



**Oversight and Governance**

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Published 30 August 2022

## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

Wednesday 7 September 2022  
2.00 pm  
Council House

**Members:**

Councillor Mrs Aspinall, Chair

Councillor Deacon, Vice Chair

Councillors Finn, Harrison, McDonald, Murphy, Nicholson, Partridge, Mrs Pengelly, Reilly,  
Salmon, Tuffin and Wheeler.

Members are invited to attend the above meeting to consider the items of business overleaf.  
For further information on attending Council meetings and how to engage in the democratic  
process please follow this link - [Get Involved](#)

**Tracey Lee**  
Chief Executive

## **Health and Adult Social Care Overview and Scrutiny Committee**

### **1. Apologies**

To receive any apologies for non-attendance from Committee members.

### **2. Declarations of Interest**

To receive any declarations of interest from the Committee in accordance with the code of conduct.

### **3. Minutes (Pages 1 - 8)**

The committee will be asked to confirm if the minutes of 13 July 2022 are correct, for the record.

### **4. Chair's Urgent Business**

To receive reports on business which, in the opinion of the Chair, should be brought for urgent consideration.

### **5. Health and Adult Social Care Policy Brief: (Pages 9 - 14)**

### **6. Healthwatch Plymouth: (Pages 15 - 32)**

### **7. Primary Care: (To Follow)**

### **8. Pharmacy: (Verbal Report)**

### **9. Exempt Business**

To consider 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 involves 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.

#### **9.1. Part II (Private Meeting)**

#### **Agenda**

#### **MEMBERS OF THE PUBLIC TO NOTE:**

that under the law, the Committee is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

- |                                    |                        |
|------------------------------------|------------------------|
| <b>10. Cavell Centre Briefing:</b> | <b>(Verbal Report)</b> |
| <b>11. Tracking Decisions:</b>     | <b>(Pages 33 - 36)</b> |
| <b>12. Work Programme</b>          | <b>(Pages 37 - 38)</b> |

The chair and vice-chair will lead a discussion of items on the work programme for the municipal year 2022/23.

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## Health and Adult Social Care Overview and Scrutiny Committee

**Wednesday 13 July 2022**

### **PRESENT:**

Councillor Mrs Aspinall, in the Chair.

Councillor Deacon, Vice Chair.

Councillors Finn, Harrison, Laing (Substitute for Cllr McDonald), Murphy, Nicholson, Partridge, Reilly, Salmon, Tuffin and Wheeler.

Apologies for absence: Councillors Mrs Pengelly and McDonald.

Also in attendance: Anna Coles (Service Director of Integrated Commissioning- PCC), Jo Beer (Chief Operating Officer- Derriford Hospital), James Glanville (Head of Urgent and Emergency Care- NHS Devon), Sarah Gooding (Policy and Intelligence Advisor), Tony Gravett MBE (Healthwatch Plymouth), David Harper (County Commander SW Devon- SWAST), Ross Jago (Head of Governance, Performance & Risk), Dr Dafydd Jones (GP), Ian Lightly (Head of Integrated Community Services- Livewell SW), Councillor John Mahony (Cabinet member for Health & Adult Social Care), Craig McArdle (Strategic Director for People- PCC), Sarah Pearce (Head of Adult Frailty and Specialist Services- Livewell Southwest), Jo Turl (Director of Commissioning- NHS Devon), Gary Walbridge (Head of ASC and Retained Functions- PCC), and James Wenman (Associate director for Urgent Care).

The meeting started at 14:00 and finished 17:30.

*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.*

1. **To Note the Appointment of the Chair and Vice Chair for the Municipal Year 2022/2023**

The appointment of Councillor Mrs Aspinall as Chair and Councillor Mark Deacon as Vice-Chair was noted.

2. **Declarations of Interest**

<b>Name</b>	<b>Minute Number</b>	<b>Reason</b>	<b>Interest</b>
Councillor Mrs Laing	7	Patient at Mayflower Medical Group	Private
Councillor Wheeler	7	Patient at Mayflower Medical Group	Private
Councillor Harrison	8	Worked with Ukrainian Refugees	Private

3. **Minutes**

The minutes of the meeting held on the 9 March 2022 were confirmed as a correct record, subject to the correction of a grammatical error.

4. **Chairs Urgent Business**

There were no items of Chair's urgent business.

5. **Terms of Reference**

The Committee's terms of reference were noted.

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

Members of the Committee considered the Health and Adult Social Care Policy Brief.

Sarah Gooding (Policy & Intelligence Advisor).

Members raised questions concerning-

- a) Better mental health support for people in crisis;
- b) Grant fund to support women's reproductive wellbeing in the workplace;
- c) Increased funding for nursing support in care homes.

In response to questions from members further information would be provided outside of the meeting.

The Committee noted the report.

7. **Healthwatch Plymouth**

Tony Gravett MBE introduced the Healthwatch Annual Report to the Committee and highlighted the following key points-

- a) Citizens' primary concerns regarded access to services such as NHS Dentistry, GPs, Mental Health services, Children's services, & Urgent and Emergency Care, leading to low patient confidence;
- b) Healthwatch had undertaken numerous work-projects throughout the year to gather public experiences including face-face visits to the Emergency Department (ED), NHS 111 campaign effectiveness surveys, 111 non-emergency patient surveys, and mystery shopping work for Pathfields.

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

- a) The Covid-19 pandemic had caused a reduction in the diversity and quantity of Healthwatch volunteer staff. It was recognised that a recruitment campaign was needed;
- b) Patient surveys were being considered through a variety of media formats such as SMS, email, and social media, as well as a regular newsletter. A GP

patient survey was currently being finalised with Healthwatch, Livewell Comms, and the Mayflower Group;

- c) While Healthwatch's in Devon, Plymouth and Torbay did not have an active role in the patient complaint process, they offered sign-posting to numerous advocacy services.

The Chair thanked Mr Gravett for the report, and praised the efforts of Healthwatch volunteers.

The Committee agreed to recommend that the CCG/ HNS Devon recommission Healthwatch to repeat their survey of ED attendance, at a future date.

The committee noted the report.

## 8. **Urgent and Emergency Care, Plymouth**

Dr Dafydd Jones (GP) & Jo Turl (Director of commissioning for NHS Devon) delivered a presentation on Integrated Urgent Care, I I I, and Out of Hours General Practise, and highlighted the following points to the Committee-

- a) The Integrated Urgent Care Services (IUCS) currently provided by Devon Doctors were underperforming however, there were both short-term and long-term plans in place to resolve many issues;
- b) The I I I service suffered from a low call answering capacity due to unplanned absence, insufficient weekend establishment, high attrition rates and recruitment difficulties;
- c) The I I I service was however, effective at signposting and triaging to reduce unnecessary demand on 999 and the Emergency Department;
- d) There were contingency plans to enable national flexibility when regional call handlers reached capacity. This was now being used on a planned basis due to demand pressures;
- e) Plymouth had a comprehensive procurement plan in place for a long-term solution: From 1 October 2022, 'Practise Plus Urgent Care Group' (PPU) would be taking over the contract from Devon Doctors, bringing greater national capacity, flexibility, experience, and a rating of 'outstanding' for I I I call handling.

The Committee welcomed the various measures enacted to improve Integrated Urgent Care Services. In response to questions raised by the committee, it was reported that-

- a) Devon Doctors were in 'special measures', with demand outstripping capacity however, the new provider (PPU) had enhanced capacity and flexibility in times of peak demand;
- b) Workforce and staffing issues were an ongoing national issue that did not solely impact on Plymouth;
- c) Temporary creative solutions were currently in place to bolster staffing including; flexible hours, incentive schemes, and the return of retired staff.

The Committee agreed it would prove beneficial to invite Dr Dafydd Jones & Jo Turl back once PPU had taken over from Devon Doctors in October 2022.

