EXTERNAL SERVICES SCRUTINY COMMITTEE - UPDATE ON THE PROVISION OF HEALTH SERVICES IN THE BOROUGH

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REASON FOR ITEM

To enable the Committee to receive updates and review the work being undertaken with regard to the provision of health services within the Borough.

OPTIONS AVAILABLE TO THE COMMITTEE

Members are able to question the witnesses and make recommendations to address issues arising from discussions at the meeting. Members may also request further information from witnesses.

INFORMATION

At its meeting on 8 October 2015, the Committee requested that, to ensure Members gain the most value from this meeting, witnesses ensure that they address the issues raised in the key lines of enquiry and cover any other issues not included in this report in their presentations.

The Hillingdon Hospitals NHS Foundation Trust (THH)

The Hillingdon Hospitals NHS Foundation Trust (THH) provides services from both Hillingdon Hospital and Mount Vernon Hospital. THH delivers high quality healthcare to the residents of the London Borough of Hillingdon and, increasingly, to those living in the surrounding areas of Ealing, Harrow, Buckinghamshire and Hertfordshire, giving a total catchment population of over 350,000 people. Providing the majority of services from the Trust, Hillingdon Hospital is the only acute hospital in Hillingdon with a busy Accident and Emergency department, inpatients, day surgery and outpatient clinics.

THH provides some services at the Mount Vernon Hospital, in co-operation with the East & North Hertfordshire NHS Trust. Mount Vernon Hospital has a modern Diagnostic and Treatment Centre and new buildings house four state-of-the-art operating theatres to carry out elective surgery, plus outpatient services, a spacious waiting area and coffee shop.

The Trust has been awarded £12.4 million from the Department of Health to re-engineer its Emergency Care Department at Hillingdon Hospital. This was the second largest successful bid awarded to London Trusts, as part of a wider £330 million allocation for England. The aim of the project is to redesign emergency care pathways to reflect best practice for increasing primary care and reducing admission and length of stay in hospital. Alongside this, a new Urgent Care Centre has been developed offering quick treatment to patients who do not need the full A&E service.

It is anticipated that the redevelopment will see improvements made to the hospital's A&E department, paediatric emergency department, acute medical admissions unit and endoscopy unit. The design of the building and changes in the clinical pathways were developed in conjunction with patient groups, the clinical staff and local GPs. Dr Richard Grocott-Mason, the Trust's Joint Medical Director, said: "The guiding principle behind our plans is to ensure that

patients can access the right service at the right time. This redevelopment will improve the care we can offer to patients and help to shorten the time that they spend in hospital. It will also strengthen the Trust's position as a 'fixed point' for acute care as identified by the North West London 'Shaping a healthier future' programme."

Shaping a healthier future (SAHF)

Members noted at the meeting on 12 May 2015 that SaHF developments would result in many additional maternity patients going to Hillingdon Hospital to give birth. A detailed assurance process was followed to ensure that adequate measures were in place for the transfer and had resulted in the transfer of services from Ealing being delayed. As well as having enough beds in place at Hillingdon to accommodate the increase in births, the Trust would need to ensure that there were enough nurses and doctors - some of the additional staff required would come from Ealing Hospital and any staffing gaps would need to be addressed, e.g., specialist registrars, community midwifery, etc.

Diabetes

At its meeting on 17 June 2015, the Committee requested further information from THH at a future meeting in relation to the schools outreach work that had been undertaken by the Paediatric Diabetes team. As this work had clear links to the work undertaken by other bodies such as Public Health in relation to obesity, healthy eating, sport engagement, this update would enable Members to enquire about how this work was joined up.

A number of improvements have arisen from complaints made to THH. These have included the provision of training for diabeticare staff to remove plaster casts. On 14 July 2015, Members requested that Ms Bev Hall forward information in relation to the number of patients using the diabetes / podiatry service and whether the service tend to be for the more serious cases.

Complaints

On 22 September 2015, the BBC published an article on its website entitled *'No apology' tops patient complaints*. In 2014-15, Parliamentary and Health Service Ombudsman ranked THH as the 7th highest in terms of investigations per 100,000 clinical episodes undertaken by the Ombudsman.

Rather than reinventing the wheel, Members suggested on 14 July 2015 that solutions to issues that had arisen through complaints be shared with other Trusts. Although each complaint is unique, it is recognised that there may be solutions identified which could be implemented by other Trusts. Ms Hall had agreed to establish whether this kind of information sharing was something that was undertaken by THH and forward her findings to the Committee.

