's document, published on 8 February 2022, describing the recovery plan for patients awaiting elective care, summarises the ambition for both primary and secondary care as follows:

- " Digital technology and data systems provide us with the opportunity to release capacity by allowing us to deliver services in new ways that more efficiently meet the needs of both patients and staff. This frees capacity for those people whose needs cannot be met virtually, for example tech-supported virtual wards that enable recovery at home for those with COVID-19 have now been extended to a wide range of conditions. Supervising clinicians see data from the home setting and use of virtual wards means more hospital beds are available for those needing inpatient care.

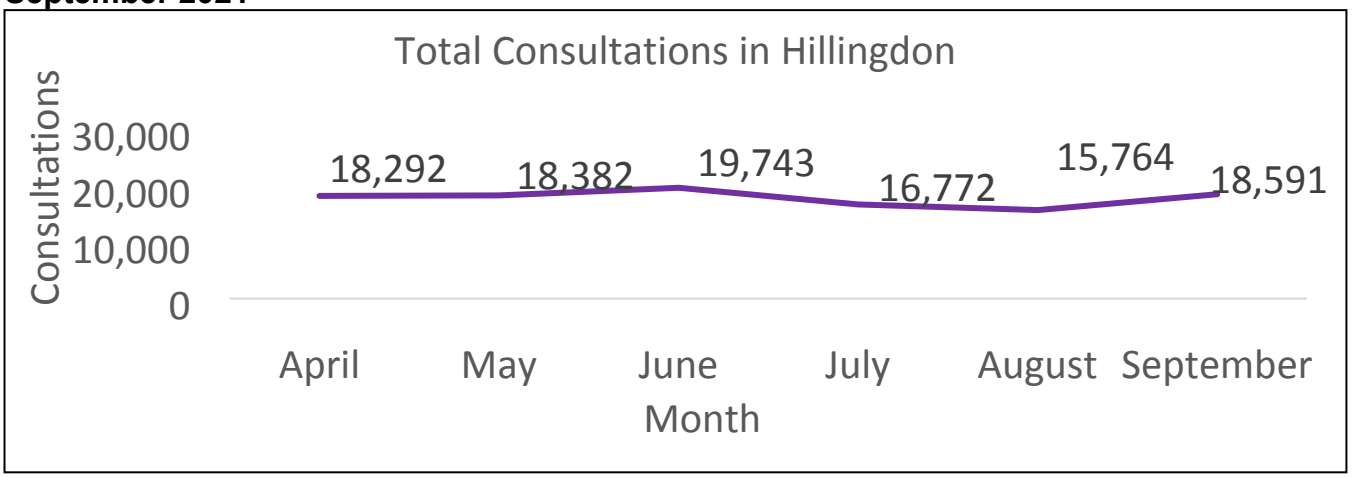
- We want to make sure that digital technologies that can improve access and flexibility for patients and free up capacity to suit them are scaled across the NHS. Our ambition is to improve core digital and data services in hospitals to ensure we have the basics right, as well as harness and scale innovations that have shown high impact in some areas of the country.
- We also want to use national digital tools such as the NHS App to provide a personalised route into NHS services for patients, making care more convenient and driven by patients' needs. In addition, we want to ensure that those in clinical roles can spend as much time as possible treating patients. Greater use of digital technology to assist healthcare workers in completing non-clinical tasks increases the time they can spend caring for patients, which provides a better experience and, ultimately, improves health outcomes.
- With new technologies based on AI and automation, as well as those we recognise more from our daily lives, like video calls, we are building a digital infrastructure that will ensure the NHS is at the cutting edge of progress for years to come. We will also use data to drive improvement within the NHS, through using consistent measurement of performance and working with regions and systems to understand and address the reasons behind performance variation."

2. 0 What this means for practices

2.1 Virtually all practices across Hillingdon are using the eConsult online consultation software, which patients can access via an app. Available practice appointments across Hillingdon is now around 110% of 2019 capacity. In reality, however, around 20% of previous patient enquiries that would have often required a face to face appointment – for repeat prescriptions or many administrative requirements – can now be handled without the patient requiring to come into the surgery. So the additional appointment-time released is now available for the practice clinician to speak to patients on telephone, on video or of course face to face. On average, around 50% of practice appointments are now digital, thereby reducing patient footfall and travel/parking requirements etc.

2.2 Summary details of these appointments are shown below. Data security and protection of patient-identifiable information at every stage of the way are crucial to an online consultation system, and we have worked hard with NHS Information Governance and Digital First to ensure that the online consultation suppliers on our Framework have robust and scrupulous data protection systems.

2.3 **Table 1: Hillingdon eConsult activity: 108,000 consultations between April and September 2021**



2.4 **Table 2: Hillingdon April – September 2021 - Top 5 eConsult categories**

General Advice	**26,300**	**43%**
Admin Assistance	**20,500**	**34%**
Skin Advice	**8,300**	**14%**
“My child is unwell”	**3,500**	**6%**
Cold/flu	**2,200**	**4%**

2.5 There have been inevitable teething problems associated with introducing any new technology to a care setting. Some practices have found it easier than others to introduce the digital triage facility offered by eConsult, and some patient populations have found either online or video consultations less satisfactory than a face to face appointment. The digital triage form, for instance, does still not have a satisfactory translation facility.

2.6 The NWL Digital First team have worked hard with practices to identify the problems as they arise, and to devise solutions that work in a clinical setting and that suit vulnerable patient groups. For instance, ‘e-hubs’ – across several practices or within a whole Primary Care Network – are currently being introduced to share the clinical triage workload and to book patient appointments face to face with the appropriate clinician in their practice, or telephone appointments with the next available clinician across practices. This is proving popular with both patients and clinicians.

3.0 What this means for patients

3.1 We should emphasise that prompt and straightforward digital access to a GP practice is a tool, and not a panacea. We are working closely with HealthWatch and the Digital First team, to ensure that the digital interface between patient and practice is as intuitive and simple to use as possible. With the imminent re-procurement of the online consultation software, we have set up a number of patient engagement workshops to establish patient priorities around the usability of the system, the various functions patients want to see from the system, its interaction with other practice staff and the practice’s EMIS system, and the degree of patient satisfaction, across patient cohorts with the full range of clinical needs and personal circumstances, with the system as a whole.

3.2 Appendix 1 shows the detailed patient and practice feedback collected to inform the re-procurement of the service, anticipated to roll out with the successful bidder from June 2022.

4.0 Definitions of terms used

Key requirements for an online consultation service (NHSE Digital First)

4.1 It is key for practices to offer an online consultation system that supports total triage. This is one part of moving to the digital first primary care vision so further digitisation and integration of services should be expected over time.

4.2 An Online Consultation system is a system that enables patients to contact their general practice online in a structured way, regarding the wide range of queries, requests and issues that patients usually need support with from their practice, e.g. administrative requests, clinical queries or condition management. The system will support the practice to triage these incoming contacts from patients, including the ability to flag urgent requests, to easily signpost patients to

the most appropriate service, to distribute requests to team members and to include data in the patient record with minimal manual burden.

