MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE HELD AT 7.00PM ON TUESDAY 7 JANUARY 2020 IN THE BOURGES/VIERSEN ROOM, TOWN HALL, PETERBOROUGH

Committee Members Present:	Councillors K Aitken (Chairman), A Ali, C Burbage, C Harper, L Coles, J Howell, S Qayyum, N Sandford, S Hemraj, S Warren and Co-opted Member Parish Councillor June Bull	
Also present	Jessica Bawden	Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group
	David Parke	Head of Primary Care, Cambridgeshire and Peterborough Clinical Commissioning Group
	Dr Mark Sanderson	Medical Director, Cambridgeshire and Peterborough Clinical Commissioning Group
	Caroline Walker	Chief Executive, North West Anglia NHS Foundation Trust
	Fleur Seekins	Clinical Quality Lead Nurse Primary Care at Cambridgeshire
Officers Present:	Dr Liz Robin	Director of Public Health
	Dan Kalley	Senior Democratic Services Officer

24. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Rush and Barkham. Councillor Harper was in attendance as substitute for Councillor Rush. Apologies were also submitted from the representative from Healthwatch Susan Mahmoud.

25. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

Agenda Item 5. North West Anglia NHS Foundation Trust – Preparations for Winter 2019/20

Councillor Hemraj declared a pecuniary interest in Item 5 in that she worked for the North West Anglia NHS Foundation Trust.

Agenda Item 6. North West Anglia NHS Foundation Trust – Financial Update

Councillor Hemraj declared a pecuniary interest in Item 6 in that she worked for the North West Anglia NHS Foundation Trust.

Agenda Item 7. Update on Quality in Care Primary Services

Councillor Qayyum declared a pecuniary interest in Item 7 in that she worked for one of the GP Practices mentioned in the report.

Councillor Sandford declared an interest in Item 7 as he was a patient at a surgery detailed in the report however he stated that this would not affect his ability to discuss the report.

26. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 18 SEPTEMBER 2019

The minutes of the meetings held on 18 September 2019 were agreed as a true and accurate record.

27. CALL-IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISIONS

There were no requests for Call-in to consider.

At this point Cllr Hemraj left the room.

28. NORTH WEST ANGLIA NHS FOUNDATION TRUST – PREPARATIONS FOR WINTER 2019/20

The Chief Executive North West Anglia NHS Foundation Trust (NWAFT) introduced the report. The purpose of the report was to provide an update on the preparations made and subsequent actions taken at Peterborough City Hospital in readiness for Winter 2019-20. The committee were advised that the report had been prepared last Summer for a meeting that did not go ahead on schedule due to the election.

The report covered procedures in place to enable the system to cope with the additional load and surges in demand to ensure patients were directed to the right point of contact. This included preparing staff by increasing the number of staff available and asking staff to have the flu jab to reduce sickness leave.

Additional capacity had been created by opening some facilities for longer and work had been undertaken to improve on social care, nursing home placements and discharge procedures to free up beds. Ambulance offload was not always immediate and if beds and bays were not available, care would be administered in corridors, which whilst not ideal was a better option than leaving patients in ambulances.

The report highlighted that performance targets had not been met and this trend continued to be the case at Peterborough Hospital; in November only 60% of patients were treated within four hours and in December only 56%. The Committee were informed that Hinchingbrooke achieved their targets on most days.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Minor attendances, or walk ins, were the largest part of the increased activity. Work was still required to direct these patients to walk-in centres and other alternative care facilities to help ease the congestion in Accident & Emergency (A&E)
- Outflow from the main hospital to free up beds for patients arriving through A&E remained a problem and work continued on discharge matters.
- Most patients attended A & E between 4pm and 10pm, often after work or school by those who should be using other care services. A better provision of same day care was required outside of A&E such as extended GP opening hours and ensuring these services were advertised to raise public awareness.
- Current evaluations included creating an emergency department in the form of a GP or minor injuries service to be integrated within A&E.
- 140 patients per day visited the Minor Injuries Unit in Peterborough rather than A&E.
- Members were given information by NWAFT on the trial currently in place at Hinchingbrooke Hospital to reduce the number of patients seen in A&E. NWAFT were working with the Herts Urgent Care (HUC) on the pilot which had run for 3 or 4

