

**South West London CCG Governing Body Part I**

20 May 2020 - Questions from members of the public and responses:

Question	Response
<p><u><i>Planning and Delivery of a Digital Strategy:</i></u></p> <p><i>What are the plans for updating the IMT delivery plans, given the rapid adoption of electronic and voice team working with COVID 19? Who is responsible? And where is the detailed strategy to be published on an ongoing basis for supporting integration across health and care providers and citizens and families?</i></p>	<p>The Digital Strategy for SWL will be created in partnership with all health and care organisations in SWL. The strategy will take into account local and national priorities as well as the use and acceleration of digital technologies we have seen during our response to Covid.</p> <p>Karen Broughton is the Director lead for Digital so will lead this work as part of the recovery over the coming months.</p> <p>The final strategy will be published on <a href="http://www.swlondon.nhs.uk">www.swlondon.nhs.uk</a></p>
<p><i>Few GP services have information available (by leaflet, poster or video-messaging) about the specific health needs of and services for LGBT+ people, especially in terms of mental health, sexual health, trans people and younger people. Could the CCG, working as necessary with Borough Departments of Public Health who have some overlap, set out a consistent policy on this and ensure that it is followed?</i></p>	<p>We will work with the six Directors of Public Health to enhance the information available for primary care and welcome input from the LGBT+ organisations on materials available. A number of boroughs work directly with LGBT+ organisations to share best practise with local clinicians</p>

<p><i>The Armed Forces Covenant places a duty on organisations that provide services such as healthcare to ensure that access remains equitable and fair for both serving and Veteran personnel and their families. That includes ensuring that they have priority access to NHS care for conditions associated to their service, subject to clinical need. What is the CCG doing pro-actively to uphold this and why is this not a regular topic for review by PEGs?</i></p>	<p>SWL CCG fully recognise our responsibilities as set out in the Armed forces Covenant for CCG commissioned services. NHS England lead on commissioning a number of targeted services for Veterans alongside Healthcare services for members of the armed forces and their families. We note the question and will ask the Chair/Exec lead of the Patient &amp; Public Reference Group to review the CCGs current engagement activities.</p>
<p><i>Has the Governing Body been advised of the SWLondon ICS' 12 point plan that has been developed in response to Sir David Sloman's letter of 29<sup>th</sup> April concerning the fundamental changes in the way that health and care is delivered in the next phase of the pandemic? And do you know how his expectation of Public Engagement and Discussion will be developed with the citizenry of South West London?</i></p>	<p>Yes, the Governing Body has been involved in this work as a key partner of the South West London Health and Care Partnership. The Health and Care Partnership is currently developing a SWL wide engagement approach for this recovery work with all health and care partners – including all six local authorities, Healthwatches and the voluntary sector. As a partner we want to maintain the shared vision for local people – that they <i>Start well, Live well, Age well</i>, and work together to adapt this so we can continue to provide safe services and manage Covid-19 in our communities and organisations.</p> <p>We are currently looking at how we can support the partners as they take decisions around services going forwards by providing evidence-based insight to understand:</p> <ul style="list-style-type: none"> <li>• what matters most to our patients and communities - particularly those who are most affected/health inequalities/BAME groups</li> <li>• what matters most to our health and care staff - particularly our BAME staff</li> </ul> <p>It will be important to build on the public and clinical feedback gathered to inform the six local health and care plans and the SW London Five Year Plan. We are currently mapping more recent insight work, from across the partnership, against the 12 points and SWL priorities to understand where the gaps are. From this we will develop an engagement plan to fill those gaps across south west London – both in terms of topics and reach. We recognise that it is essential to understand, from across our diverse communities, what matters most to local people and to understand the impact of any changes on their lives.</p>

*Can I kindly ask that you take some time to look at the proceedings of the Parliamentary Health and Social Care Committee chaired by Jeremy Hunt held yesterday 19<sup>th</sup> May 2020?*

<https://parliamentlive.tv/Event/Index/5fbb5b5-b2e1-4339-aaeb-f4a53aec56de>

*As the Chair Jeremy Hunt MP says in his introduction "It is important that we learn from our experiences not just from the UK but the rest of the world". This would be very useful input into any ongoing SW London CCG Platform that will monitor, investigate and learn from the handling of the Covid-19 Epidemic. I am sure there are many lessons to be learned and albeit, it is and has been, a traumatic experience. Great good can come out of this and the real feeling of pulling together and the feeling that overnight the breakdown of years of being ensconced behind departmental ramparts, should hopefully speed up and give a true drive to the process of bringing together a true joined up, all inclusive, NCS (**N**ational **C**are **S**ervice).*

SWL CCG has noted the comments made.

*We were aware locally of the Covid-19 Testing station at Chessington World of Adventures on 29<sup>th</sup> March 2020. It seemed very under used, poorly run (reports of Test Results being lost), people not turning up for appointments (some saying they could not find CWA). Should not the Gold Command have been involved in overseeing this facility? Plus it took far too long to include other people than NHS Staff seeing it was being really under- utilised, such as Care Home Workers, Community Care Workers and Pharmacist Staff.*

As you will know, the Department of Health and Social Care have implemented a COVID-19 national testing programme. One of the first phases of this included the commissioning of Deloitte, a Management Consultancy firm, to support a number of testing stations across the country. The testing station at Chessington World of Adventures formed one of the early national testing sites.

