

## Governing Body meeting

### Questions received from the public with responses from the CCG

**MEETING DATE: 18 March 2021**

This set of questions was received prior to the meeting taking place, with the response document then published on the CCG's website and also emailed to those who submitted the questions. It has been updated since it was first published to include questions received in the meeting. Where a question was raised on behalf of a group the person's name is listed below; where the person did so as an individual then their name has not been published.

#### Question 1

**Ann Garrett, Co-Chair of Save Our Local Hospitals and Services – Bromley, Bexley and Greenwich**

I am very concerned about the lack of test and trace centres in Bromley . £22 billion of public money was allocated to the NHS Test and Trace programme, and this is now increased to £37 billion. How much of the £22 billion was allocated to each of the SE London boroughs , and are there any plans to increase centres in Bromley, such as doctors surgeries which are easier to access, than just the 3 present large centres ?

Whilst understanding the need to suspend the borough based board meetings due to the demands of the Covid situation , are there any plans to re-instate these in the near future to address urgent specific local issues?

#### Response

NHS Track and Trace is a national service and, as such, the CCG is unable to comment meaningfully about its funding. The service has three PCR testing sites in Bromley at St Paul's Cray, Crystal Palace Park and Norman Park for people with symptoms. These sites are managed centrally and not by the local authority or CCG. These are separate from GP surgeries to avoid the need for people with symptoms having to go to GP surgeries. Members of the public with symptoms also have the option to order home testing kits if they are unable to attend a site or do not have transport. These are available online at <https://www.gov.uk/get-coronavirus-test> and also by calling 119. For people who do not have

symptoms, Bromley Council has set up two rapid testing sites at Bromley Civic Centre and at Kentwood Centre in Penge and these have sufficient capacity. There is further information on the Bromley Council website at [https://www.bromley.gov.uk/info/200154/coronavirus\\_covid%E2%80%9119/1445/coronavirus\\_covid-19\\_nhs\\_test\\_and\\_trace](https://www.bromley.gov.uk/info/200154/coronavirus_covid%E2%80%9119/1445/coronavirus_covid-19_nhs_test_and_trace).

The CCG made the decision to stand down the majority of its governance meetings to enable staff time to be released to directly support the delivery of services and this included the Borough Based Boards, which meet every other month in public. The decision has been made that governance meetings will start meeting again as normal from 1 April and Borough Based Boards will meet in May. The Bromley Borough Based Board is 13 May, 1.30 – 3.30pm.

## Question 2

Greenwich  
resident

May I refer you to Q 16 [of January GB questions] from a Greenwich resident which was me. The CCG response to my question 1 regarding bed occupancy at QEH said a detailed response would be provided after the Board meeting. It doesn't seem to have been done. Could you refer this to the person responsible please so that there might be a response before the meeting next week?

Original question is:

1) **Bed Occupancy and ED attendance rates QEH Woolwich.** Shortly before the pandemic in late 2019 the CEO of L&G NHS Trust Ben Travis stated that 'winter pressures' on beds and A&E were no longer limited to the winter months but had also triggered alerts as early as July 2019. At Greenwich Overview & Scrutiny he agreed that the bed numbers at the QE were inadequate given attendances at A&E were running at 170 per cent of capacity. Can the Board provide details of bed occupancy rates and ED attendances since March 2020. In addition what were the number of diversions of ambulances from the QEH and transfers from A&E to other hospitals.

## Response

The CCG apologises for not providing you with a response after the January meeting.

During the pandemic response QEH had a prolonged time of enhanced support from the LAS in the form of periodic and geographically specific diverts due to an Oxygen issue. This support ran from the 27 December 2020 to the 22<sup>nd</sup> January 2021. This was reviewed twice daily and had the full support from all of the acute providers in South East London as well as the London Ambulance Service.

The table below shows the number of A&E Attendances and Occupancy Rates for Queen Elizabeth Hospital from March 2020 to February 2021.

