

MINUTES OF THE HEALTHIER COMMUNITIES SELECT COMMITTEE

Wednesday, 15 January 2020 at 7.30 pm

PRESENT: Councillors John Muldoon (Chair), Coral Howard (Vice-Chair), Tauseef Anwar, Peter Bernards, Colin Elliott, Aisling Gallagher, Octavia Holland, Olurotimi Ogunbadewa, Jacq Paschoud and Kim Powell.

ALSO PRESENT: Nigel Bowness (Healthwatch Lewisham), Tom Brown (Executive Director for Community Services), Jim Lusby (Director of Strategy and Integrated Care, Lewisham and Greenwich NHS Trust), Dr Jacky McLeod (Clinical Director and Primary Care Lead, Lewisham Clinical Commissioning Group), Ashley O'Shaughnessy (Deputy Director of Primary Care, Lewisham Clinical Commissioning Group), Dr Simon Parton (Chair, Lewisham Local Medical Committee) and Chima Olugh (Primary Care Commissioning Manager, Lewisham CCG).

1. Minutes of the meeting held on 2 December 2019

Resolved: the minutes of the last meeting were agreed as a true record.

2. Declarations of interest

There were none.

3. Responses from Mayor and Cabinet

There were none.

4. Primary care development

Ashley O'Shaughnessy (Deputy Director of Primary Care, Lewisham CCG) and colleagues introduced the report. The following key points were noted

4.1 Three GP practice mergers have been approved in the past 12 months. Two were linked to retirement. GP retirement is a significant challenge in Lewisham and across the country. Practice mergers can help to provide continuity of service to patients by allowing GPs to stagger their retirement and provide a reduced number of sessions.

4.2 One member of the committee asked whether an equality impact assessment was carried out for the Hilly Fields and Brockley Road GP merger and how patients will be engaged now the merger has been agreed.

4.3 The full business case for the Hilly Fields and Brockley Road GP merger, including an Equality Analysis Screening Tool assessment, was considered by the CCG and is available online. There will be ongoing engagement with patients through the merger, including targeted support for vulnerable patients.

- 4.4 Primary Care Networks (PCNs) in Lewisham are able to access funding to support the recruitment of additional roles in primary care, including physician associates and physiotherapists from 2020. Physician associates are a new kind of healthcare worker within primary care that will provide services, health checks and screening, for example, with the support of GPs and nurses.
- 4.5 The GP Extended Access Service, which provides additional bookable GP appointments from 8am-8pm, continues to deliver and offer an increasing number of appointments. The service has a utilisation rate of 80% against a national target of 75%. The service also has a 16% DNA (“did not attend”) rate, however, which is impacting on its ability to provide more direct patient care.
- 4.6 There are a disproportionate number of DNAs on the weekend, particularly Sundays. The CCG is analysing the data and considering whether there are any specific measures that can be taken, with practices and patients. It has also spoken to Healthwatch Lewisham.
- 4.7 One member of the committee noted that some people might be anxious about being able to get a GP appointment and booking appointments “just in case”. The member suggested that more frequent text message reminders, up to a few hours before the appointment, might help reduce DNAs.
- 4.8 Lewisham CCG continues to work with GP practices to support unregistered vulnerable patients. There was a learning event in 2018 for all practices to raise awareness of the issues people had faced with registration. The CCG has also commissioned the Lewisham Community Education Provider Network (CEPN) to visit all practices to undertake specific training on supporting vulnerable people to access primary care. Cards have been distributed to remind practice staff that people do not need a fixed address or ID to register.
- 4.9 According to *Doctors of the World*, the number of people who tried to register in Lewisham and who were not initially successful has recently reduced from 17% to 7%. Officers expect this rate to reduce further as a result of the ongoing work.
- 4.10 Two errors in the published report were highlighted as follows:

5.5.11 – As of November 2019, 16 Lewisham practices had signed up to the Safe surgeries scheme rather than Safe hubs scheme.

5.5.12 - OHL is also working with DOTW to develop mobile clinics in Lewisham to help vulnerable people to register with a GP and receive immediate care rather than OHL is also working with DOTW to develop 12 mobile clinics in Lewisham to help vulnerable people to register with a GP and receive immediate care.

