

Governing Body questions from the public - Log

Reference	Meeting date	Submission date	Submitted by	Question	Answer
GB - 1	9 June 2021		Liz Perloff	<p>May I ask that the meeting on Wednesday is started by every board member:</p> <ol style="list-style-type: none"> 1. introducing themselves 2. explaining how they were elected for office 3. the length of their term of office 4. then briefly discuss what areas they are responsible for. 	<p>Members introduced themselves and their role at the beginning of the meeting.</p> <p>NEL CCG has followed NHS England's model constitution and guidance on membership of the Governing Body. The independent and lay members were recruited through a fair and transparent process, and GP members were elected by their local area GPs. These members' terms are due to end on 31 March 2022, as per the NHSE directive to abolish CCGs and move to ICS's. The officer members (Accountable Officer and Chief Finance Officer) are appointed through open recruitment processes and usually on a permanent contract.</p> <p>For more information on our GB members, please visit our website page - https://northeastlondonccg.nhs.uk/about-the-ccg/our-governing-body/</p>
GB - 2	9 June 2021	9 June 2021	Andrew Perugia, NHS Project Manager, Noclor.	<p>Andrew asked a question around the research activity across NEL. Jagan John and Mark Ricketts noted that there are many research networks across NEL, as well as links to Queen Mary University.</p>	<p>NEL CCG has established a GP clinical lead role for research who has developed a process for the ICS to consider any research projects for which people would like ICS support. This is via a portal on our website. We are also looking more broadly at how we strengthen research and innovation as part of our ICS system design work.</p>
GB - 3	30 June 2021	25 June 2021	Jim Fagan Waltham Forest Save our NHS	<p>While the Government has stated that everyone can access to corona virus vaccine, regardless of immigration status, the reality on the ground is that many people are not able to access the vaccine,</p>	<p>Patient information in GP records is confidential and GPs are under no legal obligation to provide information to the Home Office or any other government agency, except in exceptional circumstances where there is a court order, a public health risk or it is in relation to a particularly serious crime.</p>

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				<p>the administration often overlooks the needs of marginalised groups, and longstanding barriers to healthcare deter people from seeking care.</p> <ul style="list-style-type: none"> • The Joint Council for the Welfare of Immigrants found that 43% of migrants would be scared to seek healthcare during the corona virus pandemic, fearful of information being shared with the Home Office, or being charged. There is growing evidence that hostile environment policies undermine individual and public health, and the principles of universal healthcare. • The leaders of St Barnabas Church Waltham Forest have taken exemplary action when a member of the congregation was unable to register with a GP to access the vaccine. • First, they supported people to get vaccinated at the Jesuit Refugee Centre in Shadwell • They then organised two successful vaccination Pop Up Clinics in Leytonstone Library, supported by the Waltham Forest Council Covid Recovery Team and The Barts Health Excel Centre Vaccination Team. The Library Clinics were both oversubscribed, the second being fully booked in 24 hours, and drew people from across the Borough, across London and beyond. To date they have given 300 jobs. 	<p>The Public Health England Migrant Health Guide and NHS England are clear that overseas visitors to England, including anyone living in the UK without permission, will not be charged for any testing, treatment or vaccination for Covid-19 and no immigration checks are needed. We have been clear at a CCG level in communications with GPs that people do not require an NHS number or GP registration to receive the COVID-19 vaccination and should not be denied vaccination on this basis. Individuals who do not have an NHS number or are not registered with a GP are still entitled to free COVID-19 vaccinations.</p> <p>All practices have been encouraged to sign up to Doctors of the World (DoTW) Safer Surgeries Initiative in order to access a range of resources to help to provide a welcoming environment for everyone in their community and an equitable service for all of their patients. These have been developed with the aim of addressing the particular barriers to primary care faced by migrants in vulnerable circumstances, including refugees and survivors of trafficking. We have shared with the public, through digital channels and with partners, NHS England and Doctors of the World campaign materials and information that make it clear that anyone can register with a GP and they do not need proof of ID, address or immigration status. Practices have been encouraged to revise and update their websites to ensure that the public are made aware of this.</p> <p>While registration with a GP is encouraged to access the vaccine, individuals can request to book COVID-19 vaccination appointments as an unregistered patient through a local GP practice or access vaccinations through walk-in clinics. We have run a number of vaccination clinics specifically for undocumented people in our patch and this is ramping up as we offer and</p>

