

Minutes of the Meeting of the HEALTH LIAISON PANEL held on 9 March 2021

PRESENT -

Councillor Liz Frost (Chairman); Councillor Christine Cleveland, Councillor Hannah Dalton, Councillor Bernice Froud, Councillor Colin Keane, Councillor Debbie Monksfield and Councillor Guy Robbins

In Attendance: Daniel Elkeles (Chief Executive, Epsom and St. Helier University Hospitals NHS Trust), Bill Cassidy (Business Director, Surrey Downs Integrated Care Partnership), James Marsh (Medical Director, Epsom & St. Helier University Hospitals NHS Trust), Councillor Rachel Turner (Health Champion) (Reigate and Banstead Borough Council), Dr. Hilary Floyd (GP Partner and Co-Medical Director) (Surrey Downs Health and Care), Lorna Hart (Deputy Managing Director) (Surrey Downs ICP) and Steve Flanagan (Chief Executive Officer) (CSH Surrey Board)

Officers present: Rod Brown (Head of Housing and Community), Rachel Kundasamy (Health and Wellbeing Officer), Sarah Keeble (Democratic Services Officer) and Tim Richardson (Committee Administrator)

5 DECLARATIONS OF INTEREST

No declarations of interest were made in items on the agenda.

6 MINUTES OF PREVIOUS MEETING

The Minutes of the previous meeting of the Health Liaison Panel held on 10 November 2020 were agreed as a true record and the Panel authorised the Chairman to sign them subject to the following amendment:

Councillor Bernice Froud to be listed as 'present'.

7 THE CURRENT POSITION OF EPSOM GENERAL HOSPITAL IN REGARDS TO COVID-19 IN-PATIENT ADMISSIONS AND AN UPDATE ON THE NEW SPECIALIST EMERGENCY HOSPITAL AND REFURBISHMENT AT EPSOM GENERAL HOSPITAL

The Panel received an update from Dr James Marsh, Medical Director, Epsom & St. Helier University Hospitals NHS Trust on the current position in regards to COVID-19 in-patient admissions.

Dr Marsh advised on the following data related to Covid-19 pressures:

- Epsom and St. Helier University Hospitals NHS Trust have treated 2,900 Covid-positive patients since the beginning of the pandemic
- The first surge in the spring of 2020, was half the size of the second surge.
- The second surge peaked in the second and third weeks of January 2021 with the Trust treating 280 Covid-positive patients. This represented 45% of all beds.
- Critical care increased from the usual base-line provision of 13 beds at St Helier and 8 beds at Epsom, to the provision of 46 beds.
- South West London Elective Orthopaedic Centre (SWLEOC) was converted to be able to provide 26 of these critical care beds.
- The beds served their normal catchment area of Epsom and parts of the surrounding Surrey boroughs and districts, as well as helping to support other hospitals across London, particularly North West London, who were under significant pressure.
- The Trust also provided 40 beds to those patients requiring non-invasive ventilation. 20 of these were based at SWLEOC.

Dr Marsh advised the Panel that fortunately, over the course of the last few weeks, there has been a significant reduction in admissions, with the Trust now treating 55 Covid-positive patients across both Epsom and St Helier sites. Four patients are in critical care, and the beds used to provide non-invasive ventilation are now back to their usual capacity with just 3 beds being occupied.

At its peak, Dr Marsh advised that Epsom and St Helier admitted 237 new patients in the course of a week. Over the past 7-days, the Trust has seen just 17 new patients. This is the combined effect of lockdown, and the vaccination programme. Hospital pressures are manageable with beds available across the two sites.

Some staff remain re-deployed to intensive care, but at its peak, 200 staff were deployed to support intensive care.

Dr Marsh advised the Panel that the focus of the Trust is now recovery, with three key areas:

- (1) Staff recovery
- (2) The de-escalation of intensive care provision, and the acute pressures
- (3) Increasing capacity for planned care.

Dr Marsh advised the Panel that of priority is staff recovery. Staff need to have time to rest and throughout March 2021, will have suitable access to annual leave, and time to reflect, both individually and as part of a team. Line managers are being trained to provide support and to recognise staff under stress.

Programmes of work are being set up including group facilitated sessions, and access to staff wellbeing services and self-help. Five clinical psychologists have also been assigned to those teams under the most pressure and the feedback so far has been that this has been valuable.

Staff efforts will also be recognised in virtual awards.

