CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 19 January 2023

Attendance

Members of the Health Scrutiny Panel

Cllr Jaspreet Jaspal
Cllr Rashpal Kaur
Cllr Sohail Khan
Cllr Lynne Moran
Cllr Susan Roberts MBE (Chair)
Cllr Paul Singh (Vice-Chair)
Stacey Lewis (Healthwatch Wolverhampton)

Witnesses
Paul Tulley (Managing Director of Wolverhampton Integrated Care Board)
Simon Evans (Group Chief Strategy Officer Royal Wolverhampton NHS Trust)
Sarbjit Basi (Director of Primary Care Black Country ICB)
Dr Kan Ahmed (Via MS Teams) (Member of Integrated Care Board Black Country)
Rashi Galuti (Chair of Local Commissioning Board)
Sally Sandel (Head of Primary Care and Commissioning Wolverhampton)
Jo Reynolds (Via MS Teams) (Primary Care Commissioning Manager)
Sheila Gill (Healthwatch Board Member)
Hina Rauf (Healthwatch Engagement Officer)

Employees
Martin Stevens DL (Scrutiny Team Leader)
Lee Booker (Scrutiny Officer)
John Denley (Director of Public Health)
Becky Wilkinson (Director of Adult Services)

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**
An apology was received from Panel Member, Cllr Milkinderpal Jaspal.

Cllr Jasbir Jaspal sent her apologies as Cabinet Member for Health & Wellbeing.

Professor David Loughton (Chief Executive of Royal Wolverhampton NHS Trust) and Marsha Foster (Chief Executive of Black Country Healthcare NHS Foundation Trust) also sent their apologies.

2 **Declarations of Interest**
There were no declarations of interest.

3 **Minutes of previous meeting**

Resolved: That the minutes of 12 December 2022 be approved as a correct record.

4 **One Wolverhampton Priorities**

The Chair invited the Wolverhampton Managing Director of the Integrated Care Board (ICB) to give a verbal update; The Chair specifically wanted an update on how the Royal Wolverhampton NHS Trust was performing against its targets.

The Wolverhampton Managing Director ICB informed the Panel that the ICB had 6 Strategic Working Groups who had been meeting to discuss their own internal scrutiny. He reported that there had been progress across all 6 groups. He explained the One Wolverhampton Board was used by them to have oversight over their contributions to the Black Country community transformation projects over mental health work. The One Wolverhampton Board was used to plan and co-ordinate the Trust's response to the winter period. He felt this benefitted the partnership and improved their working relationships and strategies, highlighting work done around Social Care Discharge strategies in particular.

The Director of Public Health stated that he felt the One Wolverhampton Board's meeting was one where the partners and Strategic Working Groups remained critical towards their on going practices for the betterment of their healthcare service. They had expanded health checks between 40 to 75 year olds, people received invites and could choose to attend the health checks which were carried out in some General Practices and the Mander Centre. He stated that Royal Wolverhampton Trust had kept its vaccination centre in the Mander Centre for Covid-19 open and had delivered over 20,000 vaccinations; he believed this to be a solid foundation to build upon for future healthcare delivery strategies given the scale of people treated. The Director of Public Health told the Panel that the Royal Wolverhampton Trust had launched pilot schemes for screening heart disease and cancer checks and were trying to close the gap between Wolverhampton and other service areas on that health issue. This was a strategic decision to attempt to diagnose conditions early and treat them more effectively. He felt the partnership working enabled them to cover a broader scope of inter-related strategies for improving the health and healthcare of the local population.

The Group Chief Strategy Officer of Royal Wolverhampton NHS Trust said that the data across the City gave them a very clear picture of what the issues were and this was the basis for their Transformation Agenda going forwards. He also stated the importance of maintaining current healthcare service flows and making sure all the City's residents were receiving the best healthcare possible. The Wolverhampton One Board is there to look at prevention, as well as post healthcare service delivery and outcomes. The next stage was providing the data to the Strategic Working Groups so that they would be able to tailor their work plans better.

The Chair asked how many patients were awaiting discharge from New Cross Hospital or other Hospitals run by the Royal Wolverhampton Trust and asked how many of those lived outside of the coverage of Wolverhampton Council (responsibility of other Councils).The Director of Adult Services responded there were 76 people waiting for discharge, 14 were with Social Care. The Group Chief Strategy Officer gave an average of around 100 a day who did not need to stay in hospital.

