

Minutes of the Health Scrutiny Committee

Wednesday 8th July, 2015 at 6.00 p.m.
in Committee Room 2 at the Council House, Dudley

Present:-

Councillor C Hale (Chair)
Councillor A Goddard (Vice-Chair)
Councillors M Attwood, K Casey, K Finch, S Henley, C Perks, S Phipps, N Richards,
E Taylor and Pam Bradbury.

Officers

M Farooq (Assistant Director – Law and Governance) (Lead Officer to the Committee), A Sangian (Senior Policy Analyst – Directorate of People Services) and K Buckle (Democratic Services Officer – Directorate of Resources and Transformation).

Also in Attendance

Dr Steve Mann – Dudley Clinical Commissioning Group
Mr Steve Wellings – Lay Member for Governance – Dudley Clinical Commissioning Group.
Ms Laura Broster – Dudley Clinical Commissioning Group

1 Apology for Absence

An Apology for absence from the meeting was submitted on behalf of Councillor D Russell.

2. Appointment of Substitute Member

It was reported that Councillor C Perks had been appointed to serve in place of Councillor D Russell for this meeting of the Committee only.

3. Declarations of Interest

No Member made a declaration of interest in accordance with the Members' Code of Conduct.

4 Minutes

Resolved

That the minutes of the meeting of the Health Scrutiny Committee held on 26th March, 2015 be approved as a correct record and signed.

5 **Public Forum**

No issues were raised under this agenda item.

6 **Terms of Reference for the Health Scrutiny Committee**

A report of the Strategic Director (Resources and Transformation) was submitted on the terms of reference for the Health Scrutiny Committee.

Resolved

That the terms of reference for the Scrutiny Committee, as set out in the appendix to the report submitted, be noted.

7 **Change In Order of Business**

Pursuant to Council Procedure Rule 13(c) it was:-

Resolved

That Agenda Item No's 8 – Developing New Models of Care in Dudley and 9 Delegated Responsibility for the Commissioning of General Medical Services (GP Services) be considered as the next items of business followed by the remaining Agenda Items.

8 **Developing New Models of Care in Dudley**

The Committee considered a presentation of Dr Steve Mann, Dudley Clinical Commissioning Group on Developing New Models of Care in Dudley. The presentation had been circulated to Members and was available on the Council's Committee Management Information System (CMIS).

Dr Mann referred to the 200 Vanguard Applications with NHS England choosing 30 Vanguard Sites in England, advising that Dudley was one of those 30 sites which had been commissioned with developing new successful models of care that would be rolled out across England.

The key principals of mutuality were outlined including shared responsibility with the NHS being owned by the public with each patient being registered with a Dudley practice and therefore a member of the Dudley Clinical Commissioning Group.

The need to maximise health care provision in Dudley, with everyone who has a skill being involved with the Vanguard scheme in order to achieve wrap around care for patients in relation to planned care, hospital care, urgent care and the urgent Care Centre, in order to support Dudley to become the best place to receive value added treatments, by commissioning best practice pathways, working with multi disciplinary provider care teams and everyone being linked into their communities.

Discussions in relation to patients graphic facilitation were referred to that included conversing with patients in relation to the provision of healthcare and where that provision should be provided. The headlines in relation to patients' views regarding access, continuity, coordination and communication regarding healthcare provision were outlined.

It was noted that there were 47 General Practitioner Practices in the Dudley Borough with linkages to ICT systems, which had led to shared patient records with all health care providers.

The Avatar system was referred to which included the provision to access a virtual Doctor, in order to obtain virtual medical advice, together with the provision of facilities in practices for patients to weigh themselves and take their own blood pressure, which would be automatically linked to their General Practitioner's records.

Developing methods of managing those with long term conditions were referred to including multi disciplinary healthcare professionals team meetings, which had been established to discuss those patients which were at risk of developing long term conditions, in order to establish intervention strategies or care to prevent hospital admissions and visits to accident and emergency departments by those at risk.

The drivers for change were outlined, which included premature deaths and the work that was required on physical activity given an ageing population.

