



## OVERVIEW AND SCRUTINY COMMISSION

9 JUNE 2022

6.30 - 8.20 PM

### **Present:**

Councillors Angell (Chair), Virgo (Vice-Chair), Mrs Birch, Brossard, MJ Gibson, Mrs Mattick, Porter, Temperton and Ms Gaw (Substitute)

### **Present Virtually:**

Councillor Ms Merry

### **Also Present:**

Ann Moore, Assistant Director: Democratic and Registration Services

### **Also Present Virtually:**

Councillor Birch, Executive Member for Adult Social Care, Health and Housing

### **Apologies for absence were received from:**

Councillors Gbadebo, Mrs McKenzie-Boyle and Mossom

#### **4. Declarations of Interest and Party Whip**

There were no declarations of interest made.

There were no indications that members would be participating while under the party whip.

#### **5. Urgent Items of Business**

There were no items of urgent business.

#### **6. Public Participation**

No submissions had been made by members of the public under the Council's Public Participation Scheme for Overview and Scrutiny.

#### **7. Minutes of previous meetings**

**RESOLVED** that the minutes of the meeting of the Commission held on 7 April and 18 May 2022 be approved as a correct record, and signed by the Chair.

#### **8. Work Programme Update**

##### Environment and Communities

The final meeting of integrated enforcement review was on 14 June where the Panel would present its findings and recommendations. The review report was due to be considered by the Commission at its July meeting. Scoping had begun for the next review which would focus on enforcement strategies and policies. In Q4 the Panel would review the implementation of the recommendations from the Registered Social Landlords review.

## Education, Skills and Growth

The review on SEND was at the stage of developing recommendations. It had taken longer than anticipated as the Panel had interviewed more witnesses than originally planned. Representatives from Croydon Council had presented their SEND approach to members of the Panel and council officers. Scoping had begun on the next review which would focus on county lines and child exploitation. In Q4 the Panel would review the implementation of the recommendations from the Community Infrastructure review.

## Health and Care

The final stage of the mental health review had been taking to the report to the Health and Wellbeing Board which completed recommendation 5. The Chair thanked Councillor Birch, Chair of the Health and Wellbeing Board for facilitating this. A Panel meeting was being scheduled to discuss the next review. The Chair reported he was attending the Disability Access Forum on 15 June to discuss with the forum members the Panel's blue badge review.

### **9. Understanding the issues facing residents accessing GP surgeries**

Sitting as the Strategic Health Scrutiny Committee the Commission invited Tess Scott from Healthwatch Bracknell Forest, and Fiona Slevin-Brown and Dr Annabel Buxton from the Clinical Commissioning Group (CCG), to address the meeting in order to provide an overview on how well current health provisions meet existing and emerging needs.

The Healthwatch Bracknell Forest's presentation relating to the review of access to GP services noted:

- Healthwatch's access to GP-led services project would provide high level feedback of primary care in Southeast England. 347 patients in Bracknell Forest responded to the survey as part of the project.
- Main findings of the survey included patient frustration with lengthy telephone queues as they tried to contact their surgery and the availability of consultations. Telephone and online consultations had mixed feedback as some patients preferred this approach.
- The findings also found that there was varied understanding among patients on the pressures of primary care and the way the triage system worked. There was positive feedback in terms of staff ability to demonstrate empathy when dealing with patient enquiries. A main theme of the responses was a concern that lack of face-to-face consultations could lead to an inferior service.
- A website and telephone review was carried out in December 2021 which focused on all GPs in the Bracknell Forest area. The top three changes that Healthwatch recommended were removing lengthy Covid messages from the automated telephone welcome, designing a standardise template for local GP's website homepage and explaining the triage access. Some GP surgeries had already adopted the website template and it had received positive feedback from patients.
- The final report would be published in June 2022.

The Clinical Commissioning Group's presentation advised:

- General practice has adapted to new models of access rapidly to deal with the demands and consequences of the Covid-19 pandemic. NHS Digital

data shows that general practice appointment levels have increased when compared to pre-pandemic levels. Despite this increase in capacity, patients continue to report difficulties in access in many areas.