CQC Inspection

THH was inspected by the CQC in October 2014 with the resultant inspection reports being published in February 2015. The CQC then undertook a re-inspection of the following areas in May 2015 to establish what measures had been put in place to address issues that had been identified, with its findings published in a report in August 2015:

- Urgent and emergency services;
- Medical care;
- Surgery; and
- Services for children and young people.

On 30 September 2015, the Committee was advised that the Trust Board was now focussing on its role in the CQC's findings and was effectively undertaking a root cause analysis. For example, was the Board looking at the right information and how could it cut through to the issues that mattered? Consideration had also been given to how staff could be empowered to resolve smaller issues as they arose.

It is noted that there are a small number of actions arising from the CQC inspections which will take longer to address and which might require support. The age of the premises means that it is challenging to manage and will require significant investment to ensure full compliance. Furthermore, activity pressures and market forces have affected THH's compliance with staffing. This is particularly relevant in the run up to the winter pressures and is further compounded by the restriction that Monitor places on trusts in relation to a maximum agency spend.

Physicians Associates (PAs)

There are currently approximately 200 Physicians' Associates (PAs) in the UK. Working with Brunel University, THH advised the Committee on 30 September 2015 that it was looking to become a pilot for employing PAs using a model that had been agreed by the Royal College of Physicians. PAs, the idea for which originates from the USA, have degrees but are not medically qualified. Mr DeGaris agreed to provide Members with more detailed information about PAs and their role.

Staffing

Housing costs can deter potential new staff from moving to the area from outside London. Conversely, younger nurses might initially be more tempted by the excitement of central London hospitals but return to the outer London boroughs as a result of the difference in housing costs. The THH workforce comprises a large number of more mature/settled individuals, with the younger workforce tending to turn over more quickly. At the meeting on 30 September 2015, it was suggested that consideration be given to whether the younger contingent in Hillingdon made up a greater proportion of the overall workforce than it did in other areas. Furthermore, it was suggested that THH investigate similar trusts outside of London to compare the measures that they had in place with regard to staff retention. Although comparisons are made with a national peer group in relation to things like performance, Mr DeGaris agreed to speak to the Board about the possibility of extending this to recruitment and retention.

When previously recruiting nurses from abroad, the Trust had invested in the provision of temporary accommodation for them at Mount Vernon. This enabled them to explore the area together and find their feet before securing more permanent accommodation for themselves elsewhere. As this is an ongoing issue for other organisations, such as Harefield Hospital and Brunel University, consideration was being given to a collaborative solution.

Staffing levels are monitored by the Trust Board every month in a public meeting (broken down by agency, permanent, etc). In total, THH employs approximately 450-500 nurses on acute wards and, at the end of September 2015, carried approximately 50 vacancies. Although this is lower than it has been (and lower than some trusts), effort is being made to reduce this further. Mr DeGaris agreed to forward this information to the Committee.

Central and North West London NHS Foundation Trust (CNWL)

CNWL is a large and diverse organisation, providing health care services for people with a wide range of physical and mental health needs. The Trust employs approximately 7,000 staff to

provide more than 300 different health services across 150 sites. CNWL services in Hillingdon cover a broad range of both mental health and physical health community services as follows:

a) Mental health - Adult mental health both inpatient services and community based services, older adult mental health services including inpatient services, community based provision and specialist memory service, psychiatric liaison services with in-reach to Hillingdon Hospital A&E and wards, IAPT, mental health rehabilitation, addiction services, (drugs and alcohol), and child and adolescent mental health services (CAMHS).
b) Community physical health - including Rapid Response service to prevent unnecessary hospital admission, both adult and paediatric speech and language therapy, specialist community dentistry, home-based children's nursing service, adult district nursing, specialist community paediatricians as part of the Child Development services, school nursing service, specialist wound care services, adult home-on and rehabilitation services, wheelchair service, health visiting, Hillingdon Centre For Independent Living (HCIL), Looked After Children specialist team, community based palliative care team, inpatient intermediate care ward (Hawthorn Intermediate Care Unit), Podiatry and musculo-skeletal physiotherapy services.

CNWL services are delivered in a variety of settings; predominantly in patient's homes but also in hospital settings, GP practices, health centres, schools and children's centres. Approximately 1,000 CNWL staff work across the London Borough of Hillingdon with around 600 of these living in the Borough.