<b>Month</b>	<b>A&amp;E Attendances</b>	<b>Occupancy Rate</b>
Mar-20	10503	93.97%
Apr-20	7223	82.23%
May-20	9515	80.47%
Jun-20	10513	80.29%
Jul-20	11437	78.07%
Aug-20	11866	92.22%
Sep-20	12336	93.46%
Oct-20	11553	94.06%
Nov-20	11176	94.28%
Dec-20	11055	95.34%
Jan-21	9283	96.91%
Feb-21	9032	92.26%

<p><b>Question 3</b></p> <p><b>Michael Diamond</b> Secretary, Friends of Nightingale Surgery (Patient Participation Group)</p>	<p>NHS Trust properties are fundamentally public or community assets. The Lee Health Centre is currently subject to speculative discussion about its future but patient participation groups for the practices at the Centre have not been involved. Can you tell me if this is normal practice and if you think that this should change?</p>
<p><b>Response</b></p>	<p>Since 1 April 2015, it is a contractual requirement for practices to establish PPGs to listen, discuss and act upon their experiences and involve them in plans to improve and develop services, as appropriate. The CCG is at the very early stage of discussions with GP practices in the area and Lewisham Alliance (the Primary Care Network - PCN) and should any changes in the use of Lee Health Centre be proposed, practices will share and discuss these with their PPGs at the earliest opportunity.</p>
<p><b>Question 4</b></p> <p><b>Susan Sidgwick,</b> Lambeth Keep Our NHS Public</p>	<p>The Public Health team in Lambeth are to be congratulated on the launch of their new pilot “Local 0” scheme to bring all Covid-19 contact tracing in-house.</p> <p>Does the SEL CCG support the extension of the pilot to all SE London boroughs? Does it expect this to happen? Would extra funding be necessary to do this work properly?</p>
<p><b>Response</b></p>	<p>Contact tracing is an important tool in helping contain the spread of coronavirus, alongside testing, self-isolation support, vaccination and core infection control measures. The Local-O scheme in Lambeth extends the role of local authority public health teams in the contact tracing process and we believe this brings a range of benefits in that we can bring local intelligence and knowledge to the contact tracing process at the earliest possible opportunity and we can then offer</p>

enhanced support to individuals, using the most common local languages and with access to the support that is available in the borough to help people and their households to self-isolate, where needed.

All Local Authority Public Health Teams are currently reviewing their Outbreak Control Plans in the light of the latest understanding of the need to address the ongoing response to the pandemic and this will include local test and trace arrangements in partnership with the national Test and Trace system. SEL DPHs are keen to learn from schemes such as that in Lambeth and how this might inform other borough arrangements - this learning will be actively shared across boroughs. Enhanced contact tracing does require additional resources to train and employ local teams and local authorities will need to consider this against other outbreak control measures, particularly addressing any medium to longer term requirements, beyond the period of additional earmarked resources associated with the Covid-19 response.

**Question 5**

**Southwark resident**

The latest performance figures from NHSE have shown deteriorating position, -Routine treatment waiting list is at a record high 4.59 million people in England, up from 4.52m in December

- More people than ever waiting more than a year for treatment ie. 304,044
- percentage of people seen by a cancer specialist within two weeks of warning signs is at a record low
- more people waiting over a month to start cancer treatment after being diagnosed.

Question: can the CCG provide a comprehensive update on what steps are being taken and will be taken in future to manage the overall level of demand eg, in areas such as cancer treatment?  
Can we also get beyond the 'numbers' on the waiting lists, to assess the impact on people's general well-being. Therefore can the CCG commission a survey to be undertaken by local voluntary organisations, including Healthwatch, to assess the impact on patients with cancer and their families from delays in treatments ie, long waiting lists?

**Response**

The Executive Director of Commissioning and Planning presented the Acute Performance Report at the meeting which is available with the [Governing Body papers on the CCG website](#). It was noted that there has been a significant focus on cancer capacity during the pandemic and that overall in December south east London did meet the trajectory for two week waits although there was some variation between the trusts. It was further noted that south east London is tracking a little below the previous year's performance for treatment within 62 days.