In respect of planned care, whilst consultations have continued with the use of phone and video conferencing, the Trust is now increasing its face-to-face consultations.

SWLEOC has now been handed back to the orthopaedic team with the aim of being back to business as usual next week. There are similar plans for other services and consultants are clinically assessing patients on waiting lists to prioritise them to ensure surgery is offered in a timely manner.

There is particular focus on infection control, with staff following the same advice and vigilance that has been fostered over the past few months.

On a final note, Dr Marsh advised the Panel that they had administered over 10,000 vaccinations across the hospital sites, with staff vaccination being a priority followed by those who are clinically extremely vulnerable. Dr Marsh also commented on the good work of the mass vaccination centres.

Dr Marsh handed over to Mr. Daniel Elkeles.

The Panel received a presentation from Daniel Elkeles, Chief Executive, Epsom & St. Helier University Hospitals NHS Trust on the refurbishment at Epsom General Hospital and the new specialist emergency care hospital.

Mr Elkeles advised the Panel on the business case that has been submitted just prior to Christmas 2020 that outlined the following proposals/provisions:

- (1) A new specialist emergency care hospital in Sutton
- (2) The refurbishment of Epsom General Hospital
- (3) The refurbishment of St Helier hospital inclusive of a new main entrance.
- (4) A new business plan for a proposal for collaboration for the Trust and St George's, providing improved renal services for the area. There would be a new acute renal inpatient service at St George's and St Helier would host a renal research and education centre.
- (5) Royal Marsden to expand their offer for cancer services from their Sutton site by sharing some facilities with the new Sutton Hospital.

- (6) To have a new electronic patient record (EPR) system. This would be the same as the one used widely across Surrey and in South West London. The Trust has secured £25 million to proceed with this and the new EPR will be in place in the next couple of years.

Mr Elkeles reminded the Panel of the services to be based at the new specialist emergency hospital, along with the addition of two new services:

- A permanent catheter lab – cardiology and diagnostics. This will reduce the need for Epsom residents to go to St Peters or St Georges.
- A 24/7 radiology service which will result in less patients needing to go to St Georges.

Mr Elkeles advised the Panel on the proposed building design, its proximity to the Royal Marsden, and based on the lessons learnt from the Covid pandemic. Up to 72% of its rooms will be single occupancy, with en-suite facilities. Privacy and infection control are the key priorities, with separate lifts and entrances for infectious patients, and plenty of staff facilities.

Mr Elkeles advised that in building the new hospital, the Trust has to comply with three key commitments:

- That the building is carbon neutral
- That the building is a smart building (with light sensors, and smart heating that ensures only areas of the building that are being used are heated)
- That they seek to use modern construction methods. This means as much of the build as possible is completed off-site, to reduce construction time and the number of people on site.

Mr. Elekeles went on to provide the Panel with an overview of services that are to remain/be located at the Epsom Hospital site including having more planned surgery at the hospital than was originally suggested in the consultation. They will be opening a 23-hour surgical facility meaning less Epsom residents will need to travel to the new hospital for elective surgery.

The Panel was advised on the work being completed at Epsom being the Wells Wing and the extension of the Langley Wing. There is also a sixth operating theatre being built at SWLEOC. Works on main entrance, diagnostics and ward layout will commence post-2025.

At St Helier hospital the majority of the work will commence post-2025.

Mr Elkeles also confirmed the Trust was working to improve travel and transport. The hospital planned for Sutton will have an 800-space multi-story car park, and the Trust is now working with Surrey County Council in respect of improving the H1 bus route to better serve the residents of Epsom and Mole Valley.

The Panel was updated on the proposal for a new renal service. Mr Elkeles stated that in-patient renal services are currently located across both St Helier and St George's hospital sites. Clinicians have requested to be co-located to provide better care for patients. If the proposal goes ahead, this would mean the very sickest patients requiring in-patient treatment would go to St Georges.

This would not impact on current out-patient treatment and dialysis services.

The renal service would be the third biggest in the County if approved by the Scrutiny Committee, and at this point the Trust would then confirm if the changes proposed required a further consultation.

If the new renal service is approved and is to be located at St Georges, there would be more space at the Sutton site for facilities that The Royal Marsden would be able to share. This would mean more Surrey and South West London residents receiving their cancer treatment at Sutton as opposed to receiving it as they currently do in Chelsea.