The pyramid software was referred to which evaluated those who were very low risk to emerging risk with the need to conduct health checks to limit hospital admissions and attendances, at Accident and Emergency departments of the older population who were at risk of developing one or more illness.

An illustration of the expenditure on care was referred to and the requirement to focus on the cost of hospital care in order to reduce this.

It was noted that consultations were taking place with health care professionals on a monthly basis at Strategic Board meetings, in order to improve the provision of health care in the Dudley Borough.

The positive patient feedback contained in the presentation was outlined.

Arising from the presentation, Members asked questions and representatives from the Clinical Commissioning Board responded as follows:-

- Members of the Clinical Commissioning Board included four none Executive Directors who represented the Dudley Borough covering differing Leads. A cardiologist based in Shropshire had been appointed in order to extend challenges to the Board, a member of Healthwatch and the Chief Executive of the Authority. It was noted that the Board was clinically led to facilitate challenging commissioning for the residents of the Dudley Borough.

- The challenges in relation to recruiting General Practitioners in the Dudley Borough were outlined and the requirement to produce a successful model of care in order to encourage recruitment was required.
- In order to alleviate problems with obtaining appointments with General Practitioner's, there was a requirement to train staff in order to establish whether those requesting appointments could be signposted to other healthcare professionals, such as physiotherapists, practice nurses or mental health workers. However it was noted that in order to deliver access to appointments on a seven day each week basis would result in patients being provided with appointments across the Borough, and not automatically with their own General Practitioners.
- That patient participation groups would assist to establish the reason why access to General Practitioners worked better in some areas than others.
- That consultation with the residents of the Borough was required in relation to their requirements and what was important to them, when considering the question of providing twenty four hour appointments seven days each week, as it may be that this level of provision would not be available at every medical practice.
- The General Practitioners throughout the Borough were on board in relation to developing new models of care, as it was evident that the current health care system was not sustainable and NHS England acknowledged that the Dudley Clinical Commissioning Group were effectively engaging with the General Practitioners in the Borough.
- That as part of the Vanguard scheme, those who had been chosen as Vanguard sites were evaluated by a national team who were developing a logical method for evaluation. It was noted that the success of developing new models of care which would involve in part interviewing multi disciplinary professionals, patients and clinicians and the importance of avoiding social isolation was paramount.
- That work with integrated partners would be conducted in relation to individual care plans for patients in relation to managing their conditions and outcomes for people and how that was monitored with continuing questioning of evaluation. Reassurances were provided that reports would be produced to Healthwatch in relation to successful delivery of models of care and how success was monitored.
- In relation to constant monitoring each Practice was visited each month by a retired General Practitioner and a Members portal would receive an email should concerns be raised and soft intelligence would be enacted upon immediately which had already led to change.
- It was confirmed that the Dudley Clinical Commissioning Group would provide regular reports including key messages as to patient focus regulators to Healthwatch.

- That there were positives and negatives in relation to a sit and wait General Practitioners service, as although that may be facilitated by smaller surgeries, larger surgeries may be unable to cope with demand and would be unwilling to run the risk of the possible pressures that may be put upon their services.
- Should a package of care be required, care setting teams were available to consult with patients and families and there were personal health care budgets to assist with caring for patients in their own homes.
- That in order to access health care, a single point of contact was required and work continued to take with the provision of that point and there was the requirement to simplify health care systems. Health Care Forums, media, advertising and publicity in pharmacies had all taken place to advertise access to health care, however further work was required.
- Details of the “Do It Right” campaign were provided, which would involve educating young people in relation to booking appointments when they were not required which could result in another person being admitted to hospital. The continuing work in relation to campaigns, pledges, roadshows and the inappropriate use of health care services was referred to.
- The Lifestyle Interventions programme would take place at Himley Hall with the provision of a marquee, promoting health and fitness and work with young people who wish to champion health, in order to educate each other in schools would be undertaken.
- It was stated that secondary care in hospitals was extremely expensive and there was a requirement to move care away from hospitals in order to make efficiency savings and there was a need to free up General Practitioner time by efficiency for example dealing with the missed appointments systems.
- Work would continue in relation to encouraging General Practitioners to work and train in the Dudley Borough and the Clinical Commissioning Group would continue to monitor movement in the profession, including the number of Practitioners in the Borough and the possible retirement of those in practice, in order to prevent any future problems with the provision of General Practitioner appointments.

