Health and Adult Social Care Overview and Scrutiny Committee

Wednesday 7 September 2022

PRESENT:

Councillor Mrs Aspinall, in the Chair.
Councillor Deacon, Vice Chair.
Councillors Finn, Harrison, McDonald, Murphy, Nicholson, Partridge, Mrs Pengelly, Reilly, Salmon, Tuffin and Wheeler.

Also in attendance: Craig McArdle (Strategic Director for People), Anna Coles (Strategic Director of Integrated Commissioning), Tony Gravett MBE (Healthwatch Plymouth), Ross Jago (Head of Governance, Performance and Risk), David Bearman (Devon Local Pharmaceutical Association), Sue Taylor (Devon Local Pharmaceutical Association), Councillor John Mahony (Cabinet Member for Health and Adult Social Care), Dafydd Jones (GP), Jo Turl (Director of Commissioning, Devon ICS) and Elliot Wearne-Gould (Democratic Advisor).

The meeting started at 14:00 and finished at 17:00.

Note: At a future meeting, the Panel will consider the accuracy of these draft minutes, so they may be subject to change. Please check the minutes of that meeting to confirm whether these minutes have been amended.

11. **Declarations of Interest**

Member	Interest	Declaration
Councillor Natalie Harrison	Personal	Councillor Harrison's partner was a patient at Beacon Medical

12. **Minutes**

The Committee agreed the minutes of 13 July 2022 as a correct version, for the record.

13. **Chair's Urgent Business**

The Chair, Councillor Mary Aspinall, requested an update on 'delayed transfers to care', from Anna Coles (Service Director of Integrated Commissioning). It was reported that-

a) At this time, the average delay at University Hospitals Plymouth was 9 days, Devon's average was 4.5 days, and Cornwall's average was 22.4 days;

b) Meetings were being held with the National Discharge Taskforce to discuss ongoing challenges with delays;

c) Overall, there had been significant improvement to delays since the last meeting of the Health and Adult Social Care Overview and Scrutiny Committee.

In response to questions from the committee, it was reported that-

d) Delayed transfers to care were an ongoing issue, and updated figures would be brought to the next Health and Adult Social Care Overview and Scrutiny Committee meeting.

The Chair, Councillor Mary Aspinall, advised that a response had been received from a letter sent to the Prime Minister and Secretary of State for Health, concerning delays to ambulance handovers. As this was proposed in a motion on notice at Full Council on 20 June 2022, the response would be circulated to all members.

The Chair, Councillor Mary Aspinall, advised that a holding email had been received in response to a letter sent to the head of dental provision for the NHS Southwest region, outlining concerns with current service provision. Plans were being constructed for a scrutiny session in October, to analyse Plymouth's dental concerns.

14. **Health and Adult Social Care Policy Brief**

Sarah Gooding (Policy and Intelligence Advisor), outlined the Health and Adult Social Care policy brief to the committee, and highlighted the following points-

a) The Women's Health Strategy had been published in July;

b) The Health and Care Act had issued guidance around Integrated Care Strategies, and how scrutiny committees could work with new systems of integrated care partnerships. Further detail would be published shortly.

The Committee agreed to note the report.

Ross Jago (Head of Governance, Performance and Risk) delivered the Risk Monitoring Report to the committee, and highlighted the following points-

a) There were five risks on the report pertinent to Health and Adult Social Care, including one red risk (Workforce), and one new risk (Adult Social Care Reform);

b) The Risk Register should form part of the regular Health and Adult Social Care Overview and Scrutiny Committee work programme, so risks could be appropriately monitored and addressed.

Following questions from the committee, it was reported that-

a) The Risk Monitoring Report was designed to track and mitigate potential risks relating to the council's statutory duties and obligations, and did not denote certainty that these risks would occur;

b) Mitigating measures had been put in place to counter the risks present on the report.

The Committee agreed to note the report, and-

1) Continue to receive the Risk Management Register as a standing agenda item;

2) Add Adult Social Care Reforms to the work programme.

15. **Healthwatch Plymouth**

Tony Gravett (Healthwatch Plymouth) presented an overview of citizens' experiences with Pharmacy and General Practise to the committee, and highlighted the following points-

a) There had been a distinct change in how General Practise services were being delivered, transitioning away from face to face towards digital provision and E-consult. This had resulted in some significant challenges for patients in accessing services, with many original designs of E-consult "not fit for purpose";

b) Feedback received by Healthwatch had shown that not all citizens had the desire, physical, or technical ability to use digital systems. It was therefore essential to ensure a mixed-access method to services;

c) In Healthwatch's opinion, patient safety was beginning to be affected by misdiagnosis and/or lack of integrated care provision, in some isolated cases;

d) Healthwatch had seen an increase of complaints relating to medication and prescriptions in a number of pharmacies in Plymouth. This had included prescriptions not being available for collection at allotted times, prescriptions going missing, and temporary unplanned closures of pharmacies due to staffing issues;

e) High demand and additional pressures placed on health services appeared to have been causing a decline in basic coordination and service standards, leading to concerns for patient safety.

