

**NHS SE LONDON CLINICAL COMMISSIONING GROUP
GREENWICH BOROUGH BASED BOARD**

**PUBLIC QUESTION AND ANSWERS 30
THURSDAY 9 JULY 2020**

Virtual meeting

PANEL: GOVERNING BODY MEMBERS

Dr Krishna Subbarayan (KS)	<i>GP Clinical Lead (Chair)</i>
Joy Beishon (JB)	<i>Chief Executive</i>
David Borland (DB)	<i>Assistant Director of Children's Services (for Florence Kroll)</i>
Neil Kennett-Brown (NK-B)	<i>Place Based Director (Greenwich)</i>
Sarah McClinton (SM)	<i>Local Authority Nominee</i>
Annie Norton (AN)	<i>Assistant Director of Finance (Greenwich)</i>
Richard Rice (RR)	<i>Lay Member (Greenwich)</i>
Dr Sabah Salman (SS)	<i>GP Clinical Lead (Vice Chair)</i>
Brenda Scanlan (BS)	<i>Interim director of Integrated Commissioning</i>
Robert Shaw (RS)	<i>Director of System Transformation (Bexley and Greenwich)</i>
Dr Tuan Tran (TT)	<i>LMC Representative</i>
Steve Whiteman (SW)	<i>Director of Public Health</i>

In attendance

Rayna James	Moderator
Colin Nash	SEL CCG Governance Support (Notes)
Shanna Swainsbury	Producer

5 members of the public attended the session.

The meeting was advertised on the CCG website.

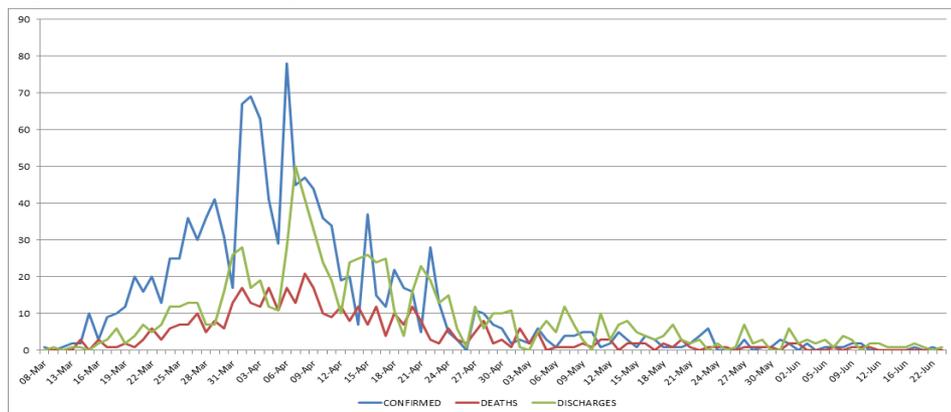
REF	QUESTION	RESPONSE FROM GREENWICH BOROUGH BASED BOARD
	<i>Questions in advance of the meeting</i>	
1	<i>Does the BBB have statistics on hospital bed occupancy rates since the COVID pandemic commenced?</i>	Mr Kennett-Brown displayed the bed occupancy rates from Lewisham and Greenwich NHS Trust on the live stream and emailed the data to the questioner after the meeting and is reproduced in the appendix below.
	Questions raised at the meeting	
2	<i>Do Board members consider there is enough of a lay presence in the new structure?</i>	Mr Rice replied that this had been debated and it was decided that three lay members on the SE London CCG Governing Body and a Lay Member on each of the Borough Based Boards was a satisfactory structure (9 in total). He also noted that the Borough Lay Members met regularly with those on the Governing Body to ensure local issues could be brought to its attention.
3	<i>What is the role of the Integrated Care System (ICS)</i>	Mr Shaw replied that the ICS had a role in ensuring local services were integrated in a way that best met the health & care needs of local people, and was a partnership across organisations. However healthcare systems were delivered at multiple levels (across south east London, in boroughs and in our local neighbourhoods), so it was important that partnerships below ISC level were strong too.
4	<i>Will the public be involved in any consultation on the plans being formed and finalised in September?</i>	Mr Kennett-Brown confirmed that they would and engagement opportunities were planned and would continue as the year progressed.
5	<i>How is Test & Trace operating as the number of positives seemed low. Can testing be more directed?</i>	Mr Whiteman replied that cases of COVID-19 were currently low and therefore the number of positive tests would also be low. Discussions were currently taking place with a view to enabling testing to be more tailored to local needs.

a. Impact of Covid-19 on LGT patients

The pandemic has had a serious impact on our patients.

