DURHAM COUNTY COUNCIL

At a meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Friday 19 November 2021 at 9.30 am**

Present

Councillor P Jopling (Chair)

Members of the Committee
Councillors V Andrews, C Bell, R Crute, K Earley, O Gunn, P Heaviside, L A Holmes, L Hovvels, J Howey, C Kay, C Martin, K Robson, A Savory and S Townsend (substitute for S Quinn)

Co-opted Members
Mrs R Hassoon

1 Apologies

Apologies for absence were received from Councillors Charlton-Laine, Higgins, Quinn and Stubbs.

2 Substitute Members

Councillor Townsend was present as substitute for Councillor Quinn.

3 Minutes of the meeting held on 1 October 2021

The minutes of the meeting held on 1 October 2021 were agreed as a correct record and signed by the Chair.

4 Declarations of Interest, if any

There were no declarations of interest.

5 Any Items from Co-opted Members or Interested Parties

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

6 Integrated Care System Update

The Committee considered a presentation from Dr Neil O'Brian, Accountable Officer/Chief Clinical Officer at County Durham CCG (for copy see file of minutes).

The Accountable Officer/Chief Clinical Officer described the statutory duties and powers of the CCG and the existing structures in the North East and North Cumbria, which were made up of 8 governing bodies, with their own executive and management teams, councils of practice and various committees such as primary care, audit, quality and finance.

He advised that Professor Sir Liam Donaldson had been appointed as Chair and Sam Allen as Chief Executive of the Integrated Care Board (ICB). He advised of local authority input on the development of the Integrated Care System (ICS) and consultation throughout the process. The structure of the board was such that it was mainly local authority members, but it would also include partners from primary care, police, fire, schools, Health Watch and the business sector.

He advised that engagement requirements for the draft constitution was to be completed by the end of November 2021.

The Chair queried the role of this Committee following the changes and the Accountable Officer/Chief Clinical Officer confirmed that the only change was that CCG employees would become ICB employees.

Councillor Martin was concerned that this constitutional change could be having a detrimental impact on frontline staff and the Accountable Officer/Chief Clinical Officer advised that most were unaware that it was happening. Councillor Martin stated that it was reassuring that there would still be reports to Committee however he wondered what safeguards would be in place to ensure that they could challenge decisions of this regional body. The Accountable Officer/Chief Clinical Officer advised that plans for a joint committee that would be served by local government and local health providers for County Durham were in place. He acknowledged that if the ICB wished they could they impose something in local areas, however it would be subject to a consultation process and he reassured Members that this was not the culture that the ICB would want to promote. He reminded the Committee that there was strong local authority representation on the Board. Despite this, Councillor Martin advised that this local body still needed to be held to account.

Councillor Crute was concerned at the pace that this was moving through parliament and that neither practitioners nor local people knew about it. He was also concerned about the structure and was unsure what assurances the Committee had in preventing amalgamation of private and NHS services. Councillor Crute hoped these changes would not open the doors to privatisation of the NHS.

Councillor Crute then asked whether legislation would impact on local authorities and if the Committee would lose its power of referral to the Secretary of State, as this posed a serious threat and needed guarding. The Accountable Officer/Chief Clinical Officer advised that there had been nothing to his knowledge that would remove that power and although the suggested change did not in his opinion promote the privatisation agenda, it was something to be aware of. The private sector had a role and were the only reason that the NHS had been able to recover from the pandemic at the pace that they had.

Councillor Howey had concerns on the impact of County Durham and whether this affect south Durham areas such as Bishop Auckland which in her opinion, were already ignored. If the ICS covered a larger area, she was concerned that smaller areas would suffer more than they were already.

The Accountable Officer/Chief Clinical Officer advised that allocation of resources to County Durham would be transparent and with a budget of £1bn, new arrangements would be tracked. All employees would remain, including clinical and managerial staff, but they would become ICB employees. When a joint committee was in place, delegated authority would carry on the agenda.

In response to a question from Councillor Howey regarding ward closures, the Accountable Officer/Chief Clinical Officer advised that there was still a legal requirement to consult the public if there was any significant changes proposed to health services.

