CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 7 October 2021

Attendance

Members of the Health Scrutiny Panel

Tracy Cresswell
Cllr Jaspreet Jaspal (Via MS Teams)
Cllr Milkinderpal Jaspal (Via MS Teams)
Cllr Rashpal Kaur
Cllr Sohail Khan
Cllr Lynne Moran
Cllr Phil Page
Tina Richardson
Cllr Susan Roberts MBE (Chair)
Cllr Paul Singh (Vice-Chair)
Rose Urkovskis (Via MS Teams)

In Attendance
Cllr Jasbir Jaspal (Portfolio Holder for Public Health and Wellbeing) (Via MS Teams)
Cllr Linda Leach (Portfolio Holder for Adults) (Via MS Teams)

Witnesses
Professor David Loughton CBE (Chief Executive of the Royal Wolverhampton NHS Trust) (Via MS Teams)

Dr. Salma Reehana GP (Chair of the Black Country and West Birmingham CCG) (Via MS Teams)

Paul Tulley (Managing Director – Wolverhampton Area of Black Country and West Birmingham CCG)

Vanessa Whatley (Deputy Chief Nurse – Royal Wolverhampton NHS Trust)

Sarbjit Basi (Director of Primary Care – Black Country and West Birmingham CCG) (Via MS Teams)

Dr Rashi Galati GP (Vice-Chair – Local Commissioning Board) (Via MS Teams)

Alison Dowling (Head of Patient Experience and Public Involvement)

Employees
Julia Cleary (Scrutiny and Systems Manager)
John Denley (Director of Public Health)
Kate Warren (Consultant in Public Health) (Via MS Teams)
Earl Piggott-Smith (Scrutiny Officer)

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies and Substitutions**
An apology for absence was received from Cllr Greg Brackenridge.

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

3 **Minutes of the Meeting held on 8 July 2021**

Resolved: The minutes of the Health Scrutiny Panel meeting held on 8 July 2021 were confirmed as a correct record.

4 **Minutes of the Special Meeting held on 29 July 2021**

Resolved: That the minutes of the Special Health Scrutiny Panel meeting held on 29 July 2021 be approved as a correct record subject to the resolution being clearer that the information pack should contain details about access to transport options to Walsall Manor Hospital.

5 **Healthwatch Wolverhampton Annual Report 2020-2021**
The Manager of Healthwatch Wolverhampton presented the Healthwatch Wolverhampton Annual Report 2020-2021 to the Panel.

The Chair referred to the point in the annual report regarding GP communication with patients being an issue before and during the pandemic. She would have liked to have seen precise details in the report regarding which surgeries they had received answers from. She proposed a Special Health Scrutiny Panel to be held in December 2021 to consider Primary Care appointments. She asked if Healthwatch could complete an audit on Tuesdays and Thursdays at GP surgeries to see how easy it was to contact the surgery and arrange an appointment.

The Healthwatch Manager offered to share the report on GP communication which had been completed a few years ago. She agreed to contact GP surgeries ready for the Special meeting which would take place in December.

A Member of the Panel referred to the reference in the Annual Report of an underspend of approximately £19,000. He also referred to the pilot mental health scheme which some schools in the City were participating in. He stressed the importance of support mechanisms for youngsters. He asked why there was an underspend when there were situations which needed improvement such as young people's mental health and emotional wellbeing.

The Healthwatch Manager confirmed there was an underspend, which would be transferred into next year's finances. Healthwatch Wolverhampton did work quite closely with the colleges on the matter of mental health. She would come back to the Panel on why there was an underspend and why it had not been spent on an area of priority need.

A Panel Member referred to the reference in the report which stated that Healthwatch had directly helped 845 people. Of the total funding Healthwatch received, that worked out as £2,300 per person. He would have hoped that Healthwatch could have helped more people directly particularly during the Covid pandemic.

