

Health Overview and Scrutiny Committee

Wednesday, 15 July 2015, - 10.00 am

Minutes

Present:

Mr A C Roberts (Chairman), Mr W P Gretton, Mrs J L M A Griffiths, Ms P A Hill, Mr A P Miller, Mrs M A Rayner, Mr T Baker, Dr B T Cooper, Mrs F M Oborski, Mrs F S Smith, Mr A Stafford and Mrs N Wood-Ford

Also attended:

Simon Trickett, South Worcestershire Clinical Commissioning Group
Lynda Dando, South Worcestershire Clinical Commissioning Group
Jan Butterworth, Redditch and Bromsgrove / Wyre Forest Clinical Commissioning Groups
Donna MacArthur, NHS England
Harry Turner, Worcestershire Acute Hospitals NHS Trust
Rab McEwan, Worcestershire Acute Hospitals NHS Trust

Suzanne O'Leary (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 22 April 2015 (previously circulated).

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

743 Apologies and Welcome

Apologies had been received from Prof J W Raine and Mr G J Vickery.

Following the local elections in May 2015, District Council Representation on HOSC had changed. The Chairman expressed his thanks to former HOSC Members Jan Marriott, Pat Witherspoon and Mike Johnson and welcomed their newly appointed replacements, Mr Tony Baker from Malvern, Mrs Nina Wood-Ford from Redditch and Mr Andy Stafford from Worcester.

In addition, the Chairman welcomed Mrs Frances Smith as Vice Chair – an appointment which is taken from and decided by District Council Representatives. The appointment will be forwarded to Council in September for final approval.

744	Declarations of Interest and of any Party Whip	Mr Stafford declared an interest as a Partner in Actons Opticians Worcester with his wife who is an Optometrist. She is also Vice Chair of the Worcestershire Local Optical Committee and involved in the negotiation and the delivery of Community Optometry Services with South Worcestershire and Wyre Forest CCGs.
745	Public Participation	None.
746	Confirmation of the Minutes of the Previous Meeting	The Minutes of the Meeting held on 22 April 2015 were agreed as a correct record and signed by the Chairman.
747	Primary Care Commissioning and GP Access	<p>Attending for this item were:</p> <p><u>South Worcestershire Clinical Commissioning Group</u> Simon Trickett, Chief Operating Officer Lynda Dando, Head of Primary Care</p> <p><u>Redditch and Bromsgrove / Wyre Forest Clinical Commissioning Groups</u> Jan Butterworth, Director of Primary Care</p> <p><u>NHS England</u> Donna MacArthur, Head of Primary Care for Midlands & East of England Region</p> <p>A presentation had been prepared which outlined the background, changing commissioning arrangements, development of local plans and delivery of 7 day access to services.</p> <p>In summary, from the creation of Clinical Commissioning Groups (CCGs) in April 2013 to now, NHS England (NHSE) had commissioned primary care (which included GP services, pharmacies, dentists and opticians).</p> <p>From January 2015, and starting from April 2015, CCGs were invited to apply for a level of involvement in commissioning of GP services.</p> <p>In Worcestershire, South Worcestershire CCG agreed to "full delegated responsibility" (taking the budget and full responsibility from NHSE) and Wyre Forest and Redditch and Bromsgrove CCGs agreed to "joint commissioning with NHSE" whereby the budget would be retained by NHSE but commissioning would be undertaken jointly.</p>

Early discussions had taken place to determine how conflicts of interest would be managed, recognising that GP practices could therefore be responsible for commissioning as well as providing services as there were 66 GP Practices in Worcestershire and all are members of a CCG.

NHSE would continue to contract with GPs under the General Medical Services contract and a national per patient fee for core GP services was expected to be standardised by 2020 at £78.77. The new arrangements enabled CCGs to commission additional services which reflected their agreed local key priorities.

South Worcestershire CCG Arrangements

There are 32 GP practices, with £22.3m allocated for core General Medical Services.

The CCG would also look to commission services which reflected their agreed key priorities, such as:

- local 'enhanced' services (extra provision to keep people out of hospital) to the sum of £2.4m
- local 'promoting clinical excellence' contract to the sum of £1.3m (to include proactively caring for frail elderly, medicines optimisation, focus on particular clinical interventions) with the desired outcome of reducing the need for patients to go into hospital
- creating a commissioning committee to oversee strategy developments and making decisions
- managing conflicts of interest.

It was intended that negotiations would take place with Practices to deliver these services on top of core requirements and the CCG would be responsible for monitoring delivery.