- A sustained significant increase in demand for all appointments since April 2021. Peaked in March 2022 at nearly 20,000.
- Across the system there is an increasing demand across all channels. Significantly increased demand for appointments, with more patients considering their condition to be urgent. Particular increase in the working age, generally well population accessing general practice and an increase in "health anxiety" and mental health consultations. Clinical capacity stretched across routine, urgent, long term condition management and preventative services
- General practice workforce and premise pressures experienced in Bracknell Forest include increased staff turnover, workforce capacity being stretched across all services, absence of staff for both Covid and non-Covid related reasons and longstanding premises pressures across surgeries.
- Over the last 6 months the CCG has carried out wide ranging engagement to better understand the views of local people about access to health care services. These activities include surveys, focus groups, working with partners, listening across social media channels and a continued commitment to supporting local health and wellbeing charity projects.
- Current priorities in Bracknell Forest include developing a consistent offer for people to access general practices services, utilising opportunities through face to face, digital and telephony innovation. A CCG's objective for 2022-2023 is to use a population health management-based approach to the delivery of general practice to reduce demand and improve access. Over the next year the CCG strives to provide a better patient experience by improving telephony, increasing self-serve options and navigating more patients to the right care first time. It shall also maintain continuity of care for the patients who need it most while making the best use of resources support minor illness and routine care for the generally well population, as well as developing at scale Personalisation and Anticipatory Care Team workforce to support clinical staff with patients with LTCs and complex needs. The CCG also aims to strengthen the population health management approach through an established programme.
- The themes that were common across all of the feedback the CCG received include confusion among patients on the multiple entry points to care and on the variation in services. The majority of patients said that they want to access urgent care through their own practice, however their current experience of primary care was mixed. Patients also reported that access to primary care was worse during the pandemic. Digital access is welcomed by the majority of users, although some find it too confusing. Patients believe the NHS is a trusted source of information but there is less awareness of localised sources of information and more work is required locally to reach people including designing accessible materials and making time to have a presence in local communities. Communities want to help themselves but often don't have the time, money or knowledge to get started.
- In response to the recent findings the CCG is increasing capacity, increasing workforce capacity and skillsets, improving premises and releasing capacity, utilising digital to support people, continuing to engage and communicate with residents, population health management, maturing PCN development and improving self-care and alternatives to general practice.

- A range of communications materials, both internal and external, are continuing to be produced for GPs and partners across the whole system in order to tell one consistent story to patients. A new series of short animations have been created and will be launched in June. A communications escalation plan has been developed to ensure consistent messaging across partners at various levels of demand/system pressure. A Communications Resource Centre has been set up on the Frimley Health and Care website containing downloadable assets for each campaign to encourage sharing via social media channels, websites and newsletters.
- Staff recruitment and staff retention is key to both recovery and to having a sustainable professional workforce. If staff are invested in, then they tend to be more engaged. A six-month engagement programme for primary care network directors and managers is now underway with support from the communications and engagement team. The programme is supporting with both patient and community involvement theory alongside practical support. Frimley Training Hub staff survey run by The Picker Institute. Over 350 responses so far from staff across Frimley. Specific focus on satisfaction linked to responsibility, skills and organisational value of individual work. Reports now available on request that will allow individual primary care networks to drill down into the data.

The following questions were asked:

- In response to queries on why only 347 out of 117530 residents in Bracknell participated in the survey, and how are patients engaged with when Healthwatch carry out their projects, Tess Scott from Healthwatch, explained that they send out surveys to all the stakeholder as well as post on website, in their newsletter and across all social media platforms to promote participation in the survey. Healthwatch also attend various focus and voluntary group meetings when possible. The survey was carried out during Covid lockdown, so it was difficult to engage with the hard-to-reach communities.
- A query was raised on how issues on triage that were highlighted should be tackled to which Tess Scott from Healthwatch explained the final report will have recommendations on how to tackle the challenges associated with triage as well as other concerns highlighted in the findings. The final report will be published on the website, newsletter and social media and sent to key stakeholders to cascade.
- In response to a query on whether Healthwatch looked at the possibility of an automated message to tell the patient where they are in the queue when contacting a practice Tess Scott Healthwatch stated this will be recommended in the final report.
- In response to a question on whether Healthwatch monitor social media for feedback (including positive feedback) Tess Scott from Healthwatch explained that all feedback is welcome and encouraged Bracknell Councillors to engage with Healthwatch.
- A query was raised on whether the waiting time for blood test results would be reduced to which Tess Scott from Healthwatch explained they are unable to comment.
- A query was raised on whether Bracknell Forest Council Scrutiny Officers would be able to have a copy of the report once it was published, and when would the publication date be Tess Scott from Healthwatch agreed to provide copies to relevant officers and explained it would likely be published during week 3 in June 2022.