The Healthwatch Manager responded that it was difficult for Healthwatch to fully engage with the public during the Covid pandemic. Not everyone was able to engage with digital platforms. She offered for the Managing Director of Engaging Communities Solutions (ECS) to come back to the Panel on matters regarding finance. It was however true that the bulk of the funding received was spent on staffing costs. Whilst 845 people had been directly helped, this did not represent the amount of times Healthwatch may have contacted them, for example some people could have had 10-15 contacts.

A Panel Member commented that an underspend was not necessarily a bad thing for Healthwatch to have. It could show prudent financial management during a difficult time from Covid. They stated that Healthwatch had done a tremendous job in difficult circumstances, adding that a lot of people had been directly helped. She asked the representatives from Healthwatch to comment on their links with Wolverhampton's Voluntary Sector Council.

The Healthwatch Manager responded that the Voluntary Sector Council had provided them with a list of names of people to call for welfare checks during the pandemic. On the subject of mental health and improving digital inclusion, partnership working with the Voluntary Sector Council was important.

The Vice-Chair referred to a section in the annual report which referenced the difficulty some people had in contacting GP surgeries and that Healthwatch had contacted the relevant surgeries. He asked if a list of the surgeries could be provided. He also asked how many Patient Participation Groups there were across the GP surgeries. He also referred to the fact that following recommendations from an enter and view visit it had been another two years before Healthwatch had revisited the premises.

The Healthwatch Manager responded that they hoped to revisit premises within 12 months of having made recommendations in the future. There had been a number of staffing changes for people who managed the enter and view process which had also been a mitigating factor. Enter and view reports were always available on the website for people to access. She was happy to bring any enter and view report to scrutiny in the future. She would have to refer to the original report with reference to the GP surgeries contacted and the number of Patient Participation Groups (PPG). She didn't know the exact number of PPGs.

The Chair on behalf of all Panel members thanked Healthwatch for providing their Annual Report.

Resolved: That Healthwatch provide information at the Special Health Scrutiny planned for December 2021 on Primary Care Access in Wolverhampton.

6 **The Royal Wolverhampton NHS Trust - Quality Account 2020-2021**

The Deputy Chief Nurse from the Royal Wolverhampton NHS Trust presented the Quality Account 2020-2021 for the Trust. A copy of the slides are attached to the signed minutes. She thanked the Chair for her statement she had provided on behalf of the Panel, which had been included in the Quality Accounts. Three priorities were addressed in the Quality Accounts, Workforce, Safe Care and Patient Experience.

The Vice-Chair referred to the performance of the Trust against national operational standards. In the report, of the 23 columns, 5 were in the green (meeting target indicator) and 18 were in the red (not meeting target indicator). He completely understood the challenges of Covid. The one area that particularly stood out was the two weeks wait for breast symptomatic patients indicator. The performance in 2020/21 was 51.14%, the target for the year was 93%. He asked what measures the Trust were taking to improve performance in this area. He thanked New Cross Hospital for their services.

The Deputy Chief Nurse responded that performance in the two weeks wait for breast symptomatic patients was now much improved. They had been working collaboratively with other hospitals in the Black Country and West Birmingham CCG area.

Panel Members thanked the representatives from the Trust for the report, which it was clear a great deal effort had been put into.

A Panel Member referred to the Trust's partnership with the private company Babylon and asked for comment on what they saw as the private sector becoming more involved with the National Health Service. They asked how the Trust could address fundamental issues of inequality such as the digital divide and people from poorer backgrounds more likely to have health problems and live shorter lives. They had a particular interest in how Female Genital Mutilation (FGM) was reported by hospitals because medics were often the first to become aware of the occurrence. They asked about the overall process in managing FGM including where it was seen within the Trust, how it was reported and who was informed. They commented that end of life care in the community was more complicated than within a hospital setting. They believed there was often a disconnect between the care a person received in the community and what their primary care doctor or trust staff felt was appropriate.

