APENDIX 1

Report on Health Scrutiny to West Suffolk Overview and Scrutiny Committee Following meetings held on:

11 June 2020	Joint Health Scrutiny East Suffolk and North East Essex
8 July 2020	Suffolk County Council Health Scrutiny
14 July 2020	CCG Board

A Proposal to build a new centre for Elective (Planned) Orthopaedic Surgery at Colchester Hospital as part of the 69.3m improvement grant allocated pre-Covid-19.

On 11 June 2020 the Joint Health Scrutiny for East Suffolk and North East Essex met to approve the Consultation process undertaken in respect of this Proposal.

My only concern relative to the Consultation process was that it was poorly represented by the 6000+ patients waiting for Orthopaedic Surgery. On questioning this, I was informed that the data held on patients may only be used for clinical purposes and contacting them for the Consultation would have breached GDPR. The primary concern expressed was in relation to travel and parking and as a consequence, the JHOSC has agreed to set up a working party to look at travel options and this will be reported on at a later date.

It is important to note that Ipswich-based patients will be seen post operatively at Ipswich Hospital or via a web link at home. This will limit the number of journeys required to Colchester. Additionally, the average time in hospital post operatively is 3 days on average and there is a plan to reduce this to 2 or even day surgery where possible.

This meeting was to approve the Process undertaken in the Consultation and the JHOSC gave unanimous approval.

14 July 2020 – Clinical Commission h of Ipswich and East Suffolk and North East Essex Extraordinary Meeting to Consider the Approval of the Elective Care Centre (Orthopaedic) at Colchester Hospital

I have attached to this report a copy of three significant slides which will give you the background to this proposal in summary. The Proposal was unanimously approved.

Suffolk County Council – Health Scrutiny (HOSC)
Meeting 8 July 2020

Agenda and relevant papers were circulated to you earlier. Most of the meeting was presentations and largely related to the effects of Covid-19 on services. Following the presentations, a number of questions were posed from which the Health Scrutiny work programme will be planned and recommendations made.

Question: What is being done to reduce the amount of outstanding surgical interventions which has been exacerbated by Covid-19.

Answer: Work on outstanding interventions has begun but is not happening as fast as would be liked. Planning ahead is difficult due to the fact that the Plan involves using Private Hospitals and the NHS Agreement for using these runs out at the end of August. There also has to be considerable contingency in the Plan in the event of a second significant Covid-19 event. (I have emailed Matt Hancock and asked that the National Agreement for use of Private Hospitals be extended after August – he has responded that this is being looked into).

I raised the concern that delayed surgery adversely affects the patient, family and friends and invariably causes additional problems, not least the need for pain reduction. There are currently over 6000 outstanding Orthopaedic interventions in Suffolk/NE Essex and many of these patients will end up with additional issues and disabilities as a result of the delay. This point was recognised and accepted by CCG.

Question: What are your plans for this winter's flu and pneumonia vaccinations given that there was insufficient of both last year and thus many 65-year olds have not current had their pneumonia vaccination. It will be vital that the campaign is robust as the distinction between Covid-19 and winter flu/pneumonia will be difficult to determine.

If there is any suggestion of a new wave of Covid-19, having a mass programme at the Surgeries is unlikely to be possible. Have you considered a mass inoculation programme in the car parks with volunteers assisting with information taking etc.

Answer: The vaccine was order in March and it is already known that there is over 400,000 short for East Anglia. The Committee has asked that a more robust response to this question is provided together with the plan for ensuring sufficient supplies are available in a timely way. CCG seems confident that the issue of recall by WHO which occurred last year will not happen again. They did not comment on the management in the event of a second wave of Covid-19.

It was agreed that Health Scrutiny will write to NHS England and reinforce the need to ensure that stocks are sufficient and timely.

Following this I wrote to CCG and asked for clarity and have been informed that already there are insufficient stocks to fulfil the orders – if 30 are requested 5 are being delivered. This is not only extremely worrying for patients but also forms part of the CQC inspection requirement (to have the vaccinations up to date) and surgeries are constantly criticised by Public Health England for not achieving their inoculation targets. It feels very much that right and left hand work in opposition and this creates a poor public perception of the work of our local GP Surgeries. There are many patients over 65 who still await a Pneumonia vaccination – again these are made in very small batches and allocation is fragmented and inadequate to meet demand.

