

Minutes

EXTERNAL SERVICES SCRUTINY COMMITTEE

11 January 2018

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



HILLINGDON
LONDON

	<p>Committee Members Present: Councillors John Riley (Chairman), Teji Barnes, Mohinder Birah, Tony Burles, Brian Crowe, Beulah East (In place of Phoday Jarjussey), Raymond Graham (In place of Ian Edwards) and Michael White</p> <p>Also Present: Trevor Begg, Chair - Primary Care Board, Hillingdon Clinical Commissioning Group Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon Caroline Morison, Chief Operating Officer, Hillingdon Clinical Commissioning Group Mrs Armelle Thomas, Resident of Heathrow Villages</p> <p>LBH Officers Present: Dr Steve Hajioff (Director of Public Health) and Nikki O'Halloran (Democratic Services Manager)</p> <p>Press and Public: 12</p>
37.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Apologies for absence had been received from Councillor Ian Edwards (Councillor Ray Graham was present as his substitute) and Councillor Phoday Jarjussey (Councillor Beulah East was present as his substitute). Through the Chairman, the Committee sent their best wishes to Councillor Jarjussey.</p>
38.	<p>EXCLUSION OF PRESS AND PUBLIC (<i>Agenda Item 3</i>)</p> <p>RESOLVED: That all items of business be considered in public.</p>
39.	<p>MINUTES OF THE PREVIOUS MEETING - 14 NOVEMBER 2017 (<i>Agenda Item 4</i>)</p> <p>RESOLVED: That the minutes of the meeting held on 14 November 2017 be agreed as a correct record.</p>
40.	<p>HEATHROW VILLAGES GP SERVICE PROVISION (<i>Agenda Item 5</i>)</p> <p>The Chairman welcomed those present to the meeting. He noted that the report of the GP Pressures Working Group was likely to be circulated this year.</p> <p>This meeting had been scheduled to enable Members to gain a greater understanding of the issues faced by Heathrow Villages residents with regard to GP access and to establish what action had been taken or planned to address these issues. Although the Committee could not make any decisions or make any promises about future conduct, the Chairman advised that this would be an issue that would be kept under</p>

review.

Ms Caroline Morison, Chief Operating Officer at Hillingdon Clinical Commissioning Group (HCCG), advised that Ms Sue Hardy, Director of Estates at HCCG, had given her apologies for the meeting. HCCG had taken over primary care commissioning from NHS England (NHSE) ten months ago so was now able to control the GP contracts.

All of Hillingdon's neighbouring boroughs now had delegated primary care commissioning powers which meant that HCCG would be able to work with those CCGs to plan services. A number of good ideas to support improved access for the Heathrow Villages had arisen out of a procurement process currently underway in the south of the Borough and could be discussed with Members at a future meeting.

It was noted that HCCG did not yet have control of the pharmaceutical budget. Although many residents in Heathrow Villages did not have easy access to a pharmacy, NHSE had a rigid methodology from which it would not deviate. This methodology of mapping the population against all pharmacies meant that the pharmacies at Heathrow Airport were counted in the total available in the area to local residents and included those that were airside and completely inaccessible. Representations had been made to NHSE to advise that, as residents would not specifically go to Heathrow Airport to eat or shop, this methodology did not make sense. It was suggested that, if NHSE insisted that the pharmacies be included in the total count, then NHSE should be asked to ensure that residents had easy access to all of the pharmacies at Heathrow Airport (including those airside). If pharmaceutical commissioning were to be moved locally, action could perhaps be taken to address this.

Members were advised that residents were able to go to pharmacies at Heathrow Airport with their prescriptions but it was highly likely that they would have to return at another time to pick it up as most prescription medication was not kept on site.

Mr Trevor Begg, Chair of the Primary Care Board at HCCG, advised that part of the new primary care model included pharmacies working in general practice. However, for Heathrow Villages, a practice location would need to be found first. HCCG was in the process of testing and piloting online offers which included online consultations and prescribing. Whilst it was recognised that this type of access would be useful to some patients (such as those that worked shifts), the technology was not quite fit for purpose and, when it was, would have to be launched in an area where there was an immediate need. It was also recognised that, as not all Heathrow Villages residents had access to computers and that not all residents were comfortable using a computer, it would be important to continue to provide alternative access to services as well as access to information in alternative formats. Work had been undertaken with regard to the introduction of artificial intelligence but this had not been progressed as patient feedback had indicated that this had not been in an appropriate context.