David Harper (County Commander SW Devon- SWAST), James Glanville (Head of Urgent and Emergency Care- NHS Devon), James Wenman (Associate director for Urgent Care), & Jo Beer (Chief operating officer- Derriford Hospital) gave a presentation to the Committee on 'Ambulance Handovers', and highlighted the following key points-

- a) Ambulance demand had reached unprecedented levels last summer, with over 400+ incidents per day, compared to 335 per day in April 2022, and 333 per day in May 2022. This had now returned to more expected levels;
- b) There were now significant delays in ambulance response times for category 1 and 2 calls, which correlated with increased hospital handover times. These handovers now regularly exceeded 3hrs and caused a significant reduction in the amount of patients seen by the ambulance service each day;
- c) Increased activity was not seen as a major factor driving increased response times in SW Devon, with 65% of patients managed without admittance to the ED.

Following questions from the Committee, it was reported that-

- a) There were specialist teams investigating patient safety incidents where unnecessary harm may have been caused by handover/ response delays. The committee requested this data be brought to the next meeting;
- b) While there was currently a single point of entry to University Hospitals Plymouth (UHP), there were alternatives being considered, as well as admissions avoidance strategies and alternative pathways;
- c) A business case was being prepared for a new Urgent Treatment Centre (UTC) on the NW quadrant of Derriford Hospital. A funding bid was being launched to secure the capital necessary;
- d) Ambulance attendance at care homes had reduced but there was ongoing work being done to enable staff to assist residents without the need for an ambulance response;
- e) While SWAST had seen a reduction in patient demand in recent months, this could likely be the result of people attending on-foot themselves, due to delayed ambulance response times.

The Committee requested that further information regarding the III service and trialling of hospital admissions systems be provided outside the meeting.

Jo Beer (Chief Operating Officer- Derriford Hospital), Ian Lightly (Head of Integrated Community Services- Livewell SW), and Sarah Pearce (Head of Adult Frailty and Specialist Services- Livewell Southwest) delivered a presentation on 'Admission Avoidance' to the committee, and highlighted the following key measures in place to reduce unnecessary ED attendance-

- a) There had been an increased demand at Minor Injuries and Urgent Treatment Centres in last few months (Kingsbridge Tavistock &



- Cumberland). Despite reduced opening hours due to staffing issues, patient through-flow had been maintained;
- b) Staff were being trained in a 'Practitioner model' to allow them to treat minor injuries/illnesses at a variety of locations;
  - c) The ILL service provided a 'Directory of Services' to correctly signpost and triage patients;
  - d) The open access Mental Health 1<sup>st</sup> Response Service provided by Livewell SW had seen increased demand;
  - e) The multi-professional Community Crisis Response Team had recently increased their hours to 8am-8pm to offer patients home alternatives to hospital admission;
  - f) Same-day emergency care pathways which had closed during the pandemic had been reopened, achieving targets of 40%. New targets of 50% of patients to be treated through the same-day pathway had been set.

In response to questions from the Committee, it was stated that-

- a) A new electronic record system (Nerve Centre) had been introduced in ED to enable the tracking and analysis of attendance statistics;
- b) Negative press coverage of the challenges in accessing health resources such as the ILL service, GPs, and ambulances had undermined the 'Choose-well' campaign and led to many patients bypassing triaging to attend ED directly;
- c) The construction of the West End Health Hub presented an unprecedented opportunity to succinctly integrate primary care, community services, and the voluntary sector;
- d) Plymouth would need additional resources in the long-term to deal with the backlog in elective care. Plymouth was part of the national 'New Hospitals Programme', and there were plans in progress to construct a Planned Care Centre on the NW quadrant at Derriford;
- e) The new ED build would start this year.

The Committee praised the admissions avoidance measures in place to reduce unnecessary ED attendance, and long-term plans to increase capacity.

The Committee reaffirmed their support for the West End Health Hub.

Jo Beer (Chief Operating Officer- Derriford Hospital) delivered a presentation to the Committee on 'Same Day Emergency Care and ED', and highlighted the following key points-

- a) Plymouth stood in the top 10 challenged trusts for ambulance performances, and top 5 for ambulance handover delays. This deterioration started in March 2021;
- b) There had been a reduction in ambulance arrivals at ED, but an increase in walk-ins;
- c) The primary issues preventing ED offloading patients from ambulances were space, flow, and staff problems;
- d) The resumption of 'same day emergency care pathways' which had been closed during peak-pandemic, had since resulted in a gradual and continued improvement;

- e) Ensuring coordinated and timely patient discharges was essential to the smooth-running and flow of ED. Complex discharges presented a significant challenge, currently falling below the lunch-time daily target of 30%. Daily discharge targets for 5pm were being met;
- f) A bespoke discharge lounge had been created with 17-20 chairs. Patients awaiting discharge could also be placed in ward corridors to free up bed space;
- g) Staff sickness and unplanned absences presented a significant challenge. At the date of this committee meeting there were approximately 120 patients in Derriford with Covid-19, and 400 staff on sick-leave with Covid-19;
- h) Derriford routinely operates at 104% capacity, with ED regularly receiving more patients than its staff/ design capacity;
- i) Plymouth had substantially reduced its lost-bed days due to discharge delays however, support was being given to Cornwall to do the same.

In response to questions from the Committee, it was stated that-

- a) Ongoing work was being done to improve Pharmacy delays in patient discharges;
- b) The District Nursing Service was available through GP referral, which helped reduce ED attendance;
- c) It was too early to specify when services would return to a previous standard. Many measures were currently in place to alleviate pressures, but long-term solutions would take time;
- d) UHP would look at the possibility of fast-tracking international staff applications however, it often proved difficult to validate/ transfer international qualifications. A health Skills Partnership had been created to assist recruitment and retention issues.

The Committee thanked staff for the presentation and recognised the ongoing challenges, and improvements being made.

9. **Tracking Decisions**

The Committee noted that all tracking decisions had been actioned.

10. **Work Programme**

The Committee agreed that Primary Care, including pharmacy and dentistry, would be brought to the next meeting on 07 September 2022.

The Committee agreed to add the following items to the work programme-

- a) Colin Campbell Court Wellbeing Hub Update

The Committee also requested that future reports use full terms for acronyms and initialisms, or alternatively, provide a key.

# Health and Adult Social Care Overview and Scrutiny Committee



Date of meeting:	07 September 2022
Title of Report:	<b>Health and Adult Social Care Policy Brief</b>
Lead Member:	Councillor Dr Mahony Portfolio holder for Health and Adult Social Care
Lead Strategic Director:	Craig McArdle (Strategic Director for People)
Author:	Sarah Gooding (Policy & Intelligence Advisor)
Contact Email:	Sarah.Gooding@Plymouth.gov.uk
Your Reference:	HASC PB 070922
Key Decision:	No
Confidentiality:	Part I - Official

## **Purpose of Report**

To provide Health and Adult Social Care Overview and Scrutiny Committee with the latest national picture in respect of policy announcements and legislation relating to health and social care.

## **Recommendations and Reasons**

For Scrutiny to consider the information provided in regard to their role and future agenda items.

## **Alternative options considered and rejected**

N/A

## **Relevance to the Corporate Plan and/or the Plymouth Plan**

Delivery of the Corporate Plan and Plymouth Plan needs to take account of emerging policy and the legislative picture.

## **Implications for the Medium Term Financial Plan and Resource Implications:**

N/A

## **Carbon Footprint (Environmental) Implications:**

N/A

## **Other Implications: e.g. Health and Safety, Risk Management, Child Poverty:**

*\* When considering these proposals members have a responsibility to ensure they give due regard to the Council's duty to promote equality of opportunity, eliminate unlawful discrimination and promote good relations between people who share protected characteristics under the Equalities Act and those who do not.*

N/A

**Appendices**

\*Add rows as required to box below

Ref.	Title of Appendix	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
		1	2	3	4	5	6	7
A	Health and Adult Social Care Policy Brief							

**Background papers:**

\*Add rows as required to box below

Please list all unpublished, background papers relevant to the decision in the table below. Background papers are unpublished works, relied on to a material extent in preparing the report, which disclose facts or matters on which the report or an important part of the work is based.

