CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 29 June 2023

Attendance

Members of the Health Scrutiny Panel

Cllr Carol Hyatt
Cllr Jaspreet Jaspal
Cllr Milkinderpal Jaspal
Cllr Rashpal Kaur
Cllr Sohail Khan
Stacey Lewis (Manager Healthwatch Wolverhampton)
Cllr Asha Mattu
Cllr Susan Roberts MBE (Chair)
Cllr Paul Singh (Vice-Chair)
Cllr Gillian Wildman

In Attendance

Paul Tulley (Managing Director Integrated Care Board)
Sally Sandel (Head of Primary Care and Place Commissioning Integrated Care Board)
Leslie Peplow (Service Manager for Audiology Royal Wolverhampton Trust)
Anna Butters (Involvement Specialist Wolverhampton – Black Country Integrated Care Board).
David Loughton (Group Chief Executive Royal Wolverhampton Trust)
Hina Rauf (Engagement Officer Healthwatch Wolverhampton)

Employees

Lee Booker (Scrutiny Officer)
John Denley (Director of Public Health)
Madeleine Freewood (Public Health Partnership & Governance Lead)

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**
There were no apologies for absence

2 **Declarations of Interest**
Cllr Jaspreet Jaspal declared a pecuniary and non-pecuniary interest in agenda item 4 as she was employed as a Optometrist.

3 **Minutes of previous meeting**

Resolved: That the minutes of the meeting held on 21 March 2023 be approved as a correct record.

4 **Hearing Aids**

The Chair informed the Panel that Councillor Jaspreet Jaspal had left the room due to a pecuniary interest.

The Managing Director Wolverhampton (ICB) informed the Panel that they commissioned audiology in two ways; hearing aid fitting and hearing aid assessments were done through any qualified provider (AQP) contract; the main provider of the service in Wolverhampton for over 55's was Specsavers. This service was covered by the National Health Service financially so patients would not have to pay. For patients with hearing loss or complex ear issues under the age of 55, the service was commissioned by the Royal Wolverhampton Trust at West Park Hospital. The Managing Director Wolverhampton (ICB) informed the Panel that some patients would have a build up of ear wax which could contribute to hearing loss and also delay the inspection and installation of hearing aids. He said two principal methods were used to remove ear wax: ear irrigation and micro-suction. Previously the service was carried out almost exclusively by General Practitioners, utilising ear syringing methods; however, NICE guidance that was issued in 2018 recommended this practice no longer be used. Ear wax removal services now varied across General Practices in regard to service levels provided to patients. In Wolverhampton, 9 Practices offered the service in relation to removing ear wax to enable the provision of hearing aids. 21 General Practitioners provided the service through Penn Fields, via micro-suction, which had increased the uptake in ear wax removal since the service began in October 2020. He recognised that ear wax removal service provision varied across the Black Country and he informed the Panel the Integrated Care Board were looking to implement a more consistent approach across services.

A Panel member enquired about the listed hearing aid warranty period, which lasted 3 years. He wanted to know how a patient went about replacing their hearing aids after the warranty. He also wanted to know how many, if any others, providers for hearing services were there, aside from Royal Wolverhampton Trust and Specsavers. He also asked if they had the data showing how many people in Wolverhampton had a hearing aid.

The Service Manager for Audiology at the Royal Wolverhampton Trust stated that after 3 years, if a patient came with a faulty hearing aid, they would be re-assessed and provided with a new hearing aid. The Service Manager for Audiology at the Royal Wolverhampton Trust replied that there was around 6 providers for AQP, but it was the decision of the General Practitioners where they designated patients to. She reported issues in service pathways, with patients being unnecessarily sent to the RWT, rather than an AQP provider, which then required a discharge back to the GP to then be re-referred.

The Managing Director (ICB) told the Panel they did not have figures on how many people in the City had a hearing aid.

The Councillor replied informing the ICB team that National Statistics were available, so he could not understand why localised data was not available.
The Service Manager for Audiology at the Royal Wolverhampton Trust stated that they would be able to in the future.

