NHS
Enfield
Clinical Commissioning Group

Enfield CCG Governing Body Meeting 10 February 2016 - Q&As

Q1 A & E performance for NMUH and RFH (page 51)

The summary text or NMUH reads: "NMUH did not meet the 95% 4 hour wait standard in November, reporting performance of 77.3%. The Trust has not met the standard since July 2015. Lack of clinical leadership, **patient volumes** and bed management continue to be the significant contributory factors to the poor performance "

The December performance published by NMUH fell (from 77.3% (nov15) to 72.6% but **please explain the Officers comment about patient volumes since for 2015/2016 the attendance is reported has having been consistently LOWER than for 2014/2015**

A1 **Response:** The patient volumes referred to in the report are in relation to a demand and capacity imbalance within the Emergency Department. Although attendances are lower compared to the previous year the department is unable to see, treat and discharge the current volumes of patients within the 4 hour standard given the limited clinical capacity. There is therefore an issue relating to volumes and whether it can be reduced further to align with clinical resource and appropriateness on one hand; and staffing (consultant) levels.

Q2 A & E performance for NMUH and RFH (page 51)

The summary text or NMUH reads: "The December performance published by NMUH fell (from 77.3% (nov15) to 72.6% in December 2015"

What has been the trend of any incidences of *patient harm (Serious Incidents) arising in delays at NMUH A & E* since July 2015 to date?

A2 **Response:** Serious incidents (SI) are reported, investigated and monitored, it is not always possible to directly link an incident with delays that may occur in A&E. All SIs are reported to the Clinical Quality Review Group (CQRG) monthly via the North Middlesex Hospital (NMUH) Trust serious incident tracker. A North Central London SI panel undertakes a detailed review of all provider Sis. Review of trends and themes forms part of the SI assurance process and in light of the recent concerns with A&E performance further assurance on Sis is currently being undertaken via the coordinating commissioner Haringey CCG and will be discussed in due course at the CQRG.

Q3 LAS ambulance performance (page 54)

It is reported: “NCL is taking an increased ‘hands on’ approach to the LAS contract and providing much more robust direction to Brent CCG as lead commissioner. There is also the opportunity for CCGs / SPGs to engage through the quarterly assurance forums as part of the 2015/16 contract management process.”

As part of the ongoing dialogue with LAS or Brent CCG

- what has been the benefits seen through the use of Intelligent Conveyancing?
- What is the progress in the East of England Ambulance Service (who also use NMUH) being linked into the LAS system (if not why not)?
- To what extent have LAS been conveying intermediate patients to the Urgent Care Service at Chase Farm rather than to A& E at either NMUH or Royal Free

A3 Response:

- Intelligent Conveyancing (IC) was introduced when the NHSE Emergency Department policy changed. It was brought into place from 8am -11pm, 7 days a week to smooth out surges in attendances, which has led to fewer triggers of the protocols for full redirection of ambulances to neighbouring hospitals. The objective that was set out has therefore been achieved.

- East of England Ambulance Services is looking into implementing IC and there is a Memorandum of Understanding (MOU) in place between London Ambulance Service (LAS) and East of England to cover this. LAS has shared all their documents and policies about IC.

- There are relatively few conveyances to Chase Farm hospital (approximately 18 per month so far this year).

Q4 **Winter communications campaign** (Page 25) rightly encourages patients to “use pharmacies as a first port of call when appropriate.” So will the ENHS CCG governing board express its concern to the NHS England Chief Executive at the statement by Health Minister Alistair Burt that up to one quarter of pharmacies will be closed in the next year?

A4 **Response**: The statement by Health Minister Alistair Burt signalled a reduction in funding commitment of essential and advanced community pharmacy services from £2.8billion in 2015/16 to £2.63 billion in 2016/17. It is anticipated that funding reductions will take effect from October 2016 and that some smaller community pharmacies may be affected by the proposed change in payment structure. However, the need for pharmaceutical capacity and services in Enfield is determined by the Pharmaceutical Needs Assessment, reviewed and updated by the Public Health Team at London Borough of Enfield in 2015. The consultation on proposed changes to the community pharmacy contractual framework will end on 24 March 2016 and the CCG will submit a response to the consultation.

Q5 The Chief Officer's report says the Procurement Committee met on 13 January and among other matters considered the **Enfield GP Healthcare Network**. What was the outcome and are we any nearer towards seeing all Enfield GPs working together?

A5 **Response**: At its meeting on 13 January 2016, the Procurement Committee agreed the recommendation to convene an assurance panel to review Enfield GP Healthcare Network's progress towards full assurance. This is separate to on-going discussions with representatives from both Enfield GP Healthcare Network and Enfield Healthcare Alliance regarding collaborative working.

Q6 The ENHS governing board was informed at its meeting on December 10 2015 that a **CCG response to the totally inadequate Sturgeon Report** on primary care services in Enfield would be formulated as part of the Primary Care Transformation Framework. Has this been done and if so have we missed it under agenda item 8.1. If it has not yet been formulated can the Enfield Over 50s Forum be assured that the CCG Board will reject the Sturgeon findings that only 15 more GPs are needed by 2032 to meet the needs of Enfield's growing population.

