MINUTES OF
HEALTH SCRUTINY COMMITTEE

Monday, 25 March 2019
(7:00 - 8:40 pm)

Present: Cllr Paul Robinson (Deputy Chair), Cllr Peter Chand, Cllr Irma Freeborn and Cllr Chris Rice

Apologies: Cllr Eileen Keller and Cllr Emily Rodwell

16. Declaration of Members' Interests

Councillor Chris Rice stated that he was a member of North East London Foundation Trust's Governing Body.

17. Minutes - (18 December 2018)

The minutes of the meeting held on 18 December 2018 were agreed.

18. Update on Primary Care by the Clinical Commissioning Group

The Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups' (BHR CCGs) Deputy Director for Primary Care Transformation (DDPCT), and Primary Care Improvement Lead (PCIL) delivered a presentation to update the Health Scrutiny Committee on the challenges and activity happening in primary care. The presentation included the following areas:

- Results of Care Quality Commission (CQC) inspections, practices rated 'inadequate'/ 'requires improvement' and overview of the themes occurring;
- Support provided by the CCGs to practices;
- Challenges in primary care including workforce numbers and what the CCG was doing to address them;
- Other workforce initiatives and workforce transformation;
- The focus for 2019/20;
- Improving practice sustainability;
- The work of the GP Federation;
- Improving care for patients with diabetes and stroke prevention;
- Referral schemes;
- Community urgent care update; and
- Personal Medical Services (PMS) and the local review of PMS contracts.

In response to questions, the DDPCT and PCIL stated that:

- Resilience funding was provided by NHS England (NHSE) and the CCGs topped this up with their own funding. This funding was used to support sustainability and workforce optimisation. Examples of this was training for front desk receptionists at general practices to signpost people to the most appropriate service for their condition, and the creation of a bank of GPs and nurses to provide consistent support to practices;
- The CCGs did provide support to practices before they were inspected by

the CQC on a daily and regular basis across the network. They used a 'quality surveillance tool' which gave an early indication of any practices which appeared to be declining. The tool had ten indicators including estate, vacancies and information from the local Healthwatch organisation, which helped do this.

- The issue of safeguarding appearing as a theme in relation to CQC inspection outcomes was not about staff awareness of safeguarding matters. It related to practices not having updated their written policies and procedures around safeguarding. Another issue that had emerged was around practices meeting their responsibilities under the General Data Protection Regulation;
- There were three Primary Care Improvement Leads in Barking and Dagenham CCG who looked after a network of practices each. They undertook regular visits to practices and used information from these to develop plans to support them; and
- There was a huge challenge around the GP to patient ratio in this borough, which could not be addressed through money. NHSE appreciated that there were localities in the country where GPs were scarce in comparison to others. However, it was hoped that the current workforce model would help address these challenges.

Councillor Freeborn stated that she was the Member Champion for Care and Quality. In response to questions from her, the DDPCT stated that:

- Practice managers did have a role in ensuring that their practice's policies were appropriate and up to date, as well as ensuring other aspects of the practice were adequate such as estate, number of staff, training and, implementing CQC inspection recommendations. However, practices were independent businesses which meant that the role of practice manager could vary from practice to practice, and depending on individual arrangements, a GP could take on some aspects of the role. The CCGs provided support to practice managers; for example, monthly protected learning events included a practice manager forum where they discussed issues and learning points;
- There were seven 'GPs with portfolios' in BHR as part of the GP-SPIN scheme, of which two offered support in this borough (GPs with portfolios undertook the traditional GP role but also had time to develop in a specialist area, for example, mental health or cancer). The 'GP with portfolio' role was attracting more people than the traditional full time GP role;
- The CCGs did not oversee pharmacists as they were contracted by NHSE directly. GPs did use clinical pharmacists for certain services such as nursing homes, where they would, for example, review patients' medication. There was a possibility that clinical pharmacists would be able to undertake some consultations in future;
- Social isolation was a reason for some people coming into primary care when they did not have a health need for doing so. Different models were occurring across the country to address this issue. In Redbridge for example, the council was working closely with the third sector, and in other areas there were link workers in practices that could sign-post the person to befriending services. 'Social prescribers' should be looking at why a regular attender to primary care or A&E was coming in and at models that would address the needs of those who were isolated;

- Online consultations only took place if the GP felt it was appropriate and safe to do so, for example, to discuss the result of a blood test. 'GP at Hand' (a practice within NHS Hammersmith and Fulham CCG) offered digital consultations to patients who were registered with them, which was a very successful model, and BHR CCGs were looking to roll a similar service out; and
- E-referrals referred to the ability of GPs to email patient referrals to consultants, which included the option for the GP to request advice and guidance in relation to the patient's symptoms, to ensure that the patient would be referred to the most appropriate service.

In response to a question regarding the Improving Access to Psychological Therapies (IAPT) service, the DDPCT stated that some practices had mental health service workers; however, this was not universal. The NHS Long Term Plan indicated that funding would be directed toward this; however, more clarity was needed as to what this would look like. NELFT's Integrated Care Director (ICD) stated that the IAPT service currently operated a 'base and spoke' model in this borough; the hub was based in Church Elm, and the service was delivered out in 'spokes' which were based in Dagenham Library and the Barking Learning Centre, amongst other community locations. General Practices often did not have the space to offer IAPT services, and there was also the question of whether only patients who were registered at that practice could access the service, or whether there could be wider access.

In response to a question, the Council's Director for Public Health stated that the Council and Barking and Dagenham CCG had a positive working relationship and that the key question going forward was how to jointly commission services so that people could be encouraged to lead healthy lives to prevent diseases from occurring in the first place. The Barking Riverside development scheme was based on this 'social prescription' model.

Members stated that there were a range of professionals, including pharmacists, whom people had access to in primary care, and asked why people still insisted on seeing their GP. The DDPCT stated that the answer was not clear, and it would take time for people to become accustomed to different models of care.

The ICD asked what the borough's CCG was doing in terms of communication to ensure that the community understood that hospital may not always be the right place to go. The DDPCT stated the CCGs were looking into regular attendees of A&E, which showed that patients registered with certain general practices appeared more in these statistics than others. She added that this issue was a huge challenge for the CCGs and suggested that it was an area that the Committee could discuss with the appropriate CCG representative in future.

The Committee thanked the DDPCT and PCIL for their presentation and time.

19. Joint Health Overview and Scrutiny Committee - Update for Noting

The Committee noted the report.