In response to a question regarding Professor Donaldson's work in County Durham, the Accountable Officer/Chief Clinical Officer advised that he was able to work remotely. Councillor Earley advised that he had lost count of how many times there had been a reorganisation and he found it bewildering that the NHS went through this many changes. He believed that strategically this would become a super region and was interested in what the agenda was going to be. He had heard positive comments about maintaining localism and protection from closures but Sunderland was competing for more services in order to protect Doctor training and this was a concern for him as it could take services out of Durham.

The Accountable Officer/Chief Clinical Officer advised that the ICS was the overarching body which was made up from representation from all areas and the board would reflect that. He acknowledged his concerns about not having as much focus on wider hospital transformation pieces but there was still a need and legal right to consult on significant service changes which protected local services from forced changes. He referred to one example of the Path for Excellence, which effected some residents of East Durham and confirmed that the population would be fully consulted.

Councillor Gunn was grateful for the presentation and suggested that the Committee wanted to ensure that the ICS would provide a comprehensive,

universal treatment and care, which was free. She was partly reassured that local authorities would still have a vital role to play through the Health and Wellbeing Board and scrutiny, and it was vital that Councillors were fully informed, but also vitally important for residents and patients to receive the information.

With regards to communication, this was a turbulent time as a result of the COVID-19 pandemic and she considered that there should have been a a period of stability, however did not seem to be the case with this bill. Councillor Gunn was concerned about communication to residents and patients in order to reassure them about the changes as she was certain that there would be changes. Information was difficult for herself to understand without reading a lot and going into detail and so she queried communication with the general public and asked for clarification regarding local authority representation on the board. She had read that it would be four for Durham County Council, despite the information stating only one representative from local authority.

The Accountable Officer/Chief Clinical Officer advised that there had not been a lot of communication on these changes as it was difficult to comment on a bill that had not yet been through parliament, but in addition there had been more important messages from the NHS to communicate to the public.

He confirmed that during the design stage, the Chair had recognised that the ICS was the largest in the Country and had concluded that it was not appropriate to have one local authority seat. This was a unitary board and members from local authorities were there as board members with a background in local authorities, not to represent their own authority. They had left the way the seats were allocated up to local authorities.

A Healy, Director of Public Health reassured Members that local authorities had played an active role through the Health and Wellbeing Board, to ensure they had an input and had helped in terms of the increased numbers. Statutory duties remained and local authorities had been clear that they had an important role.

R Hassoon added that she had attended a patient residents group meeting where concerns about how the general public would be consulted in future had been raised. Patient participation groups in general practice were not always taking place and it was confirmed that one had not had a meeting in two years. Would like to think there wuyjld be some way patient reference groups coujld continue, to ensure, understand health watch involved but not everyone involved in those organisations.

The Accountable Officer/Chief Clinical Officer advised that although most patients were not interested in this type of communication, it did not mean that the information should not go out. There was a section in the draft constitution which explained the ICB's responsibility on public and patient involvement and just as CCGs had a desire and legal responsibility to involve public and patients, so did

the ICB, who would build on practices and improve on those that were not up to scratch.

Councillor Kay queried why there were three boards were needed as this looked to be a slotting in exercise which mimicked the local government reorganisation in 2009.

The Accountable Officer/Chief Clinical Officer advised that the current organisation consisted of eight governing bodies requiring resources and was reducing to one, which could be an improvement. He added that this was not an exercise in reducing running costs, so all people involved in working in the CCG in County Durham would still be continuing that work however, the statutory bodies running the NHS in this area had been reduced.

The Chair added that all the Chairs and Vice Chairs reported that all Committees had the same thoughts on transparency, communication and finance and it was pertinent to monitor this situation, however it was very much out of their control.

Councillor Crute noted that there was no report or recommendation for the Committee but given the concerns about communication and scrutiny's role in amplifying the voice of the public, the Committee should ensure that these changes were communicated. There was not one person whose life was not affected by the NHS and the way it was operated and it was incumbent on the Local Authority and as a Scrutiny Committee to ensure that they were communicated as in his opinion, if there was any regulation, it was light touch and concerning that there were no checks on regulations going through parliament.

As a bare minimum, Councillor Crute suggested that the Committee needed to follow developments as they went through parliament and review them as what was happening now may not remain the same. He added that if those local authority seats were written in legislation, it could change in time and open the door to the private sector.

The Accountable Officer/Chief Clinical Officer advised that he would return to provide an update to the Committee when required.

