

**MINUTES OF A MEETING OF THE HEALTH SCRUTINY COMMITTEE  
 HELD AT 7.00PM ON  
 MONDAY 5 NOVEMBER 2018  
 IN THE BOURGES / VIERSEN ROOMS, TOWN HALL, PETERBOROUGH**

<b>Committee Members Present:</b>	Councillors J Stokes (Chairman), K Aitken, A Ali, S Barkham, S Hemraj, D Jones, D Over, B Rush (Vice Chairman), N Sandford, N Simons, S Warren Co-opted Members - Parish Councillor Barry Warne and Dr Steve Watson	
<b>Also present</b>	Jane Pigg	Company Secretary, North West Anglia NHS Foundation Trust
	Jessica Bawden	Director of Corporate Affairs, Cambridgeshire and Peterborough Clinical Commissioning Group
	Val Thomas	Consultant in Public Health
	Caroline Walker	Chief Executive, North West Anglia NHS Foundation Trust
	Neil Doverty	Chief Operating Officer, North West Anglia NHS Foundation Trust
	Jan Thomas	Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group
	Rob Murphy	Director of Primary and Planned Care, Cambridgeshire and Peterborough Clinical Commissioning Group
<b>Officers Present:</b>	Dr Liz Robin	Director of Public Health
	Paulina Ford	Senior Democratic Services Officer

**23. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Co-opted Member Parish Councillor Henry Clark and Parish Councillor Barry Warne was in attendance as substitute. Susan Mahmood, representative of Healthwatch and the Cabinet Member for Public Health, Councillor Lamb also wished their apologies to be noted.

**24. DECLARATIONS OF INTEREST AND WHIPPING DECLARATIONS**

Item 6. Preparations for Winter 2018/19 in Our Hospital

Councillor Hemraj declared an interest in item 6, in that she was an employee of the North West Anglia NHS Foundation Trust and advised that she would leave the meeting for the duration of that item.

## **25. MINUTES OF THE HEALTH SCRUTINY COMMITTEE HELD ON 17 SEPTEMBER 2018**

The minutes of the meetings held on 17 September 2018 were agreed as a true and accurate record.

## **26. CALL-IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISIONS**

There were no requests for Call-in to consider.

## **27. PETERBOROUGH AND CAMBRIDGESHIRE SEXUAL AND REPRODUCTIVE HEALTH SERVICES COMMISSIONING FEASIBILITY STUDY**

The Consultant in Public Health accompanied by the Director for Public Health introduced the report. The report provided the Committee with the rationale, background and proposed outcomes of the Public Health England (PHE) Sexual and Reproductive Health (SRH) Services Commissioning Feasibility Study that was being undertaken in Peterborough and Cambridgeshire.

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

- Members expressed concern that the demands and concerns of Peterborough would be very different to those of Cambridgeshire owing to the differing demographics. Members were advised that the particular needs of Peterborough were evident from the data analysed and emerging differences between North and South Cambridgeshire would also need to be addressed. Service specifications would have to reflect the differing needs in all areas.
- Future reports would be brought back to the committee as evidence that the proposals served the needs of the local population. The committee could then compare and contrast the proposals with the current situation.
- Existing Integrated Contraception and Sexual Health Services (iCaSH) were commissioned from the same provider, Cambridge Community Services NHS Trust, in both Peterborough and Cambridgeshire.
- The current situation involved running two different contracts, each with their own specific overheads with re-charges applicable if people were seen out of their own area. There would be financial benefits in moving away from this separate arrangement and commissioning one contract.
- Members acknowledged the benefit of economies of scale to be gained on the merger of services across the area however they expressed concern that Peterborough would be seen as a suburb of Cambridgeshire.
- Consultations would investigate where local populations would prefer to have services located to best address their needs.
- The iCaSH services in Peterborough were fairly central with some services available via local General Practitioners (GP) services however in Cambridgeshire there were more services situated across a wider area. The existing location would continue with the possibility of future services being distributed around the city.
- The contrast of late diagnosis of Human Immunodeficiency Virus (HIV) between Peterborough and Cambridgeshire was acknowledged and Members were informed this was currently a focus within Peterborough and a bespoke programme was in place with focus on increased outreach. An intense communication programme was planned to coincide with the Annual World Aids Day in December.

- Patient surveys have indicated that patients prefer visiting the city centre for services in preference to the hospital site. The move to the city centre was part of the recommissioning of the services and introduced efficiencies, maintained the same standard of service and had enabled more patients to be seen.
- Improved pathways between the Sexual Health Service and Gynaecological Service would be beneficial and would facilitate women being able to access contraception immediately post-delivery whereas currently delays were caused by contraception and maternity fell under different services.
- Councillor Sandford, seconded by Councillor Over proposed that the Committee recommend that when implementing the changes to the Peterborough and Cambridgeshire Sexual and Reproductive Health Services that the Director of Public Health ensures that the service continues to be easily accessible to the population of Peterborough. The Committee unanimously agreed.