A6 **Response**: David Sturgeon no longer works for NHS England London Region. However, the CCG's response to the findings of the report will be reflected in the work undertaken to deliver the third priority of Enfield's Primary Care Transformation Framework, namely Primary Care Workforce Development.

Q7 Can we be assured that both **Enfield GP networks** are fully involved in the work of the Primary Care Transformation Network and what plans are in place for involving and consulting patients in the Transformation Framework ?

A7 **Response:** As reflected in the development of the Framework, patients were involved and consulted via the PPG Leads, Health Improvement Partnership Board and Health and Wellbeing Board. Patients will continue to be involved and consulted in respect of individual priority areas.

Q8 **Primary Care Urgent Access Pilot:**

a) Can we have an **update on the primary care urgent access pilot** ? How many GP practices are now using the service and how many patients have secured appointments towards the 15,000 target by March 31?

Response: As of 3 February 2016, 3,229 patients had been seen and 94% (46 practices) are actively using the service.

b) The Primary Access Pilot was contractually approved to operate from 1st October to 31st March 2016. Please provide guidance as to the mechanisms being put in place by Enfield CCG so that the present provider may have a short term contract extension pending a review of the specification and any formalities about formal re-tendering of the service?

Response: An evaluation of the service is currently underway and will be presented to the GP Transformation Sub-Group, Finance Committee and Procurement Committee to determine next steps for the service.

Q9 **London Ambulance Service performance (Page 54)**

London Ambulance Service (LAS) continues to perform below standard against one of the key national measures – 75% of Cat A RED 1 (immediately life-threatening) call response with 8 minutes.
Pan-London, in November 2015, 67.8% of Cat A RED 1 calls were responded to within 8 minutes. This is level with the revised in-month trajectory of 67.4%. In Enfield, performance of responses to Cat A RED 1 calls within 8 minutes dropped to 62.0% (Appendix 1).

A relevant item with up-to-date information was published in the London Evening Standard on February 5th. Jill Patterson LAS Interim Director of performance has revealed that January 2016 has been busier than the previous December having 46,201 Cat A calls (circa 1500/day) the highest figure recorded and almost 1,000 more than the previous month (December) with a Pan London performance falling below the trajectory at 66%.

LAS chief executive Dr Fionna Moore said [LAS] had received more than 300 calls an hour "on a regular basis" over the last fortnight (last two weeks in January 2016)

Have medical professionals identified any common cause for the spike in 8 minute life threatening calls?

A9 **Response**: LAS has signalled a significant number calls were from Health Care Professionals (HCP) and residential care/ nursing homes account for these. The CCG has sent a reminder to HCPs and residential/nursing homes about the protocols relating to transport requests. Specific intelligence on the patient conditions is not yet available.

Q10 **Patient and Public Engagement annual report 2015/2016 questions**

SECTION THREE- Engagement and Participation Activity

For each engagement and participation activity on section three, I would like to ask:

a) What was the thinking behind the adopted engagement approach?
b) Were the unintended consequences of the adopted engagement approach considered and mitigated for?
c) What was the rationale behind the adopted engagement method?
d) Were the unintended consequences of the adopted engagement method considered and mitigated for?
e) The number of people reached?
f) How representative was the number of people reached in terms of the JSNA, diversity and population size of Enfield?

Patient and Public Engagement Activity for year 1 April 2014- 31 March 2015

BME Health seminar
a) What was achieved by attending this event

A10 **Response:** Thank you for these detailed questions regarding our Patient and Public Engagement Annual Report 2014/15.

Background to the Patient and Public Engagement Annual Report 2014/15
NHS England require Clinical Commissioning Groups to publish an annual report that describes how the CCG has discharged its statutory responsibilities for meeting the collective and individual participation duties as described in the Health and Social Care Act 2012 during the period 1 April 2014 to 31 March 2015. This report was agreed at a Governing Body Meeting on 30 September 2015.

The template for this report is provided by NHS England who also review the content of the report. Local Healthwatch organisations are also invited to comment on the report before publication and have made an independent assessment of the report.

Questions on section three of the Patient and Public Engagement Annual Report 2014/15 report: It is important to note that the requirements for section three of the report were to include short case studies in a format given by NHS England and that the CCG carries out a much wider range of communications and engagement activity using a wide range of methods including social media such as our Twitter account @EnfieldCCG .

Our Communications and Engagement Strategy describes our corporate approach and the range of activities that the organisation undertakes. We publish the details and outcomes of many engagement activities on our website. An analysis of engagement activities is undertaken on a bi-monthly basis by the Patient and Public Engagement Committee whose membership also includes Healthwatch Enfield, patient and voluntary sector representatives.

We welcome the interest in our engagement work and will be inviting the individual who submitted these questions to meet with representatives of the CCG to discuss these questions further as they extend beyond the content of today's agenda.