weeks to date at Hinchingbrooke Hospital, 5 days a week from 3-11pm. It involved intercepting patients as they arrived at A&E and directing them to alternative services such as pharmacies, offering advice with self-help treatments or booking an appointment directly with the GP practice. All GP practices needed to be signed up to the same system and clinical advisors were trained on both GP and hospital systems. GP practices did not set aside appointments solely for the use of the trial. Appointments were made available through HUC who co-ordinated appointments through their out of hours care programme. Initial consultation at Hinchingbrooke was through clinical advisors or nurse practitioners. These were not prescribers and some members felt it would be advantageous if they had this function also, rather than referring to someone who did. The trial at Hinchinbrooke was working well and about 10 patients a day were referred to alternative healthcare appointments. However resources were limited as reliance was on GP availability. The scheme could be introduced in Peterborough once the evaluations were completed.

- Most people who attended hospitals felt this was the most appropriate place to go and it needed to be recognised that either this was due to a structural issue or under resourcing.
- Members were advised that all providers of urgent care had signed up to work on the Urgent and Emergency Care Collaborative. This included minor injury units, extended GP surgeries, urgent treatment centres, the 111 service and a range of other possibilities available which the public were not always aware of. Discussions were taking place on how these organisations could work differently and collaboratively, sharing staff and grants to improve the position for next Winter.
- Members were advised the NHS were considering introducing mandatory flu vaccinations for staff as currently only 68% had taken up the offer. This was partly due to a logistical problem around shift working and pressure of work and partly due to some staff not wanting the vaccination. Concern was expressed that staff could introduce flu into the hospital if they did not have the vaccination. There was concern that staffing levels, which were already tight, could be adversely affected if receipt of the flu vaccine became mandatory. Peterborough hospital did not perform well in comparison with other hospitals in similar areas and had recently been placed 116 out of 158 hospitals on performance. This was mainly due to above average increase in attendances and below average performance.
- The hospital design was a major issue in respect of ambulance admissions as all ambulances accessed the hospital via the same route. Most hospitals had different ambulance receiving points dependant on the referral route which avoided some patients passing through the Emergency Department.
- Members discussed how patients responded when surgeries were unexpectedly closed. They were advised that communications were issued signposting patients through alternative routes and providing advice on treating the symptons of flu, with most GP practices in Peterborough being able to provide alternative cover. The Clinical Commissioning Group (CCG) could provide information to councillors to assist re-directing patients should the situation occur again.
- The NWAFT had no statistics available on the number of patients received in A&E who didn't need to be there however regular audits had shown that although the number was not high, redirecting these patients would have enabled the department to manage better.
- GPs could phone professionals at the hospital for advice and to confirm if a patient should be referred to hospital.
- Members were advised that parking continued to be a problem at the hospital and building was currently underway to provide 106 additional parking spaces and future capital funding would be available towards a multi storey car park to provide additional parking spaces for staff and patients. A green travel plan was being formulated for staff. 48% of staff lived within 3km of the hospital and it was being proposed that these people would not be allowed to bring a car onto the site. It was, however, recognised that those working shifts or with care responsibilities would need their car at work. Local bus companies had offered discounts to hospital staff using

the bus service for travel to work. Patient parking was made more difficult when staff parked in patient car parks.

- The NWAFT noted that an additional exit road from the site would be beneficial as there was considerable congestion caused on both entering and leaving the car park. This had caused problems in recruiting and retaining staff, due to the time taken to leave the site being unacceptable.

AGREED ACTIONS

The Health Scrutiny Committee considered the report and **RESOLVED:**

1. To note the preparations and subsequent actions taken at Peterborough City Hospital in readiness for Winter 2019-20.
2. That the NHS North West Anglia Trust Foundation bring a report to the next meeting on how the emergency collaborative framework and working smarter programme had been working and ways forward for Peterborough City Hospital.

