

MINUTES

of a meeting of the Management Board
12 December 2017 (2.30pm-5pm)

Present:

Directors:

Anne-Marie Dean, Chairman
Ian Buckmaster, Company Secretary
Hemant Patel, Director

Carole Howard, Officer Administrator

Members Mary Bell, Helena Cowin, Carol Denis, Jenny Gregory, Dildar Khan, Emma Lexton, Di Old, Val Perry, Vivien Saxby and Ron Wright; and Prospective Member Nina Reardon

Apologies for absence were received from Maria Dugdale, Dawn Ladbrook, Bev Markham, Robyna Levitt, Diane Meid and Jennifer Smith

All resolutions were passed unanimously

316 MINUTES OF LAST MEETING

The minutes of meeting of the Board held on 24 October 2017 were confirmed as a correct record and the Chairman was authorised to sign them. There were no matters arising.

317 DECLARATIONS OF INTEREST

Mr Patel declared an interest in the matters referred to in minutes 324 (Pharmaceutical Needs Assessment) and 325 (Pharmacy at Harold Wood Polyclinic) below as a pharmacist himself but left the meeting before they were discussed.

There were no other declarations of interest in business before the meeting.

318 OUTSTANDING ACTIONS

Action item 34 – 8/12/15 Mr Patel submitted an extract from the briefing notes for a recent seminar at which he had been involved. See below for more information.

Action item 47 – 14/2/17 It was noted that discussion would take place in January on the possibility of a joint project with the other Healthwatch organisation in the ELHCP footprint on hospital discharge.

Havering Healthwatch Limited

Minutes of a meeting of the Board

Action item 48 – 25/6/17 Preliminary discussions had taken place with Adult Social Care. Information about the services available to people with impaired vision was being collected.

Action item 49 – 25/6/17 It was agreed not to pursue this action unless Havering Council required it.

Arising from item 34 above, Mr Patel reported that discharge from hospital remained a key area. Complaints of unsatisfactory arrangements on discharge had been received from individuals and he had emphasised to senior NHS and Adult Social Care managers the extent of shortcomings in process that were emerging.

Initiatives were, however, being developed to improve patients' experience of discharge, including reducing the reliance on the hospital pharmacy by enabling patients to obtain hospital-prescribed medications from their local pharmacy, although it remained to be seen how effective they would be.

319 CHAIRMAN'S REPORT

The Chairman first thanked Members for their support throughout the past year and for their continued enthusiasm for the work of Healthwatch.

It had recently been agreed that the proposed closure of the Emergency Department (ED) at King George Hospital (KGH) could not now go ahead in the foreseeable future as the impact of doing so on the already-stretched resources at Queen's Hospital's ED would be considerable, although changes in the way that Emergency/Urgent Care were delivered at KGH were likely, if not inevitable. "Winter pressures" were already building up, and there was the possibility of a 'flu epidemic in the New Year. It was agreed that BHRUT be informed that Healthwatch Havering was fully supportive of this, not least since clinical needs must take precedence over decisions made primarily for political reasons.

She had met the CQC to discuss the forthcoming re-inspection of BHRUT, and had taken the opportunity to inform them of concerns about patient care and discharge. The Board indicated support for her drawing to the CQC's attention the need for improved issuing of medications on discharge.

The Chairman added that NHS managers had commented favourably on the quality of the detailed reports produced of the Enter & View visits undertaken by Members. Healthwatch Havering was developing a strong reputation for its Enter & View activity.

The review of services for people who had a visual impairment was making good progress.

Havering Healthwatch Limited
Minutes of a meeting of the Board

320 FINANCE REPORT

The Company Secretary submitted the Finance Report for November 2017. £11,147 had been spent on Healthwatch activity.

There were no issues arising.

321 APPOINTMENT OF SINGLE ACCOUNTABLE OFFICER FOR EAST LONDON CCGS

The Board was informed that, as part of the move towards implementing the East London Health and Care Partnership (ELHCP) in the STP footprint for East London, the seven CCGs that cover the area (Barking & Dagenham, City & Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest) had jointly appointed a Single Accountable Officer (AO). The AO is, in effect, the Chief Executive of each CCG.

The individual CCGs would continue to be legally responsible for NHS hospital, community and GP services in their areas but would work together to ensure that policies and procedures were aligned across the footprint. The three BHR CCGs were also continuing their specific joint work across the three boroughs.

The CCGs together had appointed Jane Milligan as the Single AO. She had been AO for Tower Hamlets and lead AO for the ELHCP, and would now formally take the lead in driving the ELHCP forward.

