

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at LH 2.13 - Loxley House, Station Street, Nottingham, NG2 3NG on 19 January 2017 from 13.30 - 14.48

Membership

Present

Councillor Anne Peach (Chair)
Councillor Jim Armstrong
Councillor Patience Uloma Ifediora
Councillor Carole-Ann Jones
Councillor Ginny Klein
Councillor Dave Liversidge
Councillor Chris Tansley

Absent

Councillor Merlita Bryan
Councillor Ilyas Aziz
Councillor Corall Jenkins

Colleagues, partners and others in attendance:

Dr Ajanta Biswas	- Board Member, Healthwatch Nottingham
Helen Davies	- Practice Manager, Fairfields Medical Practice
Lynette Daws	- Assistant Director of Primary Care Development
Tom England	- Evidence and Insight Worker, Healthwatch Nottingham
Martin Gawith	- Chair of Board, Healthwatch Nottingham
Rav Kalsi	- Senior Governance Officer
Shaheen Khan	- Business Manager, High Green Medical Practice
Pete McGavin	- Chief Executive, Healthwatch Nottingham
Kate Morris	- Governance Officer
Dr Prema Nirgude	- Evidence and Insight Manager, Healthwatch Nottingham
Maria Principe	- Director of Contracting and Transformation, Nottingham City clinical Commissioning Group
Fiona Warren	- Commissioning Manager, Primary Care

32 APOLOGIES FOR ABSENCE

Councillor Corall Jenkins - personal

33 DECLARATIONS OF INTEREST

None.

34 MINUTES

The Committee confirmed the minutes of the meeting held on 24 November 2016 as a correct record and they were signed by the Chair.

35 GP SERVICES IN NOTTINGHAM CITY

Maria Principe, Director of Contracting and Transformation at NHS Nottingham City Clinical Commissioning Group (CCG), presented a report updating the Committee on

the quality of Primary Care Services, specifically, services delivered by General Practice in Nottingham City. The following key points were highlighted:

- (a) there are currently 56 GP practices within the city, 12 of which are single handed practices (practices with just one GP);
- (b) list sizes vary from 1,400 patients to 17,000 patients. The largest practice being the student practice with 39,000 patients on the list;
- (c) the primary care plan endorsed by the governing body and member practices in 2014 has 5 essential objectives that it has been working to improve:
 - Integrate Primary, Community and Social Care:
 - There are now multi-disciplinary teams including social workers at GP practices;
 - There is work taking place looking at placing mental health specialists within GP practices in the future;
 - Standardise and improve Access:
 - the Weekend Opening pilot has continued to ensure that one practice in each care area is open on a Sunday. The CCG cannot afford to open all practices on a Sunday and for the single handed practices it is not possible to open every day;
 - Feedback shows that practices were busy Monday to Saturday but showed a drop in numbers attending on Sunday. Many patients do not want to travel to a GP that is not their own on a Sunday and may choose to attend Accident and Emergency instead;
 - Discussions are taking place about setting a GP practice at Accident and Emergency, building on the GP presence that is already there.
 - Utilise and adapt innovative and best practice:
 - a new, remote telehealth monitoring system has been rolled out along with a pilot eConsultation service and a pilot virtual clinic with video consultation.
 - it is still necessary to promote online booking systems and prescription services as this is currently below the national average. This will be a particular focus over the upcoming year. The suggestion was made that whilst patients are waiting for their appointments in the practice they could be shown how to use the new systems. Maria will take this back for consideration by the CCG.
 - Develop shared working/workforce:
 - The vocational training scheme for this year is now full with all 45 posts filled.
 - The 4 fellows place in Nottingham City through Health Education England have extended their placements into 16/17 and a further 7 placements were also secured for 2016/2017.
 - Promote shared responsibility of health:
 - The CCG is promoting self-care for sustainability of services. Integration of social care staff and mental health staff into GP practices will promote this self-care agenda further.

- Patients need to be encouraged to avoid damaging behaviour such as smoking and drinking and poor diet which goes beyond local government as it requires social change.
- (d) the Primary Care Commissioning Panel has received several applications over the last 18 months to close their practice lists to new patient registrations. These requests have largely come from the Hyson Green area but also include practices in Aspley and Wollaton. As a result of this a health needs assessment is being undertaken to understand capacity issues and needs in these areas;
- (e) the national GP Patient Survey was published in July 2016. It showed that 85% of patients in Nottingham City were satisfied with their experiences at their surgery, this is in line with the national average. It showed that 88% found receptionists at their surgery were helpful which is in line with the national average. Recent training of all reception staff across Nottingham City GP practices has been beneficial to the patients;
- (f) between April and September 2016 10 serious incidents were reported by primary care providers. This is not dissimilar to previous reporting periods;
- (g) in 2016 the Care Quality Commission (CQC) suspended 2 practices. 1 was closed and the other re-opened. 4 practices were rated as outstanding on inspection, 39 as good, 5 requiring improvement and 3 as inadequate;
- (h) a piece of work is taking place to align administrative services, and HR services for a number of GP surgeries across the City, looking at the possibility of sharing non GP staff where practical, including administration staff and a standardisation of care and access;