Child & Adolescent Mental Health Services (CAMHS)

Hillingdon CAMHS provides community mental health services to children and young people up to the age of 18 with complex mental health difficulties and their families in a range of different ways depending on their needs. The types of difficulties dealt with by CNWL are predominantly what would be described as Tier 3 (complex and severe) CAMHS services. Due to resourcing issues, there is a limited service provided at Tier 2 (mild/moderate):

- Complex emotional and behavioural problems
- Deliberate self-harm
- Anxiety and depression and serious mental illness such as psychosis and eating disorders
- Family relationship issues and parenting
- Hyperactivity or poor concentration (ADHD, ASD)
- School refusal
- Children with mental health needs related to learning difficulties, physical illness or disability
- Challenging behaviour

Psychologists, psychiatrists and therapists provide assessment and treatment packages for children, young people and their families. Treatment may include cognitive behaviour therapy (CBT), family therapy, play therapy and individual/group psychotherapy. Medication is also used when appropriate and carefully monitored by the doctors.

Tier 4 inpatient services for children with the most serious problems, are not provided by CNWL for Hillingdon children. This service is commissioned from a variety of providers via NHS England (NHSE).

At the meeting on 15 July 2014, it was recognised that there had been a number of commissioning gaps in the CAMHS service provided in the Borough and Members were advised that work was underway with the CCG and local authority to address these issues.

The CQC undertook an inspection on CNWL in February 2015 and had identified resourcing and waiting time issues in relation to CAMHS. Members were advised on 14 July 2015 that CNWL had been working closely with Hillingdon Clinical Commissioning Group (HCCG) to implement a waiting list initiative which could be extended into 2016/2017, subject to funding being provided by HCCG. Although Members were pleased that this issue was being addressed, concern was expressed about the long term sustainability of these measures if funding was only available until 2016/2017. It was noted that longer term measures would be planned at a North West London level.

With regard to CAMHS, there appears to be more complex Tier 3 cases in Hillingdon presenting to services. As a result, there is a need for HCCG, CNWL and the Council to work closely to address this demand through the adoption of preventative and early intervention measures. On 14 July 2015, it was recognised that consideration would need to be given to the way that services are commissioned and prioritised to identify the greatest current need as well as the greatest future need and prioritising these needs based on limited resources.

CQC Inspection

The CQC inspection rated community based mental health services for adults of working age and the ward for older people with mental health problems as 'requires improvement'. At the External Services Scrutiny Committee meeting held on 14 July 2015, it was noted that a number of environmental issues were being addressed (for example, the configuration of a ward) and were expected to be resolved by the end of the week. Ms Cox had noted that she would be happy to return to a future meeting to update Members on the service redesign that was being undertaken in relation to community mental health services for adults.

Members have been assured that, whilst they were tackling the 'musts' identified in the CQC report, CNWL would also look to address the 'shoulds'. The CQC will re-inspect the Trust at a future time to ensure that action has been taken to address the issues that were highlighted in the report.

Funding

It has been recognised that Hillingdon has been historically underfunded but that this funding was increasing (although it was still lower than its statistical neighbours). On 14 July 2015, Dr Reva Gudi agreed that she would provide further information in relation to the comparative mental health funding gap in Hillingdon at a future meeting and any impact this underfunding might have had on patient outcomes.

Royal Brompton and Harefield NHS Foundation Trust (RB&H)

Royal Brompton & Harefield NHS Foundation Trust is the largest specialist heart and lung centre in the UK, and among the largest in Europe. The Trust works from two sites: Royal Brompton Hospital in Chelsea, West London; and Harefield Hospital near Uxbridge.

RB&H is a partnership of two specialist hospitals which are known throughout the world for their expertise, standard of care and research success. As a specialist Trust, it only provides treatment for people with heart and lung disease. This means that its doctors, nurses and other healthcare staff are experts in their chosen field, and many move to the RB&H hospitals from

throughout the UK, Europe and beyond, so they can develop their particular skills even further. The Trust carries out some of the most complicated surgery, offers some of the most sophisticated treatment that is available anywhere in the world and treats patients from all over the UK and around the globe.

The organisation has a worldwide reputation for heart and lung research. It works on numerous research projects that bring benefits to patients in the form of new, more effective and efficient treatments for heart and lung disease. The Trust is also responsible for medical advances taken up across the NHS and beyond. Each year, between 500 and 600 papers by researchers associated with the Trust are published in peer-reviewed scientific journals, such as *The Lancet* and *New England Journal of Medicine*.