Heathrow Villages comprised approximately 13,627 residents and was one of the least densely populated wards in Hillingdon with 5.9 people living per hectare (compared to 25.9 per hectare for Hillingdon overall) - this was largely due to Heathrow Airport occupying a large part of the ward. The life expectancy for Heathrow Villages residents was broadly in line with the Hillingdon average but had a slightly smaller number of residents aged 75+ and a sizeable paediatric population.

Work had already started with regard to improvements in the provision of GP services in the south of the Borough which included:

- Yiewsley Health Centre had secured £500,000 of NHSE Estates, Technology

and Transformation Fund (ETTF) funding to develop new clinical rooms. The practice had also requested £87,000 of s106 funding to improve the entrance, reception and waiting areas.

- Heathrow Medical Centre had secured £241,000 ETTF funding to expand the premises with three new clinical rooms that were expected to be completed in early 2018.
- The identification of potential opportunities for expanding the West Drayton Medical Centre (The Green).

It was recognised that most practice patient list sizes in UB3 and UB7 were increasing and action needed to be taken to ensure that access was proportionate. Demand at Orchard Medical Practice and Hayes Town Medical Centre had been affected by the Hayes Town development and it was important to ensure that the services provided and the estates matched the need.

Ms Morison advised that, in 2016, following feedback regarding the number of patients that had been unable to register with a GP in the south of the Borough, HCCG had worked with NHSE and practices in UB7 and UB3 to look at access/coverage and boundaries. Since then, HCCG had received fewer complaints about being unable to register with a GP and practice performance appeared to have improved. Alongside this work, an analysis of practice boundaries had been undertaken.

Mr Begg advised that HCCG had taken on level 3 delegated responsibility for primary care commissioning in April 2017. HCCG's strategy set out its priorities, drivers and enablers for sustainable, high quality care in Hillingdon and supported its prioritisation of investment. In 2017/2018, the growth in the primary care budget in Hillingdon was around £1.2m and had been used to support existing practices. The primary care allocation for HCCG in 2018/2019 had increased by approximately £1.8m and would be used for things such as fitting out and medical equipment.

Additional funding was available to support transformation work such as online access and development of 'at scale' primary care. HCCG was undertaking some work to level things up across the Borough and was currently in the middle of a procurement process for specific services which would include Heathrow Villages. It was anticipated that this procurement process would conclude by the early/middle of March 2018 so further details would be available thereafter.

During 2017/2018, HCCG had developed:

- three extended access hubs across the Borough, providing pre-bookable primary care appointments seven days a week from 8am to 8pm. Concern was expressed that GP practices were not always telling patients about the extended hours service provision so patients were still attending the UCC.
- an integrated paediatrics clinic, piloted in the south of the Borough which was now being rolled out Borough-wide. Hospital consultants were able to see children and their families alongside general practitioners in local surgeries rather than in hospital. Approximately 660 appointments had already been completed and it was anticipated that this would reduce the impact on Hillingdon Hospital whilst also encouraging self care.
- a paediatric asthma service that worked with general practice in schools. This had been introduced in the south of the Borough and would help to keep residents well in a community setting.
- 15 Care Connection Teams (CCTs) which were community teams that worked jointly with general practice to support residents most at risk of admission to hospital to stay well and in their usual place of care. As no self referrals were

permitted, residents needed to be registered with a GP. However, if residents were not registered with a GP (as was the case with some residents in Heathrow Villages), they would not be aware (or accessing) of this service. It was noted that, although the CCT nurses had access to patients' records which they could update in real time, access was subject to patient consent.

Members were assured that a shared data system was in place which would mean that health professionals in the extended hours hubs would have access to patients' medical records and progress was also being made in the ability to share records between primary care and community services. Ms Morison advised that consideration was currently being given to integrating the out-of-hours service into this shared data system but that access to these records was currently unavailable.

HCCG had been expanding its 'My Health' programme to support residents to self manage their health needs. This programme had been particularly successful with workshops delivered around the Borough in relation to issues such as COPD, diabetes and paediatric first aid.