Mr Elkeles briefed the Panel on the current time-table, advising that it is awaiting a decision on its business case from the Department of Health. This is due in April. It will then need to go to the Treasury. The Trust continues to work on various planning applications and hope that the building work will commence in early 2022, with the completion of the new hospital in 2025. All other refurbishment works at Epsom and St Helier hospitals will be due to finish by 2027.

The Chairman invited the Panel to ask questions.

A Councillor thanked Dr Marsh and Mr Elkeles for their presentations and asked about the provision that will be needed for the treatment of long-Covid.

Dr Marsh advised that it is estimated that approximately 5% of people who have suffered from Covid will go on to have protracted symptoms defined as long-Covid. The majority will recover on their own, but as this may take a significant period of time, they may benefit from a package of care. This will be largely therapy based and delivered by both primary care and community services.

Patients who have been the most sick, may be left with complex respiratory and cardiac needs. Dr Marsh advised that these patients are already being cared for by the appropriate clinicians and are offered scans and follow-ups often coordinated by specialist respiratory physicians.

At present the Trust is working with primary and secondary care to try and establish a single point of referral for people who might need on-going support. A tertiary hub to be coordinated from St Georges, with services accessible from other sites is being considered.

Dr Hilary Floyd, Surrey Downs Health and Care, was introduced to the Panel. Dr Floyd advised that many people who have had Covid, but did not require hospital admission are also experiencing long-Covid. A community service is being worked up involving a multi-disciplinary team, with a focus on fatigue management and mental and physical health support.

A Councillor commented on the number of changes from the original hospital proposal and asked how these changes would be communicated to residents.

Mr Elkeles stated that they had hoped to do a lot of engagement in the first quarter of 2021 however the second surge in Covid did not allow for this. The decision at present is to wait until the business case has been approved at end of April, with a view to engage the public in May, June and July this year.

Mr Elkeles advised that the changes are positive, and it will be a significant investment in local healthcare facilities with fewer people needing to travel for services than was originally suggested during the consultation.

Dr Marsh was asked how the Trust will plan for a possible third surge in light of the focus shifting to recovery from April.

Dr Marsh advised that the Trust is making suitable plans for such eventualities. Numbers and severity of symptoms in the community will provide notice of a potential surge in Covid-related hospital admissions and level of critical care requirements.

Dr Marsh advised they are focusing on providing separate facilities for covid and non-covid patients and staff working with them. This will mean patients coming for planned care will not come into contact with those being admitted to inpatient wards treating patients infected with Covid. Dr Marsh also advised that the Trust will take the stance that anyone being admitted may have Covid and so they will be swabbed and side-rooms will be used to provide separation until they have the test results.

Dr Marsh stressed the importance of continued vigilance in respect of infection control by all staff, regardless of the position or role held.

Mr Elkeles was asked about travel and access to the new emergency hospital given the proposal to introduce a new £5.50 congestion charge in areas of greater London. Mr Elkeles advised that he will need to look into the new congestion charge as he had not been made aware of this proposal.

Mr Elekeles was asked about other travel matters in respect of the Sutton site.

In respect of a possible 'Park and Ride', facility for Reigate and Banstead, a suitable location had not been found, as the sites originally located would not have secured planning permission.

Work has been undertaken with the London Borough of Sutton in respect of road access from the A217 designed to improve access.

This includes provision of an 800 space multi-story car park, which would be adequate for the needs of staff, patients, visitors and those requiring disabled parking.

TFL have also been consulted and are providing direct bus routes from East Croydon, Merton and Sutton.

Mr Marsh was asked whether the Trust would continue with some remote appointments to avoid exposure to infection.

Dr Marsh advised that at present 40% of appointments are not face-to-face with a majority being out-patient appointments. These have been experienced positively by both staff and patients. However clinical experiences have indicated that face-to-face appointments are more appropriate for certain patients, including the vulnerable. Dr Marsh also advised it will be important that patients have an element of choice. For those attending appointments in person, having as few people as possible in waiting areas and corridors and keeping them clean is vital in reducing the risk of infection.

Mr Elkeles was asked about the vaccination rate of staff, and whether there was any reluctance.

Mr Elkeles confirmed that at present, approximately 75% of staff are vaccinated and that this figure is likely to increase.

