# Minutes of the Health Overview and Scrutiny Committee

# County Hall, Worcester

# Monday, 18 October 2021, 2.00 pm

## Present:

Cllr Brandon Clayton (Chairman), Cllr Frances Smith (Vice Chairman), Cllr Sue Baxter, Cllr Mike Chalk, Cllr David Chambers, Cllr Lynn Denham, Cllr Calne Edginton-White, Cllr John Gallagher, Cllr Adrian Kriss, Cllr Chris Rogers and Cllr Kit Taylor

## Also attended:

Cllr Tom Wells
Mark Docherty, West Midlands Ambulance Service University NHS Foundation Trust
Murray MacGregor, West Midlands Ambulance Service University NHS Foundation Trust
Charmaine Hawker, NHS Herefordshire and Worcestershire Clinical Commissioning Group
Jonathan Leach, NHS Herefordshire and Worcestershire Clinical Commissioning Group
Simon Adams, Healthwatch Worcestershire

Samantha Morris, Scrutiny Co-ordinator
Jo Weston, Overview and Scrutiny Officer

## Available Papers

The members had before them:

A. The Agenda papers (previously circulated);
B. The Minutes of the Meeting held on 21 September 2021 (previously circulated).

(A copy of document A will be attached to the signed Minutes).

## 1029 Apologies and Welcome

The Chairman welcomed everyone to the Meeting.

Apologies had been received from Cllrs Salman Akbar, Mike Johnson, Natalie McVey and Jo Monk.

## 1030 Declarations of Interest and of any Party Whip

None.

## 1031 Public Participation

None.

## 1032 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 21 September 2021 were agreed as a correct record and signed by the Chairman.

## 1033 Community Ambulance Stations

Attending for this Item from West Midlands Ambulance Service University NHS Foundation Trust (WMAS) were:

Mark Docherty, Executive Director of Nursing and Clinical Commissioning
Murray MacGregor, Communications Director.

By way of background, Members were referred to the Agenda Report and reminded of the salient points.

West Midlands Ambulance Service University NHS Foundation Trust (WMAS) response times were recognised as not being good enough and ambulance handover delays at hospitals was a contributing factor alongside the continuing impact of the COVID-19 pandemic. Of the 10 Community Ambulance Stations (CAS) due to close across the region, 2 were in Worcestershire (Malvern and Evesham). WMAS had planned to review the CAS sites in 2022, however, the review had been brought forward as a matter of urgency to try to improve the current situation.

When WMAS was formed in 2006, there were initially around 70 ambulance stations, however, in recent years, a new model of operation had seen 15 'Make Ready' Hubs and a fleet of rapid response vehicles being utilised. In Worcestershire, the Hubs were in Worcester and Bromsgrove. The rapid response vehicles had now been replaced with additional ambulances.

WMAS Staff were exhausted and had been on high alert since the winter of 2019/2020. Initially, there was severe flooding throughout the region, then from late January 2020, WMAS was involved in transporting citizens returning from China in the UK, followed by over eighteen months of working with COVID-19 procedures and infection control measures. Staff had often had no holiday, no opportunity for furlough and had often been working with COVID-19 positive patients and were still working in situations requiring personal protective equipment (PPE).

Reassurance was given that the same number of ambulances and the same number of staff would continue to operate in the area and all ambulances

would start and end at a Hub, meaning they would be fully stocked and fuelled for a full 12 hour shift. Ambulance crews that operated from a CAS, lost around 2.5 and 3 hours of ambulance time over each 24 hour period mainly due to travelling back to the CAS for meal breaks and to swap vehicles.

Delays at hospitals were putting patients at risk of death, with over 15,000 ambulance crew hours lost in just one month. Worcestershire hospitals often had more delays than the whole of the UK combined and it was not uncommon for 40% of the Worcestershire fleet to be waiting at a hospital.

On behalf of the HOSC, the Chairman thanked WMAS and all NHS staff for the work everyone was doing every day. Members were invited to ask questions and in the ensuing discussion, the following main points were made:

- WMAS believed that it was important to look at the role of the ambulance service rather than the buildings they operated from. Buildings were very rarely occupied given the role of the service and the buildings did not provide patient care
- 5,000 – 6,000 hours of crew time would be released across the 10 CAS sites
- Saving money was not the driving factor for the CAS closures, however, the savings made would be reinvested across the whole region. WMAS had invested heavily in resources and staffing, recently recruiting 300 students
- WMAS reported that there were no issues with staff welfare, with most staff accepting that the decision was better for patient outcomes as WMAS could improve response time
- Discussions had taken place with staff and union representatives, however, no report was produced
- Productivity could be measured in a number of ways, however, WMAS had, prior to the pandemic, always hit its targets. Paramedics had more skills now than ever before and therefore the number of A&E visits could potentially be less. The number of hours lost in a 24 hour period was estimated to be 2.5 to 3 for crews based at CAS sites. It was noted that controlled drugs, such as morphine, were only available from a Hub
- All ambulances were modern and less than 5 years old, however, they were not equipped for delays at hospitals. They had no ventilation nor heat unless the engine was running and the vehicle was designed for transport and not comfort
- WMAS had not undertaken any consultation with the HOSC as it did not believe the changes to the CAS were a substantial variation, defined by the Health and Social Care Act. However, Representatives acknowledged that it should have undertaken more informal consultation and apologised for not doing so
- A Member suggested that whilst accepting that WMAS had acknowledged that more informal consultation should have been undertaken, it was disappointing to learn about the decision from media articles and not WMAS directly, which left the public feeling let down
- It was noted that generally, around 45% of calls resulted in a trip to a hospital. After a handover, and when available, an ambulance would

be routed to the next nearest incident. As vehicles were not place based, it was possible for the nearest crew to respond to an incident, such as an available crew from Dudley responding to a call from Malvern. If a more serious call was then received, the vehicle could then be diverted again

- At the time of the discussion, 407 ambulances were on duty, with 301 patients assessed to be in need of a crew, however, none were available at that particular time. 46 crews were delayed at hospitals across the region, with the longest wait being 3 hours in Shrewsbury
- During a usual October period, WMAS would have around 350 crews on shift, but handover delays were resulting in a larger number being required
- Given the part rural nature of Worcestershire, the HOSC was concerned about response times. WMAS acknowledged the concern and stressed that they were always mindful of response times in rural areas, deploying additional resource, both staffing and the number of vehicles, if required. It was noted however that in reality a rural response was likely to take longer
- The vacated CAS sites were mainly rented spaces and therefore the lease would not be renewed. Buildings owned by WMAS would be sold
- WMAS did not see themselves as a blue light service, rather a mobile health service, with highly trained health professionals on board
- Representatives guaranteed the HOSC that the savings made, would be invested across the region and therefore Worcestershire would see more investment
- WMAS wanted to return to the time when their performance was good and welcomed the opportunity to work with partners to achieve better patient outcomes.

Simon Adams, Managing Director of Healthwatch Worcestershire welcomed any investment in patient care, however, stressed the importance of good public communication.

The Chairman thanked all present for a helpful discussion and suggested that the HOSC should look further into ambulance handover delays.

The meeting was adjourned between 3:10pm and 3:15pm.

## 1034 Primary Care (GP) Access

Attending for this Item from NHS Herefordshire and Worcestershire Clinical Commissioning Group (HWCCG) were:

Charmaine Hawker, Deputy Director of Primary Care
Dr Jonathan Leach, Primary Care GP Lead.

HOSC Members had received a Report as part of the Agenda. A summary of key points was presented.

The way in which general practice (GP) operated had changed since the beginning of the COVID-19 pandemic. The latest central Government directive, given in July 2021, included the Standard Operating Procedure to continue with infection control measures and the wearing of masks. It was mandated that a blend of face to face and online appointments be given, increasing patient choice. From October 2021, there would be a minimum number of online consultations permissible. HWCCG believed that many patients liked the telephone/online offer.

The NHS acknowledged that there was a significant backlog of cases, huge workload and capacity constraints in primary care, however GPs had contributed hugely in the COVID-19 vaccination programme and the flu vaccination programme. Furthermore, the County had an aging and growing population, which added to the challenge.

Recruitment and retention was a national issue and Worcestershire was no different. Since 2015, the number of full time equivalent GPs had reduced by 15, with 7 GPs leaving in the last Quarter. GPs were demoralised and practice staff were under strain, including reception and administrative staff who were often the first point of contact for patients.

There were 80 GP practices across the 2 Counties. Appointment data collected nationally suggested that Herefordshire and Worcestershire was performing well in most areas and activity had increased 7% since August. 54% of patients were seen face to face and more appointments were available per head of population than nationally. Before the pandemic, 50% of patients were seen same day and currently this was 57% locally and 54% nationally. Overall, Herefordshire and Worcestershire benchmarked well.

A recent audit reported that, on average, telephone calls were answered within 7 minutes. If a practice was found to have calls unanswered within 45 minutes, a package of support was given by HWCCG, including the technology to move to a cloud based telephony system, which would result in more telephone lines being available.

Associated issues for GPs included the backlog in hospital procedures and practices, resulting in patients asking for progress in hospital matters, which were out of the GP's control.

HWCCG was clear that if concerns were raised, they would be addressed, however, the workforce had not grown and the pressure remained.