4.3 The system will include:

- Capability for a patient to make a request to (their registered) general practice online. There should be capability for the practice to support non-digital users to go through the same process to make their request, either over the phone or in-person, as well as for parents/nominated proxy to submit an online consultation on behalf of the patient. The process should capture relevant information about the patient's request, symptoms or issue via a structured format
- The request must either go through a validated automated triage process or arrive at the practice such that the practice can then easily sort and triage the requests, and then pass them to an appropriate member of the team to respond to.
- The data submitted by the patient must be presented to the practice in a way that is easy for the practice to review, respond to and transfer into the patient record with minimal manual burden.
- Ideally there would be a two way digital engagement channel that enables the practice to securely respond to the patient via the same online system. However, some systems do not support this and so practices use other tools to respond to the request (e.g. text, phone, video)
- The system must include signposting to validated self-care advice (e.g. nhs.uk)
- The system must enable capture of outcome data to support service improvement

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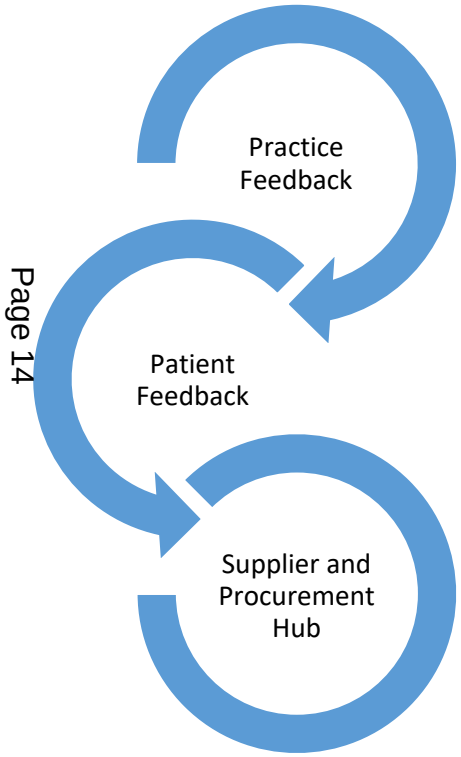
Developing the Online Consultation service specification through Patient & Practice Feedback and Opinion requests

January 2022

North West London
Integrated Care System

Constructing the service specification



The feedback from all the practices and patients have been summarized and presented to the Online Consultations Reference Group board for consideration for inclusion in the specification

This has been compared to the functionality and usability of suppliers from the EPICS that the suppliers have achieved from the Procurement Hub and the in-depth supplier reviews that have been undertaken by the National Association of Primary Care for NWL. This comparison has shown - from features wanted - what is available from the accredited suppliers on the framework

This has been presented to the OCRG along with a draft service specification, supported by a sub-group of members of the OCRG in the format prescribed by the National Procurement Hub

The final service specification has been agreed by the OCRG

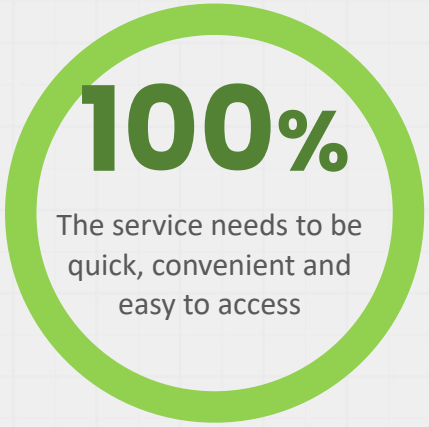
A list of pass/fail questions to initially shortlist suppliers and clarification questions for those selected shortlisted suppliers to respond to developed by the OCRG to support the procurement

The evaluator panel has been chosen from the OCRG membership to be representative from each of the boroughs for their lot 1 – EMIS Web boroughs or lot 2 SystmOne boroughs

Patient & Practice Functionality

This feedback has been included in the features section of the specification for online consultation and throughout the mobilisation and ongoing training sections.
For patients, the tool must be easy to use, convenient and support patients with self help and self referral.
For the practice, it must support workflow and not create an administrative burden.

Patients survey feedback – >1,600 respondents



Patient Usability: Co-creation Workshops/Opinion requests

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58%
Language options are essential

22%
Chatbot function

42%
Access functionality for protected characteristics

Patient Functionality: Co-creation Workshops/Opinion requests

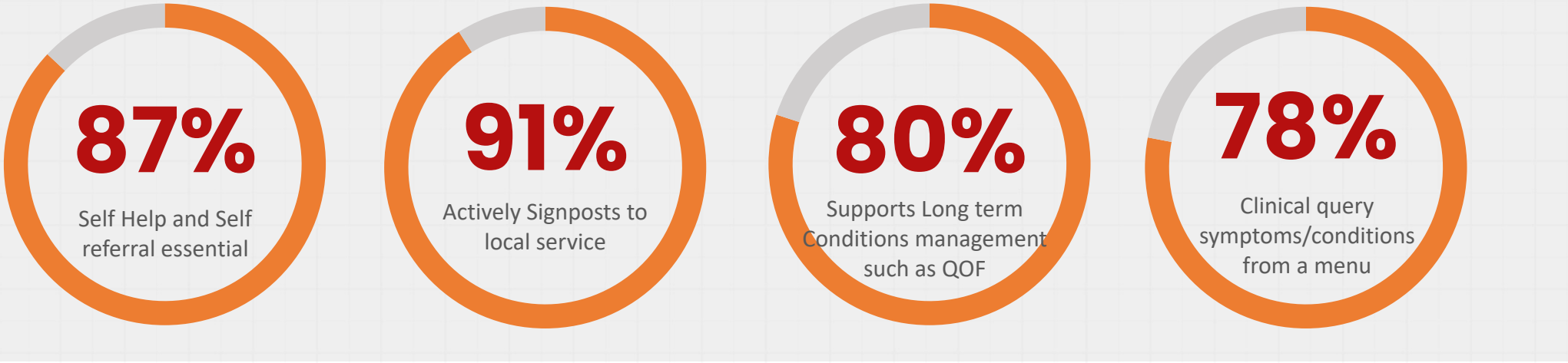
89%
Patient able to upload image, documents and videos.