Redditch and Bromsgrove CCG Arrangements

There are 22 GP Practices, with £21million allocated to core General Medical Services. Although the CCG had agreed to work on a joint committee model from April 2015, it was hoped that full delegation be granted by April 2016. Like SWCCG, a lay Chair had been appointed to avoid any conflict of interest.

£1.42m had been allocated for local 'enhanced' services, £391,000 for medicines optimisation, £258,000 for engagement schemes, and £128,000 for reinvestment.

Ensuring that GP Practices had extended hours and cover over bank holidays was a local priority and the Clinical Navigation Unit at the Alexandra Hospital in Redditch was being evaluated for its impact to date.

Wyre Forest CCG Arrangements

There are 12 GP Practices, with 5 joining together to form a partnership and £14.65million had been allocated for core General Medical Services.

£1.4m was provided for local enhanced services, £403,000 for engagement, £155,000 in reinvestment and £256,000 for medicines optimisation.

Overall, NHS England reported that access to GP services was very good in Worcestershire, with lots of local work being undertaken to improve routes of access, such as telephone triage, using different skilled practitioners and extended hours. In addition, NHS 111 and the out of hours service was utilised and well publicised locally.

Results from the national patient survey showed that in general terms, patients in all three Worcestershire CCG areas were satisfied with the access arrangements with GP services.

South Worcestershire CCG had been awarded £2.8m from the Prime Minister's Challenge Fund to pilot new ways of working. Initiatives such as sharing patient information (with consent), creating additional appointments, furthering the out of hours provision and testing 'new models of care' working towards the delivery of 7 day working.

With Practices under increased pressure to provide sufficient appointments and difficulties in recruiting and retaining GPs the County would need to look differently at the way in which it attracts GPs and provide alternative approaches to primary care services.

Alternative approaches could include solutions such as merging GP Practices and sharing back office functions, better use of technology and redesigning pathways and new models to improve community care.

In the ensuing discussion, the following discussion points were raised:

- In order to manage conflicts of interest, an arm's length Committee had been formed to agree

funding, with meetings held in public and medical expertise limited to one GP

- Whereas the Alexandra Hospital had a Clinical Navigation Unit, Members were reminded that Worcestershire Royal Hospital had a GP stationed in A&E
- The national patient survey consisted of the same questions, whether patients were in Worcestershire or London, therefore benchmarking was very easy, but it was noted that the results were not always fully understood and returns would always be higher for surveys conducted locally. As the data was freely available, Members requested details of the website
- In relation to a question about how patient information would be shared, given that technology had its own issues, Members learned that all three CCGs had committed to funding one web based system by "EMIS Health" and with all 66 Practices utilising the same software, there was huge potential for it to then stream into A&E and Minor Injury Units for example
- The Committee would receive an update on New Models of Care in the Autumn, however, it was suggested that Worcestershire was a long way forward compared to similar authorities and although there would be no change for the vast majority of people, those receiving support from community nurses would see change
- Hearing that recruitment and retention was an issue, it was noted that those GPs seeking part time employment was increasing and it was acknowledged nationally that there was a skills gap to the extent that a task group had been set up
- The pace of change in working towards 7 day delivery by 2020 was actually happening now when the out of hours service was taken into consideration. It was noted that many GP Practices were already open from 8am until 6.30pm and in Evesham, for example, GP appointments would be offered on Saturdays in the Minor Injury Unit
- The General Medical Services contract did not prescribe what specific hours should be worked and it was acceptable for Practices to determine their own pattern of working
- One Member expressed concern that some patients in Alvechurch were not able to benefit from Worcestershire approaches to care as the

GP Practice was a branch surgery of a Practice based in the South Birmingham CCG area. It was acknowledged by those present that the situation was under review and locally meetings had been arranged to discuss a way forward

- It was suggested that around 5% of hospital admissions were related to medicine mismanagement and therefore by utilising pharmacists and providing advice and guidance, admission prevention was possible. It was noted that in one Practice, having a pharmacist on site had prevented 5 admissions in 6 months
- One Member raised concern about the lack of GPs given the emphasis of housing developments, especially in South Worcestershire. It was noted that SWCCG was working with District Council planning departments to understand where the current provision was sited and where the gaps in provision would be, based on current plans
- Administration costs of utilising the £2.8m Challenge Fund were light due to telephony and technology already being in place. Members were reminded that the 32 GP Practices in the SWCCG area were federated and already had the management structure to utilise project funding appropriately. When the Challenge Fund funding ends, the successful model would have to be economical to maintain and be sustainable, as no further funds were available
- In relation to data collection, a question was asked whether it was possible to record whether patients who had made appointments say 3 weeks in advance, had been hospitalised due to the appointment being so far in the future. In response, data was not collected at that level, but was an interesting measure and for some patients, continuity of care was sometimes more important than an available appointment sooner
- It was suggested that some minority communities preferred to go straight to Hospital rather than a GP and although work had taken place to try and combat this issue, it was suggested that HOSC Members were well placed to identify community leaders in order that messages can be spread within these communities
- At present, per patient funding is not consistent and there was concern whether introducing a standard rate of £78.77 by 2020 would have a negative impact for some Practices. CCG Representatives stated that this was likely, but the