Title of any background paper(s)	Exemption Paragraph Number (if applicable) <i>If some/all of the information is confidential, you must indicate why it is not for publication by virtue of Part 1 of Schedule 12A of the Local Government Act 1972 by ticking the relevant box.</i>						
	1	2	3	4	5	6	7

**Sign off:**

Fin	N/A	Leg	N/A	Mon Off	N/A	HR	N/A	Assets	N/A	Strat Proc	N/A
Approved by: Giles Perritt, Assistant Chief Executive											
Date approved: 29 Aug 2022											

## POLICY BRIEF

Health and Adult Social Care Overview and Scrutiny

07 Sept 2022



The information within this Brief is correct at the time of approval for publication and contains relevant recent announcements made by Government and its departments and regulators.

### GOVERNMENT POLICY, LEGISLATIVE ANNOUNCEMENTS AND NEWS

#### [Health overview and scrutiny committee principles](#)

This sets out the expectations on how health overview and scrutiny committees should work with integrated care systems (ICSs) to ensure they are locally accountable to their communities.

#### [Health and wellbeing boards: draft guidance for engagement](#)

This draft guidance for engagement sets out the role of health and wellbeing boards following publication of the Health and Care Act 2022.

#### [Guidance on the preparation of integrated care strategies](#)

This is guidance for integrated care partnerships on the preparation of integrated care strategies. This document contains an introduction, 2 sections of statutory guidance on the preparation of the integrated care strategy including involvement and content, and a section of non-statutory guidance relating to the publication and review of the integrated care strategy.

#### [Government's first ever Women's Health Strategy for England](#)

Women and girls across England will benefit from improved healthcare following the publication of the first ever government-led Women's Health Strategy for England (Wednesday 20 July).

The strategy includes key commitments around:

- new research and data gathering
- the expansion of women's health-focused education and training for incoming doctors
- improvements to fertility services
- ensuring women have access to high-quality health information
- updating guidance for female-specific health conditions like endometriosis to ensure the latest evidence and advice is being used in treatment

#### [NHS staff to receive pay rise](#)

Government accepts recommendations in full from the independent NHS pay review bodies. Over one million NHS staff – including nurses, paramedics and midwives – to get a pay rise of at least £1,400 with lowest earners to receive up to 9.3%. Eligible dentists and doctors will receive a 4.5% pay rise. Pay rise recognises the contribution of NHS staff while balancing the need to protect taxpayers, manage public spending and not drive up inflation.

#### [Better Care Fund policy framework: 2022 to 2023](#)

The document sets out the agreed way in which the Better Care Fund (BCF) will be implemented in the financial year 2022 to 2023. BCF plans are jointly developed by health and social care partners in every area in England and support integrated, person-centred care in communities.

The policy framework is intended for use by those responsible for delivering the Better Care Fund at a local level (such as integrated care boards, local authorities, health and wellbeing boards) and NHS England. The document should be read alongside the [BCF planning requirements for 2022 to 2023](#), which are published separately by NHS England and the Local Government Association.

### Over 50 new surgical hubs set to open across England to help bust the Covid backlogs

The Department for Health and Social Care has confirmed that over 50 new surgical hubs will open across the country to help reduce the Covid backlogs and offer hundreds of thousands more patients' quicker access to procedures.

The hubs will:

- Provide at least 100 more operating theatres and over 1,000 beds so people get the surgery they need.
- Deliver almost two million extra routine operations to reduce waiting lists over the next three years. This breaks down to over 200,000 extra procedures in 2022-23, over 700,000 extra procedures in 2023-24, and one million extra procedures by 2024-25.
- Focus on providing high volume low complexity surgery, with particular emphasis on ophthalmology, general surgery, trauma and orthopaedics, gynaecology, ear nose and throat, and urology.

The hubs are separated from emergency services and surgical beds will be kept free for patients waiting for planned operations, reducing the risk of short-notice cancellations and improving infection control. The surgical hubs are funded as part of the £1.5 billion allocated at the Spending Review in 2021.

### Parents whose babies require neonatal care to receive paid leave under new law

The Neonatal Care (Leave and Pay) Bill, introduced by Stuart McDonald MP and backed by government, will allow parents to take up to 12 weeks of paid leave, in addition to other leave entitlements such as maternity and paternity leave.

Once in law, neonatal care leave will be available to employees from their first day in a new job and will apply to parents of babies who are admitted into hospital up to the age of 28 days, and who have a continuous stay in hospital of 7 full days or more.

### Workforce Development Fund has been extended for an additional year 2022/23.

The government is working in partnership with the social care sector on plans for staff training and support. This includes creating a new knowledge and skills framework to ensure clear paths to progress. It is funded by using some of the £500 million announced in the Spending Review.

### More healthcare professionals can certify fit notes from today

Nurses, occupational therapists, pharmacists and physiotherapists can now certify and issue fit notes in addition to doctors. Updated fit note guidance for healthcare professionals has been published.

## **Consultations**

### Adult social care charging reform: distribution of funding 2023 to 2024

The government is introducing a new adult social care charging framework from October 2023.

This consultation seeks views on proposals for distributing funding to support the first year of delivery of adult social care charging reform in 2023 to 2024. There are proposals for:

- distributing funding for needs and financial assessments
- the extension to the means test
- the cap on care costs

This consultation closes at 11:45pm on 23 September 2022

### Government seeks views to improve lives of people with Down's syndrome

The Down Syndrome Act, supported by the government and Dr Liam Fox MP, requires the Health and Social Care Secretary to issue guidance on how to meet the needs of people with Down's syndrome. Authorities including the NHS, health commissioners and integrated care boards – who will also appoint a named lead to oversee implementation – will then be required to follow the

guidance. The call for evidence is focused on Down's syndrome but will also test whether the guidance can benefit other people too. Those with a different genetic condition, as well as their families and carers, are invited to contribute.

The [call for evidence](#) consultation closes at 11:45pm on 8 November 2022.

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# Patient Experience – Pharmacy Services

1st April 2021 – 31st March 2022

April  
2022

Summary Report



## Contents

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## Introduction

Healthwatch Devon, Plymouth & Torbay (HWDPT) are the three local independent consumer champions for people using health and care services across Devon. Healthwatch's role is to listen to what people like about services and what could be improved and shares those views with those who have the power to make change happen. HWDPT regularly review patient feedback and recognised that the amount of received feedback around Pharmacy Services has increased during the pandemic.

## Patient Experience Summary

This Patient Experience Summary covers the period 1 April 2021 to 31 March 2022. Feedback has been received either via the HWDPT Websites or via telephone calls, emails or web chat to the Healthwatch Contact Centre.

