

Minutes of the
Health Overview and Scrutiny Committee
County Hall

Monday, 19 February 2024, 10.00 am

Present:

Cllr Christine Wild (Vice Chairman), Cllr Lynn Denham, Cllr Paul Harrison, Cllr Antony Hartley, Cllr Adrian Kriss, Cllr Bakul Kumar, Cllr Emma Marshall, Cllr Jo Monk, Cllr Chris Rogers, Cllr Richard Udall and Cllr Tom Wells

Also attended:

Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care
Cllr Karen May, Cabinet Member with Responsibility for Health and Well being

Simon Trickett, Chief Executive, NHS Herefordshire and Worcestershire
Integrated Care Board

Lynda Dando, Director of Primary Care Transformation & Delegated
Commissioning, NHS Herefordshire and Worcestershire Integrated Care Board
Dr Roy Williams, Primary Care Network Clinical Director (Wyre Forest Health
Partnership)

Simon Adams, Managing Director, Healthwatch Worcestershire
Don Beckett, Director, Healthwatch Worcestershire

Lisa McNally, Director of Public Health
Samantha Morris, Interim Democratic Governance and Scrutiny Manager
Jo Weston, Overview and Scrutiny Officer

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);

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

1181 Apologies and Welcome

The Vice Chairman, Cllr Christine Wild welcomed everyone and advised that she would be Chairing the meeting in the absence of the Chairman.

A Member enquired as to whether the meeting was being webcast, to be advised that it was not, but plans were being developed to ensure future meetings would be recorded and made available to the public.

Apologies had been received from Cllrs Salman Akbar, Brandon Clayton and Kit Taylor.

1182 Declarations of Interest and of any Party Whip

None.

1183 Public Participation

None.

1184 Confirmation of the Minutes of the Previous Meeting

This Item was deferred.

1185 Access to GP Appointments

The Chief Executive of NHS Herefordshire and Worcestershire Integrated Care Board (HWICB) referred the Committee to the Agenda Report and drew attention to some of the content.

Access to Primary Care was a high priority for central Government, the NHS nationally and more locally the HWICB. To emphasise the importance of the issue, a national delivery plan for the Recovery of Primary Care Access had been published in May 2023.

It was widely accepted that since the Covid-19 pandemic, health service delivery had changed and individual's needs had changed, mainly that there was different and increased need than 5 years ago. Despite 19% more appointments being available (across Herefordshire and Worcestershire) in December 2023, compared to December 2019, it was acknowledged that many people were having too much difficulty.

It was important to help people understand the options available to them to access GPs and triage was an important part of this. Routes of access to Primary Care had also changed beyond recognition.

The latest annual GP Survey from 2023 reported that Herefordshire and Worcestershire Integrated Care System (HWICS) performed well overall, out of the 42 Integrated Care Systems nationally, however, there was a massive variation in performance and satisfaction across all of the Worcestershire Practices. The Chief Executive acknowledged that although some residents were happy, on the whole residents were unsatisfied and the increase in the number of complaints he had received in relation to access to Primary Care over the last two years was noticeable.

The Primary Care Network Clinical Director advised that as a GP, he agreed that the service had changed massively and patient need had changed to the extent that Primary Care was not able to meet demand with the resources available. Nationally, GPs were leaving their role and the demand for appointments had increased. The triage system was vital to ensure that the clinical need was met in the most appropriate way.

Advances in technology had improved working practices, such as phone systems with features such as a call back option or being able to cancel an appointment without speaking to a member of staff. 54% of patients had already registered on the NHS App and Members were encouraged to promote its use further. GP Practice websites had been updated and online triage forms were also commended as, based on clinical need, patient need was better met. It also allowed for flexibility, such as potential for continuity of care (i.e. same clinician) and appropriate consultation time (i.e. a longer appointment if required).

The Director of Primary Care Transformation & Delegated Commissioning briefly reported on the NHS Pharmacy First Service, which had just been launched and was a national drive to enable community pharmacists to treat patients for common conditions without the need for a GP appointment or prescription and therefore ease some of the pressure on Primary Care. Across Herefordshire and Worcestershire, 113 community pharmacies had already registered and this was the highest up take in the Midlands. Members were reminded that HWICB had taken on the commissioning of community pharmacies from NHS England in July 2023, alongside dentistry and optometry, and there was a huge opportunity to utilise the resource. HWICB recognised that public communication was vital and encouraged Members to promote the service.