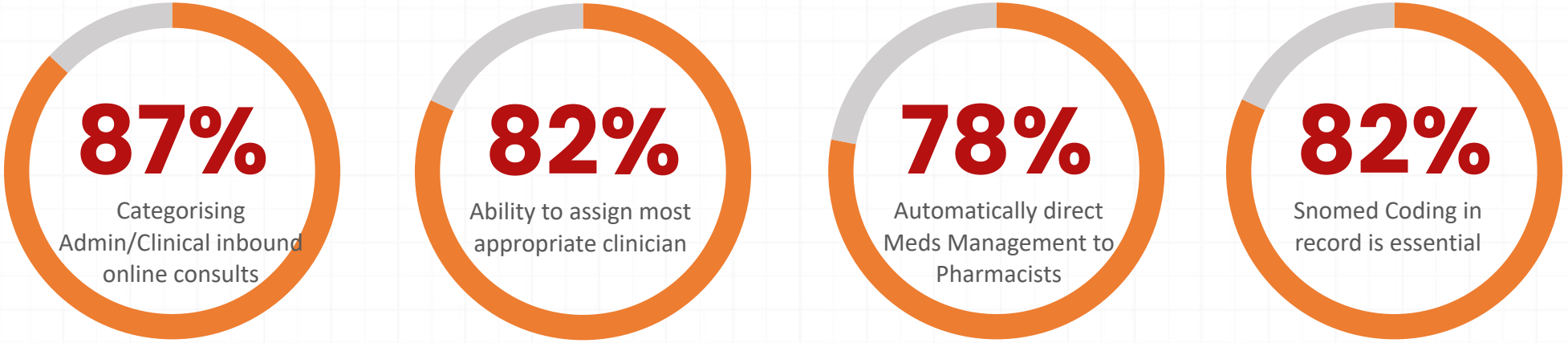
91%
Essential to allow for document uploads with Security Warning

65%
Would like Registration via NHS App

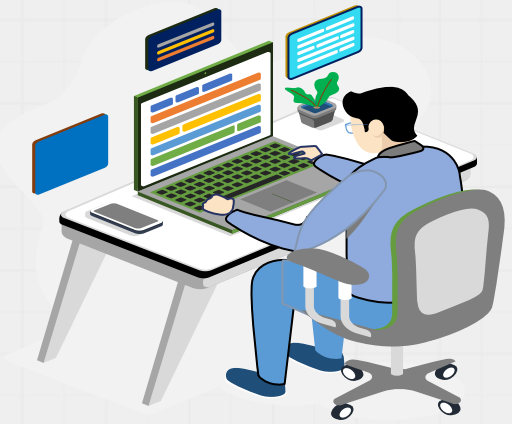
85%
Would like response time varied according to clinical safety

Practices: Co-creation Workshops/Opinion requests

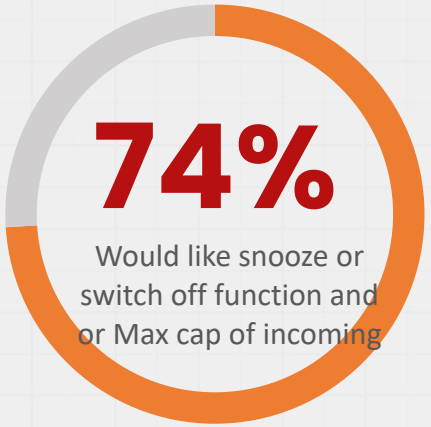




Practice Usability: Co-creation Workshops/Opinion requests



Practice Functionality: Co-creation Workshops/Opinion requests



Interoperability

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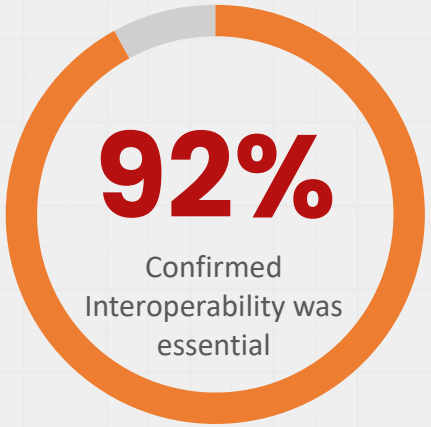
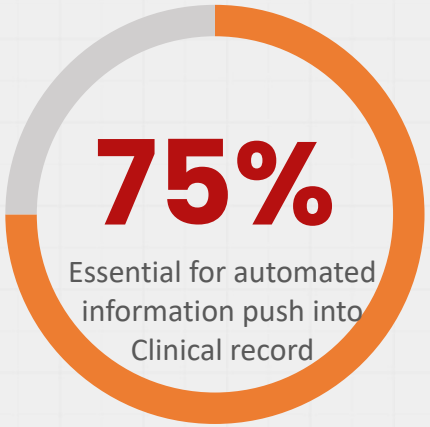
“Interoperability with practice and hub clinical systems must make the administration and use of the OC platforms they have developed as seamless as possible - within the constraints of technology, cost, and time. Contained in the service specification under patient and practice functionality and interoperability sections”

Interoperability: Co-creation Workshops/Opinion requests





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EXTERNAL SERVICES SELECT COMMITTEE - DEVELOPMENTS IN ADULT PHLEBOTOMY PROVISION IN HILLINGDON

Committee name	External Services Select Committee
Officer reporting	Richard Ellis, NWL CCG Hillingdon Borough Director
Papers with report	Appendix
Ward	n/a

HEADLINES

This paper is to brief members of the Committee on developments in phlebotomy services provided over the period of the pandemic and into recovery. Routine Phlebotomy services are now provided in practices in all PCNs with full primary care coverage across the borough.

The drivers for the transfer of Phlebotomy clinics from THHT hospital sites to general practice were outlined in the paper presented to this Committee in July 2021. This transition programme has received positive feedback from patients and staff alike and resulted in a huge fall in patient demand for the hospital Phlebotomy clinics at Mount Vernon Hospital (MVH).

Recently there have been discussions for Practices/PCNs to also offer phlebotomy for Urgent blood tests with this taking effect from mid-March 2022, with THH and MVH to have a contingency in place to support.

RECOMMENDATION

For External Services Select Committee to note:

1. **the content of the paper, and acknowledge plans by MVH to stand down routine phlebotomy clinics from 14th March 2022 in response to the transfer of the routine Phlebotomy service into Primary Care sites;**
2. **the options for urgent blood tests, to be taken at Practices/PCN level rather than MVH; and**
3. **the separate proposals by MVH for use of their phlebotomy outpatient estate.**

SUPPORTING INFORMATION

Table 1 below shows the local Borough plan for primary care Phlebotomy activity for the service from ***full*** roll out in July 2021 and the actual activity year to date as at December 2021. (Note: the activity is below plan due to vacutainer supply shortages. This has been a national issue and is still ongoing although supply availability is improving.)

Table 2 shows the activity figures for MVH Phlebotomy Clinics for 2021/22 which demonstrates the reduction in the demand for the service since Phlebotomy clinics at GP Practices were ***fully*** rolled out in July 2021 to replace the service previously provided at the Hillingdon Hospital site.