A Councillor stated that the pathways issues information was only anecdotal and that they would have liked quantitative data supplied for more substantial evidence and information, which could have helped them identify what is causing the pathway issues and enable rectification planning.

The Service Manager for Audiology at the Royal Wolverhampton Trust explained that it was difficult information to quantify due to the variety of reasons why patients would be moved around multiple pathways. An example was given where they referred to a patient who needed a hearing aid, but the patients ear was full of wax, meaning they could not assess and fit it until the patient had been re-referred to earwax removal services, this would be considered a wasted appointment. She stated the issues were arising due to the number of providers and no one was working together.

The Vice Chair discussed the demand on GPs and suggested the Royal Wolverhampton Trust look into utilising pharmacies to take some pressure off, he wanted to know if hearing aid checks could be done via pharmacies. He also stated that in his experience, GPs didn’t ask you how your hearing was, as part of a standard routine health check, he wanted to know if this could be incorporated into standard practice for GPs.

The Service Manager for Audiology at the Royal Wolverhampton Trust stated that pharmacies would not have the equipment, training or skill level to carry out audiological tests that patients required. The Managing Director Wolverhampton ICB said that they would look into streamlining patient pathways.

The Chair stated that patients using private providers working on behalf of NHS patients were not getting the callbacks required and highlighted further that the service was not consistent due to the mixed nature of the provision. She wanted Healthwatch to try to conduct a survey and find out more about patient experiences in audiological healthcare.

The Managing Director Wolverhampton ICB replied that they had not picked up on this during their reviews with contractors but would seek to investigate it before the next review.

A Councillor highlighted that GPs and Doctors were very varied in how they delivered services in relation to hearing, due to the way they had autonomy of management. She was concerned that this lack of centralisation and consistency could lead to difficulties with new Doctors starting who may not be aware of pathways and services for hearing treatment and wanted to know how the ICB dealt with this.

The Service Manager for Audiology at the Royal Wolverhampton Trust replied that they currently were not informed how often a GP changes at a practice and if they did know this, they would be able to work out how often training and procedural reviews would need to be carried out across all practices.

The Councillor replied that she wanted them to ensure this became a routine process

and did not get forgotten about, especially if some practices had settled doctors.

The Chair stated she was concerned about those companies who fitted and provided the hearing aids, not calling patients back to check if they had any hearing aid issues or concerns either at all or within a reasonable time frame. Whilst some may call back after 12 months, the hearing aid warranty was 3 years and she wanted to know what happened once the warranty period was over in terms of patient care.

The Service Manager for Audiology at the Royal Wolverhampton said she could not speak for other qualified providers but patients being treated and serviced by the RWT had open access to call and book in an appointment to have their hearing aid checked if they had any issues. She said the RWT had backlogs and that they were doing the best they could with the resources they had.

The Chair asked how big the backlogs were.

The Service Manager for Audiology at the Royal Wolverhampton Trust stated that the worst backlogs they had were for those who required re-assessments after 3 years, which was at 24 weeks. The Service Manager for Audiology at the Royal Wolverhampton Trust said they were dealing with backlogs from Covid and that new patients were given priority as they didn't have anything, thus contributing to pushing back those current patients in need of a reassessment.

A Councillor asked if backlogs could be included in future reports as this was critical information.

A Councillor discussed the difference between public sector healthcare providers and private sector healthcare providers. He said he felt it was important the Panel remembered that the issues highlighted were with the private providers and less so the public sector providers. He stated that the communication and partnership approach needed to be improved to ensure people obtain the best healthcare, with considerations given to the two differing motives of the two sectors.

The Chair discussed further the issues facing patients who were using services which were both public and private and the communication issues and lack of oversight this combination was creating. She asked if Healthwatch would be able to do a survey of patients and service providers to gather data on this issue. She was also concerned that NICE guidance had had NHS providers stop using ear syringing but some private providers were still using this system.

Managing Director Wolverhampton (ICB) replied that he was not aware of those issues from those service providers but would look into it.

The Manager of Healthwatch Wolverhampton explained they had limited capacity with the years workplan already in motion. She stated that if the survey of the hearing service was a light touch approach, they could get something done in 2023, but anything else would require longer term planning to achieve. She wanted to know if the Chair was happy with a light touch approach.

The Panel confirmed that the request would be a light to touch approach.

Resolved: That Healthwatch work with the Council's partners in the Black Country

ICB to check into the hearing aid provision and ear wax services and bring this data along side partners back to the Panel at a future date.

5 **Patient Participation Groups**

The Managing Director Wolverhampton (ICB) informed the Panel the Integrated Care Board (ICB) had contacted all Practices and Patient Participation Group (PPG) Chairs to find out what their position was in terms of PPG activity and progress getting operational again post-covid. There were a total of 37 practices, 30 reported back that their PPG had met at least once in the previous 6 months, where as the other 7 had not but had plans to re-establish their PPGs. The Managing Director Wolverhampton (ICB) informed the Panel that to support the full operational re-establishment of PPGs, they had delivered training to Practice Managers, as well as the Chairs of PPGs. They had also launched a webpage within their web domain with supporting information about PPGs which Practice Managers and PPG Chairs could access. He said the ICB was supportive and encouraging of the function of PPGs.

The Vice-Chair stated that 20 percent of the surgeries were not fulfilling their contract because their PPGs were not active and not meeting. He wanted to know what penalties could be applied to practices which were not ensuring their PPGs were active and meeting, he said he believed a meeting every 6 months was not enough and felt quarterly meetings would be appropriate to the needs of a PPG.

The Managing Director Wolverhampton (ICB) explained to the Panel that the contracts did not have stipulations wherein penalties were required. He said he felt the information previously given showed practices were moving towards re-stablishing functioning PPGs.

The Vice-Chair thanked the Managing Director Wolverhampton (ICB) for explaining the contractual situation but stated that he did not understand the purpose of having contractual obligations if the practices were not going to meet them, he wanted to know how accountability could be kept if there was not any system in place to keep the practices in check in delivering PPGs.

The Managing Director Wolverhampton (ICB) answered that all active PPGs were meeting quarterly or bi-monthly.

A Councillor debated the Vice-Chair’s position, stating he felt it was not possible for the Practices to get the volunteers for a PPG if members of the public did not want to engage.

The Manager of Healthwatch Wolverhampton replied to the Councillor that all evidence Healthwatch had gathered countered his claims, as it showed members of the public were invested in PPGs and that barriers to participation were the issue, with feedback participants complaining that PPGs were not being run properly. She said practices needed to do more to inform and encourage the public to join and to ensure that when members of the public did apply to join, that they were being responded to. She said a website was not enough, she said posters in the surgery,

as well as using the automated texting service could be ways forwards to addressing some of this.

A Councillor discussed the voluntary nature of the PPGs, explaining that those attending and running it were members of the public. She stated that the PPG for her local area struggled to get the Practice Manager, who was employed, to turn up to PPG meetings. She said the ICB needed to further support PPGs to ensure relevant employees of practices attended. She highlighted the money spent, in general industry, to gather data and compared this to the PPG which was cost free. She explained that there was no financial incentive for practice employees to turn up. She was of the view that some PPGs were not properly administered.

The Manager of Healthwatch Wolverhampton agreed with the Councillor that more support was needed to ensure PPGs functioned as required. She said she would like to see the training that was being delivered. She informed the Panel that a lot of feedback they had had from the public from those who did participate in PPGs was that they feared retribution from being critical towards their Practice. She wanted to know when the ICB would be checking up on the 7 practices that did not have active PPGs to see that they had began to meet in the future. She also supported the Vice-Chairs comments about the regularity of meetings needing to be quarterly.

The Managing Director Wolverhampton (ICB) stated that he was happy to share the training materials with Healthwatch Wolverhampton. He stated that the training being provided was them trying to support the PPGs to improve their functioning. He stated that they would be following up on the 7 practices without active PPGs and would like to bring a future report back to the Panel to update them on progress on this. He informed the Panel that contractually, it was the responsibility of the practices to support and ensure the operation of PPGs.

A Councillor highlighted how busy surgery staff were and how overworked they were. She said whilst they need PPGs to work, understanding had to be given towards the members of staff. She asked if the ICB could have a conversation with the practices to see if time off could be allowed for staff to take the training for PPGs.

