NHS
North East London Commissioning Alliance

NEL JCC questions from the public - Log

Reference	Meeting date	Submission date	Submitted by	Question	Answer
JCCQ - 1	09/05/2018	04/05/2018	Michael Vidal	It is noted that no provision is made in the Terms of Reference for the approval of the Budget for the Joint Committee or the North East London Commissioning Alliance. As CCGs are not allowed to exceed their Running Costs Allowance can an explanation be given as to how the budget for the Joint Commissioning Committee: • is approved and the proportions payable by each CCG agreed • when is the budget and the amount payable by each CCG is notified to each CCG • what mechanism is in place to ensure that where the notification of the budget and the proportion payable by each CCG is made after a CCG has allocated its budget the payment of the proportion of the costs would not cause a CCG to exceed its running costs allowance.	The CCGs have agreed that any changes to structures that are needed to create the Commissioning Alliance should be cost neutral on a recurrent basis, so this will not affect the requirement to keep spend within the running cost allowance. These details are being worked through now and in the coming months as the structures are discussed and decisions taken through the established governance structures of each CCG. During the process of transition and mobilisation there may be some one-off start up costs and the CCGs have set aside some funding to cover this within existing budgets to ensure the running cost allowance is not breached.
JCCQ - 2	09/05/2018	09/05/2018	Andy Walker	Will this committee accept the recommendation of Redbridge Health Scrutiny committee to open 2 acute wards at BHRUT? and Will the committee be lobbying for funding for more critical care beds at King George or Queens?	This was a suggestion by Redbridge Scrutiny Committee following a presentation on BHRUT ED to scrutiny on 28 March. At the meeting, BHRUT explained that staffing remains a real challenge at Queen's and King George Hospitals now, so staffing any additional wards would be even more difficult. This is an operational matter for the Trust. NEL CCGs do work with providers to agree resources, including bed capacity and funding.
JCCQ - 3	11/07/2018		Jan Savage, Save our NHS	Following the June meeting of the Estates Board, can the Committee give an update on the Estates Strategy in terms of the disposals and investments currently under consideration"	The Estates strategy draws together the individual objectives and plans for the organisations within the Partnership. Commissioners are working closely with Trusts and NHS Property Services which own the majority of the NHS estate and are therefore responsible for identifying and, if appropriate, disposing of surplus assets. Commissioners recognise that buildings not currently in use, or those that are unfit for use, and which incur costs, may release money that could be used for patient care if they were sold. In line with national policy we would also wish to see proceeds from any sales reinvested directly into patient care, modern fit-for-purpose health and care facilities and to provide affordable housing for NHS staff and local people. In all cases public consultation would be needed, and neither commissioners nor the East London Health and Care Partnership would support any proposal that did not offer clear patient and public benefit.
JCCQ - 4	11/07/2018		Terry Day	Implementation of the Urgent and Emergency Care Strategy for North-East London: In the report introducing this item the expected outcomes include 10% reduction in London Ambulance Service Emergency Department conveyances and 20% reduction in Emergency Department attendances overall, but these expected outcomes are not referred to in the presentation. When are these outcomes expected to be achieved by? How much money is expected to be saved, if these outcomes are achieved? Does the contract for provision of the new service include targets for these expected outcomes, with any financial incentives for achieving them? Will call handlers be aware of the service having any targets for reducing London Ambulance Service conveyances and Emergency Department attendances?	The NHS 111 and clinical assessment service will have a contributory impact on the overall strategic aims described in the cover paper. There are other schemes which will have the joint objective to reduce the impact of rising populations on our hospitals across NEL. These include for example the ability for our ambulance crews and care homes to call a clinician in 111 through a special direct line, streaming at the front door of our urgent treatment centres, same day care at our emergency departments for certain conditions For NHS 111 and Clinical Assessment Service in particular we expect there to be an incremental achievement to reduce the level of unnecessary attendances at our emergency departments with full achievement by 20/21 The plan to introduce NHS 111 and Clinical Assessment Service was not a financial one within North East London we are expecting to see a high percentage of population growth and need to make sure the current urgent and emergency care system can meet this growing demand through right time/first time principles We estimated that by 20/21 £24m could potentially be saved from reduced Emergency Department attendances and ensuring people are safely directed to the right place, first time. However these savings are offset by further investment needed within the care close to home space There are quality financial targets which include • 33% closure to self-care • 80% reassessments of low level ambulance call outs which may not need and ambulance but another right service instead • 51% of people assessed and treated by a clinician Yes however they will be aware thorough training around the main objectives of the Integrated Urgent Care 111 and Clinical Assessment Service which is to take pressure off downstream services.
JCCQ - 5	11/07/2018		Terry Day	Is there a target for the % of calls closed as self-care? Will there be any way of monitoring what proportion of the people making those calls end up coming back into the Emergency Department as emergencies?	We have a target of 33% close to self-care we are looking to map NHS Numbers and currently reviewing General Data Protection Regulations (GDPR) around this. London Ambulance Service have not normally recorded NHS Numbers we have asked this within the reporting elements of the contract and understand the rationale of needing to map the whole system re patient flow
JCCQ - 6	11/07/2018		Terry Day	Will part of the 111 triage include identifying patients deemed ineligible for free NHS care? If so, how will this work?	If a patient phones 111 and is unregistered they are given 3 nearest GP practices for them to potentially register with. Fuller information re the eligibility of NHS Free care would need to be done at the point of face to face contact and not with 111
JCCQ - 7	11/07/2018		Paul Rosenbloom, and Brian Steedman, from Waltham Forest Save Our NHS, submitted on behalf of Mary Logan.	Has the Sustainability and Transformation Plan been audited, and if so, is the outcome publicly available?	The STP is not a statutory body and as such is not subject to NHS external audit processes. CCG external auditors in considering the standards of governance in the CCG will have regard to the arrangements in place in relation to STPs and no significant risks were identified during the 17/18 audit process.
JCCQ - 8	11/07/2018		Paul Rosenbloom, and Brian Steedman, from Waltham Forest Save Our NHS, submitted on behalf of Mary Logan.	Are there plans for a Public Health Doctor to sit on the Committee?	We do have a public health representative on the committee: Mark Ansell is the public health lead for Havering and is the nominated representative for the borough. Additionally, as part of the Joint Commissioning Committee we will also be reviewing the membership before Christmas and will consider public health as part of this. We are also in the process of recruiting a Secondary Care Consultant and a Nurse for the committee too.
JCCQ - 9	11/07/2018		Andy Walker, BHR	Refer to page 22 of your minutes: 'Will the committee be lobbying for funding for more critical care beds at King George or Queens?' This was not a recommendation of the Redbridge Health Scrutiny Committee, although they did call for more 2 general and acute wards to be opened at Barking, Havering and Redbridge University Trust (BHRUT). King George Critical Care beds were full up 12 times in February 2018 and on three occasions, both King George and Queens Critical Care beds were full up on the same days. There is irrefutable evidence linking not only improved mortality rates with critical care bed usage, but also better recoveries from serious illness as well. Keith Prince AM and other elected representatives will be going to 10 Downing Street tomorrow to seek more funding for these lifesaving beds. Will anyone in this committee support their call for more funding for critical care beds or at least support a review of existing provision? This committee may not have direct control of BHRUT, but it does have the power of advocacy.	Barking & Dagenham Councillor Maureen Worby had also raised a question regarding critical care beds at a recent health and wellbeing board and it was noted that the local health and social care economy continue to request assurance on critical care beds for its population. Mr Walker also requested clarification around surgical step down beds and it was suggested that he direct this question to local Trusts.
JCCQ - 10	11/07/2018	11/07/2018	Carol Ackroyd, Hackney Keep our NHS Public	I'm extremely concerned that the estates strategy is being termed as prop co disposing of "inefficient underused sites" The strategy needs to be about what estates/facilities the STP needs in order to deliver appropriate services to the population. 1. Please can we see an estates plan that sets out all the sites that will be required to provide services over the next period (10+ years) and what services will be located in each. 2. What are the implications for proposed changes of use/disposals?	Suggested answer: 1. The ELHCP estates strategy is in draft form and has not yet been published, although it is our intention to publish it as soon as possible. The strategy is based on the consolidation of a number of strategic documents from all 20 partners in ELHCP so it is important that all of the organisations are given time to check the final version for factual accuracy or if there is anything which needs to be updated. This process takes time but we expect to be able to publish in the next month or so. 2. It is not possible to comment on the specific implications of a particular building but as a general strategic aim ELHCP wants to see assets used to their maximum benefit. In some cases where buildings are not well used or are in poor condition this may mean they need to be disposed or replaced. In all cases any such plan would be consulted on widely in line with statutory requirements. The overall strategy is about improving and modernising the estate and is necessary for us to access much needed national capital funding.

