

DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Committee Room 2, County Hall, Durham on **Thursday 1 September 2016 at 9.30 am**

Present:

Councillor J Blakey in the Chair

Members of the Committee:

Councillors J Armstrong, R Bell, J Blakey, S Forster, J Lindsay, L Pounder, P Stradling and O Temple

Co-opted Members:

Mrs B Carr, Mrs R Hassoon and Murthy

1 Apologies

Apologies for absence were received from Councillors P Brookes, J Chaplow, P Crathorne, K Hopper, E Huntington, P Lawton, H Liddle, O Milburn, M Nicholls, J Robinson, A Savory and W Stelling

2 Substitute Members

There were no substitute Members in attendance.

3 Declarations of Interest, if any

There were no declarations of interest.

4 Any Items from Co-opted Members or Interested Parties

There were no items from Co-opted Members or interested Parties.

5 Durham Dales, Easington and Sedgefield Clinical Commissioning Group - Review of Urgent Care Services

The Committee considered a Joint Report of the Director of Transformation and Partnerships, Durham County Council and the Chief Clinical Officer, Durham Dales, Easington and Sedgefield Clinical Commissioning Group that provided details of the consultation feedback received from the public consultation exercise undertaken in respect of the three proposed options for Urgent Care Services in Durham Dales, Easington and Sedgefield (DDES) from April 2017 (for copy see file of Minutes).

Members received a presentation from Sarah Burns, Director of Commissioning, and Joseph Chandy, Director of Primary Care, Partnerships and Engagement, Durham Dales, Easington and Sedgefield Clinical Commissioning Group that highlighted the following:-

- Why Change – a refresh of why the services needed to change
- The consultation process – a good section of the population was reached with 2771 responses received
- How they consulted – public meetings, roadshows, radio and video campaign and social media.
- Thematic Analysis
- The Outcome – ranking the options
- Estates – up to 3 hubs in each of the three localities
- Key Challenges & how they would be addressed
- Communication & engagement – 3 phased approach
- Key messages –
 - GP First
 - NHS 111
 - A&E or 999 only if life threatening
- Enhancement of the 111 Service – ability to speak to a GP, nurse or clinician. Importance of keeping directory up to date.
- Workforce – important to have sustainable care. A number of initiatives had been developed including Pharmacists working in general practice and GP career start to increase the number of GPs for DDES.
- Primary Care Access – working group set up to look at what is good access to general practice. Current demand would be measured and appointment availability.
- Making Good Access Happen
- Practice Sign up – support from GP practices and making the best use of the clinical staff available. The PRG had played a vital role and were thanked for their input.
- Measuring Success – with health issues being resolved on 1st contact with easier access and fairer to the whole population.
- To support change
- Milestones

The Chairman thanked the officers for their detailed presentation.

Councillor R Bell referred to GP practices receiving payment for providing urgent care, and asked if they would receive this regardless of how many patients they assessed. He further referred to GP practices signing up to good access and acknowledged that there needed to be a private place to talk to the receptionist if required. He said that he would like to see posters in GP practices explaining what you should do if you have an urgent care need – i.e. what to do and who to contact out of hours. He explained that there was nothing in his surgery at present to advise about urgent care and no facilities to discuss issues in private. He also asked for clarification on what option was being proposed to take forward.

The Director of Commissioning advised that option 3 was being put forward as the preferred option. The Director of Primary Care, Partnerships and Engagement advised that a task group had been set up over the summer to look at how people can make an appointment and all GP practices had been asked to sign up to producing a leaflet giving details about appointments and urgent care. He further explained that in future urgent

care would be available at GP practices during the day and there would be no supplication of costs being paid. GP practices would receive payment for the patient for the whole year.

The Director of Commissioning went to explain that GP practices had been involved in detailed discussions over the last 18 months and an understanding of resources at each practice had been reached. Some practices consume more resources than others and budgets were based on deprivation. With hub proposals there would be a fairer spread of resources and costs would be monitored.

Councillor S Forster agreed with the majority of the proposals but expressed her concerns with the NHS 111 Service. She felt that training was required and that it was not always better for people to talk to clinicians. She felt that training on how to end a call was also required and had personal experience of the telephone being slammed down when the call had ended. Referring to GP surgeries she said that in her surgery there was access to a confidential room and that there were posters in the waiting room regarding urgent care. She also mentioned that at her surgery a doctor would call you back within 2 hours to assess what care you needed.

The Director of Commissioning advised that the NHS 111 service was a nationally defined service and with more clinicians available to speak directly to patients would help to improve the outcomes and the service. She went to explain that GP services would be available from 8.30 a.m. to 8 p.m. and with the new role of an NHS 111 Relationship Manager it would allow the monitoring and would highlight any issues, such as if patients were directed to the wrong service.

Councillor J Armstrong suggested that Members should look at the changes and monitor the progress once the hubs were in place and the new systems had been implemented. He asked that a report come back to Committee to show if the new way of doing things was working, including improvements to the 111 service. He said that the public would need to be convinced that the changes were working.

