PETERBOROUGH CITY COUNCIL

MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE
HELD AT 6.00PM ON
TUESDAY 7 JULY 2020
VIRTUAL MEETING: PETERBOROUGH CITY COUNCIL'S YOUTUBE PAGE

Committee Members Present:	Councillors K Aitken (Chairman), S Barkham, C Burbage, D Fower, S Hemraj, S Qayyum, B Rush, N Sandford, N Simons, 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
	Caroline Walker	Chief Executive, North West Anglia NHS Foundation Trust
	Ian Hollingsworth	Integrated Urgent Care Service Manager, Herts Urgent Care
	Athar Yasin	Emergency Clinical lead NWAFT
	Oscar Onyebuchi	Clinical Lead for Cambridgeshire and Peterborough for Herts Urgent Care
	Andrew Anderson	Clinical Lead for Urgent Care, C&P CCG
	Tracey Pilcher	Chief Nurse, Lincolnshire Community Health NHS Trust
	Ian Weller	Head of Urgent & Emergency Care, C&P CCG
	Louise Mitchell	Director of Strategy and Planning
	Alison Lungley	Herts Urgent Care
	David Barter	Head of Commissioning, NHS England and NHS Improvement – East of England
	Tom Norfolk	Local Dental Network (LDN) Chair and Lead Dental Practice Adviser NHS England and NHS Improvement, East of England
	Jessica Bendon	Senior Contracts Manager (Dental) NHS England and NHS Improvement, East of England
	Susan Mahmoud	Representative for Healthwatch
	Janice Greenhill	Director of Performance & Delivery, Herts Urgent Care
Officers Present:	Dr Liz Robin	Director of Public Health
	Paulina Ford	Senior Democratic Services Officer
	Karen Dunleavy	Democratic Services Officer

Rachel Edwards	Head of Constitutional Services
Philippa Turvey	Democratic and Constitutional Services Manager

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Ali and Cllr Fower was in attendance as substitute.

2. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS

Agenda Item 4. Proposals for the Relocation of the Urgent Treatment Centre and GP Out of Hours Service In Peterborough

Councillor Hemraj declared that she was an employee of the North West Anglia Foundation Trust (NWAFT) and therefore would not be speaking on agenda item 4.

There were no further declarations of interest or whipping declarations.

3. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 9 MARCH 2020

The minutes of the Health Scrutiny Committee meeting held on 9 March 2020 were agreed as a true and accurate record.

3.1. MINUTES OF THE JOINT SCRUTINY COMMITTEE MEETING HELD ON 20 MAY 2020

The minutes of the Joint Scrutiny Committee Meeting held on 20 May 2020 were agreed as a true and accurate record subject to one amendment.

Page 28, final paragraph, last line which stated "*However, the figures were being assessed and would be presented to the Treasurer in order to obtain extra funding"* the word Treasurer to be changed to the word Treasury.

4. PROPOSALS FOR THE RELOCATION OF THE URGENT TREATMENT CENTRE AND GP OUT OF HOURS SERVICE IN PETERBOROUGH

The report was introduced by the Chief Executive, North West Anglia NHS Foundation Trust. The report outlined proposals to relocate the Urgent Treatment Centre (UTC) and the GP Out of Hours services from the City Care Centre on Thorpe Road to the City Hospital site in Bretton, Peterborough to create a single point of access for urgent and emergency care for the people of Peterborough. This followed the NHS Long Term Plan which committed to redesigning and reducing pressure on emergency hospital services.

As this was a significant service change, the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) were therefore legally required to conduct a statutory Public Consultation.

Members were advised there would be no change for patients who arrived at Peterborough City Hospital by ambulance.

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

- Members thanked the hospital team and the medical staff for their hard work and commitment throughout the COVID-19 crisis.
- Concern was raised regarding the already limited parking available at the hospital site and clarification was sought as to how this would be addressed. Members were advised

that it was recognised that parking had been a problem at both the hospital and City Care Centre sites. Research undertaken by the CCG indicated that the vast majority of parking issues occurred in the early evening at the City Care Centre. There would however be adequate car parking available at the hospital site at this time of day, but the situation would be monitored.

