

# MINUTES OF HEALTH SCRUTINY COMMITTEE

Wednesday, 19 July 2023  
(7:00 - 7:50 pm)

**Present:** Cllr Paul Robinson (Chair), Cllr Michel Pongo (Deputy Chair), Cllr Muhib Chowdhury, Cllr Irma Freeborn, Cllr Manzoor Hussain and Cllr Chris Rice

**Also Present:** Cllr Maureen Worby

## 7. Declaration of Members' Interests

There were no declarations of interest.

## 8. Minutes (24 May 2023)

The minutes of the meeting held on 24 May 2023 were confirmed as correct.

## 9. Update on Salisbury Avenue General Practice

The Deputy Director, Primary Care (DDPC), NHS North East London, by way of introduction to the item, stated that the Care Quality Commission (CQC) carried out an inspection at the Salisbury Avenue General Practice in Barking on 1 December 2022, followed by remote inspections on 15 and 22 December 2022 and 9 January 2023. The CQC published their inspection report on 11 May 2023, which changed the rating for the Practice from 'Good' to 'Inadequate'. She then delivered a presentation to the Committee which provided the background to the inspection and the actions that were being taken to improve the Practice.

In response to questions, the DDPC stated that:

- The Practice's website would have made its patients aware of the adverse outcome of the inspections. It was not usual for practices to write to patients individually, unless the failings were so serious that the practice would need to be closed;
- Part of the reason the Practice was not consistently using complaints to improve was down to a lack of clinical leadership in having systems and processes in place to do this, such as bringing all relevant staff together to review significant events, record these properly and the actions necessary to avoid the situation from recurring. The Practice was now working on correcting this to ensure complaints were dealt with effectively;
- Much of the deterioration within this Practice could be attributed to the turnover in practice managers and the relationships the Practice had with them, which significantly impacted leadership. The Practice had now employed a new Practice Manager to address this. In terms of staff morale, the Practice had undertaken a peer review framework which involved all staff answering questions about their wellbeing and moral and this actually showed that staff morale was in most parts, good. It was anticipated that employing a new practice manager would impact staff moral and wellbeing positively; however, it was important for the GPs to work together with the Practice Manager and also play a part in overseeing staff wellbeing;

- The huge challenges around capacity in general practice and demand was a national issue, and this Practice along with many others, was doing work around analysing demand to try and adjust their services to match these where possible;
- Safeguarding was an issue of concern in relation to this Practice and safeguarding leads had been working closely with it to address the shortcomings in its safeguarding policy. The Practice's safeguarding list was smaller than what was expected for its size, which was a concern. Individuals who were impacted by the shortcomings had been followed up and the safeguarding team had undertaken much work with the Practice to help it overcome these weaknesses, for example, by ensuring it was liaising closely with other relevant agencies so that it was not working in isolation;
- Currently, formal confirmation that the safeguarding policy was now satisfactory was awaited but progress had certainly been made in this area and the Practice was not deemed unsafe;
- Medicines management was a key focus of the CQC report, and the medicines management team had worked with the Practice to ensure robust and safe systems were now in place, and that staff (including non-clinical staff) had received relevant training. The medicines management team were also working with practices to support them implement better systems around managing prescriptions, whether they were one-off or repeat, to ensure better patient safety, for example by ensuring there were processes in place for accurately recording the medicines being issued to patients;
- The local primary care team did monitor practices that were at risk of being rated 'requires improvement' or 'inadequate' by the CQC and were proactive in offering a good level of support to them, for example, by offering webinars and development sessions around ensuring CQC compliance, and undertaking mock CQC investigations;
- Every general practice belonged to a primary care network (PCN) which employed a range of workforce, including clinical pharmacists;
- All practices should be reviewing the results of the national patient survey which took place annually, as well as returning the friends and family test on a monthly basis, which was linked to receiving an improvement payment;
- As part of improvements, the Practice would be ensuring a system was in place to raise timely flags when a patient was due a check-up so that they could be proactively contacted, and ensuring there was a proper triage approach in place so that patients with urgent mental health issues could be seen as a priority;
- Whilst patients would have been impacted by the level and quality of service prior to the CQC inspections, no specific backlog had been created by the shortcomings within the Practice and there had not been a significant impact on the Practice's patient list size;
- The deadline for the Practice to submit its Local Improvement Plan was in August 2023, and following this, confirmation from the subject matter experts that the Practice had addressed the issues identified adequately would be required. After this, a general visit or subject matter visit by the CQC would take place around October 2023; and
- The intensive support provided to practices in the aftermath of receiving an adverse rating by the CQC was not abruptly taken away and would continue until the practice was in a place where it could consistently implement the improvements identified.

The Cabinet Member for Adult Social Care and Health Integration expressed concern in relation to the number of general practices in the Borough which had been rated 'Requires Improvement' or 'Inadequate' and explained the work she was doing with the GP Federation and PCNs to encourage them to strengthen the support provided to practices through peer support and other means.

**10. Joint Local Health and Wellbeing Strategy 2023-28 Refresh Framework for Delivery - Final**

The Cabinet Member for Adult Social Care and Health Integration introduced a report on the final version of the Local Health and Wellbeing Strategy 2023-28 Refresh Framework for Delivery, explaining that much effort had been made to ensure the Strategy was accessible to members of the public, but also comprehensive. It discussed the actions Health and other partners would be taking to help to overcome many of the major health challenges the Borough's residents faced from birth to old age. The Health and Wellbeing Board and the Place Board now met as Committees in Common, and they had signed the document off, which meant that there was commitment from all parts of the system to make the Strategy work. Due to new governance arrangements, holding leaders to account on the Strategy would be easier. She hoped that she would be able to return to a meeting of the Health Scrutiny Committee next year to report on progress made on health outcomes as a result of the Strategy. She asked the Committee to note that although progress would not be quick, the Strategy did outline clear pathways to improvement.

**11. Joint Health Overview and Scrutiny Committee Appointments Report**

Members noted the report on the arrangements relating to the Joint Health Overview and Scrutiny Committee (JHOSC) and **agreed** to appoint Councillors Paul Robinson, Michel Pongo and Muhib Chowdhury to the JHOSC for the 2023-24 municipal year.

**12. Work Programme**

Members **agreed** the Work Programme for 2023-24.

This page is intentionally left blank