

**Minutes of: HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**Date of Meeting:** 7 February 2017

**Present:** Councillor S Kerrison (in the Chair)  
Councillors P Adams, N Bayley, J Grimshaw, A McKay, S Haroon, M D'Albert, O Kersh, J Mallon, Susan Southworth and R Walker

**Also in attendance:** Stuart North, Chief Operating Officer, Bury Clinical Commissioning Group  
Dr K Patel, Chair Bury Clinical Commissioning Group  
Lesley Jones, Director of Public Health  
Marcus Connor, Corporate Policy Manager  
Julie Gallagher, Principal Democratic Services Officer

**Public Attendance:** 18 members of the public were present at the meeting.

**Apologies for Absence:** Councillor Hussain

## **HSC. DECLARATIONS OF INTEREST**

There were no declarations of interest made at the meeting.

## **HSC. MINUTES**

### **It was agreed:**

That the minutes of the meeting held on 8<sup>th</sup> December 2016 be approved as a correct record.

*The Committee resolved to re-arrange the agenda; representatives from the Clinical Commissioning Group would present their plans for consultation first. The Chair will then invite questions from the public present and then questions from Members of the Committee.*

## **HSC. URGENT CARE REDESIGN – CONSULTATION**

Dr Kiran Patel, Chair, Bury Clinical Commissioning Group and Stuart North, Chief Operating Officer, Bury Clinical Commissioning Group attended the meeting to update Members on the Consultation exercise currently being undertaken in relation to urgent care redesign. The presentation contained the following information:

Both nationally and locally it is recognised that the Urgent Care systems are under considerable pressure and is unsustainable. In Bury it has been recognised that there is a need for better service planning and design to facilitate

urgent care services. There is already local evidence of shift in urgent care trends as services continue to evolve.

Current Model:

- Self Care = Patient feels able to deal with condition
- Online Advice = Internet
- NHS111 = Free self care telephone number
- A&E = Accident and Emergency Department
- PWIC = Prestwich Walk – In Centre
- GP OOHs = BARDOC provider of full GP services evenings and weekends
- 999 = Emergency Telephone Number
- Pharmacist = Option for clinical advice
- Friend/Family = Patient options for advice
- BWIC = Bury Walk-In Centre
- GP EWHs = Access to GP appointments at local hubs evening and weekends
- EDS = Emergency Dental Service

Proposed Model:

- A&E in an emergency
- Self Care
- NHS 111 (transfer to Bury Clinical and non clinical hub. Triage to the right local service and advice/appointment booked)

As a result of the engagement process there has been the following changes to the original proposals:

- To develop the Primary Care integrated model of care with our local A&E departments at Fairfield General Hospital (FGH) and North Manchester General Hospital (NMGH)
- An acknowledgement of the importance placed on the local delivery of care
- A phased implementation of proposals reflective of opinions expressed during the engagement period. Proposals to be implemented in full by 1.10.17

## **HSC. PUBLIC QUESTION TIME**

Luise Fitzwalter raised a number of concerns with regards to the proposals which included; lack of detail, availability of the extended hours GP service for Ramsbottom residents, dual running of services including staffing issues, problems with recruitment to GP positions.

In response to these concerns, the CCG representatives reported that a wound care service had been introduced in six different locations including Ramsbottom.

Dr Patel reported that the GP extended hours service has not been as well utilised by patients in the Tottington and Ramsbottom areas. Every GP Practice within the CCG can now access the same IT system. The Virtual Clinical Hub has been operational for several weeks and this service will eventually be rolled out across Greater Manchester. Dr Patel reported that 75% of the patients who accessed the virtual hub have been triaged without the need to refer on to A&E.

Dr Patel reported that a primary aim of the urgent care redesign is to encourage and enable patients to self care. It is hoped a less fragmented service, as

proposed, with entice GPs currently working as Locum doctors to work as permanent members of staff in more integrated multi-disciplinary teams.

The Chief Operating Officer reported that the CCG are in discussions with Pennine Care NHS Trust, the provider of the walk-in centre service, with a view to potentially extending the contract at the Town Centre venue.

Richard Coates, a member of the public raised concerns in respect of plans in Oxfordshire and elsewhere, for GPs to set up private companies to charge for primary care service that are no longer provided by the NHS, including urgent weekend and evening care and some minor surgery. Mr. Coates sought assurances from representatives of the CCG, that the closure of the urgent treatment centres will not be a step towards privatisation and charging for treatment.

Responding to these concerns, representatives from the CCG reported that Bury CCG does not intend to introduce payments for these primary care services. Statutory guidance dictates that certain services must be procured. Previous governments have encouraged competition from the private sector through the establishment of Independent Treatment Centres (2008/9) and the Any Qualified Provider Scheme. Dr Patel reported that he had spoken to the Local Medical Committee and they have confirmed that they have no plans to provide these schemes privately.

Dr Patel reported that the purpose of the urgent care redesign is to streamline the service and encourage patients to self care and not to privatise the service.

Paul Gerrard, a Member of the Public expressed concerns that the plans put too much emphasis on the 111 telephone triage service, a service that has been shown to be inadequate. He also raised concerns in respect of additional pressure on already over-stretched A&E departments as well as the decision making process.