Mental Health: There has been an expected increase in the number of patients with anxiety and depression due to Covid-19 outcomes – job losses, financial pressures, lock-down etc. First Response provides 24/7 support by clinical staff and MIND has been recruited to assist with the more complex, long term patients. It is expected that this trend will increase over the months. NSFT expressed concern in particular for young people with learning difficulties and autism and it was stated that 4 out of 5 being treated in a hospital setting fall into this category.

There is a concern that the number of patients with PTSD / depression will double in the post-covid-19 period and is expected to reach half a million.

Question: What happened to 111/2

Answer Covid-19 required a very fast solution and the number for First Response is a free phone number (0808 196 3494) supported by clinicians. The intention to introduce 111/2 remains and discussions continue although there is no timescale available currently.

The Committee has requested a Road Map of Mental Health Services to cover all providers.

PPE – Masks with clear areas over the mouth have been sourced to help with patients who find the full cover challenging or need to lip read.

Many companies are offering to add PPE to their product offering or to re-tool as a main-stream product with the aim of reducing dependence on overseas, particularly Chinese, suppliers. However, getting support and guidance from Government has proven difficult.

In a separate email, I have forwarded for inclusion with this report, information for businesses relating to PPE and the requirements which you may find useful for your contacts which has been provided by Clinical Commissioning.

Screening: non-essential screening Endoscopy/Breast/Bowel was stopped from early March and has recently been re-started.

Dentistry: All routine work was stopped in March due to air generating equipment making the risks too high. Dentists ran an emergency service during lock-down using anaesthetics, antibiotics and advice only. Patients were triaged and only the most urgent cases were seen and treated (conservatively) using non air generating equipment. Most hygienists are private so largely stopped all work as their ultrasound cleaning equipment is air generating.

Dentists have now re-opened at a reduced patient level and the use of any air generating machinery is prohibited – with an additional requirement that treatments rooms are to be left empty for one hour after each patient and then fully cleaned down prior to the next patient. This is impacting heavily on the practices and there is concern that some may not survive.

Current position on all clinical activities: Richard Watson CCG said, they are now entering the "third phase" of the Virus and trying to re-establish services but with no end in sight and longer-term outcomes are unknown. This Phase he quoted "is adapting rather than recovering.
Maintaining social distancing in hospital reduces the capacity to accommodate patients and there is investment in community beds to free up acute beds –

However, he commented that there have been some good outcomes to include:

- More cohesive communities
- National spotlight on vulnerable group
- Greater, more effective partnership working

- Fast, effective introduction of 24/7 Mental Health Support

Summary of a Report from Dr Nick Rayner – Primary Care Representative and a GP in West Suffolk covering 130,000 patients.

All patient contacts were triaged by a Senior Clinician using a mix of media and only face to face where there was determined need. The public have been very willing to adapt, have been supportive and helpful.

A Pandemic Visiting Service was set up and run by volunteer GPs to ensure the most vulnerable in the community were supported. Full "Fit" Covid-19 masks and PPE were used in this service. Ten cars were allocated to this service the maximum used in any day was 4. This was Primary Care led with GPs making the referrals and the patient data fed back to the GP for recording. Using "Teams" the Pandemic Team initially did a daily wash up which has now reduced to once a week on Friday.

End of Life Care was initiated by a visiting GP and supported remotely by the Hospice. This service has reportedly worked well.

The GP Streaming and Out of Hours Services were stopped on 8 April and resumed on 6 June.

Cardiology outreach services have now restarted.

Following a relaxation of the rules last week, face to face consultations have carefully started and the review of patients with Long Term Medical Conditions resumed as there remains a requirement that these are completed every 12 months, and routine work i.e. Smears/Blood monitoring – are now being carried out.

Meetings have been held on-line which has proved very efficient and time saving. There is likely to be a continuation of much of this post Covid-19.

Equality of GP Services

One member of the Committee asked if there could be an aligning of services to provide an equality of services in communities. CCG explained that Practices have different staffing and profile levels and demographic differences. They felt that the "Bespoke" service arrangement was acceptable and worked well.

Vulnerable Patients with Technology Challenges

It was acknowledged that the new eConsult and other technology led consultations was not a one size fits all solution but noted that Covid-19 had resulted in a huge take up of use with few complaints

Margaret Marks
16 July 2020