The Vice Chair further enquired about capacity levels of those in-post care services within the Trust and asked if the diversity of patients and their unique individual needs were taken into consideration. The Director of Adult Services reported that capacity was good, with spare beds available. The Director of Adult Services commented that each patient assessment is done to find out their individual needs, with an aim of offering 3 different location options for long term care stays, however, they pointed out it was not always possible to provide 3 options. She added that they were aware that a degree of patients chose direct payment options and that the Trust was doing research to see if this had any causality in reference to not meeting needs for any specific groups.

5 **Urology Monitoring Report**

The Chair invited the Group Chief Strategy Officer for the Royal Wolverhampton Trust to present the report.

The Group Chief Strategy Officer stated that the aim was that the service would go live by 1 April 2023. He explained that they had planned for slippage which could result from the combination of the services between Walsall and Wolverhampton. Areas where issues could arise could occur in data migration and digital transfer operations. There were currently 10,000 patient data items waiting to be transferred and tests were being done to ensure digital systems were integrated and working, he was confident they would meet the deadline set. The Single On-Call Rota was still an outstanding item to be done, as was the Patient Tracking List , they were however, on time in the schedule of work to be done. Transfer of None Elective work had already commenced and issues were identified and reviewed to make sure the right patients were being admitted. The Group Chief Strategy Officer informed the Panel that the Trust had test ran outpatient clinics at weekends to establish if the service would run smoothly and reported that all tests were successful. Staffing levels were on track, with only 3 vacancies left which were due to be recruited. An advisory was given on the known mitigations and known potential issues around data transfer. A communication plan was in place, which included patients and staff. Once this was launched, patients would be able to book in online and receive updates with no differences in quality of service during the transfer. They were requesting the Black Country Clinical Senate undertake a review of what the Trust had done as part of the Urology transfer. This was so the Trust could make sure they knew the operation was carried out as best as possible.

A Panel Member asked how the Trust knew if patients were managing their appointments on sites out of their normal area of coverage and if the Trust was monitoring it.

The Group Chief Strategy Officer answered that there was up to 20 percent capacity to enable those who could not travel further afield to have the service in Wolverhampton. He also stated that they were continuing to monitor this.

The Chair raised concerns around the transfer to online services, citing elderly people as an example of a part of the community who may not be able to use digital systems. The Chair wanted clarification as to how out-patient services are met with

patients and what the criteria was in deciding that; the Chair also asked how the communication of changes was done.

The Group Chief Strategy Officer explained to the Panel that it was a choice based system and that they did have alternatives to digital. He stated that the criteria was not a catch all system as each patient has individual needs, judgements were made on a case by case basis. If patients could not travel, they had different options at the referral stage to discuss and rebook an appointment.

A Councillor enquired how the Trust was communicating to patients that capacity was available at Wolverhampton if they needed to be seen there, if they could not be seen at Walsall.

The Group Chief Strategy Officer explained that the capacity was always available, where the impact would be for the patient was waiting times, which may be longer. The Scrutiny Team Leader added that he was aware that Urology was due to be part of Healthwatch's work program later in 2023 and that they would be speaking to patients of the service at Wolverhampton to see how the merger had impacted on them. Healthwatch added that due to building works the Trust had not yet allowed them access to the site to do the work but clarified that they were aiming to access the site in June 2023.

6 **Primary Care - Latest Healthwatch Telephone Survey & ICB Report**

The Wolverhampton Managing Director ICB talked the Panel through the report, a copy of the presentation is attached to the signed minutes. Referencing section 3.4, the Wolverhampton Managing Director ICB noted that between July and November 2022 there had been an increase in the total number of appointments offered by the General Practice. He highlighted that most of the appointment increases between June and November were face-to-face appointments. He stated that all Primary Care Networks now offered additional hours for appointments which included evening appointments and appointments between 9 and 5 on weekends. For the winter period, the Trust had given extra funding to Primary Care Networks so that they could cover bank holidays.

The Chair invited Healthwatch to give their report and requested questions for both report items be given after, highlighting the related nature of the two reports for Scrutiny.

The Engagement Officer for Healthwatch began the presentation, a copy of the presentation is attached to the signed minutes. Healthwatch had found that a number of call handlers had not been made aware that Healthwatch would be calling and were unaware of their role. They reported that there had been noticeable improvement since their previous survey in the number of practices which were willing to participate, one had worsened. A large number had increased signposting practices to pharmacies. Other Primary Care Networks had not implemented a call waiting system since the previous survey and had in fact worsened in this area, one had not changed. The Healthwatch Engagement Officer recommended the Primary Care Networks raise awareness of the role that Healthwatch play, encourage GP participation, increase signposting to other services to reduce walk in pressures and review their call waiting systems to make improvements. The Engagement Officer for Healthwatch covered local practices from across different wards in terms of their engagement with Healthwatch and listed various averages in statistics. The

Engagement Officer for Healthwatch invited the Health Scrutiny Panel to help ensure that recommendations were implemented and to further work to ensure partners are held accountable.