The Chairman invited questions and in the ensuing discussion the following key points were made:

- Although digital access was heavily promoted, the HWICB recognised that not all Worcestershire residents had access to technology. Members were assured that alternative methods of access, such as telephone, would remain
- Members were concerned that residents were confused about new ways of working in Primary Care and suggested that as a result people were attending Emergency Departments (ED). In response, it was reported that in Herefordshire and Worcestershire there were less people in ED as a result of not having a GP appointment than in other ICS areas
- The Committee was reminded that the ICS model was designed to work as a joined up health and social care system and the HWICB was faced with this against an already challenging backdrop. In addition, resident expectations were high, especially when in other aspects of society instant access was assumed. It was stressed that there had to be collective responsibility
- A Member, who was also a Worcester City Councillor, referred to the recent news that Farrier House Surgery was to close from 1 March

2024 and asked how other Worcester City surgeries would cope with additional patients. It was reported that the HWICB did not want Farrier House to close and had worked closely with the Surgery for several years to secure additional funding. The patient list had been around 5,000 but as core funding was via a national funding formula and given the patient cohort was mainly the less complex patients, for example students, funding would always be low. HWICB had reluctantly accepted the closure and the redistribution of patients had begun. Initial patient letters had been sent out and further monitoring and follow up was ongoing to ensure all patients had registered at an alternative Practice. Due to the transient nature of the student population, this was thought to be around 4,000 patients. A new model of working with the Homeless, in partnership with Maggs Day Centre had also been established. This involved delivery via a mobile service. Assurance was given that HWICB would continue to carefully monitor the performance of other surgeries to ensure existing patients were not adversely affected

- It was explained that the GP National Contract, was the funding arrangement applicable to every GP in England. In addition, the HWICB was able to locally fund enhanced services and spent more on delegated primary care services (nearly 13% as a total of HWICB spend) than any other Midlands ICB. The aim, given the rural and elderly population, was to have hospital as the last resort. The HWICB Chief Executive indicated that although the National Contract was accepted, it was outdated and did not fit with the new vision for Primary Care. Ideally, ICBs required the tools to deal with local autonomy and to be able to target more defined groups to improve health outcomes. It was also noted that GPs had not felt the need to take industrial action, providing some stability to health services
- A Member asked why some Practices were full, to be advised that individual Practices had to accept all patient registrations and HWICB would want them to remain open. Historically, a GP would work on the basis of around 1,470 patients per GP, however, there are now many more professionals working in the system and able to advise or treat patients, such as community pharmacists
- Members recognised the recurring theme of patient Communication and the vital part it played as needs changed and new ways of working were developed
- With regard to the reported 19% increase of appointments between December 2019 and December 2023, it was explained that if a telephone consultation then required a face to face consultation that would result in 2 appointments, however the 19% increase did not include telephone consultations
- In relation to access to Section106 monies from new building developments, there had been mixed success for health partners. It was recognised that Planning Committees had competing priorities, such as developing green space, improving footways and highways and school provision. It was also for Capital funding only and across the County, premises were generally in good condition, although an extension to Hagley Surgery had been approved

- It was agreed to share with the Committee, the new Primary Care Estate Strategy, which included the wider use of community assets. The Cabinet Member with Responsibility for Health and Well being supported the notion of the One Public Estate
- A Member queried their own experience of visiting their Surgery to find the Waiting Room mainly empty. It was reported that individual surgeries were now better equipped to plan their days, with a mix of face to face and telephone consultations, to ensure patients were not waiting very long in the Surgery and it was likely to be the sign of an efficient Practice. Dr Williams reported that it was not uncommon for him to have 36 consultations in a day, more than half of which were face to face
- When asked whether there had been an increase in medical negligence cases in recent years, the HWICB was not aware of any rise
- In response to a query as to whether there was any sanction or reward for individual Practice performance, the HWICB, through a Quality and Risk Committee, would track Practices where performance was of concern and work with them on specific improvement plans as ultimately, there would be a breach of contract
- A Member queried why GPs were only treating one issue in each consultation, to be advised that in those instances, triage helped. If a patient outlined a number of issues, they could be prioritised and planned for accordingly, for example, a longer appointment if appropriate or signposting in addition to a consultation. Patient communication was further advocated by Members
- A Member supported the role of Physician Associate and asked whether any were employed in Worcestershire. In response, Dr Williams reported that although he did not know the overall number, he worked with 3 Physician Associates and their contribution was invaluable. Although they were not GPs, a GP was constantly available for advice. In addition, Practices had evolved and patients were likely to come across a number of professionals within a Practice
- In response to concern about the increased expectation for patients to seek health advice online, it was clarified that a digital only model would not be appropriate, although the number of residents who sought online advice was higher than perhaps expected
- A Member was concerned about the lack of Out of Hours GP services in Bromsgrove, reporting that residents were expected to travel to neighbouring Redditch, facing a £19 taxi fare each way. The HWICB Chief Executive reported that the Out of Hours contract would expire in 2025 and the HWICS would need to make sure there was the right number of bases throughout the County, acknowledging that what was required 5 years ago was not necessarily the same now. A better, more integrated, model was desired, especially local GPs involved in the delivery
- Recognising that Herefordshire and Worcestershire ICS was ranked 6/42 for the % of patients rating their overall experience of making an appointment as good, the range was between 96% at best and 35% at worst. When asked whether the HWICB was satisfied, especially as the direction of travel had deteriorated, the Chief Executive acknowledged that the direction of travel was not what he would be looking for and