Councillor Gunn fully supported the comments from Councillor Crute and added that there would have to be a structure in place by 1 April and it was likely that the bill would go through in December, so there were things that were happening that the Committee would need to be updated about.

The Accountable Officer/Chief Clinical Officer advised that the relationship between local authorities and the NHS and finance was still being debated and in response to a proposal from Councillor Gunn that the Committee be updated as soon as possible after the bill went through, the Accountable Officer/Chief Clinical Officer agreed he would return as soon as possible.

The Principal Overview and Scrutiny Officer confirmed that meetings were scheduled in January and March and agreed to consider reviewing those arrangements if needed to discuss the bill.

Councillor Gunn noted the pressures in additional meetings but stressed the importance of this and preferred that this item was not left until March if the bill went through after the meeting in January.

The Chair advised that if the information was not ready for the meeting in January an additional meeting would be requested.

Resolved:

That the report and presentation be noted and that an update be provided to the Committee as soon as possible upon legislation being passed by Parliament.

7 NHS Dentistry Services

The Committee considered a presentation of the Senior Primary Care Manager (Dental Commissioning Lead – North East and Cumbria), NHS England and NHS Improvement with regards to an update on NHS Dental Access (for copy see file of minutes).

P Fletcher, Senior Primary Care Manager, NHS England, North East and North Cumbria advised Members with regards to the operation of general dental practice in the NHS and private dental practice regulations. If an NHS appointment was unavailable, patients could be offered private appointments, but they did not have to take up that offer and were able to contact other practices to access NHS appointments.

Dr T Robson, Chair of Durham, Darlington and Tees, Local Dental Committee addressed the Committee and advised of the issues impacting general dental services.

Prior to the pandemic there was already a workforce recruitment retention problem that impacted on dental nurse recruitment and although there were more registered dentists in the country than ever before, there were fewer whole time equivalent years worked by graduates than that of the cohort that were approaching retirement. COVID-19 had impacted further by becoming the trigger for those due to step down, and there had been an impact on training for dentists coming into profession.

In addition, the peculiar nature of dentistry meant that employees were operating in a high-risk environment and although the clinical team wore PPE, the mist generated in a treatment room, if infected, was a risk to the next patient. In order

to treat patients, the room would need to be left for an hour before entering and every horizontal surface would need cleaning and of course this had a huge impact on the treatment that dentists were able to provide.

The Chair of Durham, Darlington and Tees, Local Dental Committee continued that delays were exacerbated after face to face dental care was stood down between April and August 2020, and when general dentistry resumed, the operating procedures meant that the number of patients that were able to be treated had reduced to 20% of pre-pandemic numbers. Improved procedures and filters had allowed fallow time to be reduced so the number of patients treated had been increased, however it had gone to 45% in December 2020 and then up to 60% and at the time of the meeting was operating at 65%.

New infection protection guidance was under consultation but dental practices were still trying to cover two years of loss and still having to prioritise patients until they could return to normal activity.

The Senior Primary Care Manager, NHS England, North East and North Cumbria advised of local measures and actions taken, which included incentives, additional capacity for NHS appointments, investment in triage via the 111 service and work to commission additional NHS capacity for over 4000 patients.

Councillor Earley asked whether there was any way that the Council could assist in making the County more appealing for Dentist's to want to come live, whether there was anything that could be done within schools to encourage more people to take up the profession or better provision for premises. The Chair of Durham, Darlington and Tees, Local Dental Committee advised that primary care dentistry was network of businesses and a more attractive business environment, it generated more profit and it was easier to recruit. There was ongoing work with ICS to incentivise provision in otherwise non business economic locations; premises was one factor but there were other ways to enhance the areas and the focus was on trying to increase recruitment.

Councillor Howey acknowledged the pressure that Dentist's were under and although they had to run private businesses, she asked whether there was any way that they could be convinced to use private appointments for NHS patients in order to catch up. There were a lot of people who were unable to get appointments due to being unregistered. The Senior Primary Care Manager, NHS England, North East and North Cumbria advised that some were already prioritising NHS appointments but were independent businesses that had to ensure financial viability, but there were some with additional capacity or part time employees, and expressions of interest had been sent out confirming that additional services could be commissioned.

