

Coventry City Council
Minutes of the Meeting of Health and Social Care Scrutiny Board (5) held at 10.30
am on Wednesday, 15 February 2023

Present:

Members: Councillor M Ali (Chair)
Councillor J Clifford
Councillor J Gardiner
Councillor A Jobbar
Councillor S Keough
Councillor G Lloyd
Councillor J McNicholas
Councillor C Miks
Councillor B Mosterman

Other Members: Councillor M Mutton (Cabinet Member for Adult Services)

Employees (by Service)

Law and Governance V Castree, C Taylor

Others Present: A Cartwright, Chief Planning and Performance Officer, ICB
G Harris, Chief Operating Officer, UHCW
J Richards, Chief Strategy Officer, UHCW
R Uwins, Head of Communications and Public Relations, ICB
Dr D Yadav, GP Willenhall Primary Care Centre 1

Apologies: Councillor J Birdi
Councillor K Caan (Cabinet Member for Public Health and Sport)

Public Business

35. Declarations of Interest

There were no disclosable pecuniary interests.

36. A&E Waiting Times

The Health and Social Care Scrutiny Board (5) received a briefing note by the Chief Planning and Performance Officer and Chief Operating Officer, University Hospitals Coventry and Warwickshire (UHCW), regarding A&E waiting times.

The briefing note advised that the national, regional and local Urgent and Emergency Care (UEC) position had experienced significant pressure in the first half of the winter. In response, UHCW with partners across Coventry and Warwickshire, had undertaken a significant amount of work to improve flow and quality of care for the patients.

Teams were working exceptionally hard and seeing improvements, however performance remained significantly challenged. The long term work with partners on Improving Lives through the Coventry Collaborative needed to continue while the Trust managed the short and medium term risk to patients and staff of the current pressures.

Members of the Scrutiny Board, having considered the content of the briefing note, asked questions and received information from officers on the following matters:

- Virtual wards
- Hospital at Home
- Urgent treatment centres/minor scheme
- Additional beds to support Pathway 2 and 3 patients
- Workforce pressures
- Engagement being key to solving internal flow issues and improving patient outcomes
- UHCW working with the Council through One Coventry to improve residents access to medical services
- UHCW 4-hour performance statistics for December 2022 and January 2023
- Admission avoidance
- UHCW working with the Council on Project Sherbourne
- Prevention improving due to partnership working
- Bed occupancy influencing wait times
- Ongoing work with hospital departments to reduce wait times.

The Chair invited representatives from UHCW back to SB5 in 6 months time to provide an update on progress with A&E waiting times.

RESOLVED that Scrutiny Board 5 notes the content of the briefing note and agrees:

- 1. That representatives from UHCW be invited back to SB5 in 6 months' time to provide an update on progress with A&E waiting times.**
- 2. That a joint meeting of SB1 and SB5 be considered to discuss virtual wards and the Project Sherbourne digital system.**

37. Neuro-rehabilitation Level 2b Beds

The Health and Social Care Scrutiny Board (5) received a Briefing Note by the Chief Officer, Performance and Delivery, Integrated Care Board regarding neuro-rehabilitation Level 2b Beds

Prior to the COVID-19 pandemic, 12 Level 2b neuro-rehabilitation beds were located on Ward 42 at UHCW. These beds were commissioned by Coventry and Warwickshire CCG and were the only NHS-funded Level 2b neuro-rehabilitation facilities in Coventry or Warwickshire. As part of the Coventry & Warwickshire Integrated Care Board's (ICB) emergency response to Covid-19, the beds were moved from UHCW on 18th March 2020 to the Central England Rehabilitation Unit (CERU), a dedicated rehabilitation unit and part of Royal Leamington Spa Hospital, provided by SWFT.

Moving the beds increased acute bed capacity at the UHCW and the Central England Rehabilitation Unit (CERU) had additional capacity to take on the beds due to an area of the hospital that had not yet opened up but had been built to future-proof site capacity.

As part of the Impact Assessment Tool (IAT) process and as the ICB moved into restoration and recovery, a case to propose this as a permanent relocation was developed.

The 12 beds were used for approximately 50 patients per year requiring post-acute, specialist therapy rehabilitation. The conditions treated covered:

- Traumatic brain injury
- Hypoxic brain injury
- Complex neurological conditions
- Acute neuro-behavioural conditions on an interim basis whilst awaiting other units.

