

Health Overview and Scrutiny Committee

Wednesday, 5 April 2017 - 10.00 am

Minutes

Present:

Mr A T Amos, Mrs J L M A Griffiths, Ms P A Hill,
Mr A P Miller, Mrs F M Oborski, Mrs M A Rayner,
Mr G J Vickery, Ms T Biggs, Mrs A T Hingley,
Mrs F S Smith and Mrs N Wood-Ford

Also attended:

Lynda Dando, Redditch and Bromsgrove/South
Worcestershire/Wyre Forest Clinical Commissioning
Groups
Jonathan Leach, Redditch and Bromsgrove Clinical
Commissioning Group
David Mehaffey, Redditch and Bromsgrove/South
Worcestershire/Wyre Forest Clinical Commissioning
Groups
Dr A Kelly, South Worcestershire Clinical Commissioning
Group
Simon Adams, Healthwatch Worcestershire
Dr Frances Howie, Director of Public Health

Sheena Jones (Democratic Governance and Scrutiny
Manager) and Jo Weston (Overview and Scrutiny Officer)

Available Papers

The Members had before them:

- A. The Agenda papers (previously circulated)
- B. Presentation handouts (circulated at the Meeting)
- C. The Minutes of the Meeting held on 7 February
2017 (previously circulated).

(Copies of documents A and B will be attached to the
signed Minutes).

842 Apologies and Welcome

Apologies had been received from Cllrs Baker and
Cooper.

The Chairman reported that since the last meeting, Dr B
Cooper, the Councillor representing Bromsgrove District
Council, had been appointed to the District Council
Cabinet and was therefore no longer eligible to be a
Member of HOSC. Brian had been a Member of HOSC
for a number of years and widespread thanks to him
were recorded.

843 Declarations of Interest and of

None.

any Party Whip

844

Public Participation

None.

845

Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 7 February 2017 were agreed as a correct record and signed by the Chairman.

846

Access to Primary Care

Attending for this Item were:

Lynda Dando, Director of Primary Care for the Worcestershire Clinical Commissioning Groups (CCGs)
Dr Jonathan Leach, Clinical Lead Redditch and Bromsgrove CCG

Members received a presentation on the General Practice (GP) Forward View which outlined current context, local and national developments and what the future may hold for access to Primary Care, including GPs.

The Committee was reminded that Worcestershire had an increasingly ageing population, many of whom had complex health needs. Although the overall population was roughly the same as the 2011 census, there had been a 28% increase in those aged over 75. In addition, as the number of procedures undertaken and conditions that could be treated in a Primary Care setting developed, patient visits to a GP Practice had increased to around 12 to 15 per year, compared to a historical 2 to 3.

Alongside this, there were national recruitment issues for GPs and it was reported that the number of GPs leaving the service was four times as many joining.

Against this backdrop, Worcestershire had 65 General Practices, all of which benchmarked within the top 10% of Practices nationally for patient satisfaction, access and performance. From a July 2016 national GP Survey, Wyre Forest responses in particular were extremely positive compared with responses nationally.

In April 2016, the General Practice Forward View was published and although there were other developments across the health economy, including the developing Sustainability and Transformation Plan, new ways of working must include GP services as well. This was

aimed at reducing pressure on secondary care. The development of GP Hubs, whereby Practices work together to ensure access is improved, was seen as a positive way forward. However, it was noted that patients may have to accept that they would not necessarily see their usual GP.

In the ensuing discussion, the following main points were made:

- The presentation referred to the term 'at scale'; it was clarified that this did not mean Practices merging, rather working together. This was the case in Redditch, where 6 GP Practices were developing a Hub to improve access
- Everyone agreed that communicating any changes to residents was vital to ensure that all patients knew what services were available, where and when
- It was reported that around 26% of GP appointments could be better dealt with elsewhere, whether by another employee within the Practice or elsewhere in the community. Generally for every three hours of appointments, one hour was required for administration including analysing test results
- Signposting patients was sometimes more appropriate, especially when queries involved care in the community. It was noted that Receptionists were very able to undertake this role and there was increased investment in training to support this
- Some Members questioned the perception of the integrity of Receptionists and reported public concern over a potential lack of confidentiality. After learning that employee code of conducts were in place, Members suggested a poster in each Practice highlighting that all Staff were bound by strict confidentiality
- As there was a desire to move more services away from Secondary Care, a more flexible approach to access was required. It would be hoped that this would result in appointments being more widely available, for example across a group of Practices. However, patients would need to accept that the setting may not be their usual one
- Members questioned why there were different approaches to booking appointments across the County. In response, it was broadly stated that as each Practice varied in size it was difficult to have one set approach and the individual Practice was

847 **Changes to
Commissioning
Policies**

better suited to determine what was most appropriate. It was also reported that GPs worked differently, such as the use of telephone consultations; however, it was clarified that every Practice always had a Duty GP

- It was acknowledged that the proposals would make a difference. However, longer appointment times were needed, in other words seeing less patients for a longer period of time. Telephone consultations had a place and the option of also seeing the patient that day remained
- When asked, the Director was not aware of any GP closures, however, she acknowledged that with contracts changing there may be circumstances whereby a particular post may no longer be based in a particular Practice
- In response to a query as to why South Worcestershire seemed to be ahead, it was explained that in 2015, South Worcestershire CCG was successful in bidding for £1.8m of national funding, which meant that area was further developed
- There was increased joint working with both Worcester and Birmingham Universities and the number of apprenticeships was increasing
- The Out of Hours GP service was provided by Care UK and although many GPs do work out of hours, it was acknowledged that it was unsafe for them to work all hours consistently. Individual Practices were experimenting with opening hours, however, by enabling appointments for example on a Saturday morning it was likely to result in no surgery on a weekday morning.