The Managing Director Wolverhampton (ICB) replied saying that he agreed, members of staff who take on extra responsibilities should be supported by their practices. He said they would be recording the training which will allow staff who cannot attend the training to watch after it had taken place.

A Panel member wanted to know how the PPGs with practices were contributing to equality outcomes. He also wanted to know what time frame the re-establishment of PPGs on the 7 who reported to not have active PPGs was. In the report set to comeback on these PPGs, he wanted inequalities to be taken into consideration, based upon ward area.

The Managing Director Wolverhampton (ICB) stated that they were engaging with these issues at a Primary Care Network (PCN) level and that the PCNs would complement the PPGs in this area. He stated that at a City wide level they were engaging with the creation of a People's Panel.

The Director of Public Health discussed the difficulties the National Health Service was facing and stated that extra resources and money were not available. He said

that because of this, it was important for partnership working to succeed and for the General Practices to utilise their PPGs because it would give them vital insights into what was occurring in their local communities and this could help a stretched service. He highlighted that this was the aim of One Wolverhampton.

The Managing Director Wolverhampton (ICB) agreed with the Director of Public Health that a joined up approach was necessary.

A Councillor sought clarification from Healthwatch Wolverhampton in their use of the term "retribution", she wanted them to expand on what they meant by this and asked if they could give an example of what this retribution was. The Manager of Healthwatch Wolverhampton replied citing a number of examples where they had been told by PPG members that they were fearful of raising issues, especially ones critical of their GPs in case they would be removed from the GP list, or that it would get back to their specific doctor. She reported in one case a Doctor had raised with a patient that they had heard they had complained about them. She said they felt this inhibited the effectiveness of the PPGs.

The Councillor replied that she was not happy to hear this and felt it was bad practice which needed looking into. The Chair agreed and stated that this was why Healthwatch carried out its surveys and why it was brought to Scrutiny so that they could raise these issues.

The Managing Director Wolverhampton (ICB) replied that it was concerning to hear such reports and that this was not in the spirit of how PPGs were supposed to be ran. He stated that he hoped Healthwatch Wolverhampton would raise specific instances like this with them, so that they could investigate and speak to the Practices concerned.

A Panel member asked if the ICB was aware of what barriers there had been to the reestablishment of PPGs post-pandemic lock down.

A member of the ICB replied that barriers to re-stablishing PPGs were that they needed to be larger to work better. She said that some previous members had either passed away or lost interest and re-engaging was the challenge.

Resolved: that The Black Country ICB report back to the Panel with ward based data on the activity and activeness of PPGs within practices relevant to the ward and that the ICB seek to engage members of the public at local community events advertising PPGs.

6 **Wolverhampton Joint Local Health and Wellbeing Strategy 2023- 2028**

The Public Health Partnership and Governance Lead gave a presentation on the Joint Health & Wellbeing Strategy 2023 – 2028 (A copy of the presentation is attached to the signed minutes). The new health and social care landscape had been shaped by the introduction and implementation of the Health and Social Care Act 2022 which had brought in a new system to govern regional and local NHS bodies. This structure was the introduction of the Integrated Care Systems (ICS), of which local Integrated Care Boards (ICB) and Integrated Care Partnership (ICP) formed two key components. The new strategy was rooted in this new structure. The Public Health Partnership and Governance Lead then listed some general feedback they had received from hosting a development session. The general message was that

the Health and Well Being Together Board needed to be more integrated into the local situation. In addition as to how complex the makeup of healthcare locally was, which meant that the Board needed to have greater clarity and focus on its priorities. Pathways could become disjointed across the city's healthcare due to the complexity. Priorities were developed through gathering data through multiple targeted surveys, as well as utilising broader City wide data and Partner consultation. An aim to reduce health inequalities for new-borns was discussed, with a 1001 first days strategy which included health support for parents. Reducing harm caused by alcohol, drug and other addictions (such as gambling) was another "high-level ambition", as well as "getting people moving more", policies to encourage physical activity by the people of Wolverhampton to improve health. Improving the City's mental health was another priority.