## Question 6

**Barbara Gray**  
CEO  
Urban Dandelion  
CIC,  
Lewisham Mayor  
and Council  
Advisor on  
BAME Health  
Inequalities

On behalf of KINARAA CIC

We are concerned to see providers in red despite increased funding via the mental health investment fund. How much additional investment did mental health providers receive?

We have particular concerns re SLAM's poor performance on timeliness of intervention in psychosis. The target is low yet SLAM are not meeting it for the residents they serve. What is the harm of long waits in these circumstances?

## Response

The CCG is expecting to deliver the mental health investment standard in 20/21 which increased spend on mental health services by 6.15% over 2019/20 in line with national guidance. This resource includes investment in the following:

- the full year impact of services that started in the previous financial year
- the funding of schemes previously funded by non-recurrent transformation funds, for example psychiatric liaison services
- delivering Mental Health Long Term Plan priorities including community mental health services, services for children and young people and perinatal services.

We have been working in unprecedented circumstances this year with a number of covid pandemic related demands and these, plus on going challenges such as workforce availability, have meant a degree of delayed impact in 2020/21.

Early intervention in Psychosis Services have consistently been meeting their targets across both organisations. SLaM have recently experienced an inaccuracy in the national data submission and are working on rectifying this. Internal reporting shows that the target continues to be met.

## Question 7

Dr Jacqueline McLeod, Dr Magda Branker and Julie Roye  
Chair & Vice Chairs,  
Lewisham Primary Care BME Network

Q1: Are Mental Health Services working for our population in the way needed, particularly given the scale of the new challenge of the psychological impact of COVID?

Q2: Can we please have the non-acute performance figures presented as both percentages and numbers so that we can have a more informed discussion and parity with physical health (waits for elective surgery and outpatients are presented as numbers)

Key concerns:

- red-rated IAPT Access rate for Bexley Greenwich and Lewisham and CYP performance.
- red-rated perinatal mental health and SLAM early intervention in psychosis.

The impact of these waits is deteriorating mental health and risk of significant harm. People and their families have to wait for both for assessment and then again for treatment

Additional risks:

- presentation in crisis
- use of drugs / alcohol to alleviate symptoms
- presentation to A&E
- apprehension by the police

The status quo remains deeply troubling, particularly for the BAME communities that are over-represented.

Q3: Will the additional investment via the mental health investment standard now be spent in a targeted way that addresses these specific areas of shortfall in access and treatment?

## Response

**Q1. Are Mental Health Services working for our population in the way needed, particularly given the scale of the new challenge of the psychological impact of COVID?**

- We have continued to invest in mental health services across south east London through the mental health investment standard and opportunities made available through national funding, in order to continue to improve the provision of services and meet the needs of the local population.
- In response to the COVID pandemic, the two NHS mental health trusts in south east London have held two summits in collaboration with local authorities to better understand the impact of COVID on communities and to see how different sector partners can work together to address these needs. This work has led to the South London Listens Campaign, being supported by Citizen's UK to ensure mental health services across south east London meet the needs of their local communities.
- Furthermore, in response to the COVID pandemic and to ensure the needs of the local population can be met, our services have:
  - Implemented 24/7 all ages crisis lines. A dedicated crisis line for children and young people has also been established for core hours of the day.
  - Continued to pilot different ways of supporting people in mental health crisis, working in collaboration with emergency departments to test and develop mental health assessment suites/units and safe spaces for people experiencing mental health crisis.
- From April 2021, we will be launching our community transformation programme across all the boroughs in south east London, in line with the priorities set out in the NHS Long Term Plan to bolster community mental health services and better integrate services for people with common and severe mental illness. We continue to invest in services to support people in mental health crisis including the development of crisis houses to provide a safe space as an alternative to emergency departments for people needing support.

**Q2: Can we please have the non-acute performance figures presented as both percentages and numbers so that we can have a more informed discussion and parity with physical health (waits for elective surgery and outpatients are presented as numbers)**



**Key concerns:**

- red-rated IAPT Access rate for Bexley Greenwich and Lewisham and CYP performance.
- red-rated perinatal mental health and SLAM early intervention in psychosis.