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				<p>• The clinics were promoted with a publicity campaign that explicitly welcomed everyone, regardless of immigration status, without the need to provide ID or proof of address.</p> <p>What action has the North East London CCG Board taken, or intend to take to:</p> <ol style="list-style-type: none"> 1. Guarantee a firewall to prevent any patient information in GP Records being used for the purposes of immigration enforcement? 2. Provide specific support to all GP surgeries to register everyone, including undocumented and under documented migrants and those without secure accommodation, and ensure that all other routes to vaccination are accessible to everyone? 3. Fund a public information campaign to ensure that communities impacted by the Hostile Environment are aware of their right to access the vaccine and register with a GP? 	<p>promote more walk in sessions at local sites that don't require any booking at all.</p> <p>For example,</p> <ul style="list-style-type: none"> • In Waltham Forest, outreach vaccination sessions have been held for undocumented Filipino migrant population and undocumented Chinese community • In Hackney, vaccination sessions have taken place at a Day Centre for destitute asylum seekers and undocumented migrants • In Tower Hamlets, 188 asylum seekers accommodated in hostels and hotels have been vaccinated at outreach clinics. • In Barking and Dagenham, walk-in vaccination days are being held at Broadway Theatre. People can just turn up without an appointment and there is no requirement for NHS number or GP registration.
GB - 4	30 June 2021	25 June 2021	Mary Logan, Waltham Forest Save Our NHS	<p>Whipps Cross Hospital is to be built with 51 fewer beds despite a huge projected increase in its catchment population.</p> <p>Part of the rationale for justifying reduced beds is the so called Transformation of Healthcare. This transformation includes</p>	<p>The survey referred to, which closed on 21 June, was conducted on behalf of Hackney Council and Homerton University Hospital. It is part of a project to provide patients and their families with information about what happens when they are assessed as being medically well enough to leave hospital.</p> <p>For the majority of patients this will mean they continue their recovery at home, and for a smaller number of people to receive</p>

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				<p>people being sent home from hospital earlier in their recovery, as soon as deemed “medically fit”.</p> <p>I was recently shown a questionnaire by a friend who is currently under the care of Homerton Hospital. The questionnaire was apparently sent out by NEL Citizens to Hackney residents, looking for feedback on slightly different versions of a leaflet, to supposedly explain to patients what will happen when they come to be discharged from Homerton Hospital.</p> <p>It is a terrible piece of so-called public consultation.</p> <p>It gives no context. It doesn't explain what is meant by 'medically fit'. It gives no hint that a formerly fit person may be still be too weak to stand unsupported or feed themselves for instance.</p> <p>It doesn't talk about the shortage of sufficiently trained and experienced Community Nurses and Therapists who can make the difference between full recovery, and disability. That staff shortage can mean visits that are rushed, and don't happen often enough to enable the recovery they should deliver.</p>	<p>recovery support at a place in the community, or to move into a permanent residential home. The project wants to make sure that the information provided verbally by healthcare staff, as well as in leaflets and posters, is clear and appropriate. The findings from this survey are being used to help develop resources, training and messages for patients and their families, so we do hope that people share their views on the proposed contents to help ensure that the information is helpful and relevant for those it is intended for.</p> <p>We will share this feedback to the survey leads.</p> <p>With regard to arrangements across Waltham Forest, the introduction of the WXH integrated Discharge hub has meant that there is now a much more joined up approach to fast and effective discharges when someone requires additional support from either health or social care in the community.</p> <p>The model recognises that being in a hospital bed longer than is necessary can actually cause harm. The discharge hub organises all the support, social care, treatment and equipment an individual needs on discharge to ensure they are safe. This includes access to therapy and domiciliary care packages.</p> <p>The Hub works on a "discharge to assess" model. This means people shouldn't have long term decisions about their future needs made while they are in hospital but in the community, whether that's in their home or a short term placement, where they can be fully assessed to ensure they are supported to be as independent as possible.</p>

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				<p>It doesn't explain what will happen if the person is unable to walk to the toilet, or use a bedpan without help.</p> <p>It doesn't talk about assessing the home circumstances to ascertain if anyone will be able or willing to provide physical care, or if the patient feels safe with whoever might be at home carrying out these essential caring duties.</p> <p>This policy risks further extending health inequalities. And may result in further emergency hospital admissions, loading more pressure on a hospital built too small for its population.</p> <p>I understand NEL CCG may have limited power as this strategy is likely to have come from NHSE.</p> <p>Is NEL CCG able to avoid using such deceitful "consultation" exercises?</p> <p>I ask you to explain to Health Scrutiny the risks that underly the system of early discharge from hospital as soon as the person is deemed 'medically fit'. It is important to explain to Councillors, for example, that it might mean that, although a blood test may show inflammatory markers have fallen, i.e the antibiotics are defeating the infection for instance, the person may still be extremely weak, and</p>	

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				the lack of sufficient appropriately skilled care can result in avoidable permanent disability.”	