- In response to a question on whether Healthwatch is mostly patient focused Tess Scott from Healthwatch explained they aim to listen to the views of all the people who access the service, but they also have regular meetings with the CCG and ICS
- In response to the question on whether Healthwatch could be more proactive in working with local practices Tess Scott from Healthwatch explained they are as proactive as resources allow and they try to reach as many people as possible but are limited in that they only have one officer in Bracknell.
- In response to a query on what powers Healthwatch has it was explained by Tess Scott from Healthwatch that their role is to listen to the needs and experiences of services users and feedback to the relevant people.
- In response to a question on whether the new ICS system was too complicated Tess Scott from Healthwatch explained they were not placed to comment.
- Executive Member for Adult Services, Health and Housing suggested that the Commission schedule a briefing with Healthwatch to find out more information on their role.
- In response to a query on whether there would be similar projects aimed at dentist patients Tess Scott stated a survey designed for dentist users will be taking place in the summer and a report will be published soon after.
- In response to a query on how the situation can improve Dr Annabel Buxton from the CCG explained nationally there is not currently an increasing GP workforce which in addition to a rapidly increasing population and increasing demand on the existing workforce is a challenge. To tackle this the primary care network must take lessons from the Covid pandemic and move away from the old model while assuring the health needs of the local population are being met. The traditional model is transforming to incorporate the newer members of the primary care workforce. Telephony hubs and care navigators that are being set up will ensure that patient queries are dealt with in a timely fashion and sign posted so that the patient is aware which health care professional will be tasked with it.
- It was queried whether the current system consisted of too much paperwork and not enough time spent with patients and so is reform an option to which Dr Annabel Buxton stated in response that it was likely beyond the remit of the meeting before adding that paperwork isn't usually detrimental to that amount of time spent with patients as it is usually completed in evenings.
- In response to what is the preferable ratio for doctors to patients Dr Annabel Buxton from the CCG explained as there are many new and additional roles within the primary care network the traditional ratio is not as relevant as it used to be. Fiona Slevin-Brown from the CCG added the Fuller report explains how the primary care team doesn't consist of just GPs anymore but a whole multidisciplinary team consisting of GPs, nurses, physiotherapists, pharmacists now exist to ensure the health needs of the communities are met and, patients tend to be very positive to this change.
- When responding to a question on how Councillors can assist the CCG Fiona Slevin-Brown stated they would really appreciate the support of scrutiny colleagues, particularly when engaging with residents to ensure they understand what they are trying to achieve in pursuit of addressing the concerns and issues they are raising with Councillors.

- In response to the question on how the Council can work with the CCG to encourage residents to attend their appointments (or make practices aware when they are unable to attend), the CCG stated joint working would be appreciated and communications to residents is key. It is apparent there is a lack of understanding among residents on what services are available including the community pharmacist and the online version of 111 and so it is important to promote both services.
- In response to a query on whether Saturday openings was an option for local practices it was explained that there have been some Saturday and Sunday appointments available for a number of years now and there is an appetite to expand the service provision in order to reach harder to reach populations/working age population and to expand from offering not just GP appointments but to also offer screening, blood tests, health care assistance and nursing.
- When asked what the process for recruiting new GPs is it was explained that GP practices operate as independent entities, and the practice manager will be tasked with the recruitment. They will have to advertise the vacancy through the various options available to them.
- In response to a question on how provisions can be accelerated for the elderly and those who struggle with technology Dr Annabel Buxton explained they are aware there is one size doesn't fit all approach and there won't be a wholly digital solution. There will always be a role for telephone and will always be a role for the primary care network to be alert to the fact that some individuals need a different offering.
- A query was asked on what are the CCG's plans to make up for the shortfall in GPs or are the current plans over ambitious to which it was explained the CCG intends to ensure the workforce is well looked after. Many practices in the local area are training practices and generally tend to be very successful in retaining this population of these GPs within the area. It is important to create the conditions where communities can be part of the solution and can work in conjunction with the primary care network to make Bracknell an attractive place to work. Overall the CCG have been quite successful in recruiting for local vacancies. However, it is an increasing challenge as there are fewer GPs than there are jobs.
- In response to a query on whether GPs do blood tests it was explained that it will vary from practice to practice and the query will need to be taken away in order to provide an accurate response.
- In response to a query on whether all the local health services are joined up it was recommended to contact Patient Advice and Liaison Service as CCG unable to comment on that concern.
- Responding to a question asking if there were statistics currently available on the number of patients dealt with successfully over the telephone and therefore not requiring a face-to-face appointment, it was stated there are no figures available at this point but if primary care staff felt a face-to-face visit was necessary after a telephone appointment, then they would arrange one.
- It was queried whether a model where telephone consultations would be offered instead of face-to-face appointments would continue to which it was explained at present there are a variety of consultations provided including face to face and over the telephone. Currently there are more than 50% appointments offered that are face-to-face. Ultimately, quality care is at the forefront of the primary care network's ambition.
- When responding to a case where a resident had walked into their local practice and was refused an appointment Fiona Slevin-Brown asked for

the details to be passed onto them as the facility for patients to walk into any local practice and book an appointment should be offered.

- In response to a query on how the CCG deal with unspecified and last-minute closures of pharmacists it was stated that recent instances have been due to pharmacists finding themselves short staffed at very short notice. NHS England are currently commissioning pharmacists for the core contract but from July Integrated Care Boards will be accountable for commissioning local community pharmacists' services. Whereas the CCG commissions enhanced services from community pharmacists. Under the current set up CCG would contact NHS England if and when issues with pharmacists arise.
- It was queried if there was a way of tackling frequent visitors to surgery who may not necessarily need the care to which Dr Annabel Buxton detailed how a RAG rating system is used to segment the local population and then prioritise GP access accordingly. 65% of population is considered well, younger and working age and so through this RAG system they can ensure that this population can seek an alternative primary care avenue and then escalated to a GP appointment if necessary. This will be achieved through the telephony and digital services in addition to the reception team. It was also noted that some practices have their own paramedics which can help with this.

**CHAIRMAN**