We can provide activity numbers along with percentage performance however, it should be noted that this would not necessarily facilitate discussion around parity as the mental health and acute data sets are not directly comparable nor are the services that sit behind performance structured in the same way. The mental health performance team will seek to provide activity figures in future iterations of the mental health performance report.

It should be noted that Early Intervention in Psychosis Services have consistently been meeting their targets across both organisations. SLAM have recently experienced an inaccuracy in the national data submission and are working on rectifying this. Internal reporting shows that the target continues to be met.

**Q3: Will the additional investment via the mental health investment standard now be spent in a targeted way that addresses these specific areas of shortfall in access and treatment?**

As part of 2021/22 planning the South East London CCG will be working with providers to develop plans to deliver increased investment in services, targeting resource based on need, access and treatment target expectations. This will include services for children and young people and IAPT.

**Question 8**

**Received in meeting**

Please would it be possible for you to allow a verbal interaction with the public during the meeting in order that we can discuss the answers given to the written questions we have submitted? This would allow for clarification of points as well as hear different views and facilitate a much better understanding. This is possible at the Borough Based Board.

<p><b>Response</b></p>	<p>The Chief Operating Officer reminded members and the public that CCG Governing Body meetings are meetings held in public and not public meetings. It was noted the challenges of working remotely and that the CCG looked at the most useful format available to ensure that the Governing Body could hold their meetings in public, through asking the public to continue to submit their questions in advance as well as being able to answer questions through the question and answer function during the meeting.</p> <p>A commitment was made to look at options to see whether the CCG can provide more interaction with members of the public at Governing Body meetings.</p>
<p><b>Question 9</b>  <b>Received in meeting</b></p>	<p>Impact on people and families waiting for treatment. Can the CCG provide a comprehensive update on what steps have been taken and will be taken in the future to manage the overall level of demand</p>
<p><b>Response</b></p>	<p>There are three key areas of focus in terms of managing demand:</p> <ol style="list-style-type: none"> <li>1. Reduce the back logs of patients already in the system whose treatment has been delayed</li> <li>2. Plan capacity to meet underlying demand and build this back up</li> <li>3. Plan how to meet new demand such as in mental health services</li> </ol> <p>Key challenges for restoration planning are to identify the physical capacity as well as the workforce. Across south east London health organisations are working together as a system to make best use of capacity to ensure equitable access and to reduce waiting times as well as looking at increasing capacity both in the short term and more permanently.</p>
<p><b>Question 10</b>  <b>Received in meeting</b></p>	<p>Can the Board respond to the growing concern about the lack of engagement and consultation with PPGs and patients of affected practices with regards to the takeover/sale of AT Medics by/to Operose Health Ltd, a fully owned subsidiary of US health insurer Centene Corporation.</p>

<b>Response</b>	AT Medics held a number of primary care contracts across south east London and has been acquired by Operose Health. There is further information in a briefing note on the CCG website at <a href="https://selondonccg.nhs.uk/events/march-pccc-meeting/">https://selondonccg.nhs.uk/events/march-pccc-meeting/</a> .
<b>Question 11</b>  Received in meeting	Can't understand some acronyms: UHL? LGT?. Also why is standard line missing on some graphs?
<b>Response</b>	<p>Our apologies for using acronyms. UHL stands for University Hospital Lewisham and LGT stands for Lewisham and Greenwich Trust which UHL is part of. We do undertake not to use jargon and recognise that we do sometimes still do this. The CCG has published a glossary of terms on its publication page which you may also find helpful <a href="https://selondonccg.nhs.uk/what-we-do/our-publications/">https://selondonccg.nhs.uk/what-we-do/our-publications/</a>.</p> <p>The feedback on graphs is noted for future reports.</p>
<b>Question 12</b>  Received in meeting	CQC published a very worrying report yesterday about the 'Blanket use' of Non-Resuscitation during the early part of the pandemic. How will you be responding to the report?
<b>Response</b>	At South East London CCG we firmly believe that patients, along with their families and carers, should have an opportunity to discuss what matters most to them and what level of care and treatment they wish to receive as they approach the end of their lives. These advance planning end of life discussions, with health and social care professionals, should cover issues such as where they would like to be cared for, their religious and spiritual beliefs, who they want to have with them, what health treatments they want and specifically whether services should attempt to restart their heart should it stop – known commonly as CPR (Cardiopulmonary Resuscitation). Most importantly decisions around treatments at the end of life should be made with individuals and their carers according to every individual's needs and wishes. Sadly we cannot be certain that this is always the case and so we at South East London CCG were very pleased to be invited by the Care

