

HEALTH SCRUTINY COMMITTEE

Thursday 27th March, 2014 at 6.00 p.m.
in Committee Room 2 at the Council House, Dudley

PRESENT:-

Councillor Ridley (Chair)
Councillor Kettle (Vice-Chair)
Councillors Cotterill, Harris, Hemingsley, Jordan, Roberts, Mrs Rogers, K Turner
and Mrs Walker and Ms Pam Bradbury – Chair of Healthwatch

Officers

Democratic Services Manager (Acting Lead Officer to the Committee), Scrutiny
Officer (Directorate of Adult, Community and Housing Services) and Mrs M Johal
(Directorate of Corporate Resources)

Also in Attendance

Mr Richard Haynes – Dudley Clinical Commissioning Group
Dr Narinder Sahota – NHS England
Dr William Murdoch – NHS England
Hardeep Kaur – NHS England

48 APOLOGY FOR ABSENCE

An apology for absence from the meeting was received on behalf of Councillor Mrs
Billingham.

49 DECLARATIONS OF INTEREST

No Member made a declaration of interest in accordance with the Members' Code
of Conduct.

50 MINUTES

RESOLVED

That the minutes of the meetings of the Health Scrutiny Committee held on
23rd January, 2014 and 25th February, 2014 be approved as a correct
record and signed subject to an amendment to Minute No 39 to record
Councillor Roberts as having submitted an apology.

51 PUBLIC FORUM

No issues were raised under this agenda item.

52 RESPONSES TO QUESTIONS ARISING FROM PREVIOUS COMMITTEE MEETING

A report of the Lead Officer to the Committee was submitted on updates and responses arising from the previous Committee meeting.

Arising from the presentation of the report a Member referred to initial physiotherapy assessment appointments at Russells Hall Hospital and informed the Committee that appointments were allocated for thirty minute slots and not forty five minutes as stated and it was requested that this matter be brought to their attention.

RESOLVED

That the information contained in the report, and Appendix to the report, submitted on updates and responses arising from the previous meeting, be noted.

53 NHS ENGLAND

A report on behalf of NHS England was submitted together with a presentation on an overview of NHS England's plans to coproduce a primary care strategic framework and its development. Copies of the presentation slides had been included and attached to the report submitted.

Arising from the presentation given and in response to comments made and questions asked by Members, Dr Murdoch and Dr Sahota made the following points:-

- Confirmed that the data given with regard to flu vaccination for over 65s for all practices in Dudley related to the period 2011/2012 and that updated information was available on a monthly basis.
- It was stated that there were no links that receiving a flu jab resulted in the patient subsequently suffering from flu.

- Concerns relating to the continuing upward trend in people not receiving flu jabs and the lack of publicity on the importance of flu jabs were acknowledged. It was stated that the Board that considered vaccine uptake were aware of the problem and had already commenced plans to reach out and effectively deliver inoculations for the next period. Insofar as promotion was concerned there were various methods that could be used to notify and remind patients such as a personal letter from their General Practitioner (GP), via telephone or other social media such as sending a text.

The suggestion in engaging bodies such as Age Concern with a view to administering inoculations at these Centres was a good opportunity to reach a lot of the elderly population, however, there were issues such as identifying the relevant patients' GP with a view to updating medical records.

- It was considered that it was good practice to make information publicly available for transparency purposes and data relating to the performance of GP practices was publicly available and could be accessed via the <https://www.primarycare.nhs.uk> website by registering on the site.
- Relating to concerns about people with diabetes not getting their blood sugar checked it was stated that targets in this regard had been increased and GP's were working hard to tackle the problem.
- Regarding comments made about the increasing pressure on existing GP's and the difficulties in recruiting new GP's it was commented that consideration was being given to addressing the issue and methods such as looking at alternative ways of working, remodelling the existing workforce and encouraging practices to network and share their work were being considered.
- In relation to monitoring of GP's it was commented that the Area Team conducted visits and the Care Quality Commission also undertook extensive in-depth visits tailored to individual practices with a view to ensuring compliance and that standards were being met. Assessments by the Area Team also involved speaking to patients that were in the building at that time. It was commented that the Area Team had limited resources and workload had to be prioritised to ensure that visits to practices with the greatest need were undertaken in the first year.
- With regard to comments made about the number of practices that achieved below average results in providing basic primary care services it was stated that the Primary Web Care Tool was a method that allowed practices to compare their performance to other practices with a view to improvements being made. Some practices were satisfied with achieving the minimum requirements and as long as practices were achieving and complying with their contract and their pertaining targets they were not in breach and there were no powers available to make them improve other than to make data publicly available.