Thomas England, Interim Evidence and Insight worker at Healthwatch Nottingham presented an interim report on the pressures affecting inner-city general practice. The following key points were highlighted:

- (i) this is an interim report, the final report is due to be completed at the end of February 2017. The final report will be circulated to committee members once it has been completed and signed off;
- (j) Healthwatch Nottingham had become aware of increased pressures on inner city practices after a number in Nottingham City applied to close their patient lists to new registrations. A piece of work was commissioned to assess the pressures affecting inner city general practice;
- (k) the study took place at the 3 practices based within the Mary Potter Centre in the Hyson Green area of the city. These practices were chosen because all three had applied to close their patient lists to new registration within the last year;
- (l) the study is based on interviews with the healthcare professionals and board members, including a GP who had previously worked within one of the practices;

- (m) emerging themes are that the higher level of deprivation leads to a higher likelihood to access GP services and a higher likelihood of patients having complex needs;
- (n) 50% of all registered patients are between 15 – 24 years old, which is twice the average across the city and 4 times the national average. This large proportion of students is likely to mask the true level of deprivation in the area;
- (o) there is a changing demographic within the area. Patients who speak English as an additional language is higher than the national average. There currently 67 different languages spoken by patients accessing these practices. This leads to an increased need for GP's to offer their services through an interpreter, which on average, takes the standard consultation time from 10 minutes to 20 minutes. Subsequently GP's see fewer patients and are worrying that the information they are giving is not being conveyed completely;
- (p) the high deprivation levels alongside the changing demographics has had a significant impact on the patient lists in all three practices studied patient list had doubled in size within the last 8 years.

Following questions and comments from the committee the following points were made:

- (q) Deprivation, when referred to in the Healthwatch Nottingham study is measured using the Council's Health profile, and data from the Kings Fund research on pressures in general practice. The data shows that over 50% of the population in the area of study are within the lowest 2 groups nationally;
- (r) the study found that if patients are not able to see their GP, or are not able to register they will attend Accident and Emergency services. This has a particular impact on inner city practices like those at the Mary Potter Centre as deprivation levels increase demand for GP services, and the need to use interpreters decreases the number of patients that can be seen, but tariffs paid to Hospitals decrease funding available.
- (s) many of the city practices are run by GP's who are now approaching retirement age. In 2015 there were 64 practices, in 2016 there were 56. The trainees working their way through the vocation training programme will not be sufficient to plug this gap;
- (t) there is a national shortage of GP's, currently around 38% too few. Health Education East Midlands is working towards decreasing this shortage in Nottingham City, as is Nottingham City CCG;
- (u) Nottingham City faces comparable challenges in attracting GP's to their inner city practices as other large cities. Across the UK inner city practices struggle to recruit partners to practices. There is less of a challenge recruiting locum GP's but this leads to less stability for the practice;

- (v) GP contracts give a nationally set figure per patient which takes into account deprivation;
- (w) the CCG receives funding on performance. When a patient attends Accident and Emergency the CCG are charged a tariff. There are a number of resources in place to reduce these visits but they are not used by patients as well as they could be;
- (x) notice has been given to a number of stroke services within Nottingham City. There will be very little to impact on patient outcomes as since 2011/2012 Nottingham City stroke care service has seen a very large percentage of patients back in the community and rehabilitating quickly;
- (y) the government recommends a patient list of 2,200 patients per GP. There are GP's who have larger list sizes and those that have smaller list sizes;
- (z) NHS England do carry out list cleansing, where patients who have failed to respond to screening requests and have not presented for some time can be taken off lists. A number of practices within the City carry out list cleansing;
- (aa) the CCG is encouraging practices to move more to hub type accommodations. At present there is limited funding for the moves and major estate works are currently not financially possible;
- (bb) the CCG have delegated responsibilities for looking managing the contracts with GP's. NHS England hold the contract and the CCG is limited as to what decisions they can make.

RESOLVED to

- (1) thank colleagues from Nottingham City Clinical Commissioning Group for the report and to note its content;**
- (2) invite the Clinical Commissioning Group back in 12 months for a further update on the quality of Primary Care in Nottingham City;**
- (3) thank Healthwatch Nottingham for sharing the interim findings from their study into the pressures affecting inner-city general practice and to note its content;**
- (4) to invite Healthwatch Nottingham to present the final outcomes from the study, along with Healthwatch Nottingham's Annual Report, to the Committee in the 2017/18.**

36 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME

Rav Kalsi, Senior Governance Officer outlined the Committee's future work programme.

RESOLVED to note the work programme.