The Chair requested that the question regarding Babylon be deferred to a special Health Scrutiny Panel meeting on Primary Care planned for December. The Deputy Chief Nurse commented that inequalities was a huge challenge for the Trust. They had tried to improve their understanding of the situation by an analysis of data, such as looking at geographical locations of patients where inequalities were more prevalent. The Trust were looking at inequalities based on deprivation and ethnicity. They were analysing urgent and routine healthcare pathways. They were also looking at other inequalities such as learning disabilities and how they performed against the standard. They were analysing key planned pathways, particularly focussing on hip arthritis, Chronic Obstructive Pulmonary Disease (COPD), heart failure and cataracts. They had been addressing waiting times by ethnic group in addition to social economic status. A key area for which they would be publishing a

dashboard was in maternity, to identify health inequalities in this area. The Trust were actively pushing the inequalities work forward.

The Head of Patient Experience and Public Involvement added that the Trust were working with Wolverhampton Voluntary Council on a project scoping the issue of social isolation. It recognised that technology was not for everyone. They were hoping to be successful in receiving some national funding for the project. They were also working with the University of Wolverhampton on coproduction and codesign. A series of workshops had taken place with particular patient groups. Clinical staff and patient representatives had attended each of the workshops. The Trust had been conducting some research on complaints related to end of life care and the findings of this work would be published in the forthcoming months.

The Deputy Chief Nurse remarked that the Trust had partnered with Compton Care to have a post where someone supported people from ethnic communities in order to access end of life care resources. Most of the FGM cases were picked up in maternity services by midwives. There was a process for reporting them. It was monitored every month through the safeguarding operational group within the Trust. There was an end of life steering group at the Trust which looked to share best practice across all services. The Community nursing teams worked hard, where they were not involved in some cases it was when domiciliary care agencies were providing some end of life care. There was now a Wolverhampton place-based group, which involved the hospice, RWT, the CCG, Healthwatch and the voluntary sector. This group looked to address what could be done better in terms of the care people received.

Panel Members thanked the Trust for the report received on the Quality Accounts 2020-2021.

7 **Primary Care Access and Q&A**

The Managing Director of the Wolverhampton area of the Black Country and West Birmingham CCG introduced the item. He explained that they had been asked to focus on the issue of Primary Care Access. He commented that during the pandemic lockdown demand for GP services had been reduced due to anxiety from patients about contacting their GP. This meant there would now be people presenting with issues to their GP that they ordinarily would have brought earlier. They had heard the concerns raised by the public regarding Primary Care Access, this was through direct contact, Healthwatch, Councillors and Members of Parliament. The CCG understood the frustration of patients who wanted an appointment with their GP but were unable to obtain one when they needed. Demand for services was at a heightened level.

The Managing Director of the Wolverhampton area of the Black Country and West Birmingham CCG commented that GP practices also faced additional pressures of delivering the vaccine programme. As Covid was still prevalent practices were having to continue to deliver services in a Covid safe environment. This did change their operating procedures including how they managed access to their surgeries and the telephone triage model.

The Managing Director of the Wolverhampton area of the Black Country and West Birmingham CCG displayed a graph which showed that from April 2020 there was a

significant reduction in appointment numbers. Appointments had then built back up again slowly over the course of the year. Levels of activity in Primary Care were now at the same level or above that prior to the pandemic. Before the pandemic the vast majority of appointments were face to face at approximately 86%. In June 2020 the overall levels of GP activity had reduced and there was a much smaller ratio of face to face appointments and a higher level of telephone consultation. In June 2021, levels of activity had significantly increased. The proportion of face to face appointments had increased but had not returned to the same levels as in January 2020. They did not necessarily expect face to face appointments to return to the level they were pre-pandemic because of the different ways services could now be offered. In August of 2021, 57% of appointments were being seen face to face. This local figure was also the same as the national figure. Even at the height of the pandemic GPs were still seeing some people face to face.

The Managing Director of the Wolverhampton area of the Black Country and West Birmingham CCG showed a slide from the national LMC (Local Medical Committees) snapshot survey from March 2021. 69% of patients accessing GP services were now considered complex. Consequently over 50% of GPs had advised of increasing consultation times. The CCG did not receive routine data of the number of calls being received by GP practices. However, at Dr Reehana's practice, Health and Beyond group, call volumes were up 165% in June, 80% in July and 30% in August, compared to the same months last year. One of the positive changes from having more telephone appointments was that more people had received a consultation on the same day as booking the appointment.

