Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE

Tuesday 26 April 2018 at 10.30am

Membership

Councillors

Keith Girling (Chair)
Richard Butler
Dr John Doddy
Kevin Greaves
David Martin
Michael Payne
Liz Plant
Francis Purdue-Horan
Steve Vickers
Muriel Weisz
Martin Wright

Officers

Keith Ford	Resources
Martin Gately	
Jonathan Gribbin	Adult Social Care and Public Health

Also in attendance

David Ainsworth	Mid Notts. Clinical Commissioning Groups (CCGs)
Dr Nicole Atkinson	Nottingham West CCG
Michelle Livingston	Healthwatch Nottinghamshire
Victoria McGregor-Riley	Bassetlaw CCG
Gary Thompson	Greater Nottingham CCGs

1. APOLOGIES

None.

The following temporary change of membership for this meeting only was reported:-

- Councillor Francis Purdue-Horan had replaced Councillor Kevin Rostance.

2. DECLARATIONS OF INTEREST

Councillor Dr John Doddy declared a private and non-pecuniary interest in agenda item 3 – GP Forward View Nottinghamshire, as he was part of the same GP practice as Dr Nicole Atkinson, which did not preclude him from discussing or voting on that item.

3. GP FORWARD VIEW NOTTINGHAMSHIRE

David Ainsworth (Director of Primary Care, Mid-Notts. CCGs) and Victoria McGregor-Riley (Executive Lead for Primary Care) introduced the briefing papers from their CCGs highlighting plans for implementation of the General Practice Forward View and key priority areas in their areas.

The following points were raised and/or clarified during discussions:-

- although GP practices do have geographical boundaries, patients could still choose to register at a practice outside of their area. It was explained that patient lists nationally range from 3-35,000 and that the largest list in the Mid Notts. area was approximately 20,000. Funding was dependent upon patient numbers and segmented into three contracts relating to primary medical services, general medical services and alternative primary medical services. The price varied depending on the contract and the average amount of funding per patient was approximately £85, with the amount not dependent upon the frequency of appointments. It was recognised that Bassetlaw patients would often access services in Sheffield and Doncaster as well as Nottinghamshire, with the large rural geographical spread of the area also informing choices. Transport and ability to access services was on the list of issues considered by Health colleagues when arranging care packages;

- It was underlined that the budget for primary care remained ringfenced and protected. Currently the bulk of NHS resources was spent on acute, bed-based care but the direction of travel through the integrated care system was for greater investment in community services through multi-disciplinary teams. Implementation of this would require an incremental phased approach, with GPs acting as commissioners. Funding and time was being invested to support GP practices to work better together and achieve greater economies of scale. Members queried whether the pace of this change was fast enough, whether GPs had enough time to signpost people to appropriate services and whether other partners could play a part in such 'social prescribing'. It was clarified that in Bassetlaw this integrated approach was being pursued with any member of a Primary Care Team able to 'socially prescribe';

- Members questioned the description of the primary care premises in Bassetlaw as being of a 'generally high standard' with specific reference to the Newgate site. In response, it was stated that the general estate was good although the issues with Newgate were recognised, with a business case for alternative premises being actively considered;

- Members queried the lack of interaction with local nursing homes. Primary care colleagues were being encouraged to work better with NHS colleagues, with Memorandums of Understanding between GPs and care homes (involving GP visits every 2-3 weeks) seen as good practice which were rewarded through the incentive scheme. The ideal situation would be for each care home to be linked into a specific GP practice but such an approach would not offer full patient choice as required. Practices and care homes were being asked to identify training and development needs and GPs would be supported to provide such training where possible.

- Members highlighted the removal of the previous walk-in facility at Larwood (which had appeared to be working very successfully) and the current lack of availability of same-day appointments in the area. NHS England had taken the decision to end the contract for the walk-in service at Larwood although it was hoped that out of hours provision would increase the availability of appointments;

- whilst recognising the good ratings for access to services and care for patients, Members queried what plans were in place to improve the rating of the helpfulness of receptionists in the County (currently rated 60th nationally). In response it was confirmed that training for receptionist staff was being arranged to enable them to signpost people to other services where appropriate. It was underlined that such staff do feel frustrated themselves by the lack of available appointment time;

- with regard to the national data collection exercise around waiting times for appointments referenced within the briefing note, Members queried the anticipated completion date of this, how regularly it would be repeated and how patients were being made aware of this. It was clarified that this exercise was being co-ordinated by NHS Digital but the findings had not been shared with NHS England as yet. This date would be made more available once finalised. Members highlighted concerns raised by constituents who were going to hospital because they were unable to get a GP appointment. It was stated that it was down to each practice to monitor demand for appointments and the extent to which this was being met, in order to inform practice, resources and their workforces. Patient Participation Groups and the Friends & Family Surveys were other sources of information in that respect. GPs in each locality were being encouraged to meet together, in order to share good practice, such as call-back systems in Newark, triage systems in Eastwood and Bassetlaw and 'Ask My GP' in Bassetlaw;

- Members criticised the large amount of unexplained acronyms within the briefing reports and officers agreed to avoid this in future to assist members' understanding. With regard to the language used, Members felt that the description 'primary care homes' was confusing, as it gave the impression of residential homes, and felt that such terminology needed to be addressed;

- Members welcomed the plans to widen the roles of pharmacists and practice nurses to help address patients' needs and to signpost where appropriate. They also felt that voluntary sector involvement was crucial, especially for issues such as suicides and post-natal depression and the potential role of primary care centres such as Sure Start centres was underlined;