8 SERVICE RECOVERY AND THE CURRENT PROVISION WITHIN PRIMARY CARE, OVERVIEW AND UPDATE ON THE COVID-19 VACCINATION PROGRAMME ACROSS SURREY DOWNS INTEGRATED CARE PARTNERSHIP

Dr Hilary Floyd, Surrey Downs Health and Care, advised the panel that at present, a significant issue for primary care was that many of their patients were not attending appointments. This has resulted in some, particularly those with long-term health conditions becoming very unwell. Primary care is therefore looking at how they can increase appointments for those with long-term conditions, and are using a risk stratification to ensure those at greatest risk are seen first.

Primary care networks are also utilising additional resources that are now available.

The Covid oximetry at home service is also being used to monitor blood oxygen levels in patients who have Covid and who may be at higher risk of developing hypoxia and needing urgent hospital admission. This is being rolled out in partnership with Surrey Downs Health and Care, and across the 4 areas of Surrey Downs. Long Covid services also continue to operate.

Dr Floyd advised the Panel that primary care also continues to look at health inequalities, with a focus on patients with learning difficulties, ensuring the vaccination programme is targeting these individuals. Each Primary Care Network has access to the GP Integrated Mental Health Service and this has been especially valuable in respect of anxiety, depression and stress-related mental health that has seen an increase.

The main message primary care wishes to convey is that it is open to see patients and will be moving to offer a lot more face-to-face appointments.

Dr Floyd updated the Panel on the vaccination programme.

Dr Floyd reflected on the local service (the GP hub), located at Epsom racecourse, and the roving vaccination teams that have been visiting care homes, those unable to leave their homes, and those with a learning disability, and supported living schemes.

The GP vaccination hub is co-located with CSH at the racecourse and Dr Floyd thanked the support of Surrey County Council, Epsom and Ewell Borough Council and the Police in getting up and running. The site is also well supported by volunteers in being able to sign-post patients, and offer them transport.

The roll-out is proving effective and they are now about to start inviting cohort 7 for vaccination. Dr Floyd confirmed that to date, 100% of each cohort had received an invitation, with approximately 90% in each cohort taking up the vaccination.

Patient feedback and experience has been positive.

Dr Floyd commented that when the racecourse re-opens for racing, a new site will need to be secured and they are looking into this at present.

Mr. Bill Cassidy presented to the Panel on collaborative working, and the work being done to reach out to communities that may find it difficult to engage in the vaccination programme.

Mr. Cassidy also assured the Panel members that for the small percentage of those in the eligible cohorts who have not taken up the vaccine, further attempts are being made to contact them.

Barriers identified to taking up the vaccination offer include language, vaccine misconceptions and religious reasons.

Mr. Cassidy advised that they have set up some outreach clinics working with Black, Asian, Minority and Ethnic residents. The Integrated Care Partnership is working with community leaders to build trust and offer assurance on vaccine safety. They are also able to offer 'pop-up' clinics for various communities and already have one planned for the Epsom Mosque.

Mr. Cassidy updated the Panel on the vaccination service for residents with learning disabilities (LD), and the LD teams had been making adjustments in line with the specific needs of the patients. They had completed all vaccinations in LD homes by the 14th February, and this was ahead of national target.

Mr Cassidy also noted work being undertaken:

- With the Council's housing team, building a strategy around the homeless community. There is a possibility that Fitznells may be offered as a site.
- To engage the Gypsy, Romany Traveller (GRT) Community through working with specialist teams, and GRT influencers to help improve vaccine up-take. Cox Lane surgery can be offered as a site, and there is consideration being given for Kiln Lane to be offered as mobile site.

- To offer vaccines to those who meet the criteria as being a Carer. These will fall into cohort 6 as a priority group.

Mr. Cassidy commented on the huge success of the vaccination programme and thanked everyone for the collaborative working across agencies (and for the overwhelming support of volunteers), that had made this possible.

9 AN OVERVIEW AND UPDATE ON OPERATIONS AT THE MASS VACCINATION CENTRES ACROSS SURREY DOWNS

Mr. Steve Flanagan, CSH Surrey Board, presented to the Panel on the mass vaccination centres and opened his presentation echoing the thanks extended by all in the collaborative working.

Mr. Flanagan advised the Panel that the mass vaccination centre opened on 11 January 2021. The site was one of the first in the Country and attracted significant media attention.

The site started with administering up to 600 vaccinations per day, and is now fully operational and offering up to 1,500 per day. The site just had its busiest day with 1,648 vaccines in one-day. They are looking to achieve the target of over 2,000 over the course of the next few weeks.