- more needed to be done to improve. However, he added that there was more data he could have reported which showed trends over time
- A Member suggested that the public perception was that the current system was not working and asked about the level of public participation in how individual practices were run. Although not mandated, it was good practice for individual Practices to have Patient Participation Groups and many already did so although some did not
 - When asked about high levels of GP turnover, clarity was given that a Practice was likely to operate with a number of GP Partners, who were shareholders in the business, a number of salaried GPs and a number of locum GPs as and when required. Nationally, there had been a decline in the number of GP Partners, due to the reluctance of taking on the associated risk and the benefits getting smaller, however, salaried GPs were continuously encouraged to become Partners as it often provided enhanced continuity of care and improved health inequalities
 - The Committee was advised that there were 50 funded places for September 2024 entry to the new Three Counties Medical School in Worcester, as part of Government funding for an additional 200 medical places nationally. Funding for the 2023 cohort was provided by local NHS Trusts and charitable donations. Everyone agreed that this investment was vital, however, it was important to ensure that the training offer was valuable to encourage students to stay locally after they had qualified. Additional places would mean finding additional placements and this could be a challenge across the system
 - In relation to health inequalities, assurance was given that consideration was given at Primary Care Network level rather than individual GP level
 - A Member questioned whether all eligible residents were offered NHS Health Checks by their GP Surgeries and was advised that every eligible patient should have been offered an appointment
 - The Cabinet Member with Responsibility for Health and Well being advised that Public Health had committed £500,000 to a primary prevention programme and hoped that HWICB would match its commitment. Furthermore, the role of Carers was not mentioned in the Report, yet it was important to ensure their voice was heard
 - The Committee was in agreement that patients were confused and as not all GP Practice systems were identical, it was helpful to know that standardisation across public communication was being developed, but as all residents deserved a good standard it was vital to make it more immediate
 - At the previous Committee meeting and as part of the Winter Plan, a Single Point of Access was discussed for teams across health and social care to access support for potential admission avoidance and support escalation to ensure patients received the right care in the right environment. When asked how the system was working, it was reported that it was working well and further integration was hoped for.

The Managing Director of Healthwatch Worcestershire was invited to comment on the discussion and echoed what had been previously said, that residents had also reported their frustrations with the system. However, it was important to note the shift over time, from a Practice with a single family doctor to most

Worcestershire Practices now being large establishments which were well resourced. The Director of Primary Care had recently attended the Healthwatch Worcestershire Board Meeting and Healthwatch had been assured that although HWICS was 6/42, there was no complacency, work was ongoing to improve and Healthwatch was engaged with HWICB. For information, since October 2023, Healthwatch Worcestershire had received 38 calls about GP services, around 25% of the workload. 8 calls were positive reports and of the 30 negative reports, the main theme was difficulty in accessing an appointment. For example, it had been reported that online triage forms were only accessible during office hours, which was a barrier for some residents.

The Managing Director reminded the Committee of the Healthwatch Report which reported why residents were in ED, that 70% of those interviewed were there because someone had sent them, but of the 30% who had walked in to ED, many were young people who had not tried to access any other help or support.

Other Items of note, included the use of the NHS App, which was only as good as a shared care record if the medical information was uploaded.

Members were encouraged to promote communications from the NHS, the Council and Healthwatch. A Member asked for information to be shared in an easily accessible format, also suitable for social media

The Director of Public Health was invited to add anything to the discussion and gave thanks to primary care colleagues for keeping Worcestershire measles free. At the time of the meeting, the County had the highest uptake of the MMR (measles, mumps and rubella (German measles) vaccination).

The Chairman thanked everyone for a useful discussion.

1186 Work Programme

The Chairman advised that the Work Programme was subject to a refresh to ensure it remained relevant.

As a result of the discussion on Access to GP Appointments, it was agreed to investigate whether the Committee could discuss the GP Out of Hours proposals prior to any procurement process.

The meeting ended at 12.20 pm

Chairman