	<p>Quality Commission to contribute to its national review of “do not attempt cardiopulmonary resuscitation” decisions during the COVID-19 pandemic.</p> <p>South East London CCG supports all the recommendations made by the Care Quality Commission to improve planning and decision making at the end of life. We will work in partnership with health and social care colleagues across south east London to ensure that there is a consistent, individualised approach.</p>
<p><b>Question 13</b></p> <p>Received in meeting</p>	<p>Will the CCG’s decision not to provide for verbal/supplementary questions at your meetings be reconsidered. My reading on Microsoft Teams appears that a section for this can be provided. Indeed other health bodies provide for this eg Lambeth BBB &amp; LGT.</p>
<p><b>Response</b></p>	<p>Please see response to question 8.</p>
<p><b>Question 14</b></p> <p>Received in meeting</p>	<p>Greenwich - In the Due Diligence on AT Medics, how were the links between Thamesmead Health Centre / Centene, Circle MSK, BMI Blackheath dealt with?</p>
<p><b>Response</b></p>	<p>AT Medics held a number of primary care contracts across south east London including Thamesmead Health Centre. AT Medics has been acquired by Operose Health. There is further information in a briefing note on the CCG website at <a href="https://selondonccg.nhs.uk/events/march-pccc-meeting/">https://selondonccg.nhs.uk/events/march-pccc-meeting/</a>.</p>
<p><b>Question 15</b></p> <p>Received in meeting</p>	<p>Greenwich. Pathology - How is the discussion on GP Direct Access changes going?</p>

<b>Response</b>	All the partners are committed to working together on the transition, and there is a comprehensive programme in place to ensure effective mobilisation, including LGT, with important workstreams including HR and IT in place.
<b>Question 16</b>  Received in meeting	Vaccination - Will the within 12-week guidance for second dose be met?
<b>Response</b>	Everyone who has had their first dose will be invited to have their second dose within 12 weeks of having had their first dose. In most cases this will be in the eleventh week.
<b>Question 17</b>  Received in meeting	What appropriate conditions have been put in place to ensure that limits have been set in place about governance arrangements and possible staff changes in the AT Medics new contract, and are you sure that the conditions are actually legally enforceable?
<b>Response</b>	<p>AT Medics Ltd. contracts continue to be held by AT Medics Ltd. and no new contract has been put in place. AT Medics must meet strict standards and regulations that apply to all NHS providers.</p> <p>There is further information in a briefing note on the CCG website at <a href="https://selondonccg.nhs.uk/events/march-pccc-meeting/">https://selondonccg.nhs.uk/events/march-pccc-meeting/</a>.</p>
<b>Question 18</b>  Received in meeting	Oxleas Mental Health Trust recently carried out blanket revocation of all Community Treatment Orders taking no account of the individual needs, heightened risks and vulnerabilities of each individual patient. This was based on a legal decision referred to as the Devon decision which applied to detentions under the mental health act which were not carried out in person by the RC and AMPH. In doing so Oxleas has included CTO extensions agreed by the patient and representatives. Can the Board advise who the relevant person in commissioning would deal with this matter?

**Response**

The latest guidance stipulates that assessments to detain mental health patients under the Mental Health Act, including Community Treatment Orders should be carried out in person (face to face) rather than remotely, following the Devon Partnership Trust case. The CCG is in contact with Oxleas Mental Health Trust to obtain their response. The Associate Director of Quality is taking forward this matter.