Ms Milligan had agreed to meet regularly with the local Healthwatch from across the footprint. The next meeting would take place on 19 December.

322 SPENDING MONEY WISELY CONSULTATION – UPDATE AND HEALTHWATCH HAVERING RESPONSE

At the Awayday in October, Dr Sanomi had given a presentation on behalf of the CCG about the second phase of their proposals to make savings by Spending Money Wisely. A range of medications and treatments currently available on the NHS would be subject to restrictions or withdrawn.

A formal response had been sent by Healthwatch to the consultation – as set out in the Appendix to these minutes.

Some of the proposals had proven more controversial than the first phase, although they mirrored advice by NHS England for the targeting of NHS resources on those most in need. The BMA, for example, had stated that some of the changes might place GPs in breach of contract as well as jeopardising their relationship with some patients.

Havering Healthwatch Limited

Minutes of a meeting of the Board

Mr Bobby Paul, consultant ophthalmologist at Queen's Hospital, had advised that he and his colleagues had told the CCG that there were clinical reasons why the proposed restriction on cataract operations should not go ahead, and apparently NICE had advised against them as well.

It was noted that the final decision of the CCG on phase 2 was expected to be made on 14 December.

323 "SHAPING OUR FUTURE" – STRATEGY BY HEALTHWATCH ENGLAND

It was noted that Healthwatch England was consulting on a strategy for Healthwatch over the next few years.

The Board was invited to consider its response to the consultation.

Members commented that the strategy did not appear to mention the use of Enter & View powers, certainly not in the manner used locally. It was agreed that the comment to Healthwatch England should draw attention to the absence of reference in their strategy to the use of Enter & View.

324 PHARMACEUTICAL NEEDS ASSESSMENT (PNA)

As foreshadowed at the Awayday in October, the public consultation on the PNA for Havering, along with those for Barking & Dagenham and Redbridge would end on 5 January 2018. The draft PNA had concluded that, overall, there were no gaps in service provision that required action to deal with.

The Board did not wish to respond to the consultation.

325 PROVISION OF PHARMACY AT HAROLD WOOD POLYCLINIC

The Board was informed that, earlier in the year, the pharmacy at the Polyclinic, then provided by Well Pharmacy, had closed as its contract with NHS England had come to an end.

Subsequently, another pharmacy company had applied to re-open it. The principle of the application had been supported by Healthwatch Havering (on the basis that withdrawal of the pharmacy was detrimental to patients) but other pharmacies in the area had objected.

The application was duly considered and had been approved. It was not yet known when (or indeed if) the new pharmacy would open.

Havering Healthwatch Limited
Minutes of a meeting of the Board

326 DATA PROTECTION – THE GENERAL DATA PROTECTION REGULATIONS (GDPR)

New laws relating to Data Protection would come into force in Spring 2018. Although they made a number of changes to legal provisions on the storage and use of “personal data”, the general effect on the way in which data was used would be little changed.

It was noted that Healthwatch England would be producing guidance for local Healthwatch to use and that further reports would come to the Board as necessary. In particular, it would be necessary to appoint a Data Protection Officer, who might need to come from another organisation. It would also be necessary to obtain written consent to the sharing of personal information with third parties, for example where an individual sought assistance with dealing with a complaint etc.

327 DATES OF MEETINGS IN 2018

It was agreed that meetings of the Board in 2018 would be held on:

13 February

10 April (possibly combined with an Awayday)

26 June (combined with company AGM)

11 September

6 November

18 December

These dates might be changed if circumstances so required.

It was suggested that topics for the April Awayday should include a speaker from the CQC to explain their new inspections regime, the Nurse Specialist in End of Life Care and the new Home First approach to discharge.

328 ALLEGATIONS OF BULLYING AT QUEEN’S HOSPITAL

A Member expressed concern at allegations of bullying at Queen’s Hospital of she had been made aware. The view was expressed that this was mainly a result of some staff having a culture of resistance to change, and inadequate change management.

Although these issues were not matters for Healthwatch, it was agreed that the existence of such a culture should be borne in mind when dealing with issues relating to the hospital.

Havering Healthwatch Limited
Minutes of a meeting of the Board

329 MISUSE OF MOBILITY SCOOTERS

A Member referred to an incident involving an elderly friend who had been injured as the result of colliding with a mobility scooter, and enquired whether there had been any enquiry by Healthwatch into the use and provision of such scooters.

It was agreed that the matter be looked into.

Chairman
13 February 2018

Spending NHS Money Wisely — Part 2 Campaign

Thank you for asking Healthwatch Havering to provide their views on the CCG's proposals in respect of the 'Spending NHS Money Wisely' Part 2 campaign.