The service at Harefield Hospital has developed rapidly into a busy 24/7/365 acute cardiac centre. To ensure that RBH is able to meet the increasing demand, it had put investment plans in place to expand capacity at Harefield Hospital as a precursor to larger scale redevelopment on the site. It is anticipated that the three phases to the redevelopment will result in a 20% increase in capacity at Harefield Hospital:

- Phase 1 - to provide an additional 6 critical care beds, a new purpose built scanning centre and a new 18 bed inpatient ward (Holly Ward).
- Phase 2 - to provide an endoscopy / minor procedures facility and more day case / short stay beds and a daycare lounge. In addition, Oak Ward will be rebuilt as a 2 storey ward (providing an additional 30 beds), the hospital entrance will be reconfigured and the lodge house will be converted for use by up to 4 patients who are medically but not socially fit for discharge.
- Phase 3 - will see the creation of a new purpose built 3 storey graduated care unit, an imaging centre and bring together 48 critical care and high dependency beds. It is anticipated that this will be completed in the next 3-4 years.

At its meeting on 14 July 2015, the Committee was advised that the planning application for Phase 1 had been granted and consideration was being given to the development of a traffic management plan to mitigate the impact of additional vehicles and reduce the usage of cars by patients and staff - it was anticipated that this project would be completed in the next financial year.

Although the planning application for Phase 2 has been granted, consideration will now need to be given to the associated finances. With regard to Phase 3, effort will be made to undertake private fund raising to support this project.

NHS Hillingdon Clinical Commissioning Group (HCCG)

The proposal for new clinical commissioning groups was first made in the 2010 White Paper, 'Equity and Excellence: Liberating the NHS' as part of the Government's long-term vision for the future of the NHS. In order to shift decision-making as close as possible to patients, power and responsibility for commissioning services was devolved to local groups of clinicians. The role of CCGs is set out in the Health and Social Care Act 2012 and specifies that CCGs will:

- Put patients at the heart of everything the NHS does
- Focus on continually improving those things that really matter to patients – the outcome of their healthcare
- Empower and liberate clinicians to innovate, with the freedom to focus on improving healthcare services

The CCG is a group of local GPs and health professionals that is responsible for planning and designing local health services for Hillingdon residents. It is responsible for buying/commissioning health services (including community health and hospital services) for people in Hillingdon. These services include:

- Planned hospital care
- Urgent and emergency care
- Rehabilitation care
- Community health services
- Mental health and learning disability services

The organisation covers the same geographical area as the London Borough of Hillingdon and is made up of all 48 GP practices in the Borough. It works with patients and health and social care partners (e.g., local hospitals, local authorities and local community groups) to ensure services meet local needs.

The CCG has a governing body which meets in public each month and the agendas and papers for these meetings can be found on the CCG website. The governing body is made up of GPs from the Hillingdon area and at least one registered nurse and one secondary care specialist doctor.

At its meeting on 14 July 2015, the Committee expressed concern that, despite public engagement being incredibly important, many meetings held by HCCG are not open to the public. Many HCCG meetings have lay member and Healthwatch representation but it was recognised that it was important that the public understood how and why HCCG made decisions to maintain transparency. As such, Dr Gudi agreed to take these comments back to the Board.

Hillingdon CCG is overseen by NHS England (NHSE) at a national level. NHSE is the body that ensures that clinical commissioning groups have the capacity and capability to successfully commission services for their local population. As well as overseeing clinical commissioning groups, NHS England commissions the following services itself:

- General Practice
- Pharmacy
- Dentists
- Specialist services (i.e. those required by a limited number of people)

<u>Joint Commissioning</u>

On 1 April 2015, the CCG commenced joint commissioning with NHSE with their first joint meeting taking place on 21 May 2015 where they would be able to discuss the need for a GP practice in Heathrow Villages and then update the Committee at a future meeting. It had been suggested by the Committee that the HCCG and NHSE also consider the difficulty that many residents experienced in getting an appointment with their GP.

Although a governance structure would be put in place to support joint commissioning, it would meet in common with the other NWL CCGs. However, only HCCG and NHSE are able to make decisions with regard to Hillingdon primary care. Currently, GPs tend to feel distanced from their commissioner (NHSE) and it is anticipated that the move to joint commissioning will enable better integration of services and closer working relationships.

HCCG is only able to hold contracts with individual practices and can only commission services that fall outside of the core contracts. As such, to enable HCCG to commission services from

the Networks under joint commissioning arrangements, Members have been advised that the HCCG hopes to develop "wrap around" contracts to deliver services across a Network (e.g., in relation to services such as Saturday appointments or the provision of a dedicated diabetes service). On 17 March 2015, the HCCG advised that consideration would be given to moving to delegated commissioning after six months of joint commissioning with a view to potentially transitioning after one year. However, this change will require the HCCG membership to take another vote and the Committee would be provided with an update in due course. The deadline for applications to NHSE this year for full delegation was 6 November 2015.