Councillor Gunn had been concerned that over last 12-18 months, vulnerable families in particular were potentially not accessing dental treatment. When

families were struggling to provide food and fuel over winter dental treatment was not an absolute priority, but check-ups were preventative of emergency treatment and she asked what was available for these patients that were already registered, if assistance was communicated. Some families would be unable to afford public transport costs.

The Primary Care Manager, NHS England, North East and North Cumbria advised that the communication team were trying to get messages out through the use of social media to confirm that services were able to access services and this had been shared with local authorities to share on social media. For those with financial difficulty, they may be exempt from dental charges. Prior to the pandemic only 91% of commissioned capacity was utilised and the objective was to see the whole of it utilised in future.

The Director of Public Health advised that with regards to prevention, there was a broader Oral Health Strategy which had been impacted on during the pandemic, the toothbrushing scheme, the healthy weight alliance, the work on community water fluoridation and the reduction of sugary drinks and this work was hoped to be continued and revisited through the Health and Wellbeing Board and Members would be kept up to date as that went through.

Councillor Townsend advised that her family dentist in Shildon had done fantastic job done with her children but when dealing with public, they often found themselves in a dental crisis and nobody would take on as an NHS patient. In that circumstance they would phone 111 and she asked if there was held back capacity for 111 and whether there was a database that people could find spare NHS capacity to save them ringing around 100 practices.

The Primary Care Manager, NHS England, North East and North Cumbria advised that there was no formal registration, however she acknowledged that people were ringing around to ask to register with a practive but it was really important that if there was a dental problem, that it be shared up front and there was an expectation that the patient would be triaged and if there was no availability they should be sign posted to another practice that could meet that dental need. If someone had need that could not wait, then they would be expected to call 111 and patients would be prioritised in some capacity, but it was important that patients expressed the need.

The Chair of Durham, Darlington and Tees, Local Dental Committee confirmed that there was a difference between express clinical need and patient demand, the need was constant but the express demand varied considerably, for example on a Monday there was four times the activity than that of a Wednesday and he highlighted that patients assumed they had a need but it was not necessarily a clinically assessed need. If they called 111 with a clinically assessed need, there was a network of practices commissioned across County Durham – UHND operated out of hours and four other County Durham based commissioned centres that were fed by assessed 111 health advisors.

Resolved

That the presentation be noted.

8 Adults Wellbeing and Health Overview and Scrutiny Committee Review of GP Services in County Durham

The Committee considered a joint report of the Corporate Director of Resources, and Director of Commissioning Strategy and Development (Primary Care), NHS County Durham and Darlington which provided an update of progress made against the recommendations of the review of GP Services in County Durham and an overview of NHS England guidance issued on 14th October 2021 entitled Improving Access for Patients to Primary Care and Supporting General Practice and the associated Winter Access Fund (for copies see file of minutes).

The Principal Overview and Scrutiny Officer advised that the report was in three parts, there was an update on recommendations of a review presented to Cabinet in November 2020 in respect of GP services in County Durham after concerns had been expressed by Members regarding the cumulative impact of several applications to review, merge or close GP services across County Durham.

He referred to recommendation 3 with regards to the use of Section 106 resources for the development of health care services and reported that the policy of which section 106 contributions were allocated was within the CDP and there was a proposal and recommendations to Cabinet in December on how contributions for health would be calculated and spent. This was money as a result of housing development and one of the key was the number of new housing estates that needed access to infrastructure and primary care.

J Chandy, the Director of Commissioning Strategy and Development (Primary Care), NHS County Durham and Darlington advised that there were challenges on staff and patients in accessing services. He referred to the key points in the report and advised that the Joint Committee which was made up of number of Councilllors and CCG and had continued to work through pandemic on supporting the recommendations of the Committee.

Councillor Hovvels advised that she had been the first to raise concerns about the Trimdon area as there had been section 106 agreements in place yet no services to go with it. A lot of work had been done and she wanted to thank the Director of Commissioning Strategy and Development (Primary Care) on behalf of the community in Wheatley Hill, for the work done with them to improve services.

The Director of Commissioning Strategy and Development (Primary Care) advised that the second report provided an overview of NHSE guidance issued on 14th

October 2021 entitled Improving Access for Patients to Primary Care and Supporting General Practice and the associated Winter Access Fund.

The current government recognised that patients were having difficulty getting face to face appointments with their GP post COVID-19 and this had been highlighted in the media. The government were concerned that if nothing was done, the normal rise in respiratory viruses and escalating cases of COVID-19 would worsen.