- 4.11 Lewisham CCG recently carried out a review of the GP patient survey data and other primary care quality indicators and identified a list of GP practices in need of support. One of the main areas of support was to address the issue of getting through on the phone.
- 4.12 The identified practices have all successfully applied for additional resilience funding to support addressing the issues identified. The CCG will monitor the impact by speaking to patients with Healthwatch and continuing to monitor GP patient surveys data.

Resolved: the committee noted the report.

5. NHS charges for overseas visitors

Jim Lusby (Director of Strategy and Integration, Lewisham and Greenwich NHS Trust) introduced the report. The following key points were noted:

- 5.1 Charging patients who are not eligible for free healthcare is a legal requirement and all NHS Trusts and foundation trusts are bound by the Government guidance on this.
- 5.2 Concerns about Lewisham and Greenwich NHS Trust's arrangements for charging patients who are not eligible for free healthcare were first highlighted by staff and local campaigners. The Trust has since suspended the use of Experian and referred itself to the Information Commissioner in regards to issues around patient confidentiality and consent and data protection.
- 5.3 The Trust has also commissioned an independent review of the process it followed and established an independently-chaired oversight panel to review national guidance and current arrangements. The Trust is mindful of the tension between the Trust's processes for charging those not eligible and Lewisham's status as a sanctuary borough.
- 5.4 The committee noted that many people who are very ill will not be economically active and expressed concern about testing for economic activity as part of the process for determining whether a patient is eligible for free healthcare.
- 5.5 The Trust noted that it was not looking to defend the process that was set up but explained that the test for economic activity was used as an initial non-discriminatory test to trigger a number of other lines of enquiry to determine eligibility. The Trust noted that two thirds of the charges identified in 2018/19 had to be claimed back from the CCG because they could not be recovered.
- 5.6 The Trust agreed to respond to the committee in writing to clarify whether NHS charges apply to emergency treatment and those with ongoing appeals

and asylum applications. The Trust also agreed to provide assurance in writing that bailiffs have not been used since the recent concerns came to light.

- 5.7 Representatives of the *Save Lewisham Hospital Campaign* noted that they were pleased that the campaign had been invited to be involved in the review of the Trust's processes. The campaign representatives also noted, however, that while the Trust is legally required to charge patients who are not eligible, Lewisham is a sanctuary borough and the Council should work to explore good policy and practice in other councils.

Resolved: the committee noted the report and agreed to refer its views to the Trust. The committee also agreed to refer its views to Mayor and Cabinet in the following terms:

The committee was concerned to learn of the arrangements that have recently been in place at Lewisham and Greenwich NHS Trust for identifying and charging patients who are not eligible for free healthcare. The committee was particularly concerned to learn about the automatic sharing of data with the credit reference agency, Experian, to check whether patients were economically active in the UK (as part of the process for assessing "ordinary residence"). While the Trust is required by law to charge patients who are not eligible, the committee is concerned about the impact that the Trust's implementation of this policy has on Lewisham's status as a sanctuary borough. The committee therefore asks Mayor and Cabinet to explore good policy and practice in other councils in London and beyond in order to make links and help to create a campaign with those councils.

6. Select Committee work programme

Resolved: the committee agreed the work programme.

7. Referrals to Mayor and Cabinet

The committee agreed to refer its views on item 5 (NHS charges for overseas visitors) to Mayor and Cabinet in the following terms:

The committee was concerned to learn of the arrangements that have recently been in place at Lewisham and Greenwich NHS Trust for identifying and charging patients who are not eligible for free healthcare. The committee was particularly concerned to learn about the automatic sharing of data with the credit reference agency, Experian, to check whether patients were economically active in the UK (as part of the process for assessing "ordinary residence"). While the Trust is required by law to charge patients who are not eligible, the committee is concerned about the impact that the Trust's implementation of this policy has on Lewisham's status as a sanctuary borough. The committee therefore asks Mayor and Cabinet to explore good policy and practice in other councils in London and beyond in order to make links and help to create a campaign with those councils.

The meeting ended at 10.00 pm

Chair:

Date:
