

## MINUTES OF THE MEETING OF THE HEALTH SCRUTINY PANEL HELD ON WEDNESDAY, 18TH OCTOBER, 2017

**Attendees:**

Councillors: Abdul Abdullahi (Chair), Anne-Marie Pearce (Vice-Chair), Vicki Pite, and Elif Erbil.

Officers: Andy Ellis – Scrutiny Support Officer, Elaine Huckell – Scrutiny Secretary

Also attending: Dr Mo Abedi (Chair of Enfield Clinical Commissioning Group), Mark Eaton (Interim Director of Recovery Enfield CCG), Dr Jahan Mahmoodi (Medical Director, Enfield CCG), Vince McCabe (Interim Director of Commissioning CCG), Laura Andrews (Enfield CCG), Valerie Dinsmore (Healthwatch) and 3 members of the public.

### **274. WELCOME AND APOLOGIES**

The Chair welcomed everyone to the meeting. He asked everybody to introduce themselves.

Apologies were received from Councillor Neville and Councillor Ekechi and for lateness from Councillor Erbil.

### **275. DECLARATIONS OF INTEREST**

Councillor Erbil works at the Royal National Orthopaedic Hospital Trust.

### **276. ADHERENCE TO EVIDENCE BASED MEDICINE -**

Dr Jahan Mahmoodi (Medical Director, Enfield CCG) introduced this report which set out proposals to implement AEBM for some procedures/ treatments in Enfield.

He highlighted the following:

- Enfield CCG is a statutory body responsible for deciding which health services should be purchased for the people of Enfield and for ensuring that there is value for money
- There is evidence that some procedures offered by the NHS have limited or no benefits for patients. It was therefore decided, especially in light of the financial deficit, to look at a number of procedures to determine whether there was evidence that procedures were offering clinical benefit.

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- Initially 149 procedures were looked at under the programme. The programme was led by local GP's together with a wider group of clinicians. Any clinical decision was to be evidence based. Eventually there were 13 procedures which were identified for review.
- These procedures were put forward for a pre- consultation phase with various groups including the Health and Wellbeing Board, the Health Scrutiny Panel, and Enfield Healthwatch. The CCG aimed to involve as many members of the public as possible as well as representative bodies, professional bodies, providers and clinicians in the consultation which commenced on 1 March 2017 and ended on 30 June 2017.
- Members of the public and clinicians were able to access and review the evidence that the CCG' had used and submit comments.
- An independent consultation report was produced looking at the findings from the consultation.
- Following this it was decided that 11 procedures should go forward for change. Of the comments received, 76% were about hearing aids also a large number about weight management outcomes re knee ops. It was decided to take both these procedures out of the proposed list.
- All clinical committees have looked at the evidence that the change in the 11 procedures would improve outcomes, they decided that this would also be value for money. The decisions/conclusions have been made by clinicians – not 'number crunchers'.
- There would be a total decommissioning of homeopathy. Treatments would be provided only where there would be better outcomes. However if a person is in pain along the process they would always be able to go to referral.
- The Equality Impact Assessment had been carried out and ratified.
- The CCG is implementing the changes as soon as possible. Referrals are being returned back to doctors with additional information for them to inform discussions with patients.

The following questions/ issues were raised

**Q:** Councillor Abdullahi asked if it was the case that a large number of responses received were from people outside the borough?

**A:** Dr Mahmoodi answered that the vast majority of people who had responded were concerned about hearing aids, many were under the misapprehension that they would no longer be able to obtain hearing aids although this was not the case.

**Q:** Councillor Pearce said that as the other 4 boroughs of the North Central London region would be implementing changes by the end of 2018 would it not be better for us all to change at the same time, to ensure consistency throughout the area?

**A:** The process has been clinically led and is evidence based and the other boroughs would be proceeding with this.

A concern was raised that 90% of the time spent during the consultation discussions related to hearing aids. By the time it was decided to remove

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hearing aids from the list of procedures for change there was no further discussion about the other procedures. There may be worries about the other procedures selected for review that have not been voiced.

It was answered that the CCG had responded to public opinion about hearing aids. The decisions made were – clinically led, evidence based and were to optimise outcomes.

**Q:** Councillor Abdullahi questioned what would happen if the consultation carried out by the other North Central London region boroughs brought to light different findings from Enfield?

**A:** It is unlikely that this would happen because the decisions made would be – clinically led, evidence based and were to optimise outcomes as for Enfield.

**Q:** Councillor Pite referred to the removal of the procedure relating to hearing aids from the list of procedures for change - which appears to be due to public demand rather than 'evidence led' criteria? What happens if there is a huge outcry about the change in procedure for gallstones in the future – would it not be better to wait 6 – 8 months until after the other boroughs consultation?

**A:** Further evidence had been received relating to hearing loss procedures which concurred with public demands. It was the evidence that had changed and therefore it was correct that the hearing aid procedure be removed from the list of measures for change.

Councillor Pite spoke of her concerns that the public outcry regarding hearing aids may have been linked to the third sector -due to commercial reasons. She said she was concerned about what would happen if there was another public outcry regarding a procedure. She thought there may be issues in the future as a result of joint commissioning, where there is a potential for mismatch. She thought it would be safer to wait until the other North Central London region boroughs were on board.

Dr Mahmoodi said it had been important for the CCG to clarify process undertaken. They had discharged their legal requirements and shown how they had come to their decisions. Hospital Trusts change their procedures without consulting the public, the CCG have instead, shown how they have applied latest evidence to support the changes made.

Financial savings in proceeding with changes now rather than waiting until July/Aug 2018 is expected to be approximately £300K.

Councillor Abdullahi spoke of the knee replacement procedure and asked about the change in criteria.

It was explained that in order to undertake knee operations it is essential for surgery/ rehabilitation that people are able to lose weight, however we do not yet have the weight management service in place. It will take approximately a year before this happens and therefore a further review of knee replacement thresholds will take place at a later date.

It was asked if the changes would mean that it was possible to have a procedure in one borough but not in another.

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An answer was given that it is inevitable that thresholds may be in one place before another, the aim is to standardise the service to improve outcomes.

Councillor Pearce asked for clarification about the changes to hospital procedures that she understands is happening.

It was answered that the Royal Free were currently reviewing 140 of their pathways, ensuring evidence based clinical excellence. They will not have to consult.

**Q:** Does this mean that at the Royal Free there will be different thresholds applied depending on the area you are coming from?

**A:** It will be aligned to the primary care service for example someone having a vasectomy would have this under local anaesthetic as here this is considered to be safest process.

It was explained that some people may have had a procedure undertaken in the past for example a gallstone removed which had not been painful at the time but following the procedure, this had resulted in the area becoming painful for the person involved. The aim would now be for doctors to discuss with their patients the benefits and risks involved and for them to decide whether the benefit outweighs the risk involved.

A member of the public referred to the consultation and said she spoke of concerns regarding hearing aid and also about bunions. She thought the responses received, regarding hearing aids, was more pronounced because it was thought this was more life changing. However further consultations would probably result in more comments regarding bunions.

It was answered that the decisions were made not as a result of the number comments received but about the evidence base.

A member to the public referred to knee surgery, he said

“NICE (National Institute for Health & Care Excellence) give a period of 3 months before referral, however, the CCG have set down a period of 6 months. The CCG advocates a ‘pain questionnaire’ whereas there is evidence that a pain questionnaire could disadvantage age, sex, people with obesity. You appear to advocate longer times for knee surgery however there is evidence (a New Zealand paper) that the longer people wait for surgery then the cost is eventually higher than for those who wait a shorter period. Your guidelines for referral are contradictory to those set down by NICE and detrimental to Enfield’s residents”.

Another member of the public spoke of problems where pain makes exercise very difficult although this may be necessary for losing weight before surgery undertaken.

Dr Mahmoodi said they would look at criteria for knee procedures but were not looking at including this procedure for now.

Valerie Dinsmore of Healthwatch said she thought the consultation could have been better and she was concerned that procedures would be different with other boroughs. She stressed that any negative impacts should be reported

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back because she is concerned that something may have been missed so need to ensure review of procedures and quality impacts.

### **NOTED**

Members noted the proposals to implement Adherence to Evidence Based Medicine for some procedures/ treatments in Enfield.

### **RECOMMENDATION**

Cllr Abdullahi said the Panel would confirm their view in writing that any alteration to treatment thresholds should be implemented simultaneously across the North London Sector, not in isolation within Enfield.

Dr Mo Abedi, Mark Eaton, and Dr Jahan Mahmoodi were thanked for their report and left the meeting at this point.

## **277. PAEDIATRIC ASSESSMENT UNIT - PERFORMANCE UPDATE**

Vince McCabe (Interim Director of Commissioning CCG) presented a report which updated the meeting on the decommissioning of the Paediatric Assessment Unit (PAU) and the new model of paediatric care at Chase Farm Hospital.