In response to questions from the committee, it was reported that-

f) It was difficult for patients to explain their symptoms accurately through E-consult, leading to potential errors through misinterpretation and misdiagnosis. This was often avoided through face to face appointments with General Practitioners (GPs).

g) There was significant variation in the standard of services provided by GP practices across Plymouth. Some practices had maintained a primarily face to face approach, while others struggling with workforce pressures had transitioned further towards online delivery. It would take ongoing work to standardise the methods and quality of care provided by GP practices across Plymouth.

h) From feedback submitted to Healthwatch, it appeared that some areas of care had improved since their decline during the pandemic however, many other areas had not, due to ongoing demand, staffing, and supply pressures.

The Committee agreed to thank Mr Gravett for the report, and praised the work of Healthwatch staff.

16. **Primary Care** (To Follow)

Jo Turl (Director of Commissioning, NSH Devon ICS) introduced the draft Primary Care Strategy to the Committee, and highlighted the following points-

a) Healthwatch's report had portrayed a valuable and fair representation of issues currently facing Plymouth's health services. Demand for health services had increased after the pandemic, and had caused many issues for patients in accessing services;

b) The Primary Care Strategy before the Committee was a draft work, with greater scrutiny and consultation required before its publication. Comments and engagement from the Committee were welcomed to help shape a robust policy, capable of producing a reliable care strategy for future years;

c) There was a specific requirement for the policy to address patient access issues and demand, as well as the role of general practice in a holistic system, supported by pharmacy, community teams, and voluntary sector;

d) It was important to note that not all health issues were best addressed through face to face appointments with medical professionals. A blended approach to access, as well as the inclusion of pharmacy and the voluntary sector could often be more convenient, efficient and effective;

e) Service provision methods were unlikely to return to those pre-pandemic. Instead, methods such as E-consult were being continually modified and improved to enhance patient satisfaction, while also managing high demand.

Dafydd Jones (GP) presented a GPs perspective to the Committee, and highlighted the following points-

a) Dafydd had been a GP for 11 years, working in a range of areas and practices across the city;

b) GP services were facing significant challenges from high demand and capacity limitations. This undoubtedly impacted upon patient experiences and outcomes;

c) A strategy document was warmly welcomed, bringing essential long-term management of future demand and capacity issues for Plymouths health and care services.

In response to questions from the committee, it was reported that-

d) GPs did not get professional fulfilment from phone and online contact. These were merely methods introduced to best manage high demand and low capacity;

e) Within the past 2 years, Dafydd's surgery had lost the equivalent of 3 full-time GPs, with recruitment proving unsuccessful. The average training period for prospective GPs was 5/6 years at medical school, followed by 5 years of experience post medical school;

f) Dafydd's surgery received around 1,000 calls on a typical Monday, and around 600 per day Tuesday-Friday. This was combined with around 1,200-1,500 E-consults per week, an increase of around 25% over past 2 years;

g) The Primary Care Strategy would undergo further consultation and review to set ambitions local targets for service provision. A final version was expected to be produced before the end of December 2022.

The Committee agreed-

1) To note the drat Primary Care Strategy;

2) To recommend to Jo Turl and the Devon ICS, that the final Primary Care Strategy must include a variety of access methods to ensure inclusivity (digital, phone, & in-person), to allow Patients to access GP services in a timely manner;

3) To recommend that the Committee be offered a briefing within a GP practise, to gain experiences of GP's work.

17. **Pharmacy** (Verbal Report)

Tony Gravett MBE (Healthwatch Plymouth) delivered the 'Pharmacy Patient Experience Report' to the Committee, and highlighted the following points-

1) Healthwatch had produced the report in response to a request for information from Public Health Plymouth, during the drafting of the Pharmaceutical Needs Assessment 2022-25;

2) It had been surprising to note the high level of feedback received regarding Plymouth's pharmacy services, in comparison to those in Devon and Torbay;

3) Community pharmacy was increasingly alleviating pressure from General Practise and Emergency Department services however, ongoing staffing issues were limiting capacity and potential.

In response to question from the Committee, it was reported that-

4) The report had been shared with the Public Heath teams in Devon, the Local Care Partnership Boards, the Devon Local Pharmaceutical Committee, and NHS Devon ICS;

5) Healthwatch were aware of regular supply issues for certain medications however, this did not regularly feature in survey responses. Instead, responses had often highlighted prescription delays, or changes to medication dosage;

6) Community pharmacy had significant potential to alleviate pressures on other health services, but required sufficient funding, staffing, and ongoing restructuring.

The Committee thanked Tony Gravett MBE, and-

1) Agreed to note the report.