## **RECOMMENDATION**

The Health Scrutiny Committee **RESOLVED** to recommend that the Director of Public Health ensure that when implementing the changes to the Peterborough and Cambridgeshire Sexual and Reproductive Health Services that the service continues to be easily accessible to the population of Peterborough.

## **AGREED ACTIONS:**

The Health Scrutiny Committee considered the report and **RESOLVED** to support the work being undertaken for the Sexual and Reproductive Health (SRH) Service Feasibility Study and its key objectives to improve alignment of the commissioning of SRH services to improve health outcomes and to modernise and secure service efficiencies.

Councillor Hemraj left the meeting for the next item as per her earlier declaration of interest.

## **28. PREPARATIONS FOR WINTER 2018/19 IN OUR HOSPITAL**

The Chairman welcomed Caroline Walker in her capacity as the new Chief Executive of the North West Anglia NHS Foundation Trust.

The report was introduced by the Chief Operating Officer, North West Anglia NHS Foundation Trust which outlined the winter planning arrangements for winter 2018/19 to assure the Committee that the hospital could meet the expected increase in demand for services.

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

- The planned reduction in elective activity during the winter surge period in January would not involve cancelling appointments but would include forward planning to reduce the scheduled workload. The Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) wished to avoid cancelling scheduled operations where possible.
- There was a programme to improve theatre productivity which it was hoped would help when operations had been cancelled.
- Members were concerned that patients would be discharged too early under the Daily Discharge Target. Members were assured that a person would not be discharged if the discharge was considered unsafe. Inflow and outflow of patients were monitored

continuously and internal escalation protocols would be activated when there was a run of negative capacity.

- There was always provision for night surgeries and there was sufficient capacity for trauma and critical care overnight.
- Members commented on the number of acronyms within the report and requested that less acronyms were used in the report and when used that an explanation was provided.
- Members expressed concern over the delay in community care following discharge from hospital and that patients were discharged ill-prepared. Members were advised that, while the hospital worked closely with community partners there was sometimes a deficit in services and efforts were then made to flex resources to achieve a positive outcome. The intention was not to discharge patients prematurely and expose them to risk.
- Preventive work undertaken to reduce the number of admissions included GPs being asked to work differently to avoid hospitalisation and the use of specialist teams of nurses, doctors and therapists. The ambulance service were being trained to treat as many people as possible in their own homes and had been asked to investigate the flow of ambulances into the hospital and if this could be better managed.
- Members were advised that there was a risk associated with the decision to leave someone in their own home or admit them to hospital. GPs managed complex patients on a daily basis and work is continuing by the CPCCG on who is prepared to take more or less risk about where a patient is at any time and the risks the patient would then be exposed to as a consequence.
- There was a range of schemes available to follow up on specific groups of patients to help them understand the trigger points of their illness and prevent re-admission to hospital. The use of data within the Health and Social Care System could be improved to actively seek out patients who have been admitted multiple times and measures could be put in place to prevent re-admission.
- £1.3m capital had been received from NHS Improvement which would be spent on improving the bed base and there was no intention to remove funding from planned care into emergency care. The additional monies, which amounted to £700,000 for Peterborough would be used for social care and buying additional services.
- Members were concerned that vulnerable people were more affected over the winter months than other groups. Members were advised that Peterborough had a Frail, Elderly Service at Peterborough City Hospital which was part of the National Frailty Network. This had been independently inspected and was performing well together with the Community Front Door Team. A similar system with additional staff had been established at Hinchingbrook Hospital.
- Whilst Members were pleased to see theatre and hospital services fully utilised over the weekend, weekend discharges would put further pressure on the council's Adult Social Care Service which were already under pressure. Members were advised that those signed up to the Winter Plan had advised they had enough money to fulfil their commitments.
- The Extended JET service was an enhanced service from the Joint Emergency Team (JET), a first response service called upon by GPs or the Ambulance Service to visit patients in their own homes.
- An additional 42 beds would be distributed throughout the hospital. Nine additional beds would be in the Medical Assessment Unit next to the Emergency Department. A fifth bed would be introduced onto the current four bed bays across all medical and surgical wards and seven assisted bathrooms would be converted for bed use over the next two months.
- Full Capacity Protocol was a clear policy for when the hospital experienced a sustained period of elevated emergency demand. This was introduced to manage a safe patient pathway throughout the hospital.