During discussion, reference was made to the Healthwatch Worcestershire report, "Going to the Doctors". This summarised local views about access to GP services and indicated little appetite for weekend access and differences in views between different age ranges about telephone consultations. The survey had been presented to the CCGs. Members asked that they receive a copy of the updated Healthwatch Worcestershire report in due course.

The Chairman thanked those present for an informative discussion.

Attending for this Item were:

David Mehaffey, Director of Strategy, Transformation and Planning for the Worcestershire Clinical Commissioning

affecting Hip and Knee Replacement Surgery

Groups (CCGs)
Dr Anthony Kelly, Chairman of South Worcestershire CCG

By way of presentation, it was reported that a review of the Commissioning Policy for Hip and Knee Joint Replacement Surgery was required as part of the need to save £36m from the combined Worcestershire CCG budgets for 2017/18. During a budget consultation in 2016, the general public was not supportive of restricting joint replacement surgery.

The three Worcestershire CCG areas had different clinical activity, resulting in unexplained variations in hip and knee replacement activity with Redditch and Bromsgrove CCG having a higher level of activity when benchmarking nationally. A different approach to treating hip and knee replacement was taken between the north and south of the County, with physiotherapy offered prior to more radical treatment in the South. This was not offered in the North.

Although there had always been a Commissioning Policy for providers to comply with, the variations across the County were as follows:

	R&B CCG	SW CCG	WF CCG
Referral Screening by Physiotherapists	No	Yes	No
Use of Oxford Scoring Tool	Rarely	Widely	Partially
% of the population aged >65 years	19.1%	21.7%	24.2%
Replacements per 10,000 population	36.4	27.5	34.4

One of the objectives of the refreshed Commissioning Policy would be to reduce the variation across the County and for patients to consider other routes before resorting to major surgery. Ways in which this could be achieved include the consistent use of the Oxford Scoring Tool as part of the clinical review which would be required before surgical referral and routes including considering weight loss and appropriate physiotherapy. Prior Authorisation would also be required.

It was reported that in 2016, 90 procedures were undertaken outside of the Commissioning Policy.

In the ensuing discussion, the following main points were made:

- It was clarified that there had always been a Commissioning Policy and the proposals were intended to tighten up procedures and ensure a more consistent approach across the County. The number of hip and knee replacements in Redditch and Bromsgrove were higher than the other two CCG areas and the Policy would tackle the clinical variation
- It was noted that due to a shift in national policy, the proposal around the use of the Oxford Scoring Tool was on hold, awaiting further national guidance
- Surgery should be seen as the last resort, as joint replacement surgery was major surgery, an aspect which patients often overlooked. Lifestyle changes could make a difference, such as weight loss or physiotherapy, and had the potential to reduce symptoms
- When asked why the rise in numbers, it was suggested that Worcestershire's demographic profile had been well documented and the rise in the number of older people was a contributing factor. Alongside this, it was known that nationally that there was a decrease in physical activity which was a clear contributing factor
- Pain was difficult to interpret as everyone was individual. However, questions around the level of mobility for example proved useful when undertaking a clinical review
- When considering cost effectiveness, it was suggested that roughly 200 physiotherapy appointments could be provided for the same cost as a hip replacement operation
- It was clarified that a knee replacement would provide pain relief, not better mobility
- When asked whether the higher levels of replacements in North Worcestershire was as a result of the type of employment undertaken, it was unknown whether this was a contributing factor as employment was not recorded.

Simon Adams, Chief Operating Officer of Healthwatch Worcestershire was invited to comment on the discussion. He reported that Healthwatch had concerns over the level of consultation undertaken and referred to the national concern over the use of the Oxford Scoring Tool. However, Healthwatch welcomed the move away

848 Health Overview and Scrutiny Round-up

from a 'postcode lottery'.

In response, the Director of Strategy stated that wider consultation was not required as there was no substantial change proposed, rather a tightening up of clinical criteria.

Councillor Mike Johnson from Worcester City Council asked whether the proposals would result in surgery avoidance or just delaying surgery. In response, it was stated that Physiotherapy appointments had the lowest referral wait time and patients often benefitted from targeted sessions.

Dr Frances Howie, the Director of Public Health, added that there was a key public health message regarding weight loss. There had been limited success in weight loss surgery and it was known that weight was a contributing factor to a number of conditions. Dr Howie went on to say that the behavioural change was supported by the 'Living Well' service and 'Prevention & Self Care' was a key priority in the Sustainability and Transformation Plan.

This Item was deferred until the next meeting.

As this was the last HOSC of this four year Council, the Chairman thanked Members for their commitment to Health Scrutiny.

The meeting ended at 12.45 pm

Chairman