It was noted that residents in Heathrow Villages had not had easy access to GPs in a very long time and that it appeared that there had only been temporary fixes proposed. Members queried the extent to which the new proposals would provide a better service and whether there would be incentives for existing practices to provide satellite services in Heathrow Villages. Ms Morison advised that estates were a challenge and HCCG needed a venue from which services could be provided (particularly around Harmondsworth and Sipson). HCCG had received useful intelligence regarding potential sites but nothing had yet resulted from this. HCCG was keen to work with residents to identify an appropriate property or land on which a prefabricated building could be located.

Ms Morison noted that workforce was also a challenge in the south of the Borough. To address this, HCCG had been working with the GP Confederation to develop different approaches to attracting and retaining general practitioners including portfolio careers.

As there were not enough residents in Heathrow Villages to provide a standalone GP, consideration had to be given to viable alternatives. Currently, residents (especially those in Sipson, Hamondsworth and parts of Longford) were experiencing difficulties in registering with a GP and then getting to the practice. The two practices at the HESA Centre had been merged and consideration was being given to the newly combined practice providing an outreach service for Heathrow Villages. Mr Begg advised that, once this procurement process had ended, he would be happy to attend a future meeting to update the Members. Action was also being taken regarding workforce innovation to enable individuals to work across practices and to build a team of mobile GPs.

It was suggested that Hillingdon was trying to use a London model when the area and its make up did not align with this model. As such, it was suggested that models used elsewhere, in more comparable circumstances, be put into practice. The satellite model had worked well in other rural areas and, as it was difficult to recruit GPs to work in a practice for five days every week, they might welcome the change in routine by working from a satellite practice for part of the week. The model being created by HCCG for a GP career was moving towards this model. In addition, the HESA Centre was being developed to become a training practice as well as acting as one of the three hubs in the Borough.

Hillingdon had been relatively successful with regard to workforce retention with four

out of the six newly trained GPs staying in the Borough in the last year. GP recruitment and retention had been included as part of the Primary Care Strategy in a planned way. However, consideration also needed to be given to the recruitment and role of practice nurses and to ensuring that their capacity was maximised and training them to become prescribing nurses.

It was noted that Hillingdon was historically relatively under-resourced with regard to GPs and the low number of training practices within the Borough meant that GPs often had to be brought in from outside. HCCG had been working hard to increase the number of training practices in the Borough which, it was hoped, would help to address the GP retirement bulge anticipated in the next 5-10 years. Although Hillingdon had a large number of GPs who were approaching retirement, there were also retired GPs who had returned to practice part time whilst also mentoring younger GPs. The GP Federation was also looking at this issue and was investigating the possibility of setting up an agency or Chambers for GPs that would be prepared to work in other locations. Imaginative solutions such as this would be required to maintain and enhance the current recruitment and retention policies.

It was suggested that action needed to be undertaken which would then spark interest from other services. For example, the establishment of a GP practice in Heathrow Villages might encourage a pharmacy to open in the area.

Mrs Armelle Thomas, a resident in Heathrow Villages, advised that there were five villages in the ward but that Sipson, Harmondsworth and Longford were the areas of most concern for residents. In the past, residents had had access to a GP who had travelled to Heathrow Villages but his surgery times had been unreliable and paediatric patients had not had consistency. Mrs Thomas believed that there had been a systemic failure in dealing with the issues faced by the residents of Heathrow Villages and that Ms Morison and Mr Begg had provided information about what they expected to happen but, in the meantime, residents had still been suffering over the Christmas period.

Although the HESA Centre had been identified as the hub for the south of the Borough, Mrs Thomas advised that parking at the practice was a challenge. For those residents of Harmondsworth, Sipson and Longford that used public transport, it would mean catching two buses to access services at the HESA Centre. Furthermore, whilst residents were happy with the plans to build a new swimming pool in Yiewsley, Heathrow Villages residents would have much preferred to have had access to GPs. As plans for the new medical centre in Yiewsley on the old swimming pool site had not materialised, Mrs Thomas believed that there was still £400k of s106 money available which could be used to provide a GP service for residents in Heathrow Villages.

Mrs Thomas praised Mr Graham Hawkes, Chief Executive Officer at Healthwatch Hillingdon, who she had met with on a regular basis. She also recognised Ms Morison's efforts since starting at HCCG and the meetings that she had attended with Heathrow Villages residents.