1.0 Hillingdon Borough Plan and current activity for routine bloods

Quarter	Plan	Actual Activity
Q2 – July – Sept 2021	45,835	35,006
Q3 – Oct – Dec 2021	45,835	32,437 (awaiting correct figures from one PCN so could be higher)
Q4 – Jan – Mar 2022	45,835	(40,000 expected across the quarter could be higher due to practices completing checks)
Total	**137505 (FYE Plan: 183,300)**	**80000**

2.0 MVH routine activity – (NB: figures do not include Urgent bloods or DNAs)

Note that the annual activity for phlebotomy at Hillingdon Hospital and MVH combined in 2019/20 was 175,031 (20/21 figures are not comparable due to suspension of services during lockdowns). Approximate breakdown between the two sites was: 103,000 at Hillingdon Hospital, 72,000 at MVH, with an average quarterly activity for MVH approx. 18,000 slots.

Quarter	MVH Activity 2021/22
Q2 – July – Sept 2021	8943
Q3 – Oct – Dec 2021	5484
Q4 – Jan – Mar 2022	Still tbc
Total	**14427 for 2 quarters**

The demand at MVH has fallen by 60% to date, due to the replacement of services by general practice. We believe that demand would have fallen even further without the vacutainer shortage; practices were unsure that they would have sufficient stocks to meet patient demand, and hence continued to refer to MVH in the expectation that hospital stocks were more robust.

3.0 Next steps for Routine and Urgent Phlebotomy Clinics

We believe that it now makes clinical sense for routine blood tests to be carried out entirely in general practice, and for MVH to concentrate their phlebotomy activity on their own outpatient clinics only. General practice would therefore be responsible for GP-generated blood tests and (by agreement on a case-to-case basis with the hospital) blood-tests initiated by hospital consultants prior to a referral or hospital treatment. Patients have been very supportive of this shift of phlebotomy from hospital to community, since it reduces the need for travel or hospital waits.

We have also been discussing moving urgent weekday bloods to the community, while retaining contingency support (and of course emergency cover) at THH and MVH. We have defined ‘urgent’ as ‘a test requiring same day results to inform possible changes to clinical management’. Two principal options for providing this service have been developed in consultation with practices and PCNs, and are set out in more detail in the options appraisal.

Option 1 – Practices to provide their own urgent phlebotomy, using on-site phlebotomist

Option 2 – Practices to nominate a hub practice within their PCN to receive all patients requiring an ‘urgent’ blood test that day

Practices can offer both options – by agreement within their PCN - if they think this will work best in guaranteeing continuity of service for their patients.

Since all blood tests are analysed at Charing Cross Hospital, one key logistical issue is collection and delivery of the samples to enable prompt reporting. We have agreed with the laboratories that:

- Where the urgent sample reaches the lab by 13:30 (Monday to Friday), the result will be sent back to the practice before 18.00 on the same day, so that the practice can contact the patient in the event of any adverse results
- Where the sample reaches the lab after 13.30, or if the results are not available till after 18.00, the lab will advise NHS 111 in the event of an adverse result. NHS 111 will take the necessary steps to contact the patient, and alert GP out of hours or advise attending Hillingdon A & E etc. This is the current practice by the lab for any adverse result, routine or urgent, where the referring clinician is not likely to be available to see the patient. This will ensure that full support is maintained to the patient, even on a Friday or over a Bank Holiday weekend.
- Results that prove to be ‘within limits’ will be available to the practice the next day (or Monday following Friday) in the usual way

Phlebotomy Clinic moves at MVH

The onset of the new Omicron variant of CoVID meant that in December 2021 there was a need to create a local Hillingdon Hospitals space for a NHS staff PCR swabbing hub. This has been running well over recent weeks, serving primary care, hospital staff, CNWL staff, and (by arrangement) a number of other health and local authority staff. With the changes in current Government guidance, it is likely that this service will be stood down shortly. The situation will of course be kept under close review.

As a result, phlebotomy services have been moved at MVH from its original clinic into 2 side-rooms in the Main Outpatients Department. This is consistent with the THH decant programme underway in preparation of the new build at THH, which was due to move Phlebotomy from the lower ground Annex corridor by July 2022 in any case.

To ensure safe use of the physical space, and reduce cross-infection risk between patients and staff, it is proposed to finalise the transfer of routine phlebotomy services from MVH to general practice, and concentrate the MVH service on the patients due to attend their own outpatient clinics.

There has been a history of close partnership working between MVH phlebotomy and general practice services, both before and during the pandemic, and both sides will ensure that contingency cover will be offered for urgent (and routine) tests in the event of service demand.

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This paper is to brief members of the Committee on developments in phlebotomy services provided over the period of the pandemic and into recovery. Phlebotomy services are now provided at locations across the borough with positive feedback being heard from patients and staff alike.

1.0 Introduction and Background

1.1 Covid-19 response by Hillingdon Hospitals (THH)

The outbreak of COVID-19 in 2020 has triggered reviews of many local services due to the need to reduce the risk to patients from unnecessary exposure to potential sources of COVID-19 infection, and to minimise cross-contamination through use of strict decontamination protocols.

Consequently a review of Hillingdon Hospitals' out-patient services identified that these requirements in the interests of patient safety impacted on the capacity of hospital services – for instance, by lengthening appointment slots to allow for infection prevention and control (IPC) processes - and on the use of the physical estate – for instance, by the requirement to implement social distancing guidance, to have separate entry/exit points, and waiting rooms with sufficient space to help maintain separation and reduce risk.

As a result of this reduced capacity, the number of available appointments was severely restricted. In addition, capacity was further reduced by redeployment of clinical staff to more urgent clinical duties, and by absent staff who were shielding or ill.

1.2 Consequences for Phlebotomy Services at THH

Phlebotomy Services - taking samples of patients' blood for laboratory testing and analysis - in Hillingdon have traditionally been a hospital-based service, with 86% of bloods taken in hospital-based clinics prior to Covid. Over 187,000 patient attendances were recorded annually (15,590 per month) at walk-in phlebotomy clinics at Hillingdon Hospital or Mount Vernon Hospital (MVH). A limited number of appointments were also available at 8 outreach clinics across the borough, as well as a home visiting service (operated by CNWL).

These were habitually very busy clinics, with 12 patients being seen every hour in 5-minute slots. This regularly led to long waiting-times for patients; even at the start of clinic, at 7.30 am, there were often more than 30 people waiting to be seen, with waiting-times during the day sometimes reaching 2-3 hours.

The numbers of patients involved, the limited clinical and waiting space available, and the pressures on the service meant that responding effectively to the IPC expectations caused by Covid reduced walk-in capacity at THH by 61%, since hospital appointment slots needed to lengthen to 10-12 minutes, with only 5 or 6 patients bled an hour. The impact of staff absence due to shielding or illness also meant that THH was forced to close half of the 8 outreach clinics.

Initially the impact for patients of the reduction in capacity was minimal because referrals from GPs also reduced, since they were required to focus on Covid-19 and urgent or essential services only.

By August 2020, however, the lack of capacity and the growing backlog of patients who needed blood tests led to waiting-times lengthening and considerable patient queues. This itself caused IPC concerns as the hospital outpatients waiting area can only safely accommodate 40 socially-distanced patients (as opposed to 80 pre-Covid), and MVH has very limited waiting space. The outreach walk-in clinics also proved difficult to manage social distancing in a safe manner, due to the unpredictability of the numbers of patients arriving at any one time.