RECOMMENDATION

The Health Scrutiny Committee **RECOMMENDED** that the pilot scheme currently being used at Hinchingbrooke Hospital was progressed further and implemented at Peterborough City Hospital.

29. NORTH WEST ANGLIA NHS FOUNDATION TRUST – FINANCIAL UPDATE

The Chief Executive North West Anglia NHS Foundation Trust introduced the report. The purpose of the report was to provide an update on key issues relating to the financial performance of North West Anglia NHS Trust Foundation (NWAFT) mid-way through the financial year 2019-20. The report also provided an overview on other items of trust news which could have an impact on patients, staff and visitors.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members expressed concern that consideration was being given to building a multi storey car park rather than encouraging employees to use public transport or cycles which would also help address the city's obesity and climate challenge.
- Members requested further engagement with council officers regarding the entrance and exit to the hospital site.
- Stagecoach had reported that congestion at the hospital site caused delays and was a major concern. They had agreed to trial some alternative routes on the implementation of the travel plan and it was suggested that the council could support this through bus subsidies.
- The incentive funding available this year was back end loaded to the second half of the year and there would be significantly more income in the second half of the year. Combined expenditure reductions linked to cost improvements and increased funding indicated the budget remained on target.
- The NWAFT confirmed that of the £490million income the trust received less than £1million from overseas visitors
- Members advised that car parking in residential areas near the hospital continued to be a problem and discussions were due to commence with patients and members of the public from February onwards. National guidance was expected from the government on the expectations of free facilities to patients and staff. The NWAFT asked that council committees supported future proposals for another car park exit and green travel plan.
- Members asked for specific examples of failings highlighted within in the Care Quality Commission (CQC) report and were advised this included access to the maternity

helpline which triaged in anticipation of admission to hospital. These patients who then arrived at hospital were kept waiting many hours to be seen due to heavy workloads and the escalation plan to combat this was not implemented. Staff were reminded immediately of the policies in place and how to implement them.

- Another area requiring improvement on the CQC report included drug storage. Drugs had been stored in cupboards locked by keypad doors since the hospital opened. The CQC advised on this inspection that this was inadequate as drugs should be stored in locked cupboards behind keypad locked doors. Alterations were now underway to change the storage facilities across the hospital and staff were not allowed in drug cupboards unescorted and records were being maintained on access to the cupboards.

AGREED ACTIONS

The Health Scrutiny Committee considered the report and **RESOLVED:**

1. To note the latest financial performance update from North West Anglia NHS Foundation trust and the part it played in the financial performance of the Cambridgeshire and Peterborough Sustainability and Transformation programme.
2. To note the actions being taken to address the growing demand for car parking spaces on the Peterborough City Hospital site.
3. To note the Trust's Care Quality Commission inspection rating, following the Trust-wide inspection which took place in July 2019.

RECOMMENDATION

The Health Scrutiny Committee **RECOMMENDED** that a report be presented to the Committee in the next Municipal Year on public transport access at the hospital and the progress made on the green transport plan.

Councillor Hemraj re-joined the committee at this point.

Councillor Qayyum left the meeting at this point.

30. UPDATE ON QUALITY IN PRIMARY CARE SERVICES

The Director of External Affairs & Policy, Cambridgeshire and Peterborough Clinical Commissioning Group accompanied by the Clinical Quality Lead Nurse for Primary Care, the Clinical Commissioning Group Medical Director and the Head of Primary Care, Cambridgeshire and Peterborough Clinical Commissioning Group .presented the report in Primary Care Services.

The Head of Primary Care, Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) introduced the report which provided an update on the quality objectives and strategy systems in place to ensure and improve quality in General Practice. This was following a request from the committee for assurance that the CPCCG was introducing measures to improve and support practices who were struggling to maintain high standards.

The CPCCG had a formal governance framework to ensure the quality of care and had recently approved a scheme of support to all practices and a structured approach to the management of concerns raised that supports openness, transparency and learning. Primary Care was overseen by the Primary Care Commissioning Committee, which was made up of Lay Members, NHS England, Executives, the Local Medical Committee and Healthwatch.