St Andrews Park

Members have previously expressed concern in relation to the provision of a GP practice on the new St Andrews Park development site and have been advised that the developers were considering the possibility of a GP hub on the site (rather than a single handed GP practice). In the meantime, with approximately 5,000 residents expected to move to the site, Ms Jacob advised the Committee on 17 March 2015 that HCCG was working with NHS Property Services to ensure s106 money was utilised in surrounding practices to create physical capacity to mitigate the increasing demand on GPs in the surrounding area.

Better Care Fund

The CCG is working with the Council and key voluntary and community sector organisations to provide more services that cover both health and social care. Government funding has been made available through the Better Care Fund to support specific services that are provided to patients using health and social care, in the first instances, targeted at services for the over 65s.

The London Ambulance Service NHS Trust (LAS)

The London Ambulance Service NHS Trust (LAS) is the busiest emergency ambulance service in the UK to provide healthcare that is free to patients at the time they receive it. The Trust works closely with hospitals and other healthcare professionals, as well as with the other emergency services and is the only NHS Trust that covers the whole of London. It is also central to the emergency response to major and terrorist threats in the capital.

The 999 service LAS provides to Londoners is purchased by Clinical Commissioning Groups and its performance is monitored by NHS England but, ultimately, LAS is responsible to the Department of Health. LAS has over 5,000 staff, based at ambulance stations and support offices across London and its accident and emergency service is split into three operational areas: west, east and south. Each of these areas is managed by an assistant director of operations, and each ambulance station complex has its own ambulance operations manager.

CQC Inspection

The CQC undertook an inspection of the LAS in June 2015 and the resultant report is expected imminently. Members were advised by Ms Zoe Packman at the meeting on 17 June 2015 that representatives from the External Services Scrutiny Committee would be invited to attend the quality summit meeting.

Calls

At the meeting on 17 June 2015, Members were advised that work had been planned in relation to the extensive number of frequent callers which put addition pressure on the limited resources of the Trust. To this end, a Darzi fellow had been appointed to review this issue from September 2015.

The LAS works closely with the Metropolitan Police Service, Urgent Care Centres and clinics to triangulate information and share intelligence about common frequent callers. In addition, the LAS has an information sharing agreement in place with social services - although these agreements need to be in place before information can be shared, this is not an onerous process. Concern has been expressed that information sharing in relation to persistent callers is not as joined up as it could be. Once the Darzi fellow was in post, consideration could be given to attending a future meeting of the External Services Scrutiny Committee to discuss the matter further with Members.

Calls to the LAS are triaged to determine the level of response that they require. For example, a cardiac arrest or a major road traffic accident will result in an auto dispatch of a single responder and an ambulance. Fast response cars are not required for all calls as they tend to only be used to deal with critical issues. There are times when a call may have been deemed to be critical and a fast response car dispatched but that, as the call progresses, more detail about the situation comes to light and it transpires that the car is not required. However, as the cars are not always recalled in these situations, work is underway to rectify this use of resources.

Mental Health

As mental health continues to feature prominently in the work of the LAS, six mental health nurses have been appointed to support the teams from the clinical hub. Members were advised on 17 June 2015 that the review of the mental health pathway was a continuing area of work and, to this end, mental health focus groups were being organised to better understand how the service could be improved. In addition, work had been undertaken to ensure that the staff voice was considered (for example, there were a large number of individuals training to become paramedics and, as possible future members of staff, it was thought important to listen to their feedback).

Defibrillators

On 17 June 2015, Members were advised that work was underway to map out the location of all defibrillators in London to provide the LAS with a broader picture to enable identification of the closest equipment at the time it was required.

Serious Incidents

With regard to serious incidents, information is shared with the patient concerned and their family. This information is then anonymised and included within a report to the LAS Board. The Trust will then work with other services, for example, the hospital, to address any particular issue of concern and then report on the lessons learnt. To ensure that this information is scrutinised by the local authority, it was agreed at the meeting on 17 June 2015 that future reports would be shared the Committee and that every effort would be made to attend those External Services Scrutiny Committee meetings that they were invited to.

