CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 30 June 2022

Attendance

Members of the Health Scrutiny Panel

Cllr Jaspreet Jaspal
Cllr Milkinderpal Jaspal
Cllr Rashpal Kaur
Cllr Sohail Khan
Cllr Lynne Moran
Cllr Susan Roberts MBE (Chair)
Cllr Sandra Samuels OBE
Cllr Paul Singh (Vice-Chair)

In Attendance
Cllr Jasbir Jaspal (Cabinet Member for Public Health and Wellbeing)

Witnesses
Dr Salma Reehana GP (Chair Black Country and West Birmingham CCG) (Via MS Teams)
Paul Tulley (Wolverhampton Managing Director – Black Country and West Birmingham CCG)
Sarb Basi (Director of Primary Care – Black Country and West Birmingham CCG)
Dr Rashi Gulati (Vice-Chair – Local Commissioning Board) (Via MS Teams)
Lynda Williams (Chief Executive Officer – Evolving Communities)
Simon Evans (Chief Strategy Officer -The Royal Wolverhampton NHS Trust) (Via MS Teams)

Employees
Martin Stevens DL (Senior Governance Manager)
John Denley (Director of Public Health)
Dr. Ainee Khan (Consultant in Public Health)
Matthew Leak (Principal Public Health Specialist)
Jacqui McLaughlin (Commissioning Officer)
Julia Cleary (Scrutiny and Systems Manager)

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**

An apology for absence was received from Panel Member, Cllr Asha Mattu. Cllr Sandra Samuels, indicated she would need to leave the meeting early due to Mayoral duty.

Apologies for absence were received from Professor David Loughton CBE and Professor Steve Field CBE from the Royal Wolverhampton NHS Trust.

An apology for absence was received from Marsha Foster from the Black Country Healthcare NHS Foundation Trust.

2 **Declarations of Interest**

There were no declarations of interest.

3 **Minutes of previous meeting**

The minutes of the previous meeting held on 10 February 2022 were confirmed as a correct record.

4 **Primary Care**

The Wolverhampton Managing Director from the Black Country and West Birmingham CCG presented the CCG report on Primary Care. He commented that the Healthwatch report had been very helpful in providing an update on telephone access. They recognised and broadly concurred with the key messages set out on page 5 of the Healthwatch Wolverhampton report. He was pleased that the average time taken to answer a call had been reduced from an average of ten minutes to an average of five minutes. He was also pleased that the RWT (Royal Wolverhampton NHS Trust) Primary Care Network had seen a reduction in their average call answer time from an average of 35 minutes to 3 minutes. There were however some practices within the Primary Networks taking too long to answer calls. Healthwatch Wolverhampton had promised to share the specific detail from which the report had been formulated. They would follow up with Practices where answering calls remained a particular challenge.

The Wolverhampton Managing Director from the Black Country and West Birmingham CCG stated that in April in Wolverhampton around two thirds of consultations were face to face appointments. The figure was a little higher than the national average of 62%. Over the period of January to March 2022, when Covid levels had been particularly high, the key focus of the CCG on GP Access had been the implementation of the Winter Access Fund. This fund had enabled 12,000 additional appointments to be made available to patients in Wolverhampton.

The Wolverhampton Managing Director from the Black Country and West Birmingham CCG remarked that the CCG had continued with the implementation of the Community Pharmacy Consultation Service. Wolverhampton Practices and Pharmacies were achieving the national targets for the roll-out of the service. With reference to digital access, the CCG had made connections with the Council's, Digital Wolves Team. They had also been offering training to Practice Managers on the development of Patient Participation Groups. They would be working with Practice Managers to ensure these were reintroduced if they had been stopped or changed during the pandemic.

The Wolverhampton Managing Director from the Black Country and West Birmingham CCG remarked that the CCG had reviewed telephony systems in practices. A procurement exercise had been completed to identify a preferred provider who could offer a telephony system with wide ranging functionality, where the existing system at a practice did not offer it. Individual practices were responsible for the ongoing costs of their own telephony system and it was therefore their decision if they wished to change provider. They were in discussions with a number of practices who were interested in changing their system. The report

provided an update on the new telephony system being used at RWT and the improvements the new system had enabled.

