

CANNOCK CHASE COUNCIL
MINUTES OF THE MEETING OF THE
HEALTH SCRUTINY COMMITTEE
TUESDAY 4 AUGUST 2015 AT 4:00 P.M.
IN THE CIVIC CENTRE, BEECROFT ROAD, CANNOCK

PART 1

PRESENT: Councillors:

Gamble, B. (Chairman)

Allt, Mrs. A.	Johnson, T.B.
Bernard, Mrs. A.F.	Sutton, Mrs. H.M.
Grice, Mrs. D.	

Also present: Mrs. H. Parsons, Healthwatch (Staffordshire)
County Councillor Mrs. C. Mitchell, Staffordshire County Council
Representative.
Councillor Mrs. M.A. Davis (Health and Wellbeing Portfolio Leader),
Observer

8. Apologies

Apologies for absence were received from Councillor Miss M.A. Freeman (Vice-Chairman).

9. Change in Order of Agenda

The Chairman advised that agenda item 4, Improving Patient Access Project, would be taken before agenda item 3, Minutes.

10. Improving Patient Access Project

Clive Cropper, Cannock Practices Network (CPN), delivered a presentation on the 'Improving Patient Access Project', which covered the following:

- Why? – Opportunity to address concerns over 08:00-20:00, especially in response to local issues, 7 day working:
 - o Mid-Staffs effect – Minor Injuries Unit (MIU), A&E – reduction in hours;
 - o Patient concern and demand;
 - o Cannock Chase Clinical Commissioning Group (CCG) financial challenges;
 - o Local GP issues – size of practices, capacity, uptake of extended hours DES.
- How? – Local manageable pilot to be developed.

- o Review – CCG Primary Care Strategy, NHS 5 year plan, King’s Fund, BIDS from Phase 1, Patient views.
- Key Requirements and Key Objectives:
 - o Improve access to primary care – extended hours and release capacity in hours at the participating Practices;
 - o Improved collaboration in participating Practices;
 - o Promote patient empowerment and self-management/self-help via education;
 - o Support the CCG in reducing MIU/A&E attendances;
 - o Support the future use of primary care in the locality through GP recruitment and use of Nurse Practitioners.
- Combined GP/Nurse Practitioner Surgeries:
 - o Based in Cannock Hospital;
 - o Monday to Friday 15:30-20:00;
 - o Saturday to Sunday 09:00-13:00;
 - o Overflow/extras – provides some booked appointments for patients not able to access their own Practice on Mondays to Fridays 08:00-18:30;
 - o Supplemented by EMIS functionalities;
 - o To allow self-help and self-empowerment to patients.
- Use of Available I.T.:
 - o Nursing home pilot;
 - o Healthy Living apps;
 - o Adolescents – obesity, self-harm.
- Release capacity in Primary Care:
 - o Bid is not to address under capacity or poorly managed appointment systems;
 - o 45,000 – 50,000 patients included in this project;
 - o 1 patient/1000 patients requesting an urgent or late p.m. appointment, therefore 40-50 appointments per day is required to help meet this demand;
 - o Freeing up Practice for example for frail elderly – on average 15-20/1000 on admission avoidance register;
 - o Allow an annual full assessment review and 3-6 monthly reviews;
 - o 20-30 minute appointments;
 - o With MDT support;
 - o Sustainability and future funding

Clive Cropper provided then provided further information about the background to the Project:

- There were a number of small Practices operating in the local area which were also seeing an increased turnover rate of active GPs due to upcoming retirements;
- Of the 12 Practices originally contacted to become involved with the Project, 10 had come on board, with a combined total of approximately 50,000 registered patients;
- Aware of only 2 Practices in the area which opened on Saturday mornings, and others which stayed open beyond 6:30pm during the week;

- The new Network Surgery was due to commence operation on 1 September, 2015, and be based at Cannock Hospital in the GPs suite. The Royal Wolverhampton NHS Trust (RWT) had been asked about providing a discreet area with the Hospital for the Surgery location;
- All 10 Practices in the Network were now part of the same appointments booking system. As a result of this GPs operating from the Network Surgery would be able to check patient records (subject to consent from the patient) no matter which local surgery a patient was registered at. Furthermore, this would also allow patient information to be fed back directly to the relevant surgery;
- Evening and weekend appointments would be used more for those patients who were unable to attend on weekdays;
- Trial funding for the Project was in place until March 2016 in order to test and evaluate its success and receive feedback from users (patients, doctors, nurses and administrative staff) about any improvements that could be made;
- Up to 3 or 4 patients each week may be seen for longer appointment times (20-30 minutes) where they need more thorough help for longer term issues;
- Shortage in place at the moment of Nurse Practitioners due to their being a low number active in the local area, however nurses in local surgeries were being 'up-skilled' where possible to meet this shortfall.

The Chairman raised disappointment that the funding bid was not being used to address issues regarding the poor standard of appointments systems, which was a common complaint amongst patients.

Clive Cropper replied that he wanted to make sure all Practices were using the booking system properly, and that it was not to be used as a substitute by those Practices not using it properly and taking advantage of those who were.