Foundation Trust Status

Members were advised on 17 June 2015 that the LAS had paused its application to become a Foundation Trust (FT) to ensure that it met 100% of the FT criteria. There is no longer a fixed deadline for the LAS to become an FT and alternative options are now available to the Trust (for example, an alternative organisational structure). Consideration will need to be given to the best option for the Trust. If the LAS does continue with its FT application, it would welcome the Committee's support.

Healthwatch Hillingdon

Healthwatch Hillingdon is a new health watchdog run by and for local people. It is independent of the NHS and the local Council. Healthwatch Hillingdon aims to help residents get the best out of their health and care services and give them a voice so that they can influence and challenge how health and care services are provided throughout Hillingdon. Healthwatch Hillingdon can also provide residents with information about local health and care services, and support individuals if they need help to resolve a complaint about their NHS treatment or social care.

From April 2013, Healthwatch Hillingdon replaced the Hillingdon Local Involvement Network (LINk) and became the new local champion for health and social care services. It aims to give residents a stronger voice to influence how these services are provided. Healthwatch Hillingdon is an independent organisation that is able to employ its own staff and volunteers.

Healthwatch aims to listen to what people say and use this information to help shape health and social care services. It will help residents to share their views about local health and social care services and build a picture of where services are doing well and where they can be improved. It will use this information to work for improvements in local services. Healthwatch Hillingdon will also provide residents with information about local health and care services including how to access them and what to do when things go wrong. It will help refer people to an independent person who can support them in making a complaint about NHS services.

Healthwatch Hillingdon has recruited eight Board Members to join the Chairman, Jeff Maslen, on the Board. This Board contains a balance of strong strategic leadership, governance, organisational and financial skills required to lead the new organisation. The Board will be able to represent the communities which it serves and ensure there is a good understanding of the broad areas of health and social care.

Listen to Me!/Seen & Heard

In December 2014, Healthwatch Hillingdon published an interim report entitled *Listen to Me!* which provided a snapshot of young people's views of mental health and emotional wellbeing services in Hillingdon. In July 2015, a further report (*Seen & Heard - why not now?*) was published. This report built on the previous report and was the second in a series exploring the condition of services for children and young people experiencing mental health difficulties. A third wave, to be undertaken towards the end of 2015, would look at the changes being made to improve services and deliver the new solutions that are needed now more than ever.

Healthwatch Hillingdon's engagement work in this area aimed to:

- Develop a better understanding of what it was like to be a service user trying to get care for yourself or a loved one;
- Contribute to the planning and commissioning process – ensuring services better meet the expectations of young people, parents and carers;
- Help transform services so they prevent problems instead of picking up the pieces; and
- Gather insight for benchmarking against future service improvements.

Local Medical Committee (LMC)

Londonwide LMCs supports and acts on behalf of 27 Local Medical Committees (LMCs) across London. LMCs represent GPs and practice teams in their negotiations with decision makers and stakeholders from health and local government to get the best services for patients. They are elected committees of GPs enshrined in statute. Londonwide LMCs and LMCs also provide

a broad range of support and advice to individuals and practices on a variety of professional issues.

A local medical committee is a statutory body in the UK. LMCs are recognised by successive NHS Acts as the professional organisation representing individual GPs and GP practices as a whole to the Primary Care Organisation. The NHS Act 1999 extended the LMC role to include representation of all GPs whatever their contractual status. This includes sessional GP and GP speciality registrars. The LMC represents the views of GPs to any other appropriate organisation or agency.

In the United Kingdom, LMCs have been the local GP committees since 1911. They represent all General Practitioners in their geographical area which is historically coterminous with the successive Primary Care Organisations or other healthcare administrative areas. As the organisation and complexity of primary care has increased and along with the call for increased professionalism and specialisation of, for instance, negotiators, LMCs' administrative structures have developed from a pile of papers on the kitchen table of the LMC medical secretary to permanent staff and offices with substantial assets. This has allowed the LMCs to develop relationships ranging over time, topic and space between mutual suspicion and antagonism to useful cooperation for common benefit with NHS administrative organisations.

Maternity

At the meeting held on 14 July 2015, Members were advised that, with regard to the changes to the maternity services in Hillingdon, Ealing CCG had suggested that GPs take on at least three more antenatal appointments per patient to alleviate the pressure. Whilst GPs would accept taking this additional work on, as antenatal care had come under the auspices of midwives for so long, GPs had become deskilled and would require additional training.

Care Quality Commission

The role of the Care Quality Commission (CQC) is to make sure that hospitals, care homes, dental and GP surgeries, and all other care services in England provide people with safe, effective, compassionate and high-quality care, and encourage these organisations to make improvements. The CQC does this by inspecting services and publishing the results on its website to help individuals make better decisions about the care they receive.