Whilst they were receiving information from the general public on GP Services, they also wanted their own data. They were therefore focusing on three area of intelligence. They had conducted a snap shot review. This review had focused on websites to ensure they were as user friendly as possible. They were also developing a dashboard to give the CCG real time information on the level of activity at GP practices. The CCG were analysing the GP Satisfaction Surveys, which were undertaken at each practice.

The Director of Primary Care remarked that the CCG's approach had focused on four areas. These were:-

- Local Improvement Plans
- Consolidate national must dos
- Centralised oversight of all system wide programmes
- New emerging projects

With regard to the Local Improvement Plan they had shared feedback from the snapshot audit with the Place Commissioning Board. Quick wins had been identified such as improvements to the website and other online channels. They had worked with each Place team in developing a local approach. As part of the restoration and recovery plans they had put together a package of resources. They were in the process of recruiting a Primary Care Access and Engagement Co-ordinator for each place. Three out of five had been recruited to date. They had also recruited a Covid vaccination co-ordinator for each of the five places. A one hundred thousand pounds restoration and recovery fund had been provided for each local Place Board to support their restoration and recovery. They were developing a practice resilience resource programme.

The Director of Primary Care commented that they had allocated an access and engagement resources budget of over a quarter of a million pounds. They were also developing an empowering and enabling patient engagement programme. This was focusing on four areas:-

- Patient champions for access
- Key message toolkit / briefing and support
- Myth busters – alternative options
- Patient Leadership Development Programme

The CCG had supported Practices and PCNs by:-

- Working Together: A guide to involving patients, carers and their communities in general practice/PCNs
- Developing strong and inclusive PPGs (Patient Participation Groups)
- Practicing support to train and support staff to implement guide
- Asset Mapping social support systems / networks/orgs link to Social Prescribers

The CCG were working with Healthwatch, the voluntary, community and faith based sector to engage and support access improvements for vulnerable individuals and communities from the protected characteristic groups. In terms of overall system planning they were trying to advance on line / video consultations, GP Connect which linked 111 to practice appointments, and progressing the community pharmacy consultation scheme. They were mindful of ensuring digital opportunities and not increasing inequality in the health system. He highlighted the work the CCG were completing on improving communications, this included work on the call infrastructure.

The Director of Primary Care requested the support of the Health Scrutiny Panel to enable co-production and links with user and community groups. He offered Councillors the opportunity to shadow GPs to gain an insight into the changes in practices. The CCG would continue to work with the Place teams to co-produce plans to improve Primary Care access. This would help inform the longer term plans to transform the delivery of Primary Care.

The Chair reiterated her desire for Healthwatch to collect data on access to Primary Care. She then suggested a special meeting on Primary Care later in December.

The Panel spoke in favour of some Members of the Panel shadowing a GP. A Panel Member asked if someone had a telephone consultation and as a consequence a face-to-face appointment was also required, was this counted as two appointments or one. They also highlighted the importance of patients having a good understanding of how the medical system worked, such as dentistry issues being seen by a dentist and not a GP and eye issues being seen by an optician.

A Panel Member commented that any graphs in the future on slides from the CCG on Primary Care should show percentages and numbers to make the data clearer. He spoke of the disparity in how well Patient Participation groups operated.

The Chair asked for some information on how the CCG worked with the vertically integrated primary care practices and whether proposals would also apply to them. The Managing Director of the Wolverhampton area of the Black Country and West Birmingham CCG responded that the vertically integrated practices were one of the six Primary Care networks in Wolverhampton. They would be soon meeting each of the six Primary Care networks about their plans and they treated each of them the same.

Resolved:

a) That a Special Health Scrutiny Panel meeting on Primary Care take place in December 2021

b) That some Members of the Health Scrutiny Panel shadow a GP before the Special meeting is held in later December.

8 **Date of Next Scheduled Meeting**

The date of the next scheduled meeting was 10 February 2022. There would however be a Special Health Scrutiny Panel meeting on Primary Care at some point in December 2021.

The meeting closed at 3:43pm.