With regards to the 111 telephone service, Dr. Patel reported that there had been some concerns raised in respect of the service and in particular the use of computer algorithms to triage patients. The CCG has engaged with the providers of the 111 service to try and address some of these issues. Dr Patel reported that telephone triage is used regularly by GP to assess a patient's condition.

The Chief Operating Officer reported the 111 telephone service is now provided by North-west Ambulance service, NWAS have a large amount of experience in triage patients via the telephone.

Andy Walker, a Member of the Public reported that the already undertaken engagement exercise identified that 83% of respondents were opposed to the closure of the walk-in-centre and expressed concern that the consultation will finish a week before the proposed closure date of the Town Centre, Walk-in centre.

The Chief Operating Officer reported that a number of facilities will continue to be provided across the Borough including, the wound service and the extended

out of hours service. The urgent care redesign will not be a cost saving exercise; the plans will result in the most appropriate service being delivered at the right location.

In response to a question from Jane Deesdale, the Chief Operating Officer reported that if the service is to be successful then the message in respect of urgent care needs to be simplified; dial 111 for non-emergency queries and 999 for all emergency calls. Dr Patel reported that the 111 service will provide access to translation services.

Andrew Lyones, a member of the public reported that there were a number of unfilled posts within the walk-in centres as a result of the job insecurity. In response the Chief Operating Officer reported that the CCG are working with the current provider, Pennine Care to ensure that there continues to be safe staffing levels within the service.

Other members of the public raised concerns with regarding the accessibility of the 111 service for those most vulnerable, the recent CQC NWAS report and closures of walk-in centres elsewhere, as well as transport concerns.

Responding to the concerns raised, the Chief Operating Officer reported that in areas where a front end primary care service has been introduced there has been a dramatic reduction in the numbers of patients attending A&E. Where walk-in centres have closed there has not been an increase in the number of attendances at A&E. The new virtual hub will not be provided by a private company and BARDOC will provide the front end service at FGH.

The Chief Operating Officer reported that the CQC inspection rated the 111 telephone service provided by NWAS as "Good."

Dr Patel reported that the CCG has recently developed a new initiative that allows GPs to provide additional support to vulnerable adults. The initiative would encourage GPs to check on patients at risk prior to the weekend and ascertain if any preventative action is needed.

- **QUESTIONS FROM MEMBERS OF THE HEALTH SCRUTINY COMMITTEE**

The Chair invited comments, questions from members of the committee and the following issues were raised:

Responding to a question in respect of a newspaper article suggesting the A&E department based at FGH may be downgraded; the Chief Operating Officer reported that there are no plans to downgrade A&E and FGH will continue to provide a high quality stroke service.

Members of the Committee discussed transport arrangements; the Chief Operating Officer reported that the CCG does not have decision making powers or jurisdiction in respect of how TfGM commission services, the CCG did not speak to Transport representatives when devising the proposals.

The Chief Operating Officer reported that 76,000 patients were seen in the walk-in centre in 2014/15; 67,000 in 2015/16 and a reduction of 6,500 in the first nine months of 2016/17.

In response to concerns raised, the Chief Operating Officer reported that NHS England has encouraged a national roll-out of the 111 programme to try and simplify the process for all patients irrespective of where they live in the country.

The Chief Operating Officer reported that the wound care services is already commissioned, the virtual clinical hubs will be rolled out following the decision of the CCG in respect of the urgent care redesign.

With regards to the role played by pharmacies, Dr Patel reported that they have a key role to play in providing advice and in encouraging patients to self care.

The Chief Operating Officer reported that he recognised that sometimes those suffering with mental health problems are not always able to access the most appropriate service. Pennine Care Foundation Trust do however provide the RAID service at A&E to help and support patients in distress.

With regards to an alternative proposal in respect of the Urgent Care Redesign; the Chief Operating Officer reported that if such a proposal is presented that the CCG have an obligation to consider it.

In response to confusion with regards to the commencement date of the consultation, the Chief Operating Officer reported that the consultation commenced on the 8<sup>th</sup> February 2017. Building on the already undertaken engagement exercise the consultation will include two public meetings and surveys will be available in GP surgeries, Libraries and Council buildings.

To clarify, the Chief Operating officer reported that at a CCG Board meeting an audience member proposed a vote of no confidence in the CCG Board, members of the public voted and the proposal was supported by members of the public present. The vote however has no constitutional basis. The Chief Operating Officer reported his concern that a representative from the Health and Wellbeing Board is appointed to sit on the CCG Board, but does not attend Board meetings.

The Chief Operating Officer reported that he welcomes the scrutiny of the urgent care redesign proposals and would want to see the same level of scrutiny from Committee members in all areas of the health and social care economy.

Responding to these comments, Councillor Kerrison acknowledged and accepted the need for overview and scrutiny across the entire health and social care economy.

**It was agreed:**

That it is sensible for health scrutiny to be able to receive details about the outcome of public consultation before it makes its response so that the response can be informed by patient and public opinion.

Representatives from Bury Clinical Commissioning Group would be invited to attend a meeting of the Health Scrutiny Committee once the consultation has completed.