SCC Mrs. Mitchell queried how people would get to know about the new service and how would they be able to access appointments.

Clive Cropper replied that all Practices will be issued with leaflets, posters etc. in order to advertise the service. In terms of appointments access, Practices would be expected to work as normal until their own appointments were fully booked, at which point patients would be given the option to use the Network surgery if they wanted a same day appointment (if available).

Councillor Mrs. Davis queried what would happen to the two surgeries which had not chosen to be part of the Project.

Clive Cropper replied that they would continue to operate as they have done, but have the option to join the Project at any time should they move to the same appointments booking system.

Councillor T. Johnson queried what exit strategy was in place should the

Project not be able to continue.

Clive Cropper replied that it would be a big disappointment should this happen, but at this stage it was important to stress the Project was only a pilot, so patient feedback was vital in order to try and help secure the Project's future.

Councillor T. Johnson then queried what communications plans were being put in place to advertise the Project to hard to reach groups.

Clive Cropper replied that this would be managed by each Practice, so such patients should have the opportunity to access the Network Surgery as anyone else. Additionally, extra information on patients could be sent to the Network Surgery if needs be. Work was also being undertaken with the Communications & Engagement team at the CCG and Patient Network Group on how best to advertise the Project and move forward with its development.

The Chairman commented he was pleased that on the surface it appeared this project would actually be of benefit to local people, and queried what transport provision would be in place for patients.

Clive Cropper replied that going forward the Project could branch out, but at present it was centrally located. There was a need however to keep a close eye on it and whether people actually want to use the facility at Cannock Hospital and whether they were willing to travel from less central locations (e.g. Rawnsley). Feedback from individual practice managers would also be taken account of, as well as monitoring which practices were making bookings for the Network Surgery.

The Chairman then thanked Clive Cropper for his attendance and invited him to attend a future meeting of the Committee to provide an update on the progress of the Project.

11. Declarations of Interests of Members in Contracts and Other Matters and Restrictions on Voting by Members

No declarations of interests in addition to those already confirmed by Members in the Register of Members Interests were made.

12. Minutes

The Head of Environmental Health circulated for information dates of the forthcoming meetings of the CCG's Governing Body, and advising that associated information could be found on the CCG website.

RESOLVED:

That the Minutes of the meeting held on 10 June, 2015 be approved as a correct record and signed.

13. Update on Staffordshire County Council's Healthy Staffordshire Select Committee

The Committee received for information the digest of the County Council's Healthy Staffordshire Select Committee held on 8 June 2015.

SCC Mrs. Mitchell reported that a special meeting of the Select Committee was taking place on 5 August to receive an update on the 'Improving Lives Programme', specifically in relation to work undertaken in East Staffordshire with the East Staffordshire CCG and Virgin Care.

The Chairman then reported that the next ordinary meeting of the Select Committee scheduled for 10 August would primarily focus on the End of Life and Cancer Care Programme.

Hester Parsons commented that she understood it to be the case that University Hospitals of North Midlands (UHNM) had pulled out of the End of Life project.

Councillor Mrs. Davis then raised concern that the RWT may also look to withdraw its interest in the project.

14. Healthwatch Staffordshire – Update

Hester Parsons reported that results regarding the GP services project referred to at the previous meeting were now available to view online, but advised that information in the results may be skewed, as Shropshire, Telford and Stoke-on-Trent had also been included in the project.

Hester Parsons then provided updates on other current work areas:

- Mental Health and Wellbeing Strategy implementation was underway. The first event being successfully held in Tamworth on 6 July, with two further events planned for 9 September (Leek) and 17 September (Stafford)
- Healthwatch Staffordshire's Annual General Meeting took place on 8 July and went well. Various information stalls were in place before the start of the event, and interesting presentations delivered during the AGM itself, particularly one on a successful campaign to improve orthotics services in North Staffordshire.
- Implementation of the Better Care Fund was ongoing.

Councillor Mrs. Davis queried if there was information available about how monies from the Better Care Fund was divided up between local authority areas.

Hester Parsons replied that she was unsure if such information was available, but it was important to note that Fund money was not 'new', and so had to be sourced from existing resources.

Hester Parsons then raised concerns about the 'Carers Hub' and how it would operate going forward when funding was being diverted. Hub could work better if it liaises with other relevant organisations rather than trying to operate on a standalone basis.

Councillor Mrs. Sutton commented that Staffordshire MPs were looking into this very issue at the moment, so more information may come forward soon.

Hester Parsons then advised that Healthwatch Staffordshire was presently consulting on what its top three work priorities should be for the coming year, and so asked for Members' input into this.

15. Work Programme

The Head of Environmental Health circulated the draft work programme for the Committee's attention, advising that it would be updated with dates of future meetings once these had been confirmed at Council on 12 August.

SCC Mrs Mitchell requested that the Better Care Fund be considered sooner rather than later due to urgency of concerns about how it was moving forward.

The meeting concluded at 5.08 p.m.

CHAIRMAN