- At the peak of the virus in early April, the hospital had almost 300 covid-positive inpatients and since the start of the pandemic, we had 1,259 inpatients who have tested positive for covid-19;
- Within our critical care facilities at QEH and UHL, we saw a peak of c.80%, opening an additional 33 Level 3 beds at QEH and 23 Level 3 beds at UHL;
- From the period 1st March to 30th April, the mean age of patients admission to critical care was 56.2 years old, with 73% male and 27% female;
- BAME population groups have been identified as high-risk nationally. Within our critical care patient cohort we recorded the following ethnicities: White (QEH 34%, UHL 42%); Black (QEH 18%, UHL 39%); Asian (QEH 11%, UHL 15%), and Other (QEH 36%, UHL 6%);
- Mortality across patients within our critical care units was 43.5% - this is below that of national critical care mortality during the first wave and comparable with our SEL tertiary centres;
- We have recorded over 400 deaths related to covid-19 to date, including deaths of three Lewisham and Greenwich staff members.

Figure 1: LGT Covid-19 reported trends



As shown in Figure 1, we saw the peak of covid-19 activity in early April. The sudden spike in activity was followed by a tail of covid-19 confirmed inpatients, which have now reduced to very low numbers at both Queen Elizabeth Hospital and University Hospital Lewisham.



b. Impact of Covid-19 on LGT services

Following the declaration of the critical incident on 14th March, the trust took urgent action in order to ensure that we could minimise the risk to patients and manage the demand for beds for covid-19 patients.

The actions taken included:

- Making a number of changes to site configuration in order to minimise cross-contamination between patients with either confirmed or suspected Covid-19, and those without;
- Expanding our critical care capacity;
- Cancelling routine elective and diagnostic activity at both of our sites;
- Suspending non-urgent community services to minimise risk to staff and patients; and
- Redeployed staff from non-critical services to support delivery of covid-19 response.

The reduction in activity can be seen in Figure 2 which shows a sharp fall in elective theatre and endoscopy activity, followed by a gradual restart as we have re-opened capacity over the last three weeks.

Since the peak of Wave 1, we have continued to see a reduction in occupancy as set out in Figure 3 when compared to our normal bed base.

Figure 2: Elective theatres & endoscopy activity

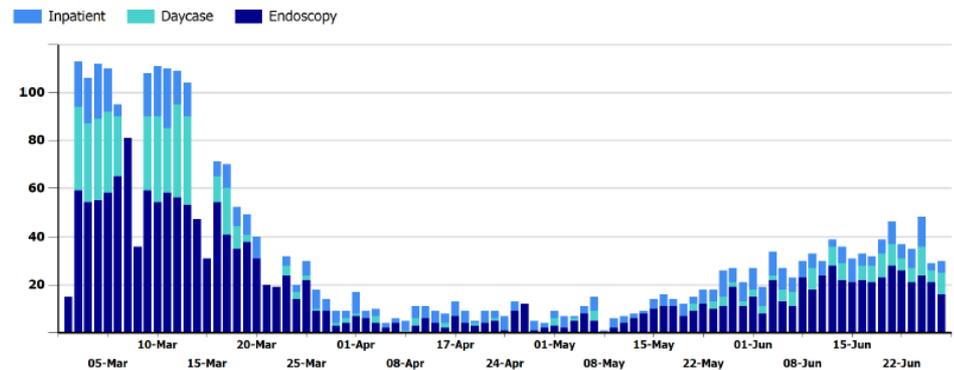


Figure 3: General & acute beds occupied