- Red and green days were explained to Members - when a patient had a red day it meant that nothing useful was happening to the patient e.g. they may be waiting to have a test. Green days were positive care days.
- Councillor Over, seconded by Councillor Sandford recommended that all future reports presented to the Committee should contain a full explanation of all abbreviations. The Committee unanimously agreed.

## **RECOMMENDATION**

The Health Scrutiny Committee **RESOLVED** to recommend that all abbreviations / acronyms within the report should be fully explained either within a glossary or bracketed within the text to allow full understanding and transparency for the Committee and members of the public.

## **AGREED ACTIONS:**

The Health Scrutiny Committee considered the report and **RESOLVED** to note the preparations for winter being made at Peterborough City Hospital, in conjunction with its local health system partners in primary care, mental health, community services and adult social care services.

Councillor Hemraj re-joined the meeting.

## **29. PRIMARY CARE UPDATE PETERBOROUGH**

The Chief Officer of the Cambridgeshire and Peterborough Clinical Commissioning Group, accompanied by Director of Primary and Planned Care introduced the report which provided the Committee with an update on primary care in Peterborough.

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

- Members commented that patients south of the river were struggling to access a GP. Land had been designated for a surgery as part of the planning process within the new development however a new surgery had not been provided and further housing had now been built on the site. This had meant that the 1800 houses that were being built would have to feed into the existing Stanground surgery which suggested the stated target of 100% population coverage was not being met.
- GP access was a national problem as there was a huge demand for GP services. Local GP's were now providing extended access to meet the NHS England national requirements but there was still some areas of the population where it was still difficult to access a GP. There should be consultation between the patients and the practice to help the practice to meet demands within the funding they had available.
- The CCG will need to be better at planning for population growth and plan further ahead. Monies made available alongside new developments for investment in health services should be utilised when available however buildings would only be effective if staff could be found.
- Different generations had different health requirements and behaved differently therefore promotion of services needed to reflect that. With the current workforce challenges, procedures would have to change going forward. This could mean looking at prevention and technology together with the way health services were promoted and delivered.
- Members queried whether there had been any discussions with the University Centre Peterborough to see if they could offer any medical courses. Members were informed that

there had not been any discussions with regard to medical courses but the Combined Authority had been looking at providing courses at the University Centre Peterborough with regard to nursing and health and social care however this did not yet encompass training doctors.

- Members wanted to know what measures were being taken to improve access to getting appointments at GP surgery's as this continued to be a problem. Members were advised of the introduction of an online consultation tool to triage each patient to provide more information at the time of allocating the appointment to get the right appointment slot. Some practices have adopted a GP First Model, whereby a patient speaks to a GP in the first instance which means every patient who calls will speak to a GP. Whilst this helped the patient it had added to the workload of the GPs and uptake had been mixed. Practices were looking at streamlining the reception process to ensure every call was answered and patients were triaged in the most effective manner.
- Members commented that the report was written from a GP perspective but Members would prefer the focus to be on the patient and patient experiences.
- Primary Care services consisted of a group of small business who contracted with the National Health Services (NHS) to provide health care and businesses were most successful when putting their customers first. More work needed to be done to inform patients on how they can help themselves by accessing other services such as pharmacies and the voluntary sector.
- Recruitment from within Europe following Brexit was discussed and Members were informed that there were a number of factors which would need to be considered post Brexit but was unable to comment at this point.
- Members reported that some patients were unaware of merging GP practices into larger units. Some patients may have chosen a surgery based on knowing staff at another and Members wanted to know what measures were in place to protect patient confidentiality in terms of IT process'. Members were advised that there was a requirement under the due diligence process for practices to consult with patient groups and ensure all registered patients were aware of the merger and they were happy with the merger.
- Members sought clarification as to what measures were being put in place to protect patient confidentiality post-merger in cases where members of the practice may be known to the patients. Members were advised that it was not known if patient records were to be merged when GP practices merged and Members were advised this would be clarified. However it was also explained to Members that when a patient was in need of medical intervention, medical staff need to have access to as much information as possible to be able to treat to them effectively. There still appeared to be confusion amongst the public as to what information different sectors of the health care service had access to.
- General data collected on a population level was invaluable for planning the best services possible and collating the data would be in the patient's best interest.
- Members were concerned that patients in general experienced severe difficulties in trying to contact their GP practice to request an appointment in the mornings with telephone lines being continually engaged. Members were informed that each practice had a different type of patient booking system and work needed to be done to get the GP practices to work together. Feedback was required to identify trouble spots and the practice could then be held to account. Patients could report delays through their patient access group.
- The GP Online Consultation Tool would be launched in December and patients would then answer a series of questions on line which will allow for more effective triage but the balance between online appointments and face to face consultations needed to be maintained.
- Other technological solutions could include electronic patient records and document management systems, the use of social media and the use of video conferencing. Technology could be used more effectively as more people used online services.