There were a number of practices that had been rated by the CQC as requiring improvement or inadequate although some practices had been rated good or outstanding..

The Quality Surveillance Group met monthly for feedback and intelligence was gathered from patient groups, Healthwatch, stakeholders and the media. Practice visits would commence in January with priority being given to those rated inadequate or requiring improvement and support offered in specific areas of need such as IT systems or coding involving stakeholders where appropriate.

A hub had been set up to support surgeries including training, coaching and mentoring and GP retention schemes. The hub would also include Leadership Training Awards and a buddy system for newly qualified GPs to share good practices.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members were advised that measures were in place to support practices on a weekly basis to improve their CPCQC rating, reducing to monthly support as improvements were made. Focus was on practices who were struggling most where an action plan would be prepared for progress to be monitored.
- Surgeries were encouraged to share good practices. Member practices of each Primary Care Network (PCN) would be sharing contracts and delivering on services to a shared patient population and would want to support each other in terms of quality output.
- There was a requirement for a notice of special measures to be displayed at the surgery and on the website once the report had been published however this could take several weeks. Members responded to this saying whilst understanding practices were under a lot of pressure, they felt that, for the purpose of transparency, the visibility of how the practice was rated would provide an incentive for improvement. Members also pointed out that there was inconsistency in the displaying of results as there was no mention of the CPCQC results on the website for the Octagen Practice however the Welland Practice details were available clearly.
- Patients were always free to register with a different practice should their own be rated inadequate although the majority of patients would remain as most care was generally good.
- The monitoring dashboard included public health data, work force data, identifying vulnerabilities, health prevention and prescribing information. Patient experience data and feedback from ward councillors and community groups would also be included.
- Some information was collected for information purposes only. Information was weighted 40% quality, 40% performance and 20% patient experience – the rating for patient experience was less as less data was available. The data dashboard had been applied across the Eastern Region to ensure consistency with similar scoring to other CCGs,
- The CPCCG advised that the work force age, nearness to retirement and the ratios of patients, GPs and nurses was of specific interest. Members expressed concern and wanted to know what action was being taken to address pending retirements.
- The CPCCG explained that GP retention was a national issue. The new Primary Care Network were hoping to increase the workforce generally by looking at the 5Ps and recruiting paramedics, physiotherapists, social prescribers, clinical pharmacists, and physician associates to overcome the national shortage of GPs which would leave GPs available to attend the most severe cases.
- The report indicated that Westwood Clinic had not received assurance visits as often as required as the practice had not provided suitable dates. This was as a result of changes in practice management and staff sickness rather than a refusal to co-operate.
- A Workforce Plan had been compiled to study capacity for the new management team taking on the running of the new Nightingale Practice. to ensure that there was enough capacity to carry out current commitments across the various surgeries together with the new practice. Additional reception staff and nurses had been

recruited to cover the opening of the new practice and conversations were taking place with GPs to increase the workforce.