Overall, we have seen a total of 58 feedback reviews about Pharmacy services across Devon broken down as:

Devon – 4

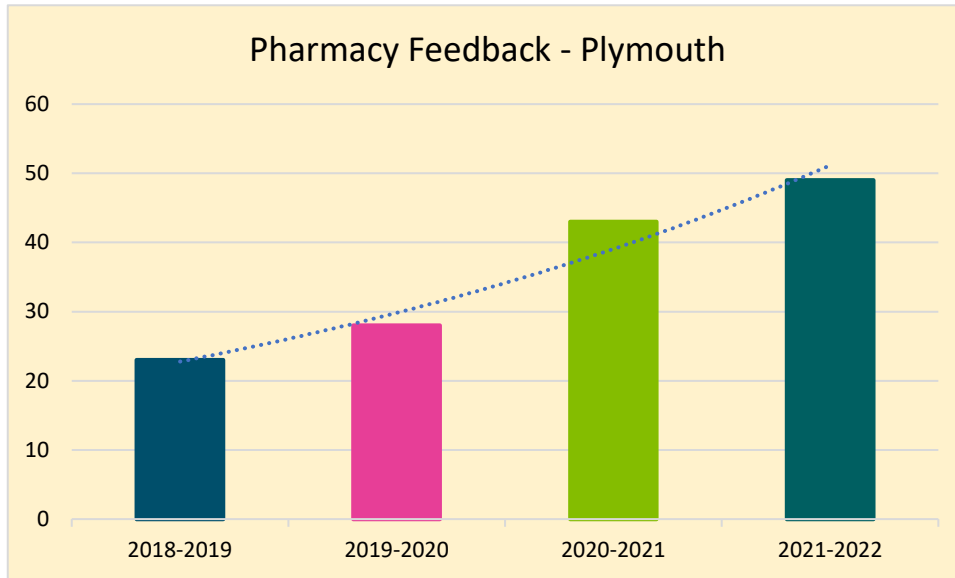
Plymouth – 49

Torbay – 5

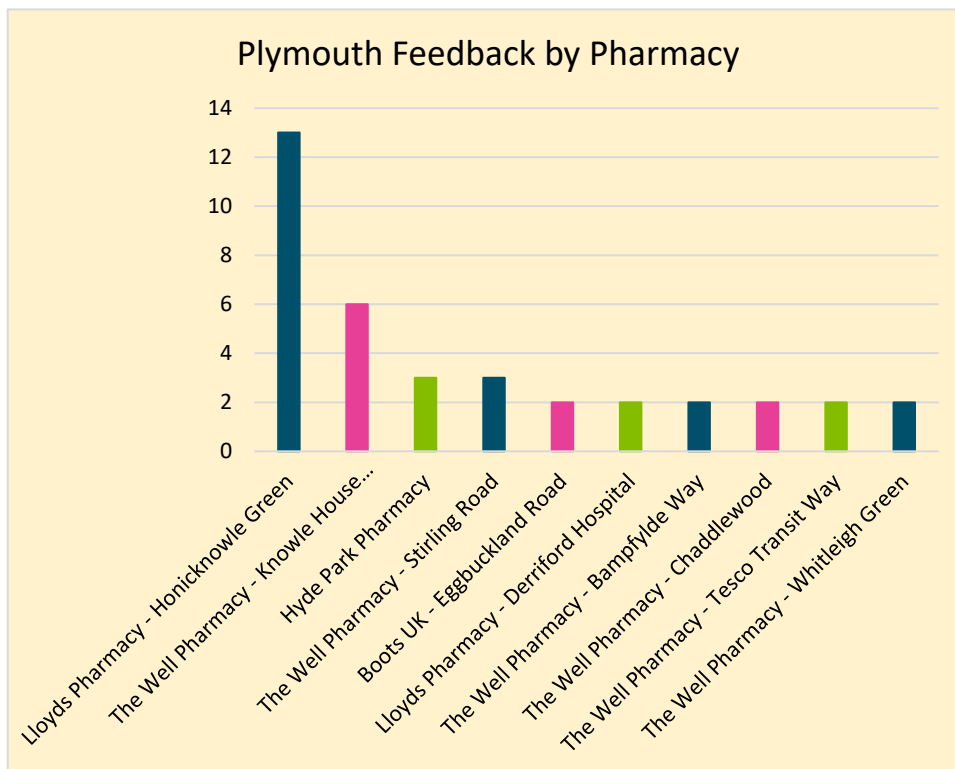
## Patient Feedback

This summary will focus on the feedback raised in Plymouth. The data for Torbay and Devon for the last 12 months is not sufficient to draw conclusions or observations, but issues raised have been similar.

When looking at the Plymouth data specifically and comparing the amount of feedback received since 1 April 2018, we have seen an increase year on year.



The following chart shows the breakdown of multiple feedback received against individual Pharmacies. The table identifies other Pharmacies where only 1 piece of feedback has been received.



ASDA Pharmacy  
Boots Uk - Chard Road  
Boots UK - Drakes Circus  
Church Road Pharmacy  
Lloyds Pharmacy - Marlborough Street  
Lloyds Pharmacy - Sainsburys  
Morrisons Plymstock  
Pharmacy General  
The Well Pharmacy - Ham Green  
The Well Pharmacy - Kings Street  
The Well Pharmacy - St Budeaux  
The Well Pharmacy - Stoke Village, Devonport Road

## Themes and Sub-Themes

HWDPT have developed a fused Database that enables us to amalgamate public feedback data from various platforms into one Public Feedback Dashboard making it easier to interrogate the information.

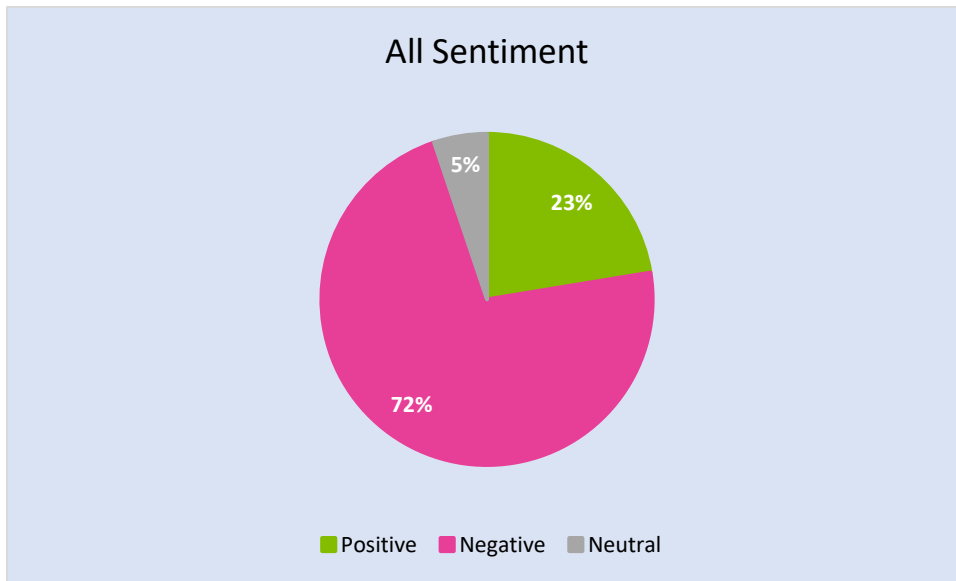
The dashboard allows us to provide individual charts for the three Healthwatch areas (Devon, Plymouth & Torbay). More importantly it allows us to more easily co-ordinate data for a single service provider or group of Pharmacies if required. This has been done by aligning top level themes from each system.

Themes and Sub-Themes are assigned to feedback as it is entered. Each piece of feedback can have multiple Themes. Therefore, the total number of Themes will be usually greater than the number of pieces of feedback received. Sentiment is also added to each Theme as positive, negative, or neutral.