The Director of Commissioning Strategy and Development (Primary Care) advised that this guidance had not been expected so timely and this was the first time being reported.

Paul Clitheroe, Primary Care Commissioning and Delivery Manager, NHS County Durham CCG advised that the report should reassure Members that despite the move to ICS there was action being taken due to this policy initiative to plan and deliver local services.

A task group had been set up with partners from NHS, LA and outside of the public sector. He highlighted some key issues that the policy was intended to respond to, which were issues that were raised by patients about being unable to get face to face appointments.

He confirmed that primary care was changing, which had already been alluded to by the Director of Commissioning Strategy and Development (Primary Care). Telephone and walk in was once the only way that patients could access services, but additional doorways had been opened up which allowed more people access in different ways.

Practice call volume had been steadily increasing prior to the pandemic and calls were increasing not only to book appointments, but requiring advice or requesting sign posting. There was an increase in the number of calls being made and £0.5m had been invested into GP telephone systems in County Durham.

In addition to the volume of calls, there was also issues with self-care and he acknowledged that not everybody would be able to, however there were a number who with support, could self-care and assist with a more sustainable service.

The Director of Commissioning Strategy and Development (Primary Care) added that there were a number of issues preventing good access to services including lack of workforce, organisation, COVID-19 isolations and sickness were having an impact and despite having strict rules, there were sudden episodes of staff sickness, which were compounded with the increase in demand.

The Director of Commissioning Strategy and Development (Primary Care) advised that £1m had been invested in County Durham to combat the strain of an anticipated bad winter. A general practice overflow service had been set up at the

A&E department which was able to redivert patients who were otherwise unable to get treatment from their practice.

The task group were aware that access to services was not perfect but were listening to the feedback from patients. There were additional pressures in supporting the vaccine roll out and this was exhausting for staff but they were determined to support it.

The Chair advised that she had experienced the hub at UHND after being sent there by the GP, but there was a concern regarding wait times for 111 and she asked for information on how appointments were allocated.

The Director of Commissioning Strategy and Development (Primary Care) advised that the 60 available appointments were ring fenced for 111, GP's and A&E who were able to alleviate pressures. Each practice had been allocated a number based on their size. If a practice exhausted those appointments and still had demand it would

The Chair asked whether this was being rolled out across the County and The Director of Commissioning Strategy and Development (Primary Care) advised that there were three hubs operating in Peterlee, Sedgefield and Bishop Auckland and similarly North Durham had evening and weekend hubs. In South Durham, it had been recognised that there was a problem in the ED with patients attending to get GP advice and this had had led to creating this hub as a pilot.

Councillor Gunn commended all of the work done by the task group, which had occurred during a really challenging time and in particular wanted to mention the importance of the 111 service as most people would have used it and experienced being held in a queue. There were many pressures on general practitioners, which were exacerbated by the pandemic and the roll out of vaccines was highly commendable.

With regards to the Winter Access Fund, Councillor Gunn asked what £820k could do for County Durham, as in her opinion it was insufficient. The Director of Commissioning Strategy and Development (Primary Care) advised that the government had announced £240m and when split ICS system, the largest areas were North East and North Cumbria with £8m. Each CCG had to be allocated and this was approximately £800k, so prior to allocating, a bid for an additional £450k had been submitted which been approved and was predicted to amount to in excess of £1m. The Director of Commissioning Strategy and Development (Primary Care) advised that the cost to fund a year of the ED PCS hub, based on the current level of service, was £650k so acknowledged that this would not go very far, but he had advised primary care to submit bids at scale and where there were already overflow hubs, they could try and upscale with additional Nurse Practitioners and Doctors.

Councillor Hovvels had concerns regarding telephone services which were unable to give repeat prescriptions and patients were having to sometimes travel to other villages which was costly for some and contributed to poverty and ill health. The Director of Commissioning Strategy and Development (Primary Care) confirmed that advice given was that a significant number of minor pharmacy and medication issues were disruptive to the telephone service so patients were being encouraged to use repeat prescription request slip or the web portal. There was also an issue with accuracy which was reduced by ordering non-verbally over telephone. He recognised that there were a number of people that were unable to post and that general practice needed to have exceptions for those house bound. There was a demand on telephones, which had been exacerbated by the pandemic and some practices were like call centres, but unlike experienced call centres who were equipped for high call volumes and had systems to cope, general practice had outgrown their service and needed adapting. The only way to cope was to reduce the amount of activity that could be done in other ways.

