

DURHAM COUNTY COUNCIL

At a Meeting of **Adults, Wellbeing and Health Overview and Scrutiny Committee** held in Council Chamber, County Hall, Durham on **Tuesday 24 May 2016 at 9.30 am**

Present:

Councillor S Forster (Chairman)

Members of the Committee:

Councillors J Armstrong, J Chaplow, M Davinson, E Huntington, J Lindsay, L Pounder, P Stradling and O Temple

Co-opted Members:

Mrs R Hassoon

Also Present:

Mr S Palombella (Healthwatch County Durham)

1 Apologies for absence

Apologies for absence were received from Councillors R Bell, P Brookes, P Crathorne, K Hopper, P Lawton, H Liddle, O Milburn, M Nicholls, J Robinson, A Savory, W Stelling, Mrs B Carr and Dr L Murthy

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 Assistant Chief Executive and Chief Clinical Officer, Durham Dales, Easington and Sedgefield CCG that provided details 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 were shown a short video detailing information regarding the CCG's proposed options for the future of Urgent Care Services within DDES that had been shared at the public consultation meetings, followed by a presentation from the Director of

Commissioning, DDES CCG (for copy see file of Minutes). She highlighted the following points:-

- Why urgent care services needed to change –
 - The cost at 3 centres is more than what is paid to a GP for the whole year.
 - Funding had increased at a lower rate than actual spend as we have an increasing population, increasing elderly population and new technologies
 - In the five year forward view, £150m of savings needs to be reached for each CCG
 - Need to make the best use of every £1 spent
 - Improve poor health outcomes as people were still dying from treatable illnesses
 - Urgent Care centres were not designed to treat long term conditions
 - There is still confusion over what to access with people travelling to multiple locations for their care
 - Need to improve the best use of money and only pay once for treatment
 - Duty to review the contracts
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She went on to advise of the following:-

- What we are keeping?
- Sedgefield – Key Facts
- What is included in the consultation?
- Further proposed new developments
- Members questions from the last meeting, including
 - Reduction in pharmacy funding
 - Availability of GPs
 - Access to Services and Transport Options
 - Helping the public to understand our proposals

In conclusion, the Director of Commissioning highlighted:-

- Engagement
- External oversight
- Feedback to date – over 2400 responses received
- Issues raised during public meetings

The Chairman thanked the Director of Commissioning for very detailed and informative presentation and invited Members to ask questions.

Mrs R Hassoon referred to a PPI survey on Pharmacies and it was found that the majority of pharmacists working in local areas were locums. She asked if the pilot would see employed pharmacists. The Director of Commissioning explained that pharmacists were employed by independent contractors and therefore would be unlikely to be placed into hubs. The Director of Primary Care, Partnerships and Engagement, DDES CCG advised that not enough information was known yet about the restructure of the pharmacies. He explained that the pilot would look at how the pharmacists could help support and supplement the work of the GP practice. By offering services such as repeat prescriptions this would help the GPs concentrate on seeing more patients. This model would be rolled

out where the population exceeded 30,000 patients and would see a shift of the pharmacy role from retail to help strengthen general practice.

The Chairman referred to the 111 service and the fact that the system had let her down personally on two occasions. She would therefore welcome every effort to help improve the service. She felt that people needed to be educated with information and the steps they should take readily available and easy to understand. The Director of Commissioning agreed that people do not know where to go and they need to be advised where to go for treatment first time. She advised that a plan was ready to go as soon as the consultation period ends with targeted work for groups who use the service. She added that communication would be continued with the public and work on how the message could constantly be shared with the public was ongoing. It had been suggested that people need a way of retaining information as leaflets were often discarded, such as fridge magnets.

Councillor J Armstrong commented that this had been a full and comprehensive consultation with no stone left unturned. He added that the next stage may be difficult as he felt that there were not enough GPs available to provide the service expected.

The Director of Primary Care, Partnerships and Engagement said that the CCG were very proud of their high standards that were evidenced by the CQC rating and the performance targets. He commented that it had been alluded to that there was a GP shortage and measures were being taken to address this through the GP career start. Together with the pharmacy pilot and the inclusion of advanced nurse practitioners would help to get the right skills mix. He recognised that some GP appointment systems were outdated and the demand for appointments should be structured for each day. It was also recognised that until there was a functional appointment system available people would still use a walk in facility.

Referring to reception areas within GP practices, Councillor E Huntington suggested that there needs to be change to allow more confidentiality for patients.

The Director of Primary Care, Partnerships and Engagement advised that they were actively looking at this issue and were providing specific training for receptionists. The five year forward view advised of an improvement grant available to GP practices that gave the opportunity for 100% of funding for the development of surgeries including providing glass screens in reception areas. This gave each practice the incentive to make improvements.

The Chairman commented that at her own GP surgery if people ring up on the day a GP would ring back within two hours and either arrange an appointment or arrange a prescription if required. The Director of Primary Care, Partnerships and Engagement said that this triage system was the methodology that would be rolled out or standardised. He referred to the surgery in Councillor Huntington's ward and advised that this had undergone some recent improvements. The Chairman asked that the word triage was replaced with assessment as people did not understand the meaning.

In terms of the consultation, Councillor P Stradling said that Scrutiny were satisfied with the work undertaken. He said that it was disappointing that there had been a lack of

attendance at the consultation events, especially as there had been excellent transport arrangements put in place. He looked forward to receiving the full results in September.

The Chairman thanked the officers for their report and reminded Members that the consultation period would end on 6 June 2016 and that a special meeting would be held on 1 September 2016 to receive all information from the consultation.

Resolved:

- (i) That the report be received;
- (ii) That comments on the documents including the consultation and engagement process, the consultation materials and the consultation feedback received to date be noted and a letter be sent on behalf the Committee setting out these comments as its formal response to the consultation process;
- (iii) That an additional special meeting of the AWH OSC be held on 1st September 2016 to enable the Committee to consider all of the consultation feedback, determine whether the consultation and engagement process has met the statutory requirements of section 244 of the NHS Act 2006 and agree any final representations it wishes to make to DDES CCG prior to its Governing body agreeing its preferred option.

6 County Durham and Darlington NHS Foundation Trust Quality Account 2015/16

The Committee noted a verbal report of the Principal Overview and Scrutiny Officer that gave an update on the draft formal responses of the 2015/16 Quality Accounts for County Durham and Darlington NHS Foundation Trust (CDDFT).

The draft response was circulated and Members were notified that the deadline was 25 May 2016.

Resolved:

That the response for CDDFT be agreed.