Main Issues raised:

- Issues around prescriptions/repeat prescriptions
- Staff attitudes
- Service Delivery/Opening Hours
- Communication/Telephone access

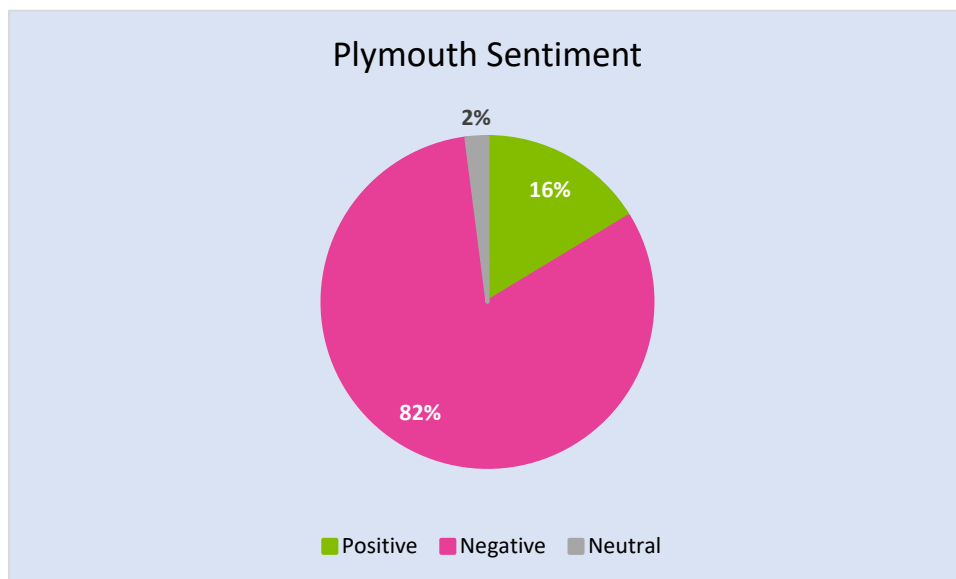
Sentiment across the whole of Devon, Plymouth and Torbay:

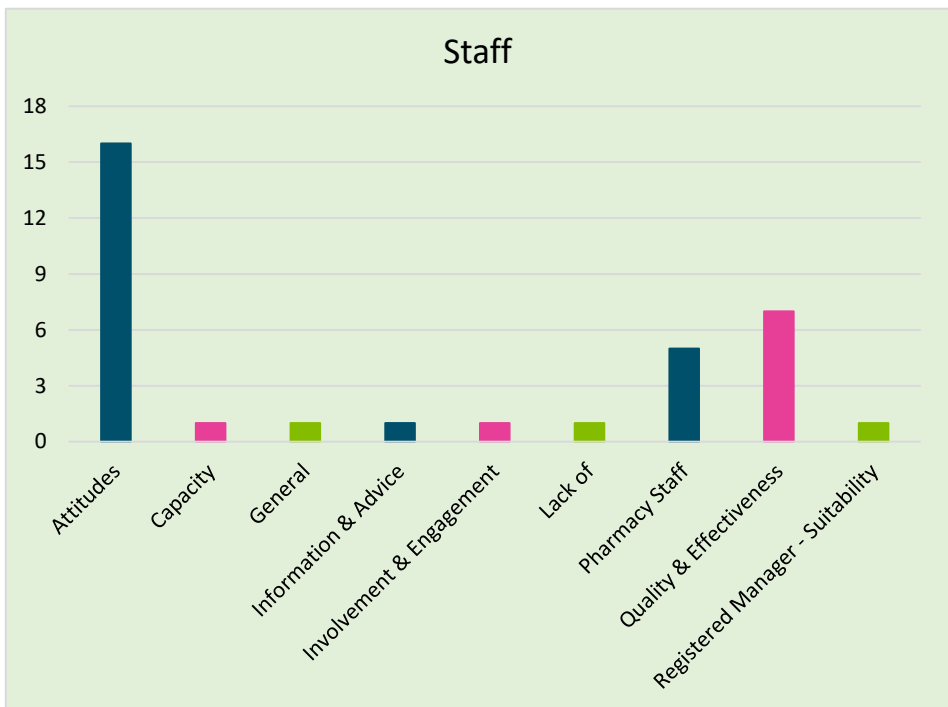
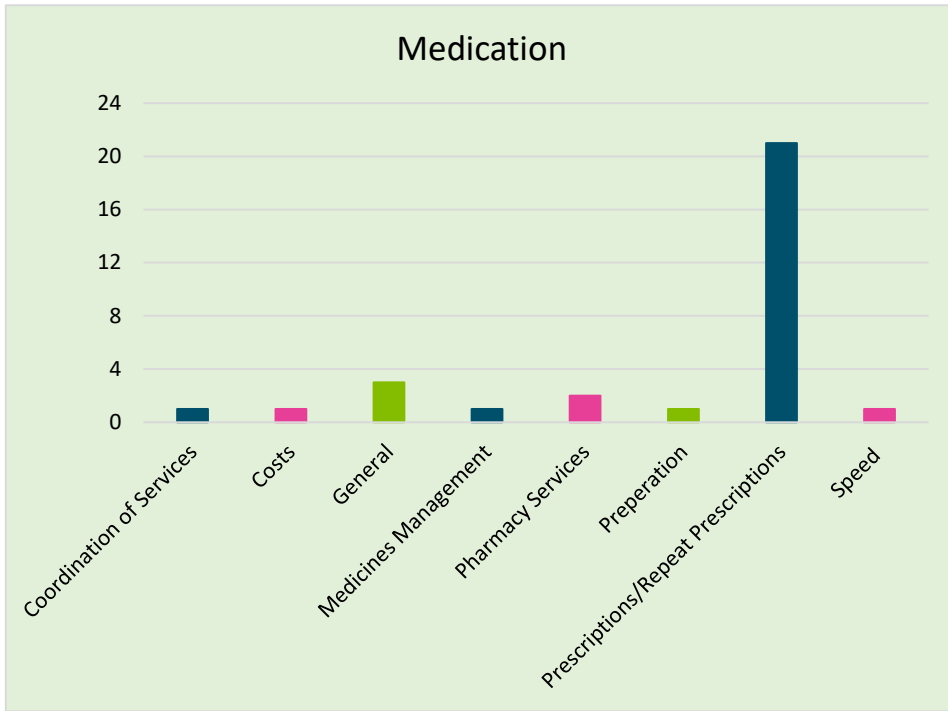


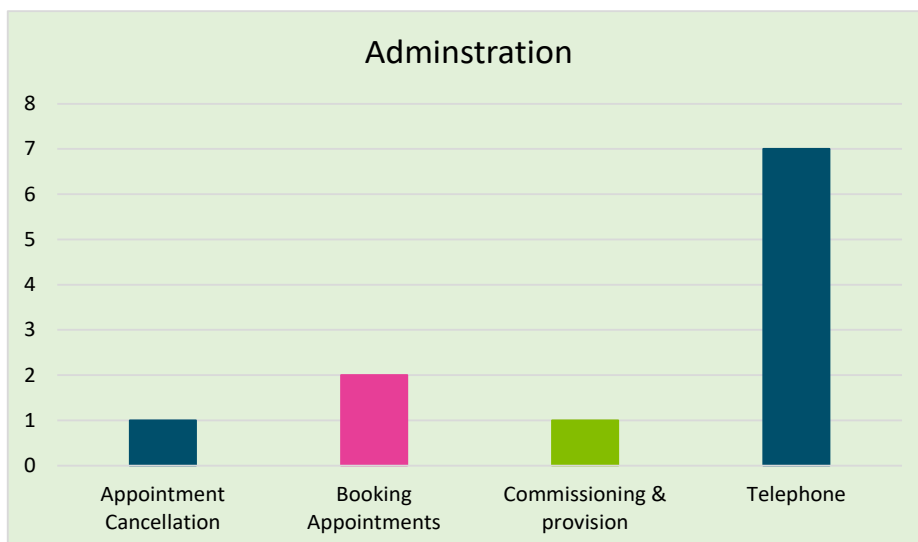
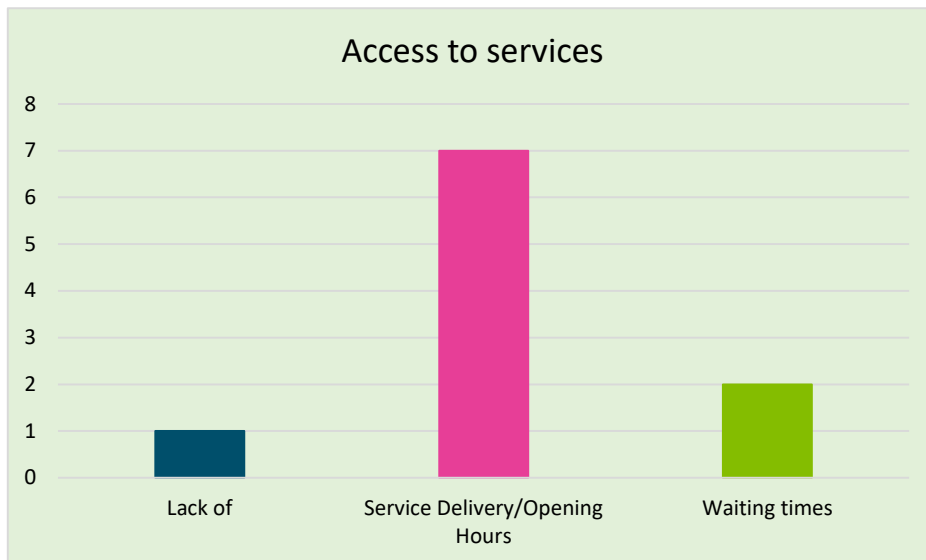
Sentiment in Devon was mixed (total 4 reviews) and in Torbay was 80% positive (total 5 reviews).