In September 2020, following the Care Quality Commission's visit to Hillingdon Hospital, Trust management took the decision to close the phlebotomy clinics on the main hospital outpatient site, on the basis of patient safety and the proper protection of all staff, patients and carers attending the service.

Hillingdon CCG, with local Primary Care Networks and general practices, therefore decided to work with stakeholders, including THH and CNWL, to devise appropriate alternative arrangements that would maintain this fundamental clinical service for the benefit of patients.

2.0 A Practice-Based Phlebotomy Model

2.1 Local alignment with national good practice

As noted above, phlebotomy in Hillingdon has traditionally been hospital-based, but this is unusual both inside and outside NW London. Across London, most CCGs have had for several years a Local Enhanced Service (LES) for phlebotomy services provided by GPs in their practices, offering patients a more local and convenient service. The crisis of Covid therefore offered the opportunity to explore the feasibility of a safer service and one more local to patients' homes and communities.

Close collaboration with practices, PCNs, HHCP, CNWL and THH staff have developed the new service in 3 main stages over the last 12 months.

2.2.1 Initial Covid response (August/September 2020)

With the planned lifting of Covid restrictions last summer, there was a requirement to introduce services to manage the backlog of demand for phlebotomy, while maintaining a safe service for patients and staff. Hillingdon CCG therefore developed an interim solution to support the hospital to bridge some of its capacity gap and offer services in a safe environment. The Hillingdon GP Confederation set up and staffed 3 Primary Care sites in GP Practices, as a rapid interim solution, with the opportunity to test the running of phlebotomy in a primary care setting.

2.2.2 Interim Response to THH Phlebotomy Clinic Closure (January 2021)

The initial intention was to run this primary care-based service, alongside THH and the walk-in clinics, as a transitional service pending the development of a local phlebotomy LES from April 2021. However, the second wave of Covid-19, and the consequent decision by THHT to close its Phlebotomy clinics at Hillingdon Hospital in January 2021, meant that the CCG had rapidly to bring forward the introduction of a more locally-based service.

With the support of GPs, the Confederation, HHCP, CNWL and THH, replacement services were developed, comprising:

- new clinics in 3 GP Practices
- additional clinics at MVH and existing Community Health Centres
- extra clinics available at weekends

2.2.3 Longer Term Recovery and Management of Backlog (April 2021 to date)

Between April and July 2021, a primary care-based service has been steadily rolled out across the borough, predominantly in individual practices but with some joint services between neighbouring practices or at a shared hub. All patients in all 45 practices across Hillingdon now have access to local phlebotomy services, and no longer need to travel to THH or MVH unless for other clinical reasons.

It is likely that the existing MVH service will be transferred to practices once there is demonstrable and sustainable capacity to manage this service locally. This will have the added advantage of enabling the Trust to free up their phlebotomists to work on inpatient wards. However, this will be the subject of discussion with local practices, patients, MVH and THH staff.

Phlebotomy services continue on both hospital sites, not only for hospital ward and A & E clinical needs, but also for urgent same-day-result bleeds to support GPs with their clinical consultations, and for some specialist blood tests which require to be processed within a short time-period.

Contracting with the practices to provide this service will be done via a Locally Enhanced Service, likely to be offered from July 2021 by NWL CCG. The volumes of clinical samples will be monitored carefully throughout 21/22 to ensure that sufficient capacity is provided at local level, with appropriate waiting times and of course in a safe clinical environment. Although exact comparison of clinical activity has its own challenges, we are confident that the number of appointments offered in general practice will be higher than those historically offered in THH, with demonstrably improved local access.

A number of benefits for patients have already been demonstrated, as set out in section 3. These will continue to be monitored during 2021/22.

3. Benefits

3.1 Accessibility

Lord Carter's classic report into NHS Pathology Services concluded that: "priority should be given to ensuring that pathology services are made more responsive to users' requirements; and, in particular, that phlebotomy and sample collection services should be made more accessible and convenient"

Since 14 June, all Hillingdon practices are now offering a Phlebotomy service either in their own practice or through a hub in their local Primary Care Network. This has particularly improved access for patients in the South of the Borough by offering more convenient local access and thereby helping to reduce inequalities. We hope that, as the service becomes established, some practices will be looking to offer evening and weekend appointments.

Practices have already received feedback from their patients that they are delighted that they no longer have to travel to hospital for a blood test, with requirements for parking and associated stress. The unpredictable waiting-times had sometimes meant that patients were travelling across the Borough, and needing to wait for up to 2 hours to have a blood sample taken in a 5 minute appointment. Examples of feedback can be found at the end of this Appendix.

3.2 **Patient safety**

Offering booked appointments at the patient's practice enables safe management of patient flows and effective social distancing. Local services are safer for patients who previously were required to travel on public transport across the borough to the hospitals.

3.3 **Equality and Diversity**

There are no implications for groups with protected characteristics. An Equality Quality and Impact Assessment has been undertaken.

3.4 **Paperless system**

A practice-based service ensures that the phlebotomist has access to the EMIS GP system and is able to see the test request in the system, just as the GP is able to access the test result later at their convenience. The previous system, with transactions between the GP practice and THH, required a pathology test request from the GP. If this was mislaid, this would often cause delay and occasionally require the patient to return to the hospital with a replacement form.

3.5 **Patient Experience**

Blood tests taken in the practice offer continuity of care for patients in familiar surroundings, with a known clinician. The opportunity to choose an appointment date and time has been shown to improve patient satisfaction.

3.6 **Carers Experience**

Convenient local access means that carers will no longer have to travel to hospital with the patient they care for.

3.7 **Clinical Effectiveness**

Improved capacity and availability of urgent appointments in practices supports timely availability of test results to support evidence-based clinical intervention and reduces the need for the patient having to travel to the hospital for an urgent bleed.

3.8 **Productivity and Innovation**

Local GP-based services link with the proposals in the THH Redevelopment Plans for more community-based care, where safe and clinically sustainable. This model helps to relieve the pressure on the secondary care Phlebotomy service to focus hospital phlebotomy services on those for whom these are most appropriate, while freeing up resources to support inpatient wards.

Where practices manage their own phlebotomy services, this enables them to offer “one stop shop” services, and holistic Year of Care support, to patients with Long Term Conditions.

3.9 Staff Satisfaction

Clinical staff within the practices report improved job-satisfaction through providing holistic care to their patients. A reduced level of complaints from patients – indeed, an improved patient experience and higher satisfaction levels - supports the ability of both professional and non-clinical staff to provide the quality of care they aspire to.

4. Disbenefits

It is acknowledged that some patients prefer the convenience of walk-in services. There is some evidence that these services reduce DNAs (since there are fewer booked appointments made). However, it is evident that booked appointments are far more effective at protecting patients (and staff) from Covid infection risk.