- Referring to the query about how it was intended to improve the quality and calibre of service to residents it was stated that there was a two year plan in place together with a number of projects and it was hoped that improvements would be made by providing better access to GP's and addressing other concerns raised.
- Comments made about the need to educate patients and to inform them on the numerous changes to health were noted. It was acknowledged that confusion arose owing to the numerous points of contact available and it was considered that options for patients should be narrowed with a view to GP's being the first point of call. GP's were being encouraged to use different mechanisms with a view to engaging with their patients such as assessing patients by using video calls and the introduction of other methods to ease their workload such as sending electronic repeat prescriptions direct to local chemists.

In response to queries raised by Members, Dr Murdoch undertook to report back on the number of diabetics registered in Dudley and to seek clarification on the issuing of private prescriptions by GP's. The Chair also requested that an update report be submitted to a future meeting of the Committee.

RESOLVED

- (1) That the information contained in the report and presentation given on NHS England's plans to coproduce a primary care strategic framework, be noted.
- (2) That a further update report be submitted to a future meeting of the Committee.

54

PATIENT PARTICIPATION GROUPS (PPGs) IN DUDLEY

A report of the Dudley Clinical Commissioning Group was submitted on progress made by the Group on developing a network of Patient Participation Groups.

Arising from the presentation of the report Members made the following comments:-

- There was a need to improve the quality of patient care and giving patients a stronger voice and PPG's sited at each practice was one of the many mechanisms available to consult with the community. However, it was considered that membership of PPG's should be increased to ensure that there was balanced representation to enable differing views to be captured.
- There were varying experiences of PPG's and examples were given whereby it was considered that some PPG's were not active enough and were not interested in engaging with their members.

- Concerns raised about the locality of PPG's which were sometimes not accessible for residents, PPG's were not publicised and GP's were not making the effort to get members on board.
- It was commented that there should be consistent resources allocated to all practices and it was queried what resources were available and whether practices were aware of the resources that were available to them.
- It was considered that it would be useful to spread best practice and reference was made to a report that had been published in this regard by the Patient Group.

In response to comments made above, Mr Haynes reported that resources and advice were available to GP's to assist them in setting up PPG's at their practices, however exact resources were not known. It was considered that PPG's should self-manage and it was up to individual practices to spend their resources effectively. It was further reported that there were no resources available to monitor PPG's and the Clinical Commissioning Group relied on feedback from this meeting and other Forums to bring matters to their attention. However, it was considered that improvements to PPG's had been made.

The Chair thanked Mr Haynes for the presentation of his report and requested that an update report be submitted to a future meeting of the Committee to include details of progress made, information on further publicity and details of resources available for PPG's. It was also stated that consideration be given to ensure that membership of PPG's was balanced and representative of the locality concerned.

RESOLVED

- (1) That the information contained in the report, on progress made by the Group on developing a network of Patient Participation Groups, be noted.
- (2) That a further progress report be submitted to a future meeting to include further information on publicity and the resources available to GP's for PPG's.

COMMITTEE'S REVIEW OF TOBACCO CONTROL

A report of the Lead Officer to the Committee was submitted on key findings, observations and draft recommendations arising from the tobacco control review.

Arising from the presentation of the report reference was made to E-cigarettes and related advertisements which encouraged use by young people. Concerns were expressed about the unknown effects of using E-cigarettes given the lack of research and it was also considered that using E-cigarettes could potentially lead young people to smoke cigarettes.

RESOLVED

- (1) That the information contained in the report, and Appendix to the report, submitted on the tobacco control review, be noted.
- (2) That the draft recommendations as contained in the Appendix to the report submitted, be endorsed.
- (3) That the Lead Officer, in consultation with the Chair, Vice-Chair and members of the Review Panel be authorised to oversee the final action plan based on the recommendations contained in the Appendix to the report submitted and to refer the Plan to the Overview and Scrutiny Management Board for consideration.

56 SCRUTINY REVIEW 2013/14 – PATIENT EXPERIENCE IN ACUTE SETTINGS

A verbal report was given by the Scrutiny Officer on the Patient Experience in Acute Settings Scrutiny Review and a meeting would be scheduled to consider the matter.

RESOLVED

That the verbal report given on the Patient Experience in Acute Settings Scrutiny Review, be noted.

57 QUESTIONS UNDER COUNCIL PROCEDURE RULE 11.8

Although there were no questions under Council Procedure Rule, 11.8, at this juncture, the Vice-Chair asked for a response to be given on whether there was any information available to identify national insurance contributions for the Borough.

The meeting ended at 8.00 p.m.

CHAIR