The Chair thanked everyone for their reports and presentations. She expressed disappointment that 22.7% of the local General Practitioners had refused to engage with Healthwatch.

The Manager of Healthwatch Wolverhampton added that the statistics would have been worse but she used discretion and contacted the practices back later on and explained who Healthwatch were and the legal obligations the NHS had to answer them. She further stated that if she had not done this, they would have had a lack of data, she believed this was down to a lack of training with the receptionists at the General Practices about who Healthwatch were.

A Councillor said he was concerned that staff did not know who Healthwatch were, given the consultations between partners that had been done. He said it was unacceptable and asked the Integrated Care Board how they could guarantee that the same issues would not occur again next time Healthwatch do another report.

The Wolverhampton Managing Director ICB answered that they engage with Practice Managers in a Practice Manager forum, where Healthwatch were previously invited to attend to speak at. He felt this was the right approach, as it's the Managers jobs to inform and educate their receptionist staff members. He said at the next meeting they would communicate this again and stress this point to ensure staff were informed and aware of Healthwatch. The Wolverhampton Managing Director ICB requested Healthwatch share the data with them so they could see which specific Practices were failing to engage and they could then ensure those issues were raised with the responsible Manager.

The Chair enquired why there was not a consistent approach across all Practices and felt an individualised approach was insufficient. She asked why a generalised and consistent approach could not be taken.

The Vice Chair of Wolverhampton Commissioning Board answered that identifying individual practices was not to name and shame, but to allow them to investigate what went wrong in the process and how they can do things differently in the future to avoid further issues.

A Member of the Black Country Integrated Care Board (ICB) expressed disagreement and confusion with the report and explained that each practice was an independent healthcare provider, whereas the survey report was attempting to standardise 40 independent providers. He said each would have different processes. He accepted however, that improvements were needed in co-operation with Healthwatch and said he felt the issues arose because administrative staff were often part time workers, he believed they needed engagement and training. He expressed a desire to work with Healthwatch to further tailor their survey engagements the next time.

The Vice Chair said that whilst he appreciates there were 40 different practices, they all had the same purpose; to serve the people. He reminded the attendees of the legal requirement the GP Practices has to work with Healthwatch. He stated that

if 5 minutes was too much during the day, then the receptionists could have requested Healthwatch to call back at a later time which would be agreed.

A Councillor asked why surgeries could not standardise appointment management across the service and what those barriers were.

The Black Country Director of Primary Care informed the Panel that they had agreed they were going to be moving towards a standardised model of Primary Care and that this would be done in collaboration with patients and clinical service providers. The initial work was a 9-month piece, to allow them to draw up and plan a 5 year Primary Care Transformation Plan. He then informed the Panel that during October and March (2022 – 2023) that they had invested an additional £7.6 million into the Primary Care Service, which had enabled an extra 175,000 appointments across the Black Country. However, due to the levels of demand on the service, as well as staff shortages due to sickness relating to Covid and the Flu, all that additional capacity had been taken up.

The Councillor replied complimenting the staff and restated the role Scrutiny play in helping them as a critical friend.

Another Councillor requested information specific to her ward, Wolverhampton South East. She wanted to know which practices were not engaging with Healthwatch in her ward.

A Member of Black Country ICB wanted to add further context to the local surgeries and further debated around implementing standardisation. He cited patient demographic differences across surgeries, comparing his own surgery which had primarily younger and eastern European migrant patients, to a surgery a mile away which served an older and more affluent area. He explained each surgery tailors its services to the demands of its patients, citing how his surgery provided more phone and video call appointments due to the prevalence of younger patients.

A Councillor praised the increase in available service hours in Surgeries and understood the points made by a Member of the Black Country ICB. The Councillor stated they were not clear how widely Patient Participation Groups were engaging.

A Panel Member stated that around 20 of the 40 Practices had a large elderly patient make up. Due to younger patients generally preferring online services to book appointments and prescriptions, the Panel Member asked how the Integrated Care Board was ensuring there was not uneven service delivery, given that age was a protected characteristic under the Equality Act 2010.