- Members commented that local residents in Bretton, Netherton and Ravensthorpe had complained that hospital parking had overflowed into residential areas and residents had difficulty parking in their own street which had caused friction. Members sought clarification as to whether there were plans to expand the car parking arrangements at the hospital site. Members were informed that there were future plans to expand the car parking arrangements at the City Hospital site which included a multi storey car park and another car exit. There were however currently no parking issues with plenty of empty spaces as less patients were visiting the hospital and others were using digital platforms. Some hospital staff were also working from home.
- The Green Travel Plan for the hospital included working with bus companies to provide more routes and other options in conjunction with the Peterborough City Council. It also included arrangements to increase car parking and prevent staff bringing their own cars to work if they lived locally, however the implementation date was not known.
- Members asked to see the Green Travel Plan and hoped it would include funding towards public transport improvements.
- Members were concerned about the lack of public transport to the hospital and some Members felt that due to this the location of the UTC should remain in the city centre. Concern was raised about people having to make a journey into town and then another journey to the hospital as there were no direct bus routes from outside of the city centre and the bus services during the evening were greatly reduced. Members also commented that local bus companies had revised their routes during busy times and now did not take buses to the main entrance due to congestion.
- The Head of Urgent & Emergency Care, C&P CCG Director of Strategy and Planning felt there was a good provision of bus services from the city centre to the hospital site as indicated in the impact assessment, which would be published as part of the consultation process. An audit had been conducted to understand how people travelled to the City Care Centre which revealed that 99% of people interviewed arrived by car and not many people used public transport.
- Members asked for consideration to be given to an arterial bus route including the city ring road which would access the city hospital site via the existing A47.
- Members were informed that an exercise had been undertaken in Cambridge for a similar service move to see how people attended for urgent care and a similar exercise could be undertaken in Peterborough to assure the Committee that public transport was not an issue.
- Members felt that insufficient research had been conducted on the use of public transport and the Clinical Lead for Urgent Care, C&P CCG suggested an audit could be included in the public consultation process.
- The UTC site would be located at the front of the Emergency Department (ED) where walk-in patients currently entered the building, using the same access for all patients. Patients would then be guided towards the most appropriate department based on their clinical presentation. Planning permission was also in place for another building next to that area should there be a need to expand, however the current floorplan would be large enough to accommodate the service.
- Patient flow could also be included in the consultation documentation.
- It was anticipated that more people would attend the Emergency Department with a pre-booked appointment time.
- The Minor Injury Unit currently accommodated walk-in patients up to 8pm which would continue as the services would be transferred to the new site on a like for like basis. A fully integrated service was proposed eventually with back up from the Emergency Department, GPs and Advanced Practitioners.