Following patient rehabilitation, patients were usually discharged home, where they continued to receive specialist community rehabilitation services.

The key benefits from the proposed model related to the care environment, a specialist and dedicated workforce and improved clinical outcomes including:

- Rehabilitation that matched the recovery needs of the patients and in accordance with the recommended BSRM 2019 criteria for specialist rehabilitation.
- Improved patient flow, reducing the time patients spend in an acute hospital awaiting Level 2b admission.
- Improved specialist staff recruitment and retention.
- Level 2b patients being less exposed to infectious disease than at UHCW.
- Improved management of the rehabilitation programme which reduced the number of occupied bed days.
- Improved treatment that reduced the on-going care costs following patient rehabilitation.

Engagement had been undertaken between November 2021 and January 2022, targeting patients, staff working in the service, friends and family members of those receiving Level 2b rehabilitation and advocates from the voluntary and community sector and had been undertaken as follows:

- An online survey
- Qualitative interviews with patients
- Respondents ranking the most important factors in supporting recovery
- Access to other health services being considered unimportant when linked to direct recovery
- The need for good communication

The FAQ's arising from the relocation, set out on page 9 of the report submitted were acknowledged by the Board.

RESOLVED that Scrutiny Board 5 notes the content of the briefing note and agrees that the engagement undertaken, numbers of patients affected by the change and observed improved outcomes were sufficient to go ahead with the proposed service charge.

38. **GP Access**

The Health and Social Care Scrutiny Board (5) received a Briefing Note and presentation by the Chief Officer, Performance and Delivery, Integrated Care Board regarding an Overview of GP Primary Care services in Coventry.

Following the impact of Covid-19 on GP Primary Care services and in line with the National Guidance, efforts had continued to ensure that the vaccination programme had maintained momentum and the full offer of GP Primary Care services was stepped up to respond to patient need.

The pandemic resulted in changes to how Primary Care was delivered and, as a result of these changes, systems had continued to be developed to provide access to GP services to the population of Coventry (and Warwickshire) in a variety of ways including face to face, telephone and video consultations.

The additional impact of Covid-19 waves on the ability to step services back up to pre-pandemic levels and increased capacity during the Winter period had resulted in a number of actions being taken by the ICB to support GP Primary Care to provide care to patients. The efforts made by GP practices to step up capacity and restore services previously paused had resulted in an increase in appointment delivery of 20.4% since December 2019.

Restoration of services delivered in GP primary care had continued and all GP practices in Coventry continued to provide face to face appointments as well as remote triage and video consultations.

There had been a focus on developing the Primary Care Estates Strategy which had developed opportunities and scoped potential requirements for premises. Further work had continued with the roll out of GP IT systems to support the virtual/remote opportunities including upgrading existing software. All practices within the ICB were supported in relation to their workforce and recruitment and retention.

Access to GP appointments across the City had fully recovered and were exceeding levels seen in 2019-20.

Members of the Scrutiny Board (5), having considered the content of the briefing note and presentation, asked questions and received information on the following matters:

- Retired staff returning to the workforce
- Surgery Connect/patient telephone tracking/call back system
- Primary Care Estates requirements
- Increased demand for GP appointments
- Workforce pressures and requirements

- GP extended access level
- Different methods of digital online systems to access medical professionals

Members expressed concerns regarding access to GP's, stressing patients be seen the same day or the day after and suggested a Task and Finish Group be established to work alongside GP's to consider primary care estate issues.

RESOLVED that Scrutiny Board (5) notes the GP Access report and recommends that:

- 1. GP practices via the ICB, ensure patients with a clinical need, unsuccessful in obtaining a GP appointment, be prioritised for an appointment on the next working day.**
- 2. All GP practices in Coventry implement a patient ring back facility.**
- 3. A Task and Finish Group be established to work alongside GP's to consider primary care estate issues.**
- 4. An update report on progress be brought during the 2023/24 municipal year.**

39. Work Programme and Outstanding Issues

The Board noted the work programme and agreed the inclusion of A&E wait times and GP access on the 2023/24 Work Programme.

RESOLVED that the Scrutiny Board notes the Work Programme and includes the following items on the 2023/24 Work Programme:

- **A&E Wait times**
- **GP Access**

40. Any other items of Public Business

There were no other items of public business.

(Meeting closed at 12:30pm)