Councillor Hovvels' other concern was the pressures on post office because some NHS appointments were arriving a week out of date which was contributing to missed appointments. The Director of Commissioning Strategy and Development (Primary Care) advised that in secondary care, hospitals had a telephone back up system which sent automated calls to press one if attending and 2 if not. Primary care had changed a lot and the amount of letters that were sent had significantly decreased. To book vaccinations, links were sent out to book flu jabs, or clinical appointments and this had reduced the amount of letters sent. Patients were able to now have more choice in the time of their appointments.

In response to a question from Councillor Earley regarding North Durham, the Director of Commissioning Strategy and Development (Primary Care) advised that the Shotley Bridge hub provided minor injury and Bishop Auckland,

In addition GP's Derwentside Federation, provided additional appointements 6-8 Monday – Friday and Saturday and Sunday mornings. If felt demand was such that those were not sufficient, they would be reviewed. With regards to whether Casualty would be extended, R Stray, CDDFT confirmed that she would ask for a response from Sue Jacques.

The Director of Commissioning Strategy and Development (Primary Care) advised that having a well-designed A&E with space to co-locate a hub with someone to navigate them would avoid patients sitting for hours to be told that they can access other services.

The Principal Overview and Scrutiny Officer advised that reference had been made to the 111 service and suggested that should Members require further information on the pressures and demand, they could consider an additional recommendation to invite NEAS to a future meeting of the Committee and consider the specific details.

Councillor Howey appreciated the hard work but there were complaints daily that patients were unable to see a Doctor and children having to go to A&E for treatment, there was also information given by staff that pre-bookable appointments were unable to be made due to COVID-19 measures. The Director of Commissioning Strategy and Development (Primary Care) advised that he had experienced similar complaints from patients where it was assumed by default that the practice had done something wrong but when it was investigated, people had refused to wear a face covering to enter the premises, including mothers who had children that needed to be seen. Those that would not adhere to that policy, despite being there to protect more vulnerable, had to be treated a suspected COVID-19 patient, brought through a fire exit and into covid hot room. Typically a child presenting, would be asked for a PCR test before arriving and these were seen to be reasonable procedures but there were some being reported different.

The Director of Commissioning Strategy and Development (Primary Care) advised that the issue of whether primary care was increasing the demand by means of only offering appointments on the same day would be considered by the task group. The COVID-19 protocols still applied, staff isolations were causing massive challenges but he acknowledged that advance bookings should be considered in more detail.

Councilllor Savory asked whether the information that the Committee had received could be communicated to the general public through either social media or newspaper as it was important that patients were kept up to date. The Director of Commissioning Strategy and Development (Primary Care) advised that he had asked the communications team how to convey the information and agreed that it was important when heading towards a bad winter.

Resolved

That the report and presentation be noted.The Committee considered a joint report of the Corporate Director of Resources, and Director of Commissioning Strategy and Development (Primary Care), NHS County Durham and Darlington which provided an update of progress made against the recommendations of the review of GP Services in County Durham and an overview of NHS England guidance issued on 14th October 2021 entitled Improving Access for Patients to Primary Care and Supporting General Practice and the associated Winter Access Fund (for copies see file of minutes).

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The Director of Commissioning Strategy and Development (Primary Care) added that there were a number of issues preventing good access to services including lack of workforce, organisation, COVID-19 isolations and sickness were having an impact and despite having strict rules, there were sudden episodes of staff sickness, which were compounded with the increase in demand.

The Director of Commissioning Strategy and Development (Primary Care) advised that £1m had been invested in County Durham to combat the strain of an anticipated bad winter. A general practice overflow service had been set up at the A&E department which was able to redivert patients who were otherwise unable to get treatment from their practice.

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Councillor Gunn commended all of the work done by the task group, which had occurred during a really challenging time and in particular wanted to mention the importance of the 111 service as most people would have used it and experienced being held in a queue. There were many pressures on general practitioners, which were exacerbated by the pandemic and the roll out of vaccines was highly commendable.