- There was a rigorous process for closing a practice and a formal application for closure would be required. A decision to close a practice was based on the current strategy and the need of the patients within that geographic area.
- Appointment availability continued to be an issue and some surgeries required patients to call at a specified time to book a same day appointment. Members wanted to know why, in these surgeries, additional staff were not available to take the calls and avoid the long call waiting times. Members felt that if patients could access GP appointments more easily there would be a positive outcome on the visits to A&E. Members were advised that work within the Primary Care Networks aimed to address these issues, looking into other ways of working and making it easier for patients to access health professionals.
- Some patients preferred to consult with a GP however over time most would become familiar with alternative practitioners and be more accepting as they became more regular.
- The Thistlemoor Practice had received an outstanding CQC rating. Members wanted to know what Thistlemoor was doing differently and how this could be implemented in other practices to improve their results. Members were advised practices were run by GPs as partnerships. Thistlemoor had outstanding leadership and vision and those practices which were underachieving had less impressive leadership and the CPCQC had reported this was a key reason why some practices underperformed.
- Whilst GPs were good doctors, their medical training had not always included leadership and management skills. The patient population around Thistlemoor was based largely around those with English as a second language and the practice had responded to patient needs and re-modelled accordingly. The practice was enthusiastic and keen to show anyone around and were often used as an example to other surgeries. Members advised that the triage system they had experienced at Thistlemoor often lead to patients being referred to other health professionals more appropriate rather than GPs.
- Members were provided with some background information on two failing practices where leadership had been reported by the CQC as quite poor. This was as a result of the original partners leaving the practice and, in both cases, leaving only one doctor who became doctor, business manager and employer, running the practice alone and whilst good GPs, they were not natural leaders.
- Members repeated their frustration over the appointment allocation system in operation in most GP practices which was not associated with demographics or resources but a result of poor customer service and asked when the CCG would insist that certain processes were not acceptable. The committee had previously made a recommendation regarding this to the CPCQC. Members were advised that there was no easy answer. The government, via NHS England negotiated the General Medical Services contract with the BMA across the UK which governed how practices provided services and set out their obligations. The contract was quite vague and did not set out clear standards or ways of working and contractually there were no enforcement actions available. There were different methods in use across the various surgeries to allocate appointments and the system was not standardised. Attempts were being made to promote booking appointments online which some patients found more acceptable and online consultations were being rolled out across all practices. All practices would receive new software for processing patient results more efficiently and new additional NHS funding would be available for the digital agenda.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to note the report.

RECOMMENDATIONS

The Health Scrutiny Committee **RECOMMENDED** that letters be sent to the Health Secretary and the local MP's regarding a standardised approach and outlining concerns that the national contract for GP surgeries was not specific enough and did not permit continuity of standards. The letter would include specific examples of inconstancies within the system.

31. HEALTH SCRUTINY COMMITTEE MEETING START TIME 2020-21

The Senior Democratic Services Officer introduced the report. The purpose of the report was to seek the Committee's agreement on the meeting start time for the municipal year 2020-21.

The Health Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Some members would prefer an earlier start time however those in employment would have difficulty making a pre meeting at 5pm.
- Meetings held in the morning or afternoon would restrict access to members of the public who may want to attend.
- Some members could not arrive before 6pm however members were reminded that the decision was being taken for the next committee and the membership could change.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to agree the start time for the meetings in the municipal year 2020-21 to be 7pm.

32. MONITORING SCRUTINY RECOMMENDATIONS

The Senior Democratic Services Officer introduced the report which provided the Committee with a record of recommendations made at previous meetings and the outcome of those recommendations to consider if further monitoring was required.

The Committee were informed that the letter to the two local MP's asking them to lobby the Secretary of State for Health for an increase in the Public Health Grant for Peterborough had been sent.

The Chair advised that the briefing note had not been received from Cambridgeshire and Peterborough Clinical Commissioning Group on the practice in place by some GP practices where patients were required to phone at 8am to book an appointment and this item remained outstanding.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to note the contents of the report and note the actions outstanding.

33. FORWARD PLAN OF EXECUTIVE DECISIONS

The Senior Democratic Services Officer introduced a report, being the latest version of the Council's Forward Plan of Executive Decisions containing key decisions that the Leader of the Council, the Cabinet or individual Cabinet Members would make during the forthcoming month. Members were invited to comment on the plan and where appropriate, identify any relevant areas for inclusion in the Committee's Work Programme.

AGREED ACTIONS

The Health Scrutiny Committee **RESOLVED** to note the report and considered the current Forward Plan of Executive Decisions.

34. WORK PROGRAMME 2019/2020

Members considered the Committee's Work Programme for 2019/20 and agreed to note the items as included.

AGREED ACTIONS:

The Health Scrutiny Committee **RESOLVED** to note the work programme for 2019/20.

35. DATE OF NEXT MEETING

The next meeting would be held on Tuesday 9 March 2020.

CHAIRMAN
7.00pm – 8.55pm