Referring to Primary Care, Mrs Hassoon said that some patient reference groups had not met for over a year and therefore felt that the input was sporadic and dysfunctional. The Director of Primary Care, Partnerships and Engagement explained that the CCG cannot demand that practices run a patient reference group but that work was ongoing with those practices that did not have a group to help firm up their feedback on services. He advised that the Dales PRG had helped develop an information leaflet that would be used as a model for other groups. He further explained that the CQC do prefer to see how practices work with patients whether that be through meetings or feedback information.

Mrs Hassoon was informed that patients will have access to the practice manager should there be any concerns and was advised that all practices complete a MORI poll included questions about access. The data from this was published nationally and can be used to measure practices against patient satisfaction.

Referring to the 111 service Dr Murthy felt that the proposals were too good to be true. He felt that there was no joined up thinking and asked for a guarantee that patients would not have to repeat their stories several times. He referred to a case whereby the patient had repeated their story 6 times in a 3 hour period. He referred to the new role of

relationship manager and hoped that it would improve good co-ordination of care but felt that it was a case of too many cooks. Dr Murthy went on to ask if there would be any certainty of filling the shortage of GPs and asked if there would be a clinical audit to check that standards were being met.

The Director of Commissioning advised that a clinical audit would be carried out that would allow the measurement of how effective the pathway was. She informed the Committee that there was an event held on Primary Care Pilot that discussed primary care from budgets to health care services. A speaker at the event had stated that perhaps we did have enough GPs and that some patients did not really need to see their GP. The Director of Commissioning said that the changes were to ensure that it was not just about access to a GP but about getting access to services first time. She went on to explain that the relationship manager for the 111 service would provide the key to the success of the service by liaising with staff, clinicians and patients to ensure patients had access to GP appointments and out of hours contacts. The directory of service was an important part of this role and having someone in place on hand to react to a situation was important. She did feel that the North East were lucky to have the Vanguard Service that gave more clinicians resulting in better services.

Councillor O Temple asked how people would know to go to see their GP rather than visit an urgent care centre and asked if people would not be allowed to visit an urgent care centre. He struggled to see why the urgent care centres would remain and asked about the interface between urgent care and GPs.

The Director of Commissioning said that it would be a behavioural change and would not be an easy task to discourage people from presenting at urgent care. Patients would still be triaged but would only receive treatment if they presented with a minor injury. If presenting with an illness the patient would be diverted to their GP practice. It was hoped that an appointment would be able to be made directly with the GP practice and that the next time the patient is feeling unwell they would use their GP first.

Councillor Bell was informed that there would be a re-branding of the service so that people knew where to go, further to a question about the changes.

Sue Jacques, Chief Executive of County Durham and Darlington NHS Foundation Trust commented that the health services need to work together and confirmed that the Foundation Trust had been involved in the development of the changes to Urgent Care within DDES CCG process. She advised that they supported option 3 and that work would continue to ensure that services were the best that they could be. She said that the changes would be kept under review and would be monitored regularly to ensure that there was no significant increase in the numbers presenting to A&E.

The Principal Overview and Scrutiny Officer explained that the Committee views in terms of the consultation process and the results of the consultation exercise were sought. He added that option 3 was the preferred option that would go forward to DDES CCG governing body for approval.

He asked Members if they agreed that the consultation process had met its statutory obligations. He reminded Members that they had expressed a number of views throughout the process on how the model would work and advised that there were three

issues remaining and confirmation during implementation phase would be sought - GP capacity and accessibility, the 111 service and how people would be informed as to how the new model would operate. He suggested that the Committee could recommend that it receive a report post implementation to show how the changes have been implemented and how effective the new Urgent Care service had been in addressing those issues identified within the case for change.

Councillor Armstrong felt that the consultation exercise had been comprehensive and deep and that everything the Committee had requested had been taken into consideration. He said that it was an exercise that the CCGH should be proud of.

The Director of Commissioning thanked the Committee for their continued support throughout the process.

Resolved:

- (i) That the report be received;
- (ii) The Committee is satisfied that DDES CCG has met its statutory obligations and commends its approach regarding public consultation in respect of its proposed changes to Urgent Care services within the DDES CCG locality
- (iii) That the remaining concerns highlighted by the Committee in respect of GP capacity and accessibility; the NHS 111 Service and the communications plan associated with the implementation of the new Urgent Care model be relayed to DDES CCG and that the Committee agree support for the proposed option 3.

6 Health and Wellbeing Board Annual Report 2015/16

The Committee received a joint report of the Interim Corporate Director of Adult and Health Services and the Interim Director of Public Health County Durham that presented the Health and Wellbeing Annual report for 2015-16 (for copy see file of Minutes).

The Strategic Manager, Policy, Planning and Partnerships, CAS presented the third Annual report and highlighted the functions of the Board, the relationships with this Committee, the achievements during 2015/16 and the commitments made. Members were advised of the forthcoming Health and Wellbeing Board big tent event on 5 October 2016 and members participation in the event was welcomed.

Resolved:

- (i) That the report be received; and
- (ii) That the work undertaken by the Health and Wellbeing Board during 2015/16, be noted.