The LES service specification enables practices/ PCNs to offer a walk-in service if they are able to manage it in a covid safe way should they feel this is best for their patient population.

5. Engagement

Due to the nature of our COVID-19 response and our requirement to expedite changes at pace to keep patients and staff safe, we have not been able to engage and consult with our local communities on these service changes in as much detail as we would normally have wished.

However, we believe that these actioned changes take into account the wider strategy outlined in the NHS Diagnostics Recovery and Renewal Plan (2020) that ‘community phlebotomy services should be improved, so that all patients can have blood samples taken close to their homes, at least six days a week, without needing to come to acute hospitals.’

Stakeholders have reviewed and assessed the most effective way to provide a more accessible service to Hillingdon patients while taking into consideration the strict infection prevention control measures that have to be adhered to as we continue to respond to the COVID-19 pandemic and the need to align services with the other 7 boroughs in NWL.

Patient feedback about the benefits and impacts of these service changes will be sought over July and August by:

- Reviews from patients who have used the phlebotomy service recently
- Practice Patient Participation Groups
- holding patient focus groups
- the general practice survey
- A patient experience questionnaire (paper and online versions) in conjunction with HealthWatch

A detailed engagement plan is being finalised.

This feedback will be collated, reviewed and used for any necessary changes in the light of experience, and will support future development and continuous improvement of the service.

BACKGROUND PAPERS

The NHS Long Term Plan: https://www.longtermplan.nhs.uk/wpcontent/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

Report of the Review of NHS Pathology Services in England Chaired by Lord Carter of Coles
Carter Report second Dec08.pdf (networks.nhs.uk)

NHS Diagnostics Recovery and Renewal Plan (2020)
BM2025Pu-item-5-diagnostics-recovery-and-renewal.pdf (england.nhs.uk)

EXAMPLES OF PATIENT FEEDBACK ON PRIMARY CARE PHLEBOTOMY SERVICE

Quote from Dr Selvi Dinakarababu Townfield Doctors Surgery Hayes.
"my patients love the practice Phlebotomy service particularly the elderly patients. When I say to them they need a blood test they say oh no I don't want to have to go to the hospital to have my blood taken. Then when I tell them that we can take the bloods in the surgery they are extremely happy"

From feedback questionnaires of The Confederation service run by St Martins (Ickenham), Kincora (Hayes) and Acorn (Uxbridge) Medical Centres

Social distancing was properly maintained by the staff. The lady who took the samples was really good and she did her job really well while maintaining all the safety measures.
Social distancing was properly maintained by the staff. The lady who took the samples was really good and she did her job really well while maintaining all the safety measures. *The lady who took my blood was incredibly gentle and calm, she made me feel completely relaxed. It was amazingly quick and painless, extremely professional! Thank you, I'm usually so nervous and faint-y with blood tests but she was perfect. I only want my blood tests done by her!*
Great! Everything very clean, organized and very friendly people! I am very happy with all the services! Miss. who collected my blood is also a love!!
Charming friendly phlebotomist
Very pleasant from reception & the person who done the phlebotomy.
The nurse the carried out my blood test was amazing kind and patient. So helpful to me as I was very teary and find this a traumatic experience. Please can she be thanked for such kindness. Thankyou. Nurse was based in room 1.
It was a wonderful experience and the staff were good and helpful

My Phlebotomist was so lovely, really pleasant and smooth. She did it so quickly and painlessly. It was all done so promptly. I was called in to my appointment very promptly and the receptionist answered all my questions. Can't speak more highly of my Phlebotomist and experience.
Person collecting my blood sample made me feel extremely comfortable when I said that I am scared about the pricking part. I am very glad and thankful for her to make me feel this good. She made my day.
Can recommend this place very highly. The very helpful and friendly receptionist was fantastic. The superb, young nurse was very caring, gentle, friendly, lovely with great manners and she knew her way with a needle. She is amazing.
The lady who did my bloods was amazing and very professional. She's a real asset to the practice and NHS
The lady that did the blood test was very good. I'm needle phobic and she put my mind at ease, was quick and reassured me throughout. The most pleasant blood test I've had.

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EXTERNAL SERVICES SELECT COMMITTEE - POLICE AND MENTAL HEALTH ATTENDANCE AT A&E

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Democratic Services
Papers with report	None
Ward	n/a

HEADLINES

To enable the Committee to get a better understanding of the pressures currently faced by partners when dealing with mental health attendances at Accident and Emergency (A&E) departments.

RECOMMENDATION: That the External Services Select Committee agrees to hold a witness session on this issue at its meeting in June 2022.

SUPPORTING INFORMATION

1. Section 136 (s136) is part of the Mental Health Act that gives police officers emergency power under the Mental Health Act 1983 to remove a person from a public place (when they appear to be suffering from a mental disorder) and take them to a place of safety. The person will be deemed by the police to be in immediate need of care and control as their behaviour is of concern. Once in a place of safety, the person's mental health can be assessed

2. Depending on the situation, a place of safety is likely to be a hospital (a health-based place of safety (HBPoS)) or a police station. Although a police station is deemed to be a place of safety for an adult, the environment could exacerbate a person's mental ill health and is therefore avoided if possible. If the patient has a physical health issue, the police may need to take them to A&E to get that physical health need addressed before addressing the mental health issues. About 70% of the patients who need to go to a Section 136 suite end up in A&E as they need physical care at the same time as going into mental health crisis (as a result of things like self harm). They can be detained in a place of safety for up to 24 hours, but this can sometimes be extended for another 12 hours.

3. An Approved Mental Health Professional (AMHP) will need to interview the person who is being detained and their assessment will help professionals decide on the next steps, which could include admission to a Section 136 suite. The Council has worked hard to train and develop a large number of AMHPs, who are usually trained social workers. AMHPs are called upon to organise, coordinate and contribute to Mental Health Act assessments and sign off hospital detentions / "sectioning".

4. There may be times when the person taken by the police to A&E under s136 is under the influence of drugs and / or alcohol. In these circumstances, the police may have to wait with the patient whilst the effects of the drugs / alcohol wear off so that a mental health assessment can then be undertaken. There will be times when the patient is then released without needing

to be admitted to the Section 136 suite as the issue was substance related rather than mental health related.

5. The Riverside Centre, based within the grounds of Hillingdon Hospital, has a two bed Section 136 suite. The Centre, which also has two adult inpatient wards that provide a safe and therapeutic environment for people with acute mental health problems, is provided by Central and North West London NHS Foundation Trust (CNWL). The service is commissioned by North West London Clinical Commissioning Group (NWL CCG).

6. It should be noted that any patient can be taken to any HBPoS in the country which means that the two s136 spaces at Riverside are not ringfenced to Hillingdon. As such, patients from places like Buckinghamshire or Surrey might be brought to Riverside and patients from Hillingdon might need to be taken to other s136 places such as Harrow depending upon availability.