When Dr Singh's 1,500 patients in the Heathrow Villages had passed over to The Green, Mrs Thomas advised that the majority of the residents had found the service to be unacceptable and that official complaints had been made about a GP practicing there. This was the official surgery for Heathrow Villages residents and had been rated as Good in a recent CQC inspection. Ms Morison noted that, to enable HCCG to take action in relation to the poor performance of any GP, residents needed to provide intelligence that could be acted upon in the form of specific complaints. Mrs Thomas advised that she would ensure that Ms Morison was invited to a meeting to speak with

Heathrow Villages residents in the near future. However, it was emphasised that the formal complaints process would need to be followed in order to act on any concerns.

It was noted that there was likely to be a delay in implementing a permanent solution and, as such, a temporary solution was needed. Possible solutions included the development of a permanent medical centre in Heathrow Villages and a satellite service.

Mrs Thomas advised that The Lodge, a Grade II listed building located near Harmondsworth, would be a good venue for a GP practice. Following investigation, Mrs Thomas had found that the building had been bought by the Secretary of State for Communities and Local Government for £3.125m on behalf of the Department for Education so that it could be developed as a free school. She thought it strange that the Department for Education would want this building when the Department of Transport proposals would see the buildings demolished and the area developed as a third runway for Heathrow airport.

Other possible sites for a practice included the Great Barn, a Grade I listed building, which had Manor Court next door comprising a main house, stables and one other building. A planning application had been submitted for this site to become an HMO. Residents of Heathrow Villages had been looking to submit a bid for Heritage Lottery funds to buy these properties but would need some support from the Council to be able to do this.

Mrs Thomas had been working with John Holland-Kaye, Nigel Milton and Matt Gorman, who were all senior executives at Heathrow Airport, to find a solution for residents of Heathrow Villages. As the airport did not have health facilities for passengers and staff on site, at the Local Focus Forum on 6 December 2017, it had been agreed that the airport would upgrade its occupational health suite to provide a drop-in GP centre. In the short term, Mrs Thomas advised that it was important to capitalise on the Heathrow executives' willingness to help residents and for Heathrow Villages residents to have access to this facility. Ms Morison advised that this was still early in the process and that further discussions were needed with regard to issues such as determining what service would actually be provided, who the service would be commissioned from, insurance and registration requirements and access to records. It would be important to ensure that residents were safe.

Mr Hawkes was far more confident of reaching a possible solution now that HCCG was responsible for primary care commissioning. He noted that Healthwatch Hillingdon had received a number of complaints raising issues about The Green such as the practice deciding to redefine its own practice boundaries. NHSE had been involved but there had been no sanctions. Other issues that needed to be addressed included those Heathrow Villages residents who were registered with a GP in Hounslow so did not receive the same service and those non-residents that were registered at practices in Hillingdon.

Residents were keen to see a solution to the issues that they faced with regard to accessing GP services. Although there had been a number of possible solutions that had failed, it was thought that action was afoot that could provide residents with the outcome that they were seeking. However, they were always mindful of the shadow of the third runway proposal hanging over them which made securing services in the area more of a challenge.

Members understood that work was being undertaken to address the issues faced by residents of Heathrow Villages but that this needed to be sped up. Residents had

already waited a long time.

Mrs Thomas noted that, in addition to not having easy access to GPs, residents had recently been advised that the Post Office would also be closing. She asked if the Committee would consider inviting the Post Office to a future meeting.

RESOLVED: That the presentations be noted.

41. **WORK PROGRAMME 2017/2018** (*Agenda Item 6*)

Consideration was given to the Committee's Work Programme. It was noted that the Committee's next meeting on 13 February 2018 would be in relation to crime and disorder. It was agreed that the London Fire Brigade and the Metropolitan Police Service be invited to attend this meeting. Issues of interest included knife crime, acid attacks, drugs and tower blocks.

It was noted that the GP Pressures review was being revisited so that it could be concluded.

The report resultant from the Committee's single meeting review of the criminalisation of looked after children would be considered by Cabinet at its meeting on 25 January 2018.

The Community Sentencing Working Group would be considering its draft final report on Monday 29 January 2018. This had been an interesting review which had gained the interest of other parties. The final report would be considered by the Committee at its meeting on 13 February 2018 and then taken to Cabinet on 15 March 2018.

RESOLVED: That the Work Programme be noted.

The meeting, which commenced at 6.00 pm, closed at 8.20 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.