The South West London Gold command structure continue worked closely with Deloitte to support and improve the flow of testing for staff attending the site, and after an extension in the national guidelines the site also then extended testing to support other key workers and local people to have access to testing.

	<p>The guidance relating to the testing of essential workers was set nationally and was initially offered to NHS workers and symptomatic members of their households, this was later expanded to include Local Authority staff and by extension Care Home workers. At a later stage tests were further extended to include all those defined as 'essential workers' and testing could be accessed through a range of testing options which included the Chessington test centre.</p>
<p><i>I cannot see and I deeply apologise if I am incorrect that yet again the Teams running our Pharmacies are not mentioned. They were very late in getting any PPE yet in the National Press the Government were using them as part of the front line facilities available to the Public fending off possible Hospital or GP Surgery visits.</i></p>	<p>We recognise the important role our pharmacists and other providers are performing during this pandemic and we wish to express our gratitude for their hard work. In SWL we have worked hard to ensure that adequate supply of PPE is provided through SWL mutual aid which to date, has delivered over 284 items of PPE. Pharmacy service is commissioned by NHS England and Improvement and as a result, responsible for supplying Pharmacists with PPE.</p>
<p><i>It was far too long before Care Homes and Care in the Community Teams were brought into the processes. It seemed common sense that one of the most if not most vulnerable sections of our Society were the elderly either in Care Homes or being cared for in their own homes. It took too long for provisions of PPE and making Testing available. It appeared they did not get the support they sorely needed early or fast enough.</i></p>	<p>SWL CCG has noted the comments made.</p>
<p><i>How good are or have been our Patient Record Data Bases so that we can pick out vulnerable Patients or Patients with certain conditions that need to be identified in times of crisis such as this.</i></p>	<p>South West London CCG has worked with NEL Commissioning Support Unit to develop an analytics tool that has consolidated data from a number of sources to help clinicians and health care professionals to proactively identify patients that are most at risk.</p> <p>Patients have been identified using the national Shield List criteria, from the patients that are on the eligibility list for flu jabs and also patients that have been locally identified. The tool allows us to identify whether patients are on one, two or all three lists, as well as identifying what conditions that they have.</p> <p>That data is then subject to a risk stratification process that identifies patients whom are most vulnerable to the most adverse outcomes if they were to contract COVID-19; whereby, patients are stratified into the following groups: very high risk, high risk, medium risk and lower risk.</p>

	<p>The tool has been recently delivered and work is being undertaken at pace to roll they tool in order to better enable proactive case finding of those most at risk from an adverse outcome.</p> <p>The sharing of the Shielded Patient List by the CCG to other organisations is lawful during COVID-19 due to the Control of Patient Information Notice (COPI), a record of processing has been completed for each individual data share which is held by SWL CCG.</p>
<p><i>I would hope this item South West London Clinical Commissioning Group's response to COVID-19 will stay on the Meeting Agenda for some time to come and a register is formed of lessons to be learned from the exercise, some good as well as bad e.g. The Virus has really made people think about if they really need to attend A &amp; E how do we capture this self-triage and use it to our benefit in the future; plus I think it has shown that possibly physical visits to GP Surgeries are not all necessary and that many can be dealt with over the phone etc. The appointments gained could help us get into proactive mode such as medication reviews with the Clinical Pharmacist etc.</i></p> <p><i>We should look at this and not just allow things to go back to as they were, quoting Allen F. Morgenstern's 1930's quote "Work Smarter not Harder".</i></p> <p><i>This should not be a game blame exercise but one of highlighting the failures and what can be done to alleviate the issues in the future.</i></p> <p><i>I for one being a Chessington Resident would like to thank the CEO's Joe Farrar and Daniel Elkeles of Kingston and Epsom Hospital Trusts and their Teams, our Local GP Surgeries, our Local Pharmacists, Tonia Michaelides Kingston CCG and the Team, Iona Lidington Director of Health Kingston and her Team, Andy Cole CEO of the Star &amp; Garter and the Team.</i></p>	<p>SWL CCG has noted the comments made.</p>

*My questions is the same as the one I raised at the CCG Board Meeting at Fairfield Halls. Although I have had responses in writing from Matthew Kershaw and Guy Van Dichele one the questions of why upon the NHS applying to Croydon under One Croydon and Croydon's own health proposals in the Local Plan for funding or the three proposed Health Centres of Coulsdon, New Addington and East Croydon and which Croydon agreed to give funding for New Addington and East Croydon but not Coulsdon Calat Malcolm Road Centre.*

*Having research this, I find that the schedule for funding these three health centre is*

- *2018 to 2022 – Coulsdon Calat Centre*
- *2018 to 2022 – New Addington Centre*
- *2022 to 2027 – East Croydon.*

*Why then was East Croydon given funding from the CIL and S.106 fund before Coulsdon as set out in the schedule.*

*In addition,*

- *The reasons we were told that East Croydon needed the funding was that the area had more increased population and poor GP practices.*
- *This is also spurious as Coulsdon has had over 2000 developments and the resultant additional residents.*
- *That New Addington have deprived areas. Coulsdon has deprived areas.*
- *That East Croydon has 9 local GP practices and close to Croydon University Hospital*
- *That the whole of the south of the Borough only has 7 GP Practices.*

*Therefore there is a need to address these concerns.*

Croydon CCG and Croydon Council have been in detailed discussions with Mrs Levy regarding this matter and we believe we have made the position clear regarding our estates strategy, and the reasoning behind our prioritisation of schemes.