- The Healthwatch representative questioned why services were being directed to a hospital site at a time when people were still worried about visiting hospitals because of COVID. It was acknowledged fear remained a consideration however a significant number of patients continued to visit the hospital and Accident & Emergency attendances were at 85% of pre COVID levels.
- The Healthwatch representative also questioned the relevance of a consultation being held at a time when face to face engagements could not be held and access to the consultation would only reach those digitally connected, excluding those most likely to be affected by the move. Members were advised that the face to face elements of previous consultations were the least well attended. Digital platforms had increased engagement however advocacy organisations such as Healthwatch, would be used to reach patients not on those platforms.
- Members expressed concern that public opinions in previous consultations had not always been taken into account. Members were informed that previous proposals had been modified in the past as a result of public opinion through consultation.
- The CCG confirmed that they had corresponded with Lincolnshire Health Scrutiny Committees and would include them and the Parish Councils within the consultation group.
- Members were invited to suggest ways to engage with the public effectively and were reminded that as Councillors they could engage with local residents to get them involved with the consultation. Paper consultation documents would not be published due to infection prevention and control measures.
- The need for patients to travel to healthcare appointments was changing as more consultations were being conducted remotely and electronic prescriptions were being issued directly to the pharmacy nearest the patient. Healthcare could be delivered differently in the future. The national agenda was for patients to contact the 111 service in the first instance for an assessment carried out by telephone or video which negated the need for travel to a face to face assessment. Booked face to face appointments could then follow if required.
- Patients could make appointments with an appropriate clinician for same day emergency care via the 111 service. Appointments could be allocated at a time which was clinically safe; patients could be seen on time which would reduce waiting times and overcrowding. These would usually be in the Urgent Treatment Centre.
- By calling the 111 service first, patients would be directed to the correct service which best catered for their needs, at an appointed time convenient to them. This model was already operating in Lincolnshire through Urgent Treatment Centres at Pilgrim and Lincoln hospitals.
- It was anticipated that phase one would be completed by winter and the integrated phase two in the spring, followed by phase three.
- Proposals had not yet been prepared on the future use of the City Care Centre premises however it would remain a health facility.
- Critically ill patients arriving by ambulance would continue to be seen in the Emergency Department.
- There were no plans for any staff redundancies within the health service.
- There was an enthusiastic team on the 111 service with a provider keen to embrace change. Incorporating GP support into the service had been successful and currently options were being explored within the Clinical Assessment Service (CAS) sitting behind the initial call handlers to expand the service further. It was hoped to enlarge the team by including pharmacists and consideration was being given to including A & E Consultants and Paediatricians.
- An interim report update was requested for the September meeting.

AGREED ACTIONS

1. The Health Scrutiny Committee **RESOLVED** to endorse the proposals for public consultation attached at Appendix A within the report regarding the relocation of the

Urgent Treatment Centre (UTC) in Peterborough from the City Care Centre to Peterborough City Hospital.

2. The Health Scrutiny Committee also requested that the following documents be included within the consultation documents:
    a. A floor plan of the footprint of the Urgent Treatment Centre and details of how patient flow under the new scheme will work within the hospital.
    b. The impact assessment with regard to how people in Peterborough currently attend for emergency care appointments to show methods of transport currently being used.
3. The Chief Executive, North West Anglia NHS Foundation Trust to provide an interim report on the relocation of the Urgent Treatment Centre to be presented to the Committee at the September meeting and to include the hospitals Green Travel Plan.

6. NHS ENGLAND AND NHS IMPROVEMENT – EAST OF ENGLAND RESPONSE TO COVID-19 AND THE DELIVERY OF NHS DENTAL SERVICES IN PETERBOROUGH

The Head of Commissioning, NHS England and NHS Improvement – East of England introduced the report which provided an update on the impact of the COVID-19 emergency on the delivery of dental services in the Peterborough area, the interim provisions in place and the recovery plan.

All non-urgent face to face dental activity ceased following the Prime Minister's announcement on 25 March 2020 introducing social distancing measures to slow down the spread of COVID-19. This was necessary because dentists worked 6-12 inches from the patients' airways using procedures which could create aerosols. During this closure, most practices had been providing a service remotely for anaesthesia, antibiotics and advice.

60 Urgent Dental Care (UDC) systems had been created to provide care for people with urgent dental problems once appropriate personal protective equipment (PPE) had been sourced.

Practices were advised on 8 June by the Chief Dental Officer to prepare to re-introduce services to patients and many were now up and running but only conducting non aerosol generating procedures as the safety of both patients and clinical teams remained a priority.

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

- Members were concerned that residents were unaware that dental practices were providing NHS treatment during the COVID crisis.
- Members were informed that referrals to a UDC practice would be either through a dental practice or via the 111 service. Remote support was also being provided via dental practices regarding advice on the use of antibiotics and analgesics to manage pain. All practices within the area had remained open remotely.
- Dentists had been advised to avoid face to face consultations unless absolutely necessary and whilst the decision made by the Chief Dental Officer to suspend routine dental services was not ideal, services had to be safe for both patients and the dental team.
- The gateway to dental services was via the 111 service or via dental practices. Primary Care providers were also able to signpost people for urgent dental care. Some patients were presenting at hospitals and GP surgeries. These patients were referred onward through the triage system to allow patients to be prioritised.
- Members reported that patients had been turned away from the 111 dental service and presented then to GP surgeries, where GPs were being asked for antibiotics and analgesics to treat dental issues.

