

**Enfield CCG Governing Body Meeting 17 May 2017**  
**Questions and answers relating to items on the Governing Body agenda**

**Question 1**

Why are there five sets of Redacted Minutes among the papers made available to the General Public? I cannot remember seeing redacted Minutes before. Why have they been redacted? How does this serve the General Public in terms of openness and transparency?

**Response by Chief Officer**

The CCG has reviewed the approved minutes and has agreed that in view of the rules surrounding the pre-election period that a small number of items in the respective Committee minutes should be redacted.

**Question 2**

The Over 50s Forum previously asked for a performance check to be presented at each governing board meeting on the **three hubs offering extra GP appointments** to ensure that public funds were being used efficiently. So can we have the average daily / evening uptake and the details of each weekend. And can you report any progress towards a hub in the North East of the Borough?

**Response - Director of Primary Care**

As reported to the Patient and Public Engagement event on 1 March 2017 and on our website: Enfield CCG will look at how well the three hubs are being used over the next few months and will then make a decision as to whether a hub in the North East of the borough is required.  
<http://www.enfieldccg.nhs.uk/news/Evening-and-weekend-GP-appointments-for-Enfield-patients.htm>

**Question 3** Agenda item 8.1 Appendix H

The **5 year Forward Plan** says all the right things about more GPs to take the strain off A&E; strengthening access to high quality GP Services; more GP appointments so that patients can get one when needed, but people want to know "where's the beef"?

How many GPs are currently working at our 48 surgeries: how many are locums? How many clinical pharmacists are currently working in Enfield? How many mental health therapists are now working in the Borough? And what are the comparative figures for the same period in 2016?

What progress has been made in increasing the number of GPs working in Enfield bearing in mind the government's promise to recruit 5.000 more GPs by 2020.

**Response - Director of Primary Care**

A minimum Primary Care Workforce data set is extracted by NHS England directly from practices, the outcome of which is not currently available to the CCG.

**Question 4**

Can you update us on the **appointment of a Chief Operating Officer for Enfield CCG** while noting that new COOs have already been appointed by all four other CCGs in NCL.

**Response – Chief Officer**

The post of Chief Operating Officer for Enfield CCG is presently being advertised and the interviews are booked for June 8<sup>th</sup> 2017. The appointment will be announced after this date.

**Question 5** Agenda item 8.5

When will the **independent report** into the serious allegations carried in the Sun newspaper regarding the 111 operation by LCW be published?

**Response - Director of Primary Care**

The independent investigation is due to be completed in the summer and publication of the report will follow after that.

**Question 6**

Will Enfield CCG please provide a Statement on the local impact of the Cyber malware attack called Wanna Decryptor on Health Services in London and particularly on services from neighbouring hospitals such as NCUH and RFL (Barnet and CFH). Was it possible to maintain the Hyper Acute Stroke Network? Was it possible to maintain the Heart Attack treatment network?

see Evening Standard <http://www.standard.co.uk/news/uk/nhs-hospitals-face-weekend-of-chaos-as-operations-cancelled-and-ambulances-diverted-after-global-a3538221.html>

*NOTE: under the contract with major Users such as NHS Digital, computers operating Microsoft Windows XP should have been patched using a fix known as MS17\_010*

**Response - Director of Primary Care**

This is not part of the Governing Body agenda. However, the Chair will give a short update on the recent cyber attack as part of his Chair's update.

**Question 7**

Quality and Safety Exception Report

- a) (page 9) A Quality visit is planned for NCUH to occur on 12th May 2017. Please provide an Executive Summary of the findings
- b) (page 9) The capacity of Barnet care homes appears to have been reduced by the reduction of 24 care homes to 19 care homes with a loss of 250 care beds. What type of care beds were these as a proportion of the initial provision? Has there been a similar impact on the Enfield sector?
- c) (page 10) NHS111 (LCW) are reported to be offering Barnet care homes direct line access to medical and nursing support staff. Is this statement true for all care homes covered by the NHS111 contract within NCL? Is this offer covered by the terms of the existing contract for NHS111

**Response - Director of Quality and Governance**

- a) The visit took place as planned. All parties will now meet to discuss findings and this will be reported through the CCG's normal governance processes and an update will be included as part of the Quality and Safety report to the July Governing Body.
- b) Barnet Care Homes is the remit of Barnet CCG and we have no jurisdiction over this matter.
- c) Yes this is part of a trial being conducted for all care homes in NCL. This is not part of the existing contract and is funded by the Healthy London Partnership.

## Question 8

Enfield CCG are asked to consider joining the trial described below

The Stroke Association has endorsed a recent report that the number of Strokes is predicted to rise [see: Number of strokes in UK predicted to rise by 44% in next 20 years, <https://www.theguardian.com/society/2017/may/11/number-of-strokes-in-uk-predicted-to-rise-by-44-per-cent-in-20-years> }

A small trial of 41 randomised patients in and around Nottingham has found that administering a *glyceryl trinitrate* (GTN) patch costing 39p to a patient's shoulder or back while they were travelling to hospital halved the stroke death rate from 38% to 16%.  
<https://www.theguardian.com/society/2017/may/05/skin-patch-costing-39p-could-save-lives-stroke-victims>

Enfield CCG are asked to generate a QIPP for 2017/2018 where nursing home care staff are given training to recognise stroke AND are trained to apply apply a GTN patch to the casualty whilst waiting for LAS to arrive

The British Heart Foundation (BHF) has already funded University of Nottingham researchers to work with seven ambulance services to trial the patch on patients and chart their recovery over 12 months.

The adoption of this prior process would be forecast to gain the most benefit from the potential reduction in neuro vascular damage; optimise the patient prior to arrival at HASU; facilitate rehabilitation and early discharge and reduce the cost accrued for Enfield Patients to Enfield CCG

### **Response - Recovery Director**

Enfield CCG has a transformation project for 2017/18 focused on Stroke Pathway redesign and is currently undertaking a deep dive into the root problems that need to be addressed to better support our patients who experience a stroke including the support they receive afterwards in terms of rehabilitation. In addition, Enfield CCG has introduced a programme in 2016/17 that aims to identify patients with Atrial Fibrillation, often associated with Stroke, and are doing work to transform the way we support patients with diabetes. We would like to thank you for bringing this additional information to our attention and will work with the London Ambulance Service and with the community matrons and CHAT (Care Home Assessment Team) that support patients in care homes and other care settings.