**748 Worcestershire
Acute Hospitals
NHS Trust:
Update on CQC
Unannounced
Inspection**

aim of the new commissioning arrangements was to drive up standards, increase productivity and therefore provide better health outcomes for residents.

The Chairman thanked everyone for their attendance and looked forward to a further update of new models of care coming out of the NHS Five Year Forward View in the Autumn.

Attending for this item were:

Worcestershire Acute Hospitals NHS Trust (WAHT)
Harry Turner, Chairman
Rab McEwan, Interim Chief Operating Officer

Following an unannounced Care Quality Commission (CQC) inspection in March 2015 of the Trust's two Emergency Departments (EDs) and subsequent publication of findings, an Action Plan had been drawn up. By way of presentation, the Trust's Chairman and Chief Operating Officer explained what action had been taken since March.

Staffing levels had increased, procedures had been put in place to provide better patient care and work was being done to rebuild relationships, both with partners and between staff at hospital sites.

There was concern about patient flow through the EDs and although not yet perfect, improvements had been made, including clarifying the criteria for discharges and transfers in order to reduce delays. One example was cited whereby 14 patients on a particular day were not in need of acute care, but had no sub acute setting to move to, suggesting that a needs assessment for stroke rehabilitation was not wholly accurate.

An urgent care transformation team had been established and early successes included the expansion of the ED discharge lounge, in the hope of freeing up beds earlier in the day. Along with ambulances being offloaded quicker and corridors being kept clear, improvements had taken place but the system had a long way to go to be perfect.

In addition, capital funding had been secured to create around 150 new car parking spaces at Worcestershire Royal Hospital and subject to planning, should be completed by the end of the year.

When looking at data in relation to the number of patients dying in hospital and within 30 days of discharge, there was an increase in December 2014/January 2015 over and above what would be deemed as normal during winter months. With 35% of deaths occurring post discharge during these months, a process had been agreed with CCGs and GP Practices to analyse this data further. One consideration was the increased positivity of end of life care. The Committee noted that the figures had improved for February 2015.

Adult Safeguarding was being supported by closer working relationships between the Trust and Lead Social Workers.

A follow up Risk Summit had taken place with stakeholders and progress had been noted with further actions agreed, including the reduction in mortality rates and the need to plan for the fragility of maternity and emergency care services.

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

- One Member asked whether patients were being sent home too early, contributing to high mortality rates after discharge. It was difficult to comment, but the piece of work to look at individual cases was to be available by the end of the financial year
- In relation to patient flow, a change in mindset was required and this would take time. The concept of discharging earlier in the day was possible, but would need new ways of working to be embedded
- With national difficulties with recruitment, particularly in the training grades of emergency care, obstetrics and gynaecology, although Worcestershire was a wonderful place to live and work, the Trust would have to work harder to provide a sustainable solution.

The Chairman was pleased that progress was being made, and stressed the importance of understanding the mortality data given events at Stafford. There would be a further update at the September HOSC meeting.

Members of the Committee had asked for an update following notification that a Ward closure was required and there had been some concern that partners had not been made aware in advance.

749 Health Overview and Scrutiny Round-up

The Trust had communicated notification that Cookley Ward at Kidderminster Hospital, was to close with immediate effect. For clarity, Cookley Ward was a general acute ward with 17 beds which was utilised by patients who tended to be elderly and there for a long stay. Following fire safety assessments, it was determined that the Ward was no longer safe in the event of an evacuation and would need to be closed with immediate effect for patient safety. All staff were redeployed and patients moved.

The Chairman invited updates from around the County.

From Wychavon, it was reported that there were rumours that restaurant services may be reduced in the community hospitals, having a detrimental effect on both patients and visitors.

In Bromsgrove, there was nothing to report other than the Alvechurch GP Practice issue discussed earlier. Healthwatch confirmed that they had contacted South Birmingham CCG and a meeting involving the Parish Council was due shortly.

Wyre Forest Local Strategic Partnership was undertaking some work on childhood obesity, statistics were available at ward and school level that may be useful to all Councillors.

There was nothing to report from those present from attendance at any NHS Board Meetings.

The meeting ended at 12.05 pm

Chairman