Inspecting all health and social care services in England is not the only role the CQC undertakes. To make sure people receive safe and effective care, the CQC also takes enforcement action, registers services and works with other organisations. The CQC believes that everyone deserves to receive care that is safe, effective, compassionate and high-quality. For this to happen, the CQC inspects hospitals, care homes, GPs, dental and general practices and other care services all over England.

Since the beginning of October 2014, the CQC has undertaken a number of inspections including The Hillingdon Hospital NHS Foundation Trust, Central and North West London NHS Foundation Trust and London Ambulance Service NHS Trust. At its meeting on 30 September 2015, the Committee posed a number of queries for which the CQC has provided the following responses:

- What are the CQC's general expectations, in terms of realistic action that can be taken by a Trust, during the period between inspection and re-inspection? ***CQC RESPONSE:*** *Meeting the regulatory actions including compliance actions and warning notices in either the time prescribed by us or the time the trust agreed with us post the original inspection.*

As the inspection was a focused inspection, it was not planned or inspected for every aspect of concerns that we had raised in our original report to have been addressed. Hence the focus on the warning notices and inadequate ratings where are concerns were most acute.

- After how many observations of a particular poor practice would the CQC deem something to be an issue of concern? ***CQC RESPONSE:*** *That depends on the poor practice observed such as: its impact of the patient: likelihood it will happen again; and the organisation's response to us pointing out the poor practice. In most instances poor practice will need to be corroborated with additional examples or other evidence but there is always the possibility one element of poor practice can stand alone if the impact is high.*
- Do CQC inspectors have a set template by which they assess a trust and do they have the ability to use their own discretion? ***CQC RESPONSE:*** *The template is made clear in the provider handbook.* ***http://www.cqc.org.uk/sites/default/files/20150327_acute_hospital_provider_handbook_march_15_update_01.pdf***
- In future, will trusts be given the opportunity to have their inspection reports revised where there are proven inaccuracies? ***CQC RESPONSE:*** *They are always given that opportunity before a report is published. Organisations are given 10 working days to review our draft report. The comments are then reviewed by us but we can accept or not accept a suggested change. Obvious factual inaccuracies such as incorrect bed numbers will be changed but areas of context are more likely to be challenged back.*
- Does the CQC make any allowances for a trust's decreased service quality as a result of a high number of agency staff? ***CQC RESPONSE:*** *I would challenge the assumption in your question. Service quality should not automatically decrease because you have agency staff. In addition, if there is a correlation between agency staff numbers and decrease in quality, we would challenge what the trust is doing to mitigate that.*

Serious Incidents

Serious Incidents in health care are adverse events, where the consequences to patients, families and carers, staff or organisations are so significant, or the potential for learning is so great, that a heightened level of response is justified. On 27 March 2015, NHSE published its revised Serious Incident Framework, which describes the circumstances in which such a response may be required and the process and procedures for achieving it, to ensure that Serious Incidents are identified correctly, investigated thoroughly and, most importantly, learned from to prevent the likelihood of similar incidents happening again. This revised Framework contains three key operational changes:

1. grading – serious incidents are no longer defined by grade, instead all incidents meeting the threshold of a serious incident must be investigated and reviewed according to principles set out in the Framework;
2. timescale - a single timeframe (60 working days) has been agreed for the completion of investigation reports; and
3. the opportunity to use a multi-incident investigation and action planning approach to repeats of similar incidents, such as pressure ulcers and falls.

Serious Incidents include acts or omissions in care that result in; unexpected or avoidable death, unexpected or avoidable injury resulting in serious harm. These include:

- where the injury required treatment to prevent death or serious harm;
- abuse;
- Never Events;

- incidents that prevent (or threaten to prevent) an organisation's ability to continue to deliver an acceptable quality of healthcare services; and
- incidents that cause widespread public concern resulting in a loss of confidence in healthcare services.

The needs of those affected should be the primary concern of those involved in the response to and the investigation of serious incidents. Patients and their families/carers and victims' families must be involved and supported throughout the investigation process.

Providers are responsible for the safety of their patients, visitors and others using their services, and must ensure robust systems are in place for recognising, reporting, investigating and responding to Serious Incidents and for arranging and resourcing investigations. Commissioners are accountable for quality assuring the robustness of their providers' Serious Incident investigations and the development and implementation of effective actions, by the provider, to prevent recurrence of similar incidents.