A Councillor asked if the terminologies used could be changed and made more simply, he cited "place based" as a term he disliked and suggested alternatives.

The Director of Public Health stated he felt people cared less about what terminologies were used and more about receiving good quality joined up healthcare when they needed it. He referenced the statistics which showed Wolverhampton's alcohol induced death statistics being higher than the national average and contrasted this with Wolverhampton's healthcare support for alcoholics which had higher success rates than the national average. He said this showed a joined up approach was required as environment played a strong role in reinforcing alcoholism which was why it was important to take up the approach set out in the Health and Well Being Strategy.

A Councillor referred to the report and said she couldn't see where the voice of a Secondary or Primary School head teacher would be heard. She enquired where their voices would come in and be heard, within the new structure.

The Public Health Partnership and Governance Lead stated that a sub board called the Children and Families Together Board had head teachers and youth representatives on it.

A Councillor referred to the report, where it discussed "the seamless transition from child to adult care services" and stated she had concerns about how this system worked during the transition of someone from 17 to 18, which could lead to them being removed off the books until a crisis occurred and they needed help, the preventative aspect was lost.

The Public Health Partnership and Governance replied that having it as part of their strategy allowed a spotlight to be shone upon those issues.

Discussion occurred between Panel members and the Director of Public Health about ward deprivation and the definition of deprivation, which the Director of Public Health explained was relative.

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The Chair sought to clarify if the ward data was based on old boundaries or the newer boundaries.

The Public Health Partnership and Governance confirmed they were based on the newer boundaries.

7 **Healthwatch Urology Survey Report**

The Healthwatch Engagement Officer informed the Panel that Healthwatch had carried out a survey between the 24th and 26th May 2023 with patients at the Urology services department, specifically to capture their experiences of the service and to see if they were aware of the service merger between Wolverhampton and Walsall Urology services. 38 surveys were conducted. People aged 66 to 70 and 76 to 80 account for the highest number of patients, with more men than women using the service. With the ethnicity primarily being white British. 22 people said the service was "good", 6 people said "very good", 7 said "satisfactory" and 1 person said "very bad". The "very bad" rating was due to the patient not being informed they needed to bring a urine sample prior to the appointment, causing them to have to spend a long time in the hospital drinking water. The majority of patients stated that the department was not easy to find, car was the most common form of transport used, with comments stating that parking on the sites were inadequate and very expensive. Most patients stated they would prefer to be seen at New Cross, Wolverhampton over the Manor, Walsall. All patients stated they were not aware of the service merger. Overall feedback was that the service was mostly good but improvements needed to be made on department location awareness, travel options and parking availability/cost.

The Vice-Chair stated he enjoyed the report because it was simple and to the point, with gaps spotted which provided good scrutiny. He referenced a friend of his who was black Afro-Caribbean, suffering from prostate cancer; he stated statistically this community were more likely to suffer from prostate cancer at a younger age and wanted to know if any focus in future reports could look at racial disparities/willingness to attend healthcare.

A Councillor referred to the report and a quote where wheelchair accessibility was raised. She discussed the difficulties wheelchair users had in accessibility and travel and wanted more focus on this area of improvements; for example increasing blue badge spaces at the hospital car park.

The Chair agreed with and re-emphasised the points of the Panel, and especially highlighted and focused on the car parks issue. She wanted the Royal Wolverhampton Trust to conduct a report to bring back to the Panel in the future on car park improvements.

The Chief Executive Officer of the RWT agreed with the Chair that the car parking situation was bad. He said there were no quick fixes and that it would take at least 6 months to try improve it.

The Manager for Healthwatch Wolverhampton asked if there was a role public transport could play in strategy to offer an alternative to cars, for environmental purposes.

The Chair added that perhaps the Royal Wolverhampton NHS Trust could utilise a employee specific transport program to reduce the use of cars in employees which would free up parking spaces.

The Chief Executive Officer of the RWT stated that they were currently working with

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the Council to deliver a transport scheme for staff.

Resolved: That the Royal Wolverhampton Trust conduct a report to bring back to the Panel in the future on car park improvements.