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

- The NHS intent was that all GP practices would have a cloud based telephony system by the end of 2021, resulting in increased telephone lines and the ability to monitor inbound and outbound call volumes. This would support each practice in managing capacity and staffing. Furthermore, the ability to log in to the system could result in calls being answered securely from those working off site. The disadvantage of

such a system was the single point of failure, whether data or telephone and the requirement to have reliable broadband

- A video to outline to patients the role of each professional within a GP surgery was in production. It was noted that 40 clinical pharmacists were employed in surgeries across the 2 Counties and that up to 15 job roles could be available within a surgery
- The NHS Long Term Plan had recognised that general practice was not sustainable at the pre pandemic rate and that new ways of working were required. The advancement of remote appointments and the ability to self-refer to services such as physiotherapy, optometry and hearing services, was a benefit. Members believed that further promotion of these options should be considered
- Members heard that blood pressure monitoring was increasingly done in the home, with machines costing less than £25 or on loan from a surgery. Patients could record readings over a week and return results to the surgery for analysis. This initiative saved professional and patient time and was generally a more accurate way of recording blood pressure
- It was noted that for every three hours of GP consultation time, around one hour of administration was generated
- The number of patients choosing private medical care was increasing as the time to wait to be seen by a consultant had grown. Examples were given of patients borrowing money to speed up their referral
- GPs were sensitive to patient need and if conversations were better had in person, then they would aim to achieve that. In addition, if there was a clinical requirement for a GP to see a patient this would be arranged, often providing same day access, i.e. a telephone consultation in the morning may be followed up by an in person appointment later in the day
- NHSE/I had set out a plan which included contractual requirements to support improved patient access to primary care, with reference to the reduction in the proportion of patients waiting longer than 2 weeks for a routine GP appointment. In August 2021, 42,000 patients were waiting over 2 weeks, an improvement from August 2019, when the figure was 64,000. This was in part attributed to the increase in remote consultations and it was suggested that around 40% of all appointments were undertaken by telephone or video
- Across Herefordshire and Worcestershire, 7 practices were involved in the NHSE/I Improving Access Programme, with progress overseen by the HWCCG Primary Care Commissioning Committee
- In response to a question about the availability of capital funding to build additional resources to meet demand resulting from house building, the HOSC heard that although Worcestershire had been previously very successful, the national scheme had changed and Primary Care was now in direct competition with Acute Trusts nationally. It was suggested that with increased integration, the one public estate could solve the building issue. The introduction of Primary Care Networks had also benefited provision across a cluster of practices in an area to deliver better outcomes for the local population
- The Government had recently announced an additional £250m of funding to increase the number of appointments available. When asked

to what extent this would help Worcestershire, it was reported that it would be helpful to a degree, but locums were already being utilised as standard

- It was clarified that Receptionists were not clinical staff, nor should they be acting as a barrier to services. Their role was to guide a patient to the most appropriate care or support and confidentiality was a contractual requirement. Training was the responsibility of each Practice, most likely through a cascade method of delivery, in subjects such as conflict resolution. Safeguarding training would have to completed by all Staff
- Unacceptable behaviour from a Practice should be reported to HWCCG, however, every Practice had a complaints procedure
- GPs were able to guide patients to appropriate support, such as signposting patients to Healthy Minds or Armed Forces veteran support. Social prescribing had increased in recent years and the benefits were noted. It was believed that society needed to change to ensure that patients with more complex needs were able to engage with a GP and community services were utilised further
- Communication was generally poor between primary and secondary care and secondary care with patients. An improvement in this area would be welcomed and would improve wellbeing of practice staff who were often a first contact for patient follow up
- When asked about flexible working opportunities, Members heard that there had been a massive shift in the workforce, with many GPs choosing hours to suit their personal circumstances or other non-clinical commitments
- Worcestershire's daily appointment numbers were 28% higher than the national average. This was largely due to the County having a high number of frail elderly patients, especially those aged 80+
- Younger residents preferred instant access and online services and remote consultations would continue to be an alternative channel. 40% of patients had access to online GP services, compared to 10% nationally and 33% of patients were ordering repeat prescriptions online, compared to 20% nationally
- It was not known whether the number of GP sessions available now was more or less than pre-pandemic, however, there had been a significant increase in demand, as much as 20%. However, the way in which services were delivered had reconfigured overnight and there was much closer co-ordination within the Primary Care Networks. Ongoing challenges included infection control measures and the need for social distancing.

The Managing Director of Healthwatch Worcestershire was invited to comment and referred to a Healthwatch Report on GP access. He welcomed the improvements to telephony. The Deputy Director of Primary Care reported that without COVID-19, the digital transformation programme would have taken years to achieve and not every Practice would have been engaged. However, the programme had been achieved in 18 months and it was now timely to develop working practices and encourage residents to contact their GP if required.

The Chairman thanked everyone for the helpful discussion and requested an update at an appropriate time in the future.

The meeting ended at 4.50 pm

Chairman …….