He highlighted the following:

- The PAU had been decommissioned and closed from 18 June 2017.
- Admissions were consistently low with an average of just 1 or 2 young children a day visiting the unit. The review recommended an alternative model where a hotline provides consultant advice to GP and rapid access outpatient slot at Chase Farm hospital.
- There has been no impact seen at North Middlesex hospital as a result of this change and no complaints received.
- Emergency Nurse Practitioners started working in the Chase Farm Urgent Care Centre from 1 June 2017 to enhance children's triage.

Vince McCabe stated that if there were any signs of changes they would report this back to Health Scrutiny Panel.

The following issues were raised:

A member of the public pointed out that hospital services for Enfield residents was currently under a great deal of pressure and this would increase with the rise in population expected from new developments in the borough. He was particularly concerned that there should be adequate provision to provide for children's health.

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Councillor Pearce spoke of new developments in the borough including that in Cockfosters, she spoke of the lack of primary care which should be readdressed.

Vince McCabe agreed and spoke of the Integrated Pathway review which would hopefully address this issue.

It was noted that a report would be discussed at the January meeting of this Scrutiny Panel on Integrated Models of Care.

### 278. COMMISSIONING INTENTIONS 2018/19 -

Vince McCabe presented a report on the system intentions for North Central London (NCL) CCGs for 2018/19. This builds on the collaborative approach in developing the Sustainability and Transformation Plan (STP), with a move from commissioning intentions in 2017/18 to system intentions for 2018/19.

The following was highlighted

- Intentions would reflect the priorities identified through engagement with patients and public. They will signal a change in the relationship between commissioners and providers compared to previous years.
- The Public Health team have been involved in this, especially in the setting out of priority areas e.g weight management, as a key area for health improvement.
- At the end of September all providers were written to, with specific commissioning intentions and these findings were now being collated.
- Changes were divided into areas such as for planned and emergency care projects

The following issues were highlighted:

The link between prevention work and budget cuts – Vince spoke of how the smoking cessation project had targeted those people who would benefit most from the scheme.

Vince McCabe spoke of the STP plan. He confirmed that urgent and emergency planning regarding the winter readiness system was being looked at in conjunction with Haringey CCG . It was confirmed that LB Enfield (Bindi Nagra AD Strategy & Resources HH&ASC) was working closely with NMUH and CCG - looking to identify / assessing people for discharge.

It was confirmed that under the Procurement Principles it will be possible for the CCG to re-procure a service but that this should not be the 'first port of call'.

Vince referred to the principle of 'fastest first' in terms of the AEBM and also the 'Integrated models of care'. It is important that an authority should go ahead if they are ready, rather than wait for others to proceed, to help with shared learning. Workshops have been held in relation to integrated models of care.

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A Healthwatch representative made the following points – She referred to the Procurement Principles section in the report and said there is a reference to the CCG involving public in proposals to change services however it is sometimes difficult to get people involved. She thought there should be more joint commissioning work with the Local Authority. There is reference to CCG's to first work with existing providers, however she thought we were losing opportunities from this. She also thought the NCL discussions should include representatives from LB Enfield.

### **NOTED**

Health Scrutiny Panel noted the NCL CCG's System Intentions for 2018/19, which were formally notified to NCL providers on 29 September 2017. These will inform the contract negotiation with NCL providers for 2018/19, in accordance with the NHS Planning and Contracting guidance, 2017 -2019

### **279. UPDATE ON THE NEW ROYAL FREE LONDON GROUP**

An update report had been prepared by Ian Lloyd, Deputy Director Communications, Royal Free London NHS Trust which was **NOTED**.

Andy Ellis, said the paper makes reference to the new Chief Executive for Chase Farm hospital who, he said will update the Health Scrutiny Panel at the January meeting, on the Chase Farm redevelopment.

### **280. WORK PROGRAMME**

The Work Programme for 2017/18 was **AGREED**

### **281. ANY OTHER BUSINESS**

None

### **282. MINUTES OF THE MEETING OF THE 22 MARCH 2017**

The Minutes of the 22 March 2017 were **AGREED**

At the meeting of 22 March 2017, Councillor Pite drew attention to the lack of GP surgeries for Chase Ward although she had had some discussions about this matter, the issue was still outstanding.

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### 283. DATES OF FUTURE MEETINGS

Tuesday 16 January 2018

Thursday 15 March 2018

It was noted that there will be a Joint Overview and Scrutiny Committee and Health Scrutiny Panel on Wednesday 8 November 2017 the following items will be discussed

- Air Quality Action Plan
- Delayed Transfer of Care

### 284. EXCLUSION OF THE PRESS AND PUBLIC

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The meeting ended at 9.10 pm.