- A volunteer group of 50-70 dentists across the region were working throughout the closure and were contacting referred patients by telephone or video link. Triage services had been made available over weekends in response to demand and were still in place.
- The allocation of UDC had not been influenced by the PPE supply. Some practices chose not to participate as either the staff were classified as "vulnerable," or had contracted COVID or were nervous about going into work.
- The location of the centres had not been advertised to prevent people from just turning up as had happened in other areas, which had given rise to safety issues for both patients and staff.
- The number of patients referred for UDC remained manageable. On most days there was capacity to see the most urgent cases and there had been very few occasions where sites had been taken off-stream.
- UDC was being used less as more dentists were returning to work and dentists were contacting patients to ascertain their dental requirements to prioritise those most in need, however the UDC centres would remain in place for the time being.
- The use of drills and scalers generated water particles which were a convenient size to attract the COVID cells. These circulated within a room and could be easily inhaled. The dental team would also be working within inches of a patient's head and dental practitioners were considered one of the highest risk groups within healthcare. Dental care provision had therefore been limited to avoid dentists becoming virus "super-spreaders".
- Members asked how patients not registered with an NHS dental practice had faired during the crisis. Members were advised that unlike GP practices, dental practices did not have registered patient lists and, prior to COVID, anyone presenting at a practice which had the right amount of contracted activity should be seen and given a course of treatment as required. Therefore, any patient could be seen at any NHS dental practice for advice and treatment if that practice had the capacity.
- Orthodontic services were included within the UDC however most cases were not perceived as an emergency although there were exceptions such as a broken brace where the brace wires penetrated the cheek or a brace removal in advance of a brain scan. In urgent cases orthodontists visited dental surgeries to attend to an urgent need.
- The Chief Dental Officer had praised the dental services provided in the region throughout the crisis.
- Community Dental Services assigned to vulnerable children and adults provided a more specialised service suited to their needs which had continued during the pandemic.
- Members were advised dentists used category 3 Personal Protection Equipment (PPE) which had not initially been readily available to all practices.
- Prior to the COVID crisis, dentists could see 20-30 patients per day however 4-6 patients per day was currently more achievable to allow time for aerosols to settle, (an hour), deep cleaning consulting rooms between patients and adhering to social distancing measures.
- Members were surprised that no complaints had been received given that only very urgent patients in severe pain were being referred to for UDC. Members were informed that complaints regarding NHS services could be made directly to the dental practice or via the NHS Contact Us system.
- Should there be a second spike of COVID, dental practices would follow the advice of Public Health England (PHE) although it could be assumed that with the correct PPE and social distancing measures in place, service would continue.
- Dental services were being reviewed to consider how services such as prevention and oral health education could be re-integrated. Dental services worked closely with PHE on priorities to improve dental health, engage with harder to reach groups and improve inequalities.
- Prior to the COVID pandemic, a pilot started to promote oral health stabilisation. Dentists would be remunerated for attending to an urgent walk-in patient's immediate needs and then continue to stabilise their oral health. This would then build a professional relationship which would encourage the patient to continue to attend the dental practice.

This was in comparison to the walk-in centre which only offered emergency treatment. Practices would be asked to re-commence providing this service.

- Members felt that the local dental services could not accommodate all the cases they received prior to the COVID outbreak, and that approximately 90% of dentists in Peterborough were not taking new NHS patients or only taking on those referred by a dental practitioner.
- Members sought clarification on what measures would be put in place to ensure that access to dental services was available to all. Members were advised that current access to dental services was determined by clinical need and some practices were not carrying out routine check-ups. However, the aspiration was to have all practices fully re-opened and seeing as many patients as possible whilst attracting additional patients through the Oral Health Stabilisation programme.
- Any patient who was in unbearable pain would pass through the triage system and would be given assistance to relieve the pain.

AGREED ACTION

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

CHAIRMAN
6.00pm – 7:48pm
7July 2020