7. 3-4 years ago, the local police issued around 225 s136s per year and about one in ten emergency calls in the West Area were in relation to a mental health crisis. By 2021, this had increased to around 330, with up to 20% of these instances being in relation to repeat patients, and officers were spending an average of more than 12 hours per s136 detention. A dedicated officer had been put in place in Hillingdon to focus on reducing the number of repeat mental health related attendances at A&E.

8. The London Compact for Mental Health Care[1] sets out the care that should be expected. This includes the need for someone to be seen by a mental health professional within one hour, even if in the community. Although some of the care set out in the Compact is deemed aspirational, it is clear that the minimum standards are not being met, for example, the police could be waiting for 9-12 hours in someone's house for a mental health professional to arrive.

9. In 2017, Healthy London Partnership looked at London's s136 pathway and HBPoS[2]. A key part of improving crisis care is ensuring patients have access to a Health Based Place of Safety 24/7 which includes skilled, specialist staff around the clock. There are currently around twenty HBPoS sites in London. The demand across these sites means dedicated staff cannot be available at all sites 24/7 so work needs to be undertaken to see how these sites might be configured differently across London to improve the pathway for individuals detained under s136 and meet the key standards set out in the guidelines.

10. However, the impact of the increasing number of mental health crises being experienced by an increasing number of people across the country is not just being felt by acute health professionals. The inefficiencies and gaps in the mental health care pathways are impacting on the ambulance service, the police and other services. For example, the London Ambulance Service (LAS) is routinely called out to all s136 detentions in London but, with an increase in the demand for their service, they are unable to attend around a third of these incidents in Hillingdon.

11. It appears that there needs to be a reduction in demand, an increase quality and an increase in the resources available to deal with s136 detentions. Although initiatives such as street triage would likely address the quality of the service provided, it might also increase demand.

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[1] https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2019/10/London-Mental-Health-Compact_June2019.pdf
[2] https://www.healthylondon.org/wp-content/uploads/2018/01/In-focus-S136-and-health-based-places-of-safety-Dec-2017.pdf

Insofar as the availability of resources to meet demand is concerned, it is understood that consideration is currently being given to increasing the total number of s136 places available in NWL by increasing the number of beds at the Lakeside Section 136 suite in Isleworth.

Future Action

12. Whatever action is taken to improve the s136 pathway and HBPoS in line with the Compact, it will be important to ensure that there is a mechanism in place for all of the partners involved to provide feedback on its effectiveness. This ongoing cyclical conversation would enable any shortcomings to be addressed in a timely manner to ensure that individuals who go into mental health crisis are helped to get better as quickly as possible, therefore taking the pressure off the system as a whole.

13. It is proposed that the Committee schedule in a witness session with representatives from CNWL, Hillingdon Health and Care Partners (HHCP), London Ambulance Service, London Borough of Hillingdon, NWL CCG, The Hillingdon Hospitals NHS Foundation Trust (THH) and the West Area Basic Command Unit (Metropolitan Police Service) at its meeting in June 2022. Once Members have gained a broader understanding of the issues being faced, they will be able to determine what course of action they would like to take (if any).

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EXTERNAL SERVICES SELECT COMMITTEE - WORK PROGRAMME

Committee name	External Services Select Committee
Officer reporting	Nikki O'Halloran, Democratic Services
Papers with report	Appendix A – Work Programme
Ward	n/a

HEADLINES

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

RECOMMENDATION: That the External Services Select Committee considers the Work Programme at Appendix A and agrees any additions or amendments.

SUPPORTING INFORMATION

1. Committee meetings will usually start at 6.30pm. Should the need arise, the Committee will be able to vary the start time on an ad hoc basis.

2. The meeting dates for the 2021/2022 municipal year were agreed by Council on 25 February 2021 and are as follows:

Meetings	Room
~~Wednesday 16 June 2021, 6.30pm~~	~~CR6~~
~~Tuesday 20 July 2021, 6.30pm~~	~~CR6~~
~~Wednesday 15 September 2021, 6.30pm~~	~~CR6~~
~~Thursday 7 October 2021, 6.30pm~~	~~CR6~~
~~Tuesday 23 November 2021, 6.30pm~~	~~CR6~~
~~Thursday 27 January 2022, 6.30pm~~	~~CR5~~
Tuesday 22 February 2022, 6.30pm	CR5
Tuesday 22 March 2022, 6.30pm	CR5
Wednesday 27 April 2022, 6.30pm	CR6

Live Broadcasting of Meetings

3. It should be noted that Cabinet, at its meeting on 30 May 2019, agreed that all future select committee meetings would be broadcast live on YouTube. As such, all formal External Services Select Committee meetings will be broadcast live.

Topics to be Scheduled into the Work Programme

4. To fulfil its statutory health scrutiny role, it should be noted that the Committee is required to meet with the local health trusts at least twice each year. To fulfil is statutory role to scrutinise the local crime and disorder reduction partnership (CDRP), the Committee is also required to scrutinise the work of the Safer Hillingdon Partnership (SHP).

5. At its meeting on 27 January 2022, Members agreed to include a further update on the implementation of the recommendations of the GP pressures review on the agenda for the meeting in February 2023. It was also agreed that the issue of virtual GP consultations be added to the agenda for the Committee's meeting on 22 February 2022 and that a representative from North West London Clinical Commissioning Group (NWL CCG) be invited to attend.

6. Members, at their last meeting, agreed that the next crime and disorder related meeting on 22 March 2022 be focussed on crime and disorder relating to licensed premises. It was also agreed that a representative from Neighbourhood Watch be invited to attend that meeting.

7. The Chairman advised Members at the Committee's last meeting that he had had a number of informal meetings with different partners with regard to the challenges being faced when dealing with patients detained under Section 136 of the Mental Health Act. It was agreed that a report be considered at the Committee's next meeting on 22 February 2022 setting the scene and that a witness session then be held on the issue at the External Services Select Committee meeting scheduled for June 2022. To this end, consideration of the Child and Adolescent Mental Health Service (CAMHS) provision in the Borough would be moved to the meeting scheduled for July 2022.

BACKGROUND PAPERS

None.

APPENDIX A

EXTERNAL SERVICES SELECT COMMITTEE

WORK PROGRAMME

NB – all meetings start at 6.30pm in the Civic Centre unless otherwise indicated.