The Wolverhampton Managing Director ICB replied that the addition of digital services had been delivered alongside other traditional services and was not designed as a replacement. He also stated that if more people used digital services, capacity would be freed up on the phone lines and surgery bookings.

A Healthwatch Board Member stated that Practices used to get financial rewards for having and supporting Patient Participation Groups, however, since those funds got cut, they had noticed a disparity between practices supporting Patient Participation Groups. The Healthwatch Board Member also wanted clarification if all Practices had a Patient Participation Group. She stated that Patient Participation Groups did

not have a voice at the Primary Care Network level, and thus the patient voice was in danger of being lost in the hierarchy.

The Wolverhampton Managing Director ICB replied to the Healthwatch Board Member that all practices are contractually required to have a Patient Participation Group. He explained the pandemic had impacted the Patient Participation Groups, citing lower attendance and a reduction in the regularly of meetings in some due to the nature of online meetings which occurred in the pandemic. He informed the Panel that the Integrated Care Board had now employed an Engagement Officer to tackle this issue. He then offered to make a report available at a future meeting on this work should the Panel want it.

The Chair welcomed and requested a report on Patient Participation Groups for the next meeting. The Scrutiny Team Leader recommended the item be scheduled for the new municipal year, outside of the pre-election period.

A Member of the Black Country ICB discussed changes to General Practices that have occurred since the pandemic, which included training for administrative staff to sign post patients to more appropriate services should their issue be more easily dealt with by another service provider like a pharmacist. He also stated that the times being called by Healthwatch would never be convenient due to how busy surgeries were all day from calls.

Manager of Healthwatch Wolverhampton replied explaining that the phone survey had to be done between specific key times as they were trying to reflect what the average patient goes through to get the service they need. If they did it outside of those times, it would not be an accurate reflection of what a patient goes through when contacting a surgery to book an appointment.

A Councillor disputed the comments made by a Member of the Black Country ICB, she stated that she was inundated with complaints from her residents about phone appointment waiting times, she also stated residents needed face to face appointments.

The Scrutiny Team Leader highlighted the positive elements in the report in reference to Community Pharmacy Consultation scheme, there were significant increases in referrals. He asked if the Integrated Care Board thought the scheme was still being under-used and if the service was being used consistently across all surgeries or not.

The Wolverhampton Managing Director ICB replied explaining it was a fairly new initiative and that Wolverhampton area had higher rates of referral compared to national trends. The Wolverhampton GP & Member of Black Country expanded on this, citing the new Ailments scheme. He said an issue has been that some offer the Ailments scheme but do not offer the Clinical Consultations Scheme which causes some issue between public service and private service, patients not wanting to pay when a service is private, so further booking with the General Practitioner to try get it for free through prescription service.

The Board Member of Healthwatch raised the minor ailments scheme, stating it had been around for around 4 to 5 years at this stage. She enquired if the scheme was due to be reviewed and the service expanded. A Member of the Black Country ICB

said some of the services were due to being expanded and that he was not sure if a review was planned.

The Vice Chair asked the representatives from the ICB if they had any systems in place to check the roll out of their schemes and services, in a similar way to Healthwatch. The Wolverhampton Managing Director ICB replied that they had the ability to investigate should they have any concerns about a particular practice's service delivery, but added that they did not routinely check all practices, as this was not built into their contract. It was confirmed that there were performance indicators which were monitored.

Debate occurred between Panel members as to whether all Surgeries had PPGs or not. A Councillor asked what other routes patients could take to feedback their experiences. The Wolverhampton Managing Director ICB replied that they had a service called Time to Talk, which patients can contact for feedback or complaints. The Healthwatch Board member added that the PGG was the main base for patients to be heard and stated that the first and primary task from the meeting should be to check who has an operational PPG and who does not.

The Chair said she had mixed views regarding the current status of PPGs. She proposed another survey was done in June 2023 to see if changes had occurred. She also proposed to the Panel that she would personally send a letter to Practice Managers explaining the statutory role of Healthwatch and their legal duties. She also proposed Healthwatch speak with and share the data collected on individual practices with The Wolverhampton Managing Director ICB.

Resolved: That:-

A. Healthwatch undertake another GP survey in June 2023.

B. The Chair of the Health Scrutiny Panel write to the Managing Director of Wolverhampton ICB asking him to communicate with GP Practice Managers the importance and statutory role of Healthwatch.

C. Healthwatch Wolverhampton share with the Managing Director of Wolverhampton ICB the raw data collected from the last GP survey.

7 **Date of Next Meeting**

It was advised that the date of the next meeting is 23 March 2023 at 1.30pm.