As an organisation we have benefited from having a presentation from a Clinical Director of the CCG, Dr M. Sanomi. As before the presentation was clear and well communicated and provided all members with the opportunity to ask questions. Our members asked questions and raised concerns about a range of issues that they were aware of from both their personal experience and those of friends, families, neighbours and work colleagues. All questions were answered, and all concerns raised were noted, as before this proved to be a very beneficial and helpful way to understand what can be a complex issue.

We would recommend to the CCG that presentations to residents of our community is one of the most powerful ways to engage. We have only had one criticism regarding the consultation process, this was from an older member of the community who stated that there had been too much reliance on the social media. Older members of the community who do not have easy access to the internet or the ability to navigate a detailed questionnaire on their phone may not be able to participate. This is of particular concern as many of the proposed changes will affect the older population in our borough.

NHS Prescribing

Healthwatch Havering supports the proposed changes. There is an increasing availability to residents for pharmacy care, support and advice. The cost of over the counter medicines is frequently much less than the dispensing fee charged, and it would seem reasonable that in these times of financial constraint this saving proposal is supported. There is also a diverse number of providers offering services within the borough including home delivery services and long opening hours from supermarkets which enables good access for residents.

It should however be acknowledged that patients who are entitled to free prescriptions will be adversely affected as medications previously available free-of-charge will now need to be paid for. The Equality Impact Assessment does not seem fully to recognise this.

Clinical Procedures

There has been a considerable amount of advice given from various clinical lobbying groups regarding CCC's who are seeking to make changes, particularly about access to clinical procedures. Our view is that we would expect the BHR CCG to remain firmly within NHS guidelines and to provide justification where they are proposing stepping outside of the national standards.

In reviewing this document, we have accessed NHS Choices websites. There is a lot of good sensible advice available and we would ask the CCG to consider how best to provide this advice to residents, remembering the example of the resident above who is not able to access social media.

Historically in Havering there has been GP provision for Ear Wax removal, Injections for back pain, Cataract surgery and Podiatry services. To help residents and GP practices to support these changes in a manner that enables residents to self-care or access alternative services there is a need to provide useful information, including Accessible Information leaflets.

For residents who have easy access to the internet a good example is NHS Choices for Back Pain where it is possible to watch videos for Back Stretching exercises and Back Pain Pilates Work-Out videos. Is it possible to consider these videos being used in a wider context, for example GP surgeries? If change is to happen then it needs to be supported.

Havering Healthwatch Limited

Minutes of a meeting of the Board

Ear Wax Removal

We support this proposal, we would like to see the CCG providing a document that helps people to look after their ears to stop build-up of ear wax. It would also be helpful for details of establishments where ear wax removal is practised to be made available.

Injections for Back Pain

We believe that this may cause concern among residents. It would be helpful if Dr Ben Huntley, Consultant in Pain Medicine and Anaesthesia at BHRUT could design information to support patients and GPs in managing conditions which are considered no longer either within NICE guidelines or to be of limited clinical value. For these patients the pain will not go away, however they will have clinical advice to support them as they self-manage their care.

Osteopathy

No comment as this is not currently provided as an NHS service in Havering.

Cataract Surgery

Our understanding is that currently there are no national guidelines stating what the level of vision needs to be before cataract surgery is carried out. We note the CCG proposal only applies to adults and not children and that the CCG anticipates that there will be a 16% reduction in the number of operations carried out.

We understand that the advice given to the CCG has been supported by the Local Optical Committee; can you please confirm that this has the full support of the consultant staff at BHRUT and is also a proposal that would be supported by Moorfields Eye Hospital.

There is a concern that not all patients who are diagnosed with sight impairment go on to register with the local authority. There is also some evidence nationally that drivers who suffer sight impairment are not self-reporting to the DVLA. It would be unfortunate if changes to the criteria for cataract surgery inadvertently result in drivers who have a sight-impairment continuing to drive beyond their capabilities.

Podiatry

We note that patients who have underlying medical conditions such as diabetes and arthritis, looking at how you stand and walk for patients who have painful foot conditions, nail surgery for painful or ingrowing toenails and the comprehensive diabetic foot service would not be restricted.

We anticipate that this service is provided for older patients, patients with long term conditions including learning disabilities and vision difficulties and that there are no specific national guidelines.

We would ask the CCG to take care when refusing this treatment, to ensure that some of the most vulnerable in our community are supported by professional advice when NHS care is refused, which should include advice on checking that non-NHS providers are medical registered. Again, it would be helpful to provide a list of registered practitioners of podiatry and chiropody in the borough to whom patients could self-refer.

We look forward to receiving your response.