Shading indicates completed meetings

Meeting Date	Agenda Item
8 September 2020 ***Report Deadline**:* *3pm Thursday 27 August 2020* *Previously scheduled for 2 September 2020*	**Crime & Disorder** To scrutinise the issue of crime and disorder in the Borough: 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS) 3. Safer Neighbourhoods Team (SNT) **Hillingdon Hospital Development Update** To receive an update on the progress of proposals for a new Hillingdon Hospital.
8 October 2020 ***Report Deadline**:* *3pm Monday 28 September 2020*	**Mount Vernon Cancer Centre Update** To receive an update on the progress of the review of the services provided at Mount Vernon Cancer Centre.
10 November 2020 ***Report Deadline**:* *3pm Thursday 29 October 2020*	**Health** Performance updates and updates on significant issues: 1. The Hillingdon Hospitals NHS Foundation Trust – CQC Inspection and Hospital Development 2. Royal Brompton & Harefield NHS Foundation Trust 3. Central & North West London NHS Foundation Trust 4. The London Ambulance Service NHS Trust 5. Public Health 6. Hillingdon Clinical Commissioning Group 7. Healthwatch Hillingdon
12 January 2021 ***Report Deadline**:* *3pm Wednesday 30 December 2020*	**Great Western Rail Line** Issues relating to British Transport Police, Network Rail and Crossrail.

Meeting Date	Agenda Item
9 February 2021 ***Report Deadline**:* *3pm Thursday 28 January 2021*	**Post Offices** An update on the provision post office services in the Borough. **COVID-19 Vaccination Update** Members to receive an update on the roll out of the COVID-19 vaccination programme as well as information on BAME COVID-related deaths and hospital admissions. **Update on the implementation of recommendations from previous scrutiny reviews:** • GP Pressures **SEPARATE BRIEFING NOTE REQUESTED FOR *(to be circulated outside of meeting):*** • Hillingdon Clinical Commissioning Group (HCCG) – Update on the effectiveness of the flu vaccination programme • Hillingdon Hospital redevelopment update
23 March 2021 ***Report Deadline**:* *3pm Thursday 11 March 2021*	**Crime & Disorder** To scrutinise the issue of crime and disorder in the Borough: 1. London Borough of Hillingdon 2. Metropolitan Police Service (MPS)
28 April 2021 ***Report Deadline**:* *3pm Thursday 15 April 2021*	**Mount Vernon Cancer Centre Review** Update on the review of services provided by the Mount Vernon Cancer Centre. **The Hillingdon Hospitals NHS Foundation Trust (THH)** Update on performance and the infection prevention and control measures put in place at Hillingdon Hospital. Update on the development of the new hospital.
29 April 2021 ***Report Deadline**:* *3pm Friday 16 April 2021*	**Health** Performance updates and updates on significant issues: 1. Central & North West London NHS Foundation Trust 2. The London Ambulance Service NHS Trust 3. North West London Clinical Commissioning Group 4. Hillingdon Health and Care Partners 5. Healthwatch Hillingdon
16 June 2021 ***Report Deadline**:* *3pm Friday 4 June 2021*	**Children's Dental Services** Review of children's dental health services in the Borough (meeting 1 of 2).

Meeting Date	Agenda Item
20 July 2021 ***Report Deadline**:* *3pm Thursday 8 July 2021*	**Children's Dental Services** Review of children's dental health services in the Borough (meeting 2 of 2). **Phlebotomy Services** To receive an update on phlebotomy services in Hillingdon.
15 September 2021 ***Report Deadline**:* *3pm Friday 3 September 2021*	**Crime & Disorder** To scrutinise the issue of crime and disorder in the Borough, specifically: the coverage and effectiveness of OWL and Neighbourhood Watch in helping to achieve the targets as set out in the Safer Hillingdon Partnership (SHP) Plan. **Children's Dental Services** Consideration of the draft final report in relation to children's oral health in Hillingdon.
7 October 2021 ***Report Deadline**:* *3pm Monday 27 September 2021*	**Mount Vernon Cancer Centre Review** Update on the review of services provided by the Mount Vernon Cancer Centre. **Health Updates** Performance updates and updates on significant issues: 1. The Hillingdon Hospitals NHS Foundation Trust 2. Central & North West London NHS Foundation Trust 3. Royal Brompton and Harefield NHS Foundation Trust 4. North West London Clinical Commissioning Group 5. Hillingdon Health and Care Partners 6. Local Medical Committee 7. Healthwatch Hillingdon
23 November 2021 ***Report Deadline**:* *3pm Thursday 11 November 2021*	**Journalism & Local Democracy** To scrutinise the role of journalism and internet forums in local democracy in Hillingdon.
27 January 2022 ***Report Deadline**:* *3pm Monday 17 January 2022*	**The Hillingdon Hospitals NHS Foundation Trust (THH)** Update on the development of the new hospital. **Update on the implementation of recommendations from previous scrutiny reviews:** • GP Pressures

Meeting Date	Agenda Item
22 February 2022 ***Report Deadline**:* *3pm Thursday 10 February 2022*	**Hillingdon Health & Care Partnership (HHCP) / Integrated Care System (ICS)** To receive an update on the work and effectiveness of HHCP and the ICS. **Phlebotomy Services** To receive an update on phlebotomy services in Hillingdon. **Virtual GP Consultations** To receive an update on the provision of virtual GP consultations.
22 March 2022 ***Report Deadline**:* *3pm Thursday 10 March 2022*	**Crime & Disorder** To scrutinise the work of the Safer Hillingdon Partnership, specifically: 1. Metropolitan Police Service 2. London Fire Brigade 3. Neighbourhood Watch 4. Licensing
27 April 2022 ***Report Deadline:*** *3pm Wednesday 13 April 2022*	**Health Updates** Performance updates and updates on significant issues: 1. The Hillingdon Hospitals NHS Foundation Trust 2. Central & North West London NHS Foundation Trust 3. Royal Brompton and Harefield NHS Foundation Trust 4. North West London Clinical Commissioning Group 5. Hillingdon Health and Care Partners 6. Local Medical Committee 7. Healthwatch Hillingdon
June 2022 ***Report Deadline**:* *TBA*	**Police and Mental Health Attendance at A&E** To receive information from the following partners in relation to the challenges faced when dealing with patients detained under Section 136 of the Mental Health Act: 1. Central & North West London NHS Foundation Trust (CNWL) 2. Hillingdon Health and Care Partners (HHCP) 3. London Ambulance Service (LAS) 4. London Borough of Hillingdon (LBH) 5. North West London Clinical Commissioning Group (NWL CCG) 6. The Hillingdon Hospitals NHS Foundation Trust (THH) 7. West Area Basic Command Unit (Metropolitan Police Service)
July 2022 ***Report Deadline**:* *TBA*	**CAMHS Update** To receive an update on a specific area of the service (to be determined).

Possible future single meeting or major review topics and update reports
1. Preventative health – this could be in relation to obesity, childhood immunisations, cancer screening, etc; 2. Apprenticeships and adult learning; 3. Environment Agency – work undertaken in Hillingdon with regard to river maintenance and upkeep (not canals or water treatment) to possibly include input from organisations such as Colne Valley Landscape Partnerships; 4. Digital Connectivity – to scrutinise the issue of digital connectivity in the Borough with regard to the impact on the community and local economy, and assess community buy in to introducing a more advanced technology infrastructure; 5. Brunel University; and 6. Palliative care and hospice provision in the Borough.

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