Following the conclusion of the presentation on developing new models of care in Dudley it was

Resolved

That the information contained in the presentation on Developing New Models of Care in Dudley, and as reported on at the meeting, be noted.

Delegated responsibility for the Commissioning of General Medical Services (GP Services)

A report of the Dudley Clinical Commissioning Group was submitted on the Clinical Commissioning Groups delegated responsibility for the commissioning of GP Services.

The Lay Member for Governance of the Clinical Commissioning Group provided background information relating to the decision to provide the Group with delegated responsibility for commissioning services.

It was noted that NHS England had provided South Staffordshire County Council with an incentive scheme, in order to drive recruitment of General Practitioners which had been successful and investigations were being undertaken as to whether a similar scheme could be commissioned to incentivise recruitment in the Dudley Borough.

It was noted that discussions were ongoing with General Practitioners in relation to changes in their contracts, in order to deliver health services in an approved and more constructive manner and any proposed changes would involve a wider consultation.

The introduction of Patient Participation Panels in every practice and the establishment of a task and finish group, to provide a check and balance in relation to provision of relevant health care in the Dudley Borough was referred to.

It was noted that consistency in relation to technology in all practices across the Borough, had been achieved following the implementation of one computer system providing consistencies, with the provision to share patient information with all health care providers including hospitals.

The improvements in relation to healthcare provision were referred to, together with the continuing need to ascertain what healthcare services were required in order to facilitate those needs and virtual appointments and telephone triages, were being investigated in order to improve patient services.

The Clinical Commissioning Groups desire to provide quality care as close to home as possible was referred to and the need to work smarter together with the Authority, particularly on delayed discharges as part of the Vanguard proposal.

Arising from the presentation of the report submitted Members asked questions and representatives from the Clinical Commissioning Group responded as follows:-

- There was an assumption that there would be a federation of practices in order to cover each other with the provision of care over twenty four hours, seven days each week.
- That practices were visited on a regular basis to provide encouragement and support to share best practices and consultation with patients would continue in relation to the health care services they required, and upon what basis they required such provision.

- There had been an overspend in relation to the prescribing budget in the preceding year and investigations were continuing in relation to how to control future budgets, by limiting waste including practices signing up to a prescribing plan.
- In order to avoid a shortage of General Practitioners throughout the Borough in the future, details in relation to future retirements would be maintained and General Practitioners would be supplemented by the provision of practice nurses and pharmacies in surgeries.
- In order to tackle waste in prescribing, concerns had arisen in relation to electronic prescribing repeat prescriptions and work in relation to waste prevention was continuing.
- That the “Do It Right” Dudley Campaign and Pharmacy First recommended Patients to obtain their own “over the counter” medication rather than use the prescription service for all medication.
- Discussions had centred around forming a Locum Bank, however Practices were under a duty to continue to provide health services to all their patients irrespective of staff shortages.

Resolved

That the information contained in the report submitted on Delegated Responsibility for the Commissioning of General Medical Services (GP Services), be noted.

10

Work Programme 2015/16

A report of the Lead Officer of the Committee was submitted on the health scrutiny work plan for 2015/16.

The Committee noted that the Overview and Scrutiny Management Board had approved proposals to roll-forward work on the Committee’s Sports Participation and Physical Activity Review to 2015/16.

Resolved

- (1) That, the information contained in the report and Appendix to the report submitted on the proposed work plan, be approved.
- (2) That a Working Group be appointed to further consider the proposed area for scrutiny, Sports Participation and Physical Activity and that membership of the Group be determined in consultation with the Chair and Lead Officer to the Committee.

The meeting ended at 7.50 p.m.

CHAIR