With regards to the Winter Access Fund, Councillor Gunn asked what £820k could do for County Durham, as in her opinion it was insufficient. The Director of Commissioning Strategy and Development (Primary Care) advised that the government had announced £240m and when split ICS system, the largest areas were North East and North Cumbria with £8m. Each CCG had to be allocated and this was approximately £800k, so prior to allocating, a bid for an additional £450k had been submitted which been approved and was predicted to amount to in excess of £1m. The Director of Commissioning Strategy and Development (Primary Care) advised that the cost to fund a year of the ED PCS hub, based on the current level of service, was £650k so acknowledged that this would not go very far, but he had advised primary care to submit bids at scale and where there were already overflow hubs, they could try and upscale with additional Nurse Practitioners and Doctors.

Councillor Hovvels had concerns regarding telephone services which were unable to give repeat prescriptions and patients were having to sometimes travel to other villages which was costly for some and contributed to poverty and ill health. The Director of Commissioning Strategy and Development (Primary Care) confirmed that advice given was that a significant number of minor pharmacy and medication issues were disruptive to the telephone service so patients were being encouraged to use repeat prescription request slip or the web portal. There was also an issue with accuracy which was reduced by ordering non-verbally over telephone. He recognised that there were a number of people that were unable to post and that general practice needed to have exceptions for those house bound. There was a demand on telephones, which had been exacerbated by the pandemic and some practices were like call centres, but unlike experienced call centres who were equipped for high call volumes and had systems to cope, general practice had outgrown their service and needed adapting. The only way to cope was to reduce the amount of activity that could be done in other ways.

Councillor Hovvels' other concern was the pressures on post office because some NHS appointments were arriving a week out of date which was contributing to missed appointments. The Director of Commissioning Strategy and Development (Primary Care) advised that in secondary care, hospitals had a telephone back up system which sent automated calls to press one if attending and 2 if not. Primary care had changed a lot and the amount of letters that were sent had significantly

decreased. To book vaccinations, links were sent out to book flu jabs, or clinical appointments and this had reduced the amount of letters sent. Patients were able to now have more choice in the time of their appointments.

In response to a question from Councillor Earley regarding North Durham, the Director of Commissioning Strategy and Development (Primary Care) advised that the Shotley Bridge hub provided minor injury and Bishop Auckland,

In addition GP's Derwentside Federation, provided additional appointements 6-8 Monday – Friday and Saturday and Sunday mornings. If felt demand was such that those were not sufficient, they would be reviewed. With regards to whether Casualty would be extended, R Stray, CDDFT confirmed that she would ask for a response from Sue Jacques.

The Director of Commissioning Strategy and Development (Primary Care) advised that having a well-designed A&E with space to co-locate a hub with someone to navigate them would avoid patients sitting for hours to be told that they can access other services.

The Principal Overview and Scrutiny Officer advised that reference had been made to the 111 service and suggested that should Members require further information on the pressures and demand, they could consider an additional recommendation to invite NEAS to a future meeting of the Committee and consider the specific details.

Councillor Howey appreciated the hard work but there were complaints daily that patients were unable to see a Doctor and children having to go to A&E for treatment, there was also information given by staff that pre-bookable appointments were unable to be made due to COVID-19 measures. The Director of Commissioning Strategy and Development (Primary Care) advised that he had experienced similar complaints from patients where it was assumed by default that the practice had done something wrong but when it was investigated, people had refused to wear a face covering to enter the premises, including mothers who had children that needed to be seen. Those that would not adhere to that policy, despite being there to protect more vulnerable, had to be treated a suspected COVID-19 patient, brought through a fire exit and into covid hot room. Typically a child presenting, would be asked for a PCR test before arriving and these were seen to be reasonable procedures but there were some being reported different.

The Director of Commissioning Strategy and Development (Primary Care) advised that the issue of whether primary care was increasing the demand by means of only offering appointments on the same day would be considered by the task group. The COVID-19 protocols still applied, staff isolations were causing massive challenges but he acknowledged that advance bookings should be considered in more detail.

Councilllor Savory asked whether the information that the Committee had received could be communicated to the general public through either social media or newspaper as it was important that patients were kept up to date. The Director of Commissioning Strategy and Development (Primary Care) advised that he had asked the communications team how to convey the information and agreed that it was important when heading towards a bad winter.

Resolved

That the report and presentation be noted.