- Members felt that improved links with local establishment establishments, through recruitment fairs and roadshows, was one way of widening the diversity of the workforce, with reference to the work which the Police and the Armed Forces did in that respect. The importance of inspiring youngsters to pursue such careers, and highlighting, at a relatively early age, the breadth of career options in this field, was also underlined. In response, Mr Ainsworth underlined his personal role in that area, both in his work and through his personal role with the World Youth Organisation, and agreed to pursue that

suggestion through the workforce work stream, with education partners linked in as necessary;

- Members also queried what work was underway to recruit and retain GPs in the area. In response it was underlined that Mid-Nottinghamshire was lucky in that respect in having two GP training places. The levels of people wanting to leave was highlighted and it was felt that if the job could be made easier by placing boundaries around workload levels so that more people may feel inclined to remain in this profession. GPs were also being encouraged to pursue particular specialisms, such as dermatology, with plans to increase the offer of such opportunities. Problems in recruiting internationally were also highlighted, with the recent example of 2 Canadian GPs who were not appropriately regulated to be able to work in the United Kingdom. It was also underlined that many GPs were choosing not to work in a practice on a full-time basis these days, taking up other options for career development such as Portfolio GP roles. Members queried the feasibility of the target to recruit 100 GPs a year and it was acknowledged that this was a challenging target and a high level figure that was more of a gap analysis to highlight the challenges currently faced;

- Members raised concerns about the psychological and potentially traumatic impact on patients of hospital readmissions via the accident and emergency route. In response it was stated that a system was in place to manage and monitor every readmission and work was also underway to improve care co-ordination to try and ensure people had the appropriate care to avoid readmissions. This issue was firmly on the prevention agenda. In Bassetlaw, it had been noted that one of the issues causing readmissions was patients not taking or managing their medication as required and this issue was being addressed via practices. Members also highlighted the issue of dementia patients not accessing repeat prescriptions as required;

- the work to improve the rates of early diagnosis of cancer was said to be ongoing and this was welcomed by Members;

- Members highlighted the lack of specific reference to mental health within the report and queried why relatively low-level support such as counselling could not be made available through GP practices. GPs were seen as an opportunity to signpost patients to counselling services to access appropriate expertise, although the initial symptoms could be physical in nature. There were also self-referral schemes in areas such as Rushcliffe although it was recognised that more needed to be done to raise awareness of such schemes. It was also noted that good practice around many specific medical issues existed in different pockets across the County and the challenge was to share this across the whole County. Members felt that mental health was not an equal footing with physical health in terms of successful and consistent signposting;

- Members queried the numbers of people that were not registered with a GP;

- Members felt that the NHS had benefitted in the past from the willingness of GPs and other Health professionals to work additional hours on a goodwill basis and felt that such an approach may be less forthcoming in the new

system whereby GPs were salaried staff who may be less willing to go above and beyond what was required. In response it was agreed that the demands on individuals, teams and practices were growing with evening and weekend services reflecting changes in an increasingly consumerist society. As the public's expectations grew this could also result in professionals such as receptionists facing increased abuse which could also erode goodwill;

- Members queried how technologies were advancing with regard to developing a unified system whereby patients would be able to access their own health information. In response it was stated that although there had been some advances, such as the unified System One in Mid-Notts., (whereby Summary Care Records could be accessed by the Ambulance Service and Out of Hours GPs) further work was needed in terms of exploring the potential for patient held records and online bookings. Patients would need to be brought along on any such journey in developing ICT, in order to address the public's concerns about confidentiality and consent. South Yorkshire and Bassetlaw had made a £40m bid for an integrated records system but this had not been successful so far. It was clarified that individual practices could decide what level of access to give to patients online, such as medical history, and it was recognised that perhaps more could be done to inform patients of this;

- Members queried whether the lack of take-up of Sunday appointments could be due to the public not being aware of their availability and therefore pursuing other options such as the 111 service. Members underlined that they could play a role in raising public awareness of such services. It was clarified that some practices could choose to have a receptionist on duty on a Saturday and/or Sunday. With the new national specification it was expected that the clinical triage approach would increase with patients signposted to the most appropriate service (which would not always be a GP);

- Members queried how the GP Forward View would address health inequalities. It was clarified that all aspects of the Integrated Care System were now expected to address this, including GP practices and wrap around care. It was underlined that this was not just about what the Health Service could provide but what patients could do for themselves to take responsibility and ownership of health issues such as smoking and obesity. The balance needed to shift to promotion of health and prevention of sickness;

- Members queried whether there were any national guidelines for home visits criteria. It was clarified that this was a matter for individual practices to decide but ideally there should be a policy or protocol in place;

- in response to a Member's query it was clarified that the role of Physician Associate was a model which worked increasingly well in America, with some examples of this post running a whole Emergency Department with a Clinical Physician overseeing. Currently legislation did not allow for such roles to prescribe in the United Kingdom and their remit involved taking a proper medical history and presenting it to the Physician to inform the Physician's diagnosis. The training for such a post in the United Kingdom would take two years to complete. An example of such a post operating very successful in Bassetlaw was cited although any decision to extend this would be for the individual practice to make.

The Chairman thanked the CCG representatives for attending and answering Members' queries.

4. WORK PROGRAMME

The Chairman introduced the report. Members requested that an item about the decommissioning of funding to Home Start in Mansfield be added to the work programme to ensure the Committee was aware of any implications as soon as possible.

Martin Gately explained that the next report on Neuro-Rehab (Chatsworth Ward) currently scheduled for the May Committee meeting would need to be rescheduled to June as the latest proposals had not been back to the Trust Board at this stage.

The Chairman added that the May meeting would now include an item about the Procurement of the Treatment Centre at Queen's Medical Centre, to consider the provider's concerns about the deliverability of the contract going forward.

The current work programme, subject to the above changes, was noted.

The meeting closed at 12.21 pm

CHAIRMAN