### Plymouth Sentiment, Themes and Sub-Themes

The following charts highlight the sentiment and main themes based on 49 pieces of feedback from Plymouth only.







## Pharmacy Groups

There are three main Pharmacy Groups operating in Plymouth:

- Boots – 14 branches
- Lloyds – 4 branches
- Well – 19 branches

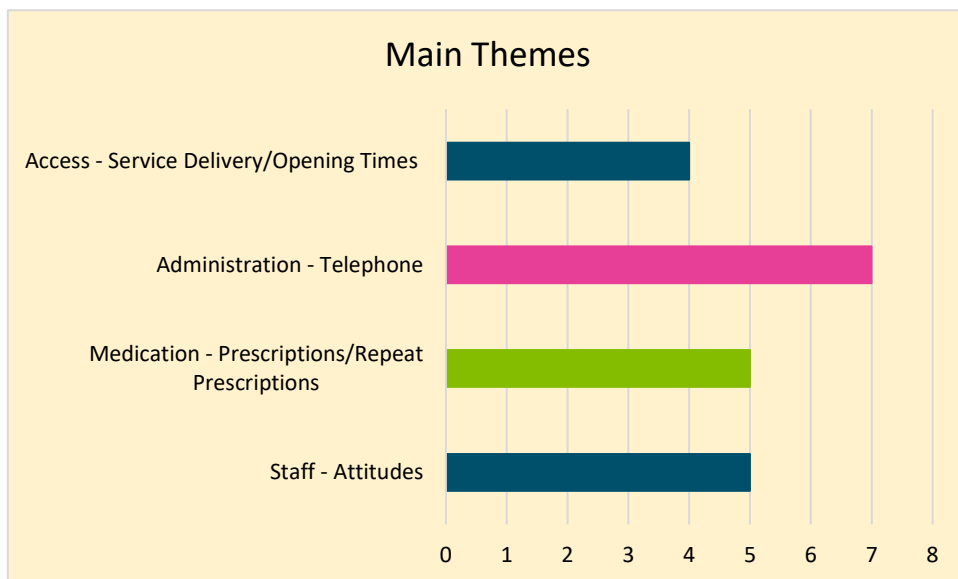
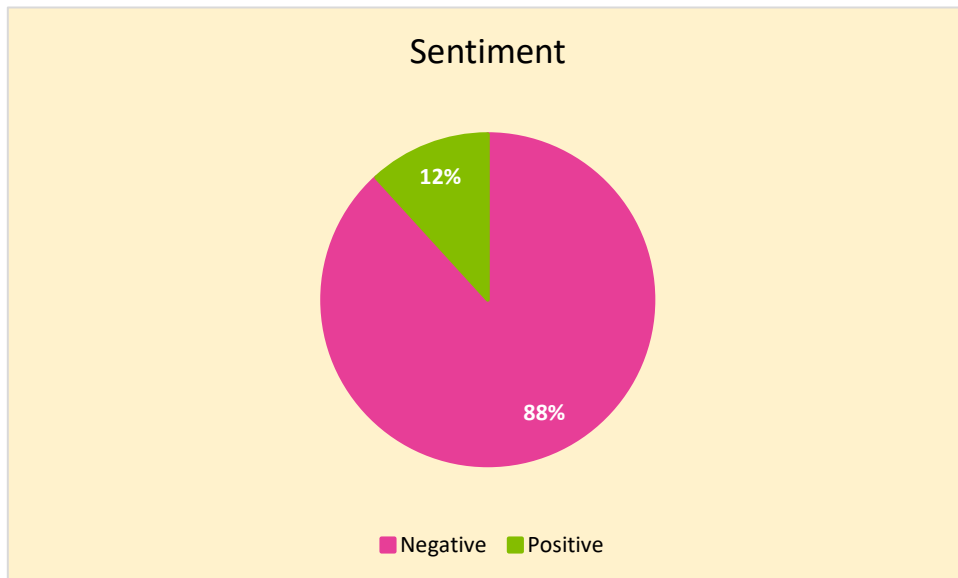
HWDPT have received feedback on 22 Plymouth Pharmacies (equating to 40% of total Pharmacies in Plymouth) of which 86% where about Pharmacies in one of these three groups.

The following charts breaks down the feedback received for Lloyds and Well Pharmacy Groups.



## Lloyds

There were 17 pieces of feedback (35% of total feedback) for the 4 Lloyds pharmacies in Plymouth with 13 of these being against the Honicknowle Green Branch. The following charts shows sentiment and themes raised for all feedback for this group:



## Commentary

The following is a selection of feedback. These are the views of the reviewer of their experiences using the service and not those of Healthwatch Devon, Plymouth & Torbay.

Ok so this pharmacy was closed at lunchtime on Wednesday and now closed all day on Saturday, surely you have a contract to state you should be open. Both occasions imagine how many customers need their medication. Imagine how many children need urgent medication or advice? The inconvenience this has caused myself due to trying to get end of life medication for my mother-in-law only to be closed on a Saturday, again imagine people working Monday to Friday 9-6 and can only get there on Saturdays all the call backs for Saturday who would have thought this was going to be ok as the store SHOULD be open.

This is the second time in 3 days it's been closed so you are failing your contractual agreement. Your pharmacy has been shocking for the last 2-3 years with a slight improvement, now it's dipping again.

**Honicknowle Green - May 2021. Sentiment Negative**

Try to ring beforehand to make sure prescriptions ready to pick up they never answer the phone therefore queues of people waiting outside! Upon arriving to pick up the phone rang continuously nobody bothered to pick up!!

**Honicknowle Green - May 2021. Sentiment Negative**

I put in my script on Monday leave it to next Monday to collect from pharmacy and it is never ready

**Honicknowle Green - October 2021. Sentiment Negative**

Served by [name redacted] yesterday and she was so rude didn't care that my medication wasn't ready. I said I'd wait but was told it will be a few hours even though it's only 3 lots of tablets. Nobody cares in that pharmacy

**Honicknowle Green - October 2021. Sentiment Negative**

Unfortunately, I have a serious illness resulting in numerous visits to the hospital and the pharmacy. On each occasion I have been treated really well by courteous staff able to meet my needs. Today when visiting I asked for advice for itchy eye treatment having tried two types of Optrex already that didn't work. I was recommended a different type which has made a huge improvement in reduction of itching with the first dose. Very happy about that.

**Derriford Hospital – January 2022. Sentiment Positive**

The place was closed when I went to collect.