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JCCQ - 11	11/07/2018		Dr Coral Jones, GP, Hackney	1. Given Barts Trusts is the responsible employer, how will the Trust ensure that SERCO staff who were forced to go on strike last year for the London Living Wage, will be granted the uplifts in pay as part of the new agenda for change negotiations. 2. Re pathology: What is IHI? Is this private? What effect will IHI – ELFT partnership have on the Homerton? Are any of the Directors of IHI involved in decision-making about pathology services via NHSE or DoH?	In progress
JCCQ - 12	11/07/2018		Neelma Saleem, Newham resident and Access & Inclusion (Advocacy) Officer-London at the British Deaf Association	I have concern regarding the new 111 service – how is it accessible to deaf people? Many deaf people go to A&E because they can't use NHS 111 etc. The new service doesn't seem to have taken in to account the access issues for deaf people. Can you outline what is in place to address this? There is a big issue with access to interpreters. Often we are asked to bring our children or friends along to interpret for us at GP appointments, this is unacceptable. How does a deaf person access out of hours services for example? This needs to be addressed in order to relieve pressure on A&E which is the only option for many.	Suggested Answer For people with a hearing impairment New Generation text will be used. This is the national 'text to voice' relay service utilised by individuals with hearing or speech impairments. The use of this service enables users to access services such as NHS111 and the emergency services. Relay assistants provide a text-to-voice and voice-to-text service to enable effective communication. In order to access the New Generation Text service users must dial 18001 followed by the number they wish to contact. For example; in order for a patient/caller to call the NHS111 service they will dial 18001 111. For people who don't speak English as a first language these callers will be offered language line which is a telephone interpreting service that can access all the key languages. The service is available 24/7