David Bearman and Sue Taylor Delivered the 'Community Pharmacy Update Report' to the Committee, and highlighted the following points-

a) The Devon Local Pharmaceutical Committee represented all NHS community pharmacy contractors in the Devon area (224 Pharmacies);

b) There were an estimated 1.6 million consultations provided by community pharmacies per day. Per week, pharmacies gave symptom advice to over 730,000 people, and advice about existing medical conditions to over 263,000 people. These informal consultations were estimated to save over 24 million GP appointments per year;

c) The acuity of patient's symptoms presenting at pharmacies for advice and treatment had risen during the Covid-19 pandemic;

d) The current pharmacy contract (2019-24) was a 'flat cash' contract. This meant that pharmacies received the same funding each year, for the 5 year contract. Pharmacies were expected to expand their service provision each year, or would receive a reduction in funding. This had forced pharmacies to make efficiencies of 37-50% in order to manage the funding squeeze, inflationary pressures, and increasing demand for clinical services;

e) Some pharmacies had outsourced prescriptions to central hubs in order to increase efficiency. This had often led to a reduction in staff numbers at local pharmacies;

f) There was a national shortfall in pharmacists and technicians. The Southwest faced significant staffing challenges, with a very low uptake in pharmacy school applications, and no school of pharmacy in Plymouth. There were 400-500 pharmacist vacancies in the southwest, with around 91% of pharmacies experiencing staff shortages;

g) There were increasing issues with medication stocks and supply. This had forced pharmacies to use additional staffing-hours to source medications, as well as consulting with GPs to substitute medications or alter dosages. This was consuming an estimated 5.3 hrs per pharmacy, per week.

h) Pharmacies had experienced increased abuse and aggression towards staff, leading to difficulties recruiting and retaining staff. This had also led to additional costs of installing security measures;

i) There was a broad lack of public recognition towards the financial struggles of pharmacies, as well as ongoing recruitment and retention issues. In the past year, pharmacies in Devon had been open for 98% of their contracted hours, with temporary closures impacting only 2% of contracted time. This highlighted the importance and value of pharmacy services;

j) In comparison to the national average, Devon had one of the highest rates of pharmacy closures however, these trends were beginning to be reflected across the country;

k) Devon was one of the best performers for pharmacy services within their sole control. The New Medicines Service (NMS), Lateral Flow testing, blood pressure monitoring, and Ambulatory blood care monitoring were all performing above the national average. Furthermore, there had been 124,000 flu vaccinations delivered in Devon alone, last year;

l) Despite the challenges faced, there was significant potential for pharmacies to reduce inequality, improve prevention, and improve primary care access through the GP community pharmacy consultation service. Pharmacies were seeking to deliver better outcomes by expanding the New Medicines Service, and Discharge Medication Service, reducing the length of hospital stays, and likelihood of readmission. The utilisation of the electronic Repeat Dispensing Service also had potential to increase efficiency for pharmacy and general practise, reducing the demand for medication related GP appointments;

m) There were significant opportunities for efficiency and modernisation improvements in the future, with pharmacy commissioning transitioning from NHS England, to the Integrated Care Boards (ICB). This would bring potential to expand services, drive integration, and remodel pharmacy staffing.

In response to question from the Committee, it was reported that-

a) There were 5-6 wholesalers that Devon pharmacies used for medications. Occasionally 'out of stock issues' effected all suppliers, leading to additional staff-hours spent sourcing alternative medications and consulting with GPs;

b) The Devon Local Pharmaceutical Committee was working closely with Derriford Hospital to enhance the use of the Discharge Medicines Service. This had significant potential to reduce hospital-stays and provide patients with additional assistance with medications;

c) The new commissioning service would enable pharmacies to remodel their business and service provision, providing enhanced management of workload to help alleviate staffing, demand and economic pressures;

d) Work was ongoing between pharmacies in Devon, and the Bath Pharmaceutical School, to encourage students and graduates to pursue placements in the Southwest, thus helping to alleviate staffing pressures. The Southwest had faced significant challenges attracting pharmaceutical graduates from Bath, who tended to secure placements with acute trusts.

The committee thanked David Bearman and Sue Taylor for the report and-

1) Agreed to note the report

2) Agreed to request at a later date, a report from Derriford Hospital, regarding the effectiveness and ongoing expansion work of the Discharge Medicines Service.

Change to the Order of Business

Following approval of the Chair, the Order of Business was changed to bring forward item 11, Tracking Decisions, and item 12, Work Programme.

18. **Tracking Decisions**

The Committee agreed to note that all tracking decisions had been actioned.

19. **Work Programme**

The Committee agreed that Public Health Indices, and Winter Health Preparedness would be brought to the next meeting.

20. **Exempt Business**

The committee considered passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item of business on the grounds that it involved the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.
Cllr Finn Proposed this Motion;
Cllr Nicholson Seconded this Motion;

The committee agreed this motion.

(i) Part II (Private Meeting)

21. **Cavell Centre Briefing** (Verbal Report)

Clive Shore delivered an update report on the West End Health Hub/ Cavell Centre to the Committee.

The Committee agreed to note the report, and to seek further updates in the near future.