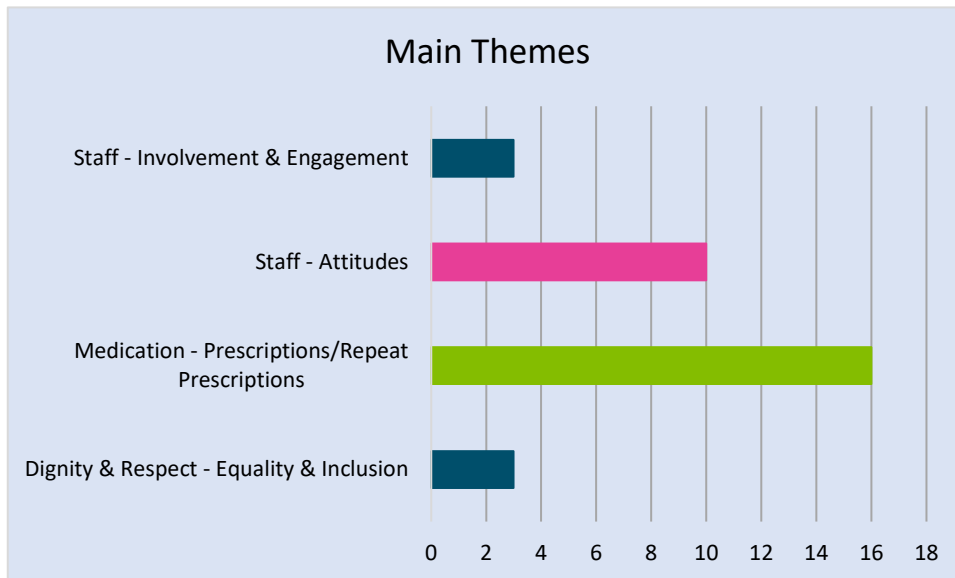
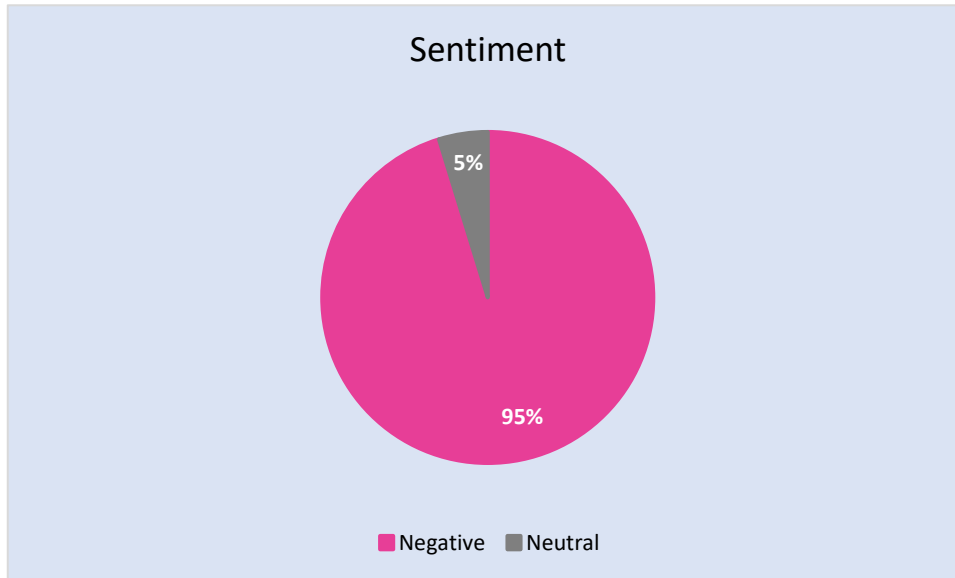
**Honicknowle Green – January 2022. Sentiment Negative**

Served very quick and the staff are very helpful.

**Sainsbury's – February 2022. Sentiment Positive**

## Well

There were 21 pieces of feedback (43% of total feedback) for 10 of the 19 Well pharmacies in Plymouth with 6 of these being against the Branch adjacent to Knowle House Surgery. The following charts shows sentiment and themes raised for all feedback for this group:



### Commentary

The following is a selection of feedback. These are the views of the reviewer of their experiences using the service and not those of Healthwatch Devon, Plymouth & Torbay.

Extremely rude and arrogant staff in my opinion I felt bullied in two occasions. This pharmacy is really quite horrendous how it treats people.

**Whiteleigh Green - July 2021. Sentiment Negative**

Since staff changed and a young guy started working in this pharmacy going there became very unpleasant. He is very rude arrogant and makes me feel like I am unwelcomed there. Each time I come for my prescription that's being sent from my surgery he tells me he only just got it even though it's been sent 7-10 days earlier. He said to his colleague today that it is always me asking without waiting for the text msg. On one occasion he told me I could buy the thing I had prescribed instead of waiting for my free prescription. I have social anxiety and depression and experiences like this make me afraid of going to get my medicine.

**Bampfylde Way - April 2021. Sentiment Negative**

Mother trying to find out if medication for son is ready: "I've tried the number on google says it's not possible to connect my call".

**St Budeaux - July 2021. Sentiment Neutral**

Healthwatch investigated and the number was correct but apparently not being answered or had no voicemail availability

Prescriptions never ready despite leaving 10 days from requests at the surgery to collection. Very slow to respond to customers in the shop. More often than not the script is not complete. No leadership qualities with the staff (they just wander around at the back and completely ignore waiting customers). Premises are very untidy. Although scripts (if done) are alphabetically stored it always takes so long to find them. Constantly queuing in the shop and onto the paving outside. Just generally a traumatic experience at every visit.

**Chaddlewood - October 2021. Sentiment Negative**

Staff ignored me although I was the only customer in the shop when they did serve me it was with attitude and not at all helpful.

**Knowle House - March 2022. Sentiment Negative**

I delivered my repeat prescription by hand on Thursday and as I hadn't heard from the pharmacy to say it was ready by the following Thursday, I thought I had better find out what was going on. I must have tried to call them by phone some 20 or so times but no-one answered so I rang my GP service next door, and they said the request had been sent over on Monday and that it had been dispensed. I kept trying to ring them and on my 10th attempt someone finally answered. I said that I was calling to see if my prescription was ready and the somewhat bad attitude and frosty reply, I received was to tell me I would receive a text when it was ready. Later that afternoon I finally received confirmation that my prescription was ready for collection. I asked my wife to collect my prescription on her way home from work, which she did. On inspecting the package, I quickly realised that there were 5 items missing and I was worried that I would run out as the only chance I had was the following day (Friday) as the pharmacy is closed at weekends. The following morning (Friday) I drove to the pharmacy and entered the building. I was told by a lady at a computer that she would be with me as soon as she could, and this was whilst three other members of the pharmacy staff were busy 'chatting' behind her. I eventually got asked what I needed, and I told the lady that my wife had collected my prescription but that there were five items missing and I gave the lady a list of the missing items. She went back to her computer and after a little while said, "it's not ready yet as we're waiting for it to come in, hopefully it will be in later this afternoon". I said "HOPEFULLY! Why then send me a text to tell me it was ready in the first place?" I walked out of the shop in disgust and the first thing I did when I got home was to find out if I could transfer my prescription requirements to the Co-op pharmacy in Crownhill village.

**Knowle House – March 2022. Sentiment Negative**

## Healthwatch Observations

Due to the Covid-19 pandemic, the last 24 months have been like no other in recent memory for individuals, NHS and Social Care services, business, and the nation in general as we all came to grips with lockdown requirements and the uncertainty of day-to-day life that saw many of us impacted in various ways by this virus.

NHS and Social Care services have had to adapt at pace to tackle the virus, keep people safe and where needed provide treatment for not only Covid-19, but for other illnesses and conditions be it routine or emergency.

Pharmacies have been vital in providing medication for patients and more recently for helping to deliver both Covid-19 and flu vaccines. However, it is clear from patient feedback that service delivery has not been easy, especially around prescribing/repeat prescribing where timelines appear not to have been met, staff attitudes to patients/customers have not been as they should have, and short notice closures and apparent non answering of the telephone enquiries have exacerbated the situation.