Witnesses

Representatives from the following organisations have been invited to attend the meeting:

- The Hillingdon Hospitals NHS Foundation Trust (THH)
- Central & North West London NHS Foundation Trust (CNWL)
- Royal Brompton & Harefield NHS Foundation Trust (RB&H)
- Hillingdon Clinical Commissioning Group (CCG)
- London Ambulance Service (LAS)
- Healthwatch Hillingdon
- Local Medical Committee (LMC)
- Care Quality Commission (CQC)

KEY LINES OF ENQUIRY

The Hillingdon Hospitals NHS Foundation Trust (THH)

1. What work has been undertaken by the Paediatric Diabetes team in relation to schools outreach work? How is this work joined up with that of other agencies?
2. How many patients use the diabetes/podiatry service? Does this service tend to be for the more serious cases?
3. Is information about improvements initiated following complaints shared with other trusts?
4. What action has been taken or initiatives implemented to empower staff to resolve smaller issues as they arise?
5. If THH is going to be a pilot for Physicians Associates, over what period will this pilot take place and what are the expected benefits to the Trust and service users?
6. Has any further action been taken with regard to identifying a collaborative solution to the provision of housing for staff?
7. Has the Board considered the possibility of extending benchmarking exercises with the national peer group to recruitment and retention?
8. What action is being taken to reduce the nurse vacancies on acute wards?

Central and North West London NHS Foundation Trust

1. What progress has been made with regard to plugging the commissioning gaps identified within the CAMHS service?
2. What plans (if any) have been developed to continue funding the CAMHS waiting list initiative beyond 2016/2017?
3. Have the environmental issues identified in the CQC inspection (and discussed at the Committee meeting on 14 July 2015) been resolved?
4. What progress has been made with regard to the service redesign that was undertaken in relation to community mental health services for adults?
5. Is it known yet when the CQC will be re-inspecting CNWL?

NHS Hillingdon Clinical Commissioning Group (HCCG)

1. What is the mental health funding gap between Hillingdon and its statistical neighbours and what impact (if any) is this underfunding having on patient outcomes?
2. Has consideration been given by HCCG and NHSE to the difficulty that some residents experience in getting an appointment with their GP? Following the Committee's comments, what action (if any) will be taken with regard to the provision of a GP practice in Heathrow Villages?
3. What progress has been made with regard to the provision of a GP practice on the St Andrews Park development site?
4. Now that the Yiewsley Health Centre development is no longer going ahead, what impact will this have on patients using GP services in the area?
5. Has the introduction of joint commissioning resulted in a better integration of services and closer working relationships?
6. What plans are there (if any) with regard to moving to delegated commissioning?
7. What progress has been made with regard to wrap around contracts and how has this improved service provision and outcomes for service users?
8. With the closure of children's inpatient services at Ealing hospital anticipated in June 2016, what will be the impact on Hillingdon? What plans are in place to mitigate any impact?

London Ambulance Services NHS Trust (LAS)

1. Has the CQC held its quality summit meeting with the LAS and other stakeholders to discuss the inspection report? When is the final report expected to be published?
2. What progress has been made by the Darzi fellow (who started in September 2015) with regard to frequent callers?
3. Have any suggestions made by the mental health focus group been implemented to improve the service?
4. Has the work to map out the location of defibrillators in London been completed?
5. Has any progress been made with regard to regulating the level of resources needed to respond to calls?
6. How has recent learning from complaints been incorporated into service development, training and operational procedures?
7. What progress has been made with regard to the review of transport arrangements for mental health patients, specifically those requiring detention under section 136?
8. What progress has been made with regard to the launch of the Paramedic2 trial in Hillingdon?

Healthwatch Hillingdon (HH)

1. What issues have been raised by services users with regard to CAMHS?
2. What improvements/changes have been made to services following the publication of *Listen to Me* and *Seen & Heard*? When will the third report in the series be published?

Local Medical Committee (LMC)

1. What pressures are currently being faced by GPs? How could these be alleviated?
2. What benefits and challenges are being experienced by GPs following the creation of Networks?
3. Have plans been put in place for GPs to take on at least three more antenatal appointments per patient and, if this is going ahead, what training will be provided?

Care Quality Commission (CQC)

1. Are there any plans to revise the inspection process currently undertaken?

Miscellaneous

1. **SERIOUS INCIDENTS:** Can each of the providers present at the meeting provide the Committee with an update on serious incidents over the last 12 months?
2. **WINTER PRESSURES:** What action is being taken in relation to winter pressures?