The Wolverhampton Managing Director from the Black Country and West Birmingham CCG stated the CCG had commissioned a team to work with practices to review their digital offer. This was to ensure they met the core requirements of the national digital offer for Primary Care. They were also reinstating regular meetings with GP Practice Managers. They would be raising the issues outlined in the Healthwatch report with a particular emphasis on the consistency of telephone messages and triage and appointment processes.

The Chief Executive of Evolving Communities introduced the Healthwatch Wolverhampton survey report on GP Access. 56 GP Practices had been contacted across the City. This was a repeat of the process that had been reported to the Health Scrutiny Panel in December. Since that time the contract for Healthwatch Wolverhampton had moved providers to Evolving Communities. They officially took up the delivery of the service from 1 April 2022. The previous staff team had chosen not to Tupe across to them. This had meant they had been unable to access the source data from the previous report. The current report was based on the original report. They contacted the practices between the 18 May and 1 June 2022. They phoned them between the hours of 10am and 2pm. Prior to making the calls they had attended the PCN Clinical Directors meeting to inform them of the planned survey.

The Chief Executive of Evolving Communities remarked that out of the 56 practices, 23 had refused to take part in the telephone survey. Largely their reasons for this decision had been due to being too busy, believing they would not have the information to answer the questions or that they did not have the authority to do so. Following analysis of the data they had reached a number of conclusions. It was clear that more practices were now offering a greater variety of appointments, particularly increasing the number of face-to-face appointments. More practices were offering appointment types according to patient preference as opposed to offering appointment types based on clinical need. Practices were signposting patients to the wider healthcare network when no appointments were available.

The Chief Executive of Evolving Communities commented that improvements still need to be made to improve the quality of the pre-recorded messages on the call systems. This was especially true of the Primary Care network in Wolverhampton South-East. For practices that shared a central patient phone line, the majority were unwilling to answer their questions on behalf of their sister practices. Some of their calls were cut off or were not answered within an hour. They would share their findings with each of the clinical PCN Directors. They had been invited to attend the Practice Managers meeting which was taking place in September, which was a positive way forward in addressing the issues raised in the report.

The Chief Executive of Evolving Communities recommended that an appointment line should be provided so patients could speak directly to a member of staff to book an appointment. It was important to ensure recorded messages were on the telephone system to explain that Receptionists would ask patients their symptoms in order to book them in with the appropriate clinician. She recommended removing out of date telephone numbers from GP Practice websites. She also recommended

introducing a call waiting system for Practices if it was not already in place. The system could also indicate how long they could be potentially waiting.

The Chief Executive of Evolving Communities stated that additional recommendations included, ensuring that all call handlers were trained in the booking of appointments. This would reduce the need to put callers on hold and having to re-direct them to another person. Another recommendation was for practices to consider having more staff to cover the phone lines during busy times. She wanted practices to raise awareness of the role of Healthwatch in Wolverhampton in using patient and public feedback to improve services. Ensuring all call handlers had appropriate GDPR training was also important as this had been one of the reasons given for a practice not participating in the survey.

A Member of the Panel praised some of the improvements that had been made in relation to GP Access since the last survey by Healthwatch Wolverhampton. Where they felt there could be improvement was in the level of consistency across the practices within the Wolverhampton area. She asked if there was data on the number of GP surgeries which had free phone numbers, those that were charged at local rate and if there were some that used more expensive premium phone numbers. For people struggling with the cost of living, it could put people off accessing health care if they were faced with long waits on the phone.

The Wolverhampton Managing Director from the Black Country and West Birmingham CCG responded that there were national rules which stated that practices were not allowed to use premium rate lines. He believed all the calls to be at local call rates. The Chair of the Black Country and West Birmingham CCG added that 0800 numbers were a good suggestion, although it was hard to obtain an 0800 number with their existing providers. The majority of the current providers were cloud based telephony providers. It was however something which Practices could consider.

A Panel Member asked the CCG representatives how they were trying to improve access for the most vulnerable and disadvantaged people in Wolverhampton. The Wolverhampton Managing Director from the Black Country and West Birmingham CCG responded that they were looking at access issues for particular groups, citing patients with learning difficulties as an example. In the previous year they had undertaken some engagement work with the deaf community. They had provided some guidance to General Practice in relation to the accessibility of their access offer to the deaf community.

A Panel Member stated that some Practices only offered a small window each morning for appointments to be booked. This could be frustrating for patients if they had missed the booking appointment window and were told to call back the following morning. The Wolverhampton Managing Director from the Black Country and West Birmingham CCG responded that appointment booking window times could be discussed at the forthcoming GP Practice Managers meetings. There were also opportunities with digital access, whilst also acknowledging that not everyone wanted or were able to use a digital approach. Encouraging patients to use more digital routes would free up capacity on the phone lines.

The Director of Primary Care for the Black Country and West Birmingham CCG commented that there were different operating models across the Practices in

Wolverhampton, they understood the level of inconsistency. With the clinical leads they were looking at the best examples of how Practices operated. They would develop a standardised operating model, which they would encourage every Practice to move towards. A call back option was part of the procurement criteria for the new telephone system that would be offered to Practices.

The Chair of the Black Country and West Birmingham CCG agreed that being informed to call back the following day at 8am was not ideal. Judgements had to be made on whether a person needed to be seen urgently on the same day or whether they could wait for a routine appointment slot. There were also work force problems. If a member of staff tested positive on their Covid lateral flow test, they were not able to attend the surgery to see patients. Consequently, less appointments were able to be held for the days they were isolating. Many practices offered appointments up to a six week timescale, but not all Practices did so, this was an area where standardisation would have a beneficial impact. She also felt self-education and manging expectations were important, which was something Healthwatch could assist them with. Most people wanted an appointment on the same day, but this was not feasible.

The Chair asked the representative from RWT as to why a member of staff had refused to take part in the Healthwatch survey because of GDPR reasons, when this was clearly not legally correct. He responded that the Chair was correct and it must have been down to an individual staff error. All Members of staff had to attend mandatory GDPR training, he could only assume it had been incorrectly applied. He would make sure that staff were aware of the requirements in the future; a message would be sent out. The Chair asked him to remind staff that NHS staff had a duty to cooperate with Healthwatch. He was in agreement with the Chair and would relay the message.

A Panel Member asked if Healthwatch had explored other alternatives to a phone survey such as going to visit surgeries. In addition, had there been any consideration of the processes for booking appointments in other countries and the West Midlands, to see where there was best practice. The Chief Executive of Evolving Communities responded that the survey was specifically to test the telephone booking system of Practices as requested by the Health Scrutiny Panel.

A Member of the Panel commented that GPs had received a bad press in recent times. Communication to the public that the situation was improving she considered to be a good course of action. It was also evident that there weren't enough GPs. When people couldn't see their GP, they sometimes attended Accident and Emergency, which also had an impact on the health service. She struggled to see how there could be consistency across the GP Practices because they were all individual businesses. It was clear to her that the Clinical Directors of the Primary Care Networks had not ensured that every member of staff at the Practices had been informed about the Healthwatch Survey. Online training she believed was not as good as in person training and this could explain why a Member of staff used GDPR as a reason not to co-operate.

The Vice-Chair of the Local Commissioning Board commented that it was important to be mindful that GP Practices were not traditionally urgent care providers. They therefore had limited appointments available when a person could be seen on the

same day they called the Practice. She explained some of the difficulties in appointment allocation, such as having to reserve some appointments for NHS 111.

The Chair of the Black Country and West Birmingham CCG commented that there was a distinction between branch sites and GP Practices. The survey had counted branch sites as a Practice. The response rate was therefore better than had been suggested as a branch site who had not provided information, had they co-operated, they would have probably only relayed the same information as another site which fell within the same Practice.

The Vice-Chair thanked Healthwatch for the survey report which was helping to improve services by providing information. He asked how the CCG were defining the word "quality." He felt quality could only be determined by speaking to the patients. He asked about whether there was a complaints system at the GP Surgeries and if there was a dedicated phone line for the purpose and email address. His final question was regarding whether the CCG monitored the performance of GP Practices against the initial contract which they had been awarded by the CCG.

The Wolverhampton Managing Director from the Black Country and West Birmingham CCG responded that all GP Practices were regulated by the Care Quality Commission and received regular inspection. If quality issues were raised with the CCG, they had a Quality team which would work with GP Practices to investigate and identify and quality issues. NHS England also had a role in terms of professional standards. Each Practice did have a complaints process. They were required to provide information within the surgery and on their website. If a member of the public was struggling to receive a response from a Practice they could contact the CCG who would liaise with the surgery on their behalf. The NHS Ombudsman could also undertake an independent review where appropriate, if the person was not satisfied with their complaint response.

The Wolverhampton Managing Director from the Black Country and West Birmingham CCG stated that the vast majority of practices worked under the national GMS (General Medical Services) Contract. There was a team at the CCG which managed the contracts. The Director of Primary Care at the CCG added that the contracts team worked very closely with the Quality and Safety team. They also worked closely with the Patient Engagement and Communication team particularly on the matter of complaints. They had developed a Primary Care dashboard. The first module they had setup and was now live looked at Primary Care Access.

A Panel Member commented that the real issue was the lack of GPs and Senior nurses available at surgeries. A recent Health Foundation Study had showed a shortfall of 4,200 GPs which would increase by 10,000 in 2030-2031. The Government had promised an extra 6,000 GPs by 2024. At the time of the meeting there were 13 GP vacancies being advertised in Wolverhampton. There was also a shortfall in Senior Nurses. He congratulated the GPs and Senior Nurses who provided an excellent service in Wolverhampton. He did believe sign posting patients was important as not all patients needed to see a GP.

The Vice-Chair of the Local Commissioning Board commented that despite GP appointments now almost back to pre-pandemic levels, the amount of people attending Accident and Emergency and urgent care settings was increasing. The

number of ambulances arriving at Accident and Emergency had also not reduced. The demand had gone up and people were more unwell.

The Director of Public Health referred to the new "One Wolverhampton," which would help improve collaboration across the Health system, including working with Healthwatch. How "One Wolverhampton" would work would becoming to a future Health Scrutiny Panel meeting.

The Commissioning Officer commended Evolving Communities for their work to date in running Healthwatch Wolverhampton and providing the report on GP Access.

RESOLVED: The Health Scrutiny Panel recommends: -

1. That the Chair of the Health Scrutiny Panel requests the new ICS Local Wolverhampton lead to write to each of the Primary Care Network Leads to inform them that GP Surgeries should be co-operating with Healthwatch. Each Practice Manager needs to be instructed to make aware all staff within their Surgery of the obligation to co-operate. Should co-operation not take in the future the Panel reserves the right to take firmer action in the future.

2. That Face-to-Face appointments with medical personnel at GP Practices should increase within the next six months across all Practices.

3. That the new Integrated Care System continues to try and increase uptake of the NHS App, with the aim to achieve uptake above the national average.

4. GP surgeries which currently do not offer the option of a video appointment with a local clinician, to be encouraged to implement this option in the future for patients who wish to use this appointment type.

5. Surgeries which do not have a clear answer phone messaging and call waiting system to be encouraged to improve their system.

6. That Healthwatch Wolverhampton be requested to complete another Primary Care Survey in approximately six months' time.

7. That Primary Care come back to the Panel as an item at the meeting scheduled to take place in January 2023.

5 **Date of Next Meeting**

The date of the next scheduled Health Scrutiny Panel was confirmed as 22 September 2022 at 1:30pm.

The Chair on behalf of the Panel thanked everyone for their attendance. She looked forward to the development of "One Wolverhampton."