Healthwatch accept the pressures that staff have been working under due to the pandemic, especially where staff have been following national guidance around self-isolation leading to reduced staffing, but the number of comments around negative staff attitude is a concern. There also seems to have been a breakdown in other communication methods as well (text service and telephone enquiries). Shortages of staff for pharmacies in North Devon has also been raised to us by one of our Healthwatch Assist Groups (Devon Carers).

Issues around medication have also been raised with prescriptions not received or not being fulfilled – pharmacies may know there has been a supply issue for certain medication but was this fully relayed to the patient?

Even before the pandemic there have been concerns raised by patients around the prescription/repeat prescription process between GPs and Pharmacies that has left patients having to shuttle between the two to try and find out what has gone wrong as each service apparently blamed the other. Once the patient has tried to collect a prescription from the Pharmacy and an issue has been highlighted, surely this should be dealt with by process and not the patient ending up as 'the go between' to get the issue resolved?

Anecdotally we are becoming aware that dependent on how a repeat is requested (i.e., via a request handed into GP reception, request via the GP website or through the NHS App), differing times are occurring between requesting medication and it being ready for collection. Patients need to be fully informed about the ways to request medication and the period of time between requesting and when medication will be available to collect so that an informed choice can be made. We have heard that ordering a repeat prescription via the NHS App will generally mean it is ready for collection 'next day' rather than 4 to 5 working days.

Finally, as Pharmacies are asked to do more under the Community Pharmacy Framework and where patients are being signposted to Pharmacies before seeing their GP or referred into by other services, there is a concern that demand is outstripping capacity. By doing this without ensuring suitable resource is available are we not just kicking the problem down the street?



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<b>Minute No.</b>	<b>Resolution</b>	<b>Target Date, Officer Responsible and Progress</b>
13 July 2022 Health and Adult Social Care Policy Brief- Minute 6	The committee sought further clarification regarding PCC's intentions to apply for grant funding for 'Women's reproductive wellbeing in the workplace'.	<p><b>Date:</b> August 2022  <b>Officer:</b> Sarah Gooding (policy and Intelligence)  <b>Progress:</b> Complete</p> <p>Having looked back at the announcement, it was dated 13 May and the application window has now closed so it would no longer be relevant to provide further information. Also, the funding was specifically aimed at organisations in the VCS who specialise in women's wellbeing services so PCC would not have been able to submit an application directly but only support a bid from a relevant VCS organisation.</p> <p>The announcement was included in our weekly policy brief back in May and would have been circulated to relevant colleagues at the time although I do not know if any local organisations applied.</p>
13 July 2022 Healthwatch Plymouth- Minute 7	The committee agreed to recommend that The CCG recommission Healthwatch to repeat the survey of ED attendance at a future date to track changes since lockdown.	<p><b>Date:</b> August 2022  <b>Officer:</b>  Tony Gravett – Healthwatch Plymouth  Jo Turl- NHS DICS</p> <p><b>Progress:</b> Complete</p> <p><b>Response from Jo Turl:</b>  We would like to undertake the survey again and would like to do</p>

		this in the spring once we have implemented our system improvement plan and hopefully it a little less busy after winter. We should then be able to measure any improvements we have seen.
13 July 2022 Urgent and Emergency Care, Plymouth – Minute 8	The committee agreed to invite Dr Dafydd Jones & Jo Turl back to report on Integrated Urgent Care Services and I I I, once PPU had assumed the contract from Devon Doctors in October 2022.	<b>Date:</b> August 2022 <b>Officer:</b> Craig McArdle/ Anna Coles  <b>Progress:</b> Item provisionally scheduled for February H&ASCOSC meeting.
9 March 2022 Health and Adult Social Care Policy Brief – Minute 36	Members asked whether Plymouth City Council would be responding to the 10 Year Cancer Plan. Members of the Committee would be given a response following the conclusion of the meeting.	<b>Date:</b> March 2022 <b>Officer:</b> <b>Progress:</b> Individual responses submitted
9 March 2022 Long Term Plan – Minute 39	Members agreed: 1. That the Overview and Scrutiny Committee receives this report; 2. That Members support the use of masterclasses as the opportunity to influence the development of the Long-Term Plan for Devon, Plymouth and Torbay. 3. That Members support the establishment development of a Joint Committee with Devon and Torbay, based on the previously agreed protocol for regional Joint Health Scrutiny Committees (2009), so that LTP work that crosses Local Authority boundaries can be considered and scrutinised collectively. 4. That Plymouth City Council's Children's Social Care and Education Overview and Scrutiny Committee consider workforce development for the Health care sector. 5. For all Councillors to have access to information in relation to masterclasses.	<b>Date:</b> March 2022 <b>Officer:</b> <b>Progress:</b> Complete

<p>9 March 2022 Local Care Partnership Update – Minute 40</p>	<p>Committee agreed:- 1.For the Scrutiny Committee to receive the report for information and consideration. 2.The committee are invited to note the content of the report, acknowledging progress and successes. 3.To acknowledge the considerable system wide challenges and pressures that exist within Plymouth, noting strategies to address these in the short, medium and longer term. 4.To acknowledge and note system wide, enabling work relating to Estates and Workforce that will address some of the wider challenges.</p>	<p><b>Date:</b> March 2022 <b>Officer:</b> <b>Progress:</b> Complete</p>
<p>9 March 2022 Work Programme – Minute 42</p>	<p>Members agreed to add the following to the work programme: 1.GP Service within Plymouth 2.For new members of the Committee to be given a briefing prior to the first meeting of the municipal year on the NHS and its functions as well as the functions of this scrutiny committee 3.South West Ambulance Service</p>	<p><b>Date:</b> March 2022 <b>Officer:</b> Jamie Sheldon <b>Progress:</b> Complete</p>

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# HEALTH AND ADULT SOCIAL CARE OVERVIEW SCRUTINY COMMITTEE

Work Programme 2022 - 23



**PLYMOUTH**  
CITY COUNCIL

**Please note that the work programme is a 'live' document and subject to change at short notice. Please also note this is currently a draft document, under consideration with the chair and council officers.**

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Elliot Wearne-Gould, Democratic Support, on 01752 398261

Date of meeting	Agenda item	Prioritisation Score	Reason for consideration	Responsible Cabinet Member / Officer
<b>13 July 2022</b>	Urgent and Emergency Care (Includes: Ambulance Handovers, Admission Avoidance, Hospital Flow and Improvements Discharges)		Long delays and wait-times for ambulances, elective surgery, GP appointments, and out of hour's services.	Cllr John Mahony
<b>07 September 2022</b>	Primary Care. (Includes GP services and Pharmacy)		Long waiting lists and lack of availability.	Cllr John Mahony
	Part Two Briefing -Cavell Centre		Requested by committee. Concerns over timetables/ funding.	Cllr John Mahony. Anna Coles.
<b>16 November 2022</b>	Planned Care (Performance Improvement Plans and Trajectories + Quality Aspects of Backlog)			Cllr John Mahony
<b>08 February 2022</b>	Mental Health (Children and Young People)			Cllr John Mahony
	Integrated Urgent Care Services and III update.			Cllr John Mahony

<b>Additional Meetings to be Scheduled to cover:</b>
-Dentistry
<b>Briefing Papers to be circulated to the Committee -</b>
NHS III
<b>Select Committee</b>
Mental Health – TBC
<b>Future Items</b>
Implementation of Health and Wellbeing Hubs
Health and Social Care Workforce
Adult Safeguarding Board – check when last came to the board
Thrive Programme Update
Community Empowerment Framework
Dental Health
Workforce (retention and career pathways)
Learning from Covid, (support to the care home market and how to develop training and support in a sustainable way)
Impact on care homes and care sector due to Covid
Care package
Care agencies
Reports from primary care, secondary care and domiciliary on carbon reduction