- It was suggested that members of the newly merged GP practices should be asked if they agree to their records being shared with other practices as a first step.
- Members expressed concern regarding illegitimate access to patient information and suggested a reporting system, such as is used in the credit environment, to notify a patient when their records had been accessed.
- Patients could be empowered to hold their own records, where a patient held their own records and made them available to healthcare professionals when requested. The system had been used within maternity services over a long period and had proved successful.
- Members commented that surgeries were now being run as a business and as a consequence costs savings appeared to affect the services provided e.g. a surgery had recently refused to dispose of medical items due to cost.
- Members were dissatisfied with the appointment system in place at many GP practices whereby patients call the surgery at 8am to be allocated an appointment. Lines were reported as being consistently engaged and appointments could not be booked in advance. Further investment was required by surgeries to answer telephones at peak times.
- The Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group noted Members concerns with regard to accessing GP appointments and advised Members that this would be investigated further.
- Not all patients had been informed of the arrangements concerning The Octogen Practice.
- The Healthcare strategy for the next 3 – 5 years would focus on technology as there was no longer the workforce to continue to function manually.
- Members were concerned for patient safety when using online services. Members were advised that further investigation into what systems would be used was ongoing. It was likely that several smaller technological solutions would be recommended rather than one large system.
- Most health professionals wanted to maximise the care given and make more time available to the patients who were in most need. It was anticipated that the introduction of IT systems to facilitate this would be not meet with any objections. Patients needed to be given the tools to help themselves if they were able.
- In March 2018 The Health Scrutiny Committee recommended that The 111 Service enter into discussions with officers in Cambridgeshire and Peterborough to instigate an 'option 3' which would direct patients calling in with a social care need directly to the social care call centre without the need to call a separate social care helpline. Members were advised there was no update on this at present but a progress report would be provided in due course.
- Councillor Sandford seconded by Councillor Barkham recommended that the Clinical Commissioning Group review the practice in place by some GP Practices where patients were required to phone their GP at 08.00hrs in the morning to book an appointment and to look into alternative methods to ensure that booking appointments with a GP was more easily accessible. The current practice was causing considerable problems to many patients across the city due to the inflexibility of the system. The Committee unanimously agreed.

#### **AGREED ACTIONS:**

The Health Scrutiny Committee **RESOLVED** to note the updates provided on Primary Care in Peterborough and requested the following information:

1. That the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group provide clarification on whether patient data will be merged when GP practices combine and how patient confidentiality would be protected.

2. That an update be provided before the next meeting on 21 January 2019 regarding the recommendation made at the March 2018 meeting to the Head of Urgent and Emergency Care Cambridge and Peterborough CCG on the discussions with officers in Cambridgeshire and Peterborough to instigate an 'option 3' route which would direct patients calling in with a social care need straight to the social care call centre without the need to call a separate social care helpline.

### **RECOMMENDATION**

The Health Scrutiny Committee **RESOLVED** to recommend that the Chief Officer, Cambridgeshire and Peterborough Clinical Commissioning Group review the practice in place by some GP Practices where patients are required to phone their GP at 08.00hrs in the morning to book an appointment and report back to the Committee.

### **30. MONITORING SCRUTINY RECOMMENDATIONS**

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

#### **AGREED ACTIONS**

The Health Scrutiny Committee **RESOLVED** to consider the response from Cabinet Members and Officers to the recommendations made at previous meetings, as attached in Appendix 1 of the report and noted that:

- The recommendations made for the Peterborough Annual Public Health report on 4 September 2017 and the Update on the Successes and Failures of Integrated Urgent Care report on 12 March 2018 were still on-going.

### **31. FORWARD PLAN OF EXECUTIVE DECISIONS**

The Senior Democratic Services Officer introduced the report. The Committee received 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 course of 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.

### **32. WORK PROGRAMME 2018/2019**

Members considered the Committee's Work Programme for 2018/19 and discussed possible items for inclusion.

#### **AGREED ACTIONS**

The Health Scrutiny Committee **RESOLVED** to note the work programme for 2018/19 and requested that the Cambridgeshire and Peterborough Clinical Commissioning Group provide a report on the impact of Brexit on health services.

**33. DATE OF NEXT MEETING**

28 November 2018 – Joint Scrutiny of the Budget Meeting  
21 January 2019 – Health Scrutiny Committee

CHAIRMAN  
7.00pm – 9.00pm

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