Mr. Flanagan advised the Panel that they are offering a hybrid model, vaccinating both younger and older cohorts.

The site had (at the time of the presentation) administered 55,000 vaccines, and as a provider, had also managed to vaccinate 89% of its staff.

The site is very well staffed and whilst there was an initial issue with staff training and the level of qualification needed based on the offer of Pfizer vaccines, this eased with the use Astra Zeneca vaccines. The site was initially only able to use healthcare professionals to administer the Pfizer vaccinations, but due to school closure were able to utilise school nurses in the early stages.

The site also received unbelievable support from St Johns, and from the local community.

The mass vaccination centre has had various challenges in respect of the lead-in time, and the complexities of the programme. Parking, traffic, workforce sustainability, the national booking system and adequate storage for vaccines have all presented challenges. These have been overcome and the centre is now able to use trained but non-medical staff for administering vaccines. The centre also had adverse weather conditions over one period, however despite this, 90% of those with appointments attended.

Mr. Flanagan advised that some emerging issues are those attributable to people trying to secure a vaccine when they are not yet eligible. As the program moves to vaccinate younger cohorts however, these can be administered more quickly and as such they will look to vaccinate between 2100-2300 per day.

In respect of the site, this will close for preparations for Epsom Derby, on the 16 May, and the centre will move operations to Sandown until end of August. This move will allow them to try different models, such a 'drive-through' administration.

Mr. Flanagan ended by reflecting on the efforts of everyone involved and that the centre has been a model of continuous improvement.

A question was asked about the vaccination service at Nonsuch Mansion, and whether this provided services for residents of Surrey or London. Dr Floyd confirmed that this would be part of London and so the facility was not open to residents of Surrey.

In response to a question about the locations for the second vaccines, Mr Flanagan advised that there was some uncertainty around booking as the Sandown site had only just been confirmed as the new venue and this was not yet listed on the national booking system. This will be added as soon as is possible. This will mean residents will be able to re-book at their preferred venue.

Dr Floyd was asked about older people leaving hospital, and then being contacted again to make an appointment for their vaccination/second vaccination. She was asked why they cannot receive their vaccination before they leave hospital. Dr Floyd advised that vaccinations cannot be administered to those who remain unwell, or to those who are not 28-day post-Covid. In the same way, teams have arrived at care homes, only for one or more residents to be unwell, and therefore the vaccine could not be administered. The teams may be required to make several contacts before being successful.

When asked about second vaccinations for those who had booked their first vaccination directly via the GP system (not the national system), Dr Floyd explained that they could use either booking system. She further advised that they are currently looking at a 'Hub' model for each PCN. This may mean they could run a vaccination service 7-days a week, as well as additional clinical services. The PCNs are able to run an audit of those who have received their first dose, wherever delivered, and re-call for their second vaccination with a choice of location.

Mr Cassidy was asked about the use of volunteers, and whether there were any plans to recognise them. He reported that they are planning on creating a memorial garden to recognise the contribution they made.

Mr. Flanagan is looking at a 'thank you party', once restrictions have been lifted and things have returned to normal. The national programme is also looking at ways to thank the volunteers.

Dr Floyd was asked about future plans for the flu and Covid-19 vaccination programmes, and they would combined in the future. Dr Floyd explained that there is likely to be a Covid booster, and it is anticipated that for those that received the flu vaccine both will be given at the same time. For those not eligible to receive the flu vaccine, the boosters may be administered at GP hubs or local vaccinations sites.

A question was asked about scams, such as those wrongly advising people that they were eligible for the vaccine and to just turn up at the centre. Mr Flanagan advised scams had caused problems with traffic chaos as those without appointments arrived. Social media was used to let people know that they would not be admitted to the vaccination centres without evidence of a booking. As more cohorts of people become eligible for vaccination this will become less of an issue. One of the questions was about healthcare workers being asked to confirm their status, however no proof was required.

The centre subsequently saw many people turning up who were not in the profession and there had been the need to turn some people away. However, to protect security and not put staff at risk, there were some decisions to vaccinate people who had appointments, e.g. as carers, but may have not have been eligible. Mr. Flanagan advised that these issues were connected to the national booking system, as opposed to scams.

The Chairman commented on the success of the programme, and thanked all speakers for their presentations.

The meeting began at 7.10 pm and ended at 8.46 pm

COUNCILLOR LIZ FROST (CHAIRMAN)

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