

Minutes of the Meeting of the Health and Social Care Scrutiny Board (5)
held at 2.00 p.m. on 24th July, 2013

Present:

Board Members: Councillor Thomas (Chair)
Councillor Clifford
Councillor Mrs Fletcher
Councillor Miks (substitute for Councillor Hetherton)
Councillor J Mutton
Councillor M Mutton (substitute for Councillor Ali)
Councillor Noonan
Councillor Skinner (substitute for Councillor Williams)

Co-opted Member: Mr D Spurgeon

Cabinet Member: Councillor Gingell

Employees (by Directorate):

Chief Executive's: P Barnett

Community Services: S Brake, B Walsh (Director)

Customer & Workforce Services: L Knight

Other representatives : Dr S Allen - Coventry and Rugby Clinical
Commissioning Group (CCG)
S Davies – Coventry and Rugby CCG
M Ellery - Local Area Team
D Eltringham - University Hospital Coventry and
Warwickshire (UHCW)
M Gilks – Coventry and Rugby CCG
G Nolan - UHCW

Apologies: Councillor Ali
Councillor Hetherton
Councillor Sehmi
Councillor Williams

6. Declarations of Interest

There were no declarations of Interest

7. Minutes

The minutes of the meeting held on 19th June, 2013 were signed as a true record.
There were no matters arising.

8. Urgent and Out of Hours Care

The Scrutiny Board received presentations from representatives from University Hospital Coventry and Warwickshire (UHCW), Coventry and Rugby Clinical Commissioning Group (CCG) and the Arden, Herefordshire and Worcestershire Local

Area Team on Urgent and Out of Hours Care, in particular Accident and Emergency Attendance and Performance; NHS 111; Walk-in Centre; and the GP Out of Hours Service. The Board also considered a briefing note of the Scrutiny Co-ordinator setting out the background to the issue which had been requested by the Board followed growing concerns about continued and sustained increases over recent years in attendance at A and E at the University Hospital site. Councillor Gingell, Cabinet Member (Health and Adult Services) attended the meeting for the consideration of this item.

David Eltringham, Chief Operation Officer and Gail Nolan attended on behalf of UHCW and reported on the A and E performance target set by the NHS nationally for NHS Acute Trusts of 95% of patients being treated within 4 hours which had been a challenge for the hospital over recent years. The Board were informed that over the past months performance had increased from 82% in April 2013 to a high of 95.87% in June (90.12% for Q1 for 2013/14). The hospital recognised that performance was poor throughout 2012/13 and the start of 2013/14 which mirrored the national trend but was more pronounced. Members were provided with an understanding of the nature of the problem (which comprised a number of causes) and the comprehensive action plan being put in place to improve performance. It was emphasised that UHCW was committed to working with partners to resolve the long standing problem; the revised plan was already showing improvements against the standard; but there remained a risk that, without support for the early intervention of extraordinary winter measures, delivering the full recovery trajectory would be extremely challenging.

Members of the Board questioned the representatives on a number of issues and responses were provided, matters raised included:

- i) How robust was the recovery plan to implement a 'see and treat' model in the Emergency Department to ensure simple cases were treated by nurse practitioners leaving greater resources free to manage the more complex patients
- ii) What could be done to educate the public about what constituted an emergency
- iii) Evidence of A and E being used for queue jumping
- iv) The problems caused by patients with alcohol issues
- v) Would having a Council presence at A and E make a difference
- vi) The implications of the Francis report on the numbers presenting at A and E
- vii) The problems caused by patients waiting for prescriptions from Pharmacy prior to discharge
- viii) Clarification about the problems caused by insufficient discharges at weekends and further information about the staffing levels at A and E
- ix) The financial implications associated with the increased attendance at A and E
- x) The concerns and recommendations set out in the Select Committee report.

Dr Steve Allen, Accountable Officer, Coventry and Rugby CCG provided the Board with an understanding from the perspective of the commissioners of these services. Sue Davies and Matt Gilks were also in attendance. The CCG was expected to meet the costs of A and E services so continued rises in attendance had a knock on effect in the wider health economy. The CCG were also joint commissioners of the NHS 111 service. Reference was made to the commitment from health and social care partners to work together to resolve challenges of achieving the 95% A and E 4 hour wait target. The UHCW recovery plan had been in operation for a number of months and was monitored by the Clinical Quality Review Group.

Members of the Board questioned the representatives on a number of issues and

responses were provided, matters raised included:

- i) The sharing of patient data between the health service and the local authority
- ii) The potential for joint commissioning teams
- iii) How NHS 111 has been operating in the local area.

Martina Ellery, Contracts Manager, Arden, Herefordshire and Worcestershire Area Team provided a briefing on the role of the Area Team in commissioning primary care services. Access to primary care was considered a potential factor in rising attendances at A and E and the Team was responsible for Coventry General Practices and the Walk in Centre.

All Primary Care contracts were managed against a nationally stipulated framework to ensure a standardised approach and were underpinned by regulations. A number of General Practitioners were due to retire in 2013 and the Area Team was working closely with all affected practices to ensure business continuity and clinical capacity was maintained and patient care was not affected. The contract for the Walk in Centre contained robust key performance indicators which were monitored quarterly. Reference was made to the partnership working with the CCG to ensure continuous quality improvement.

Members of the Board questioned the representative on a number of issues and responses were provided, matters raised included potential proposals for the development of community based urgent care; how the quality of services provided by GPs impact on urgent and out of hours care; information on how complaints against GPs are dealt with; and the team's view of NHS 111.

RESOLVED that:

(i) A report on the Pharmacy Service at UHCW be submitted to a future meeting of the Board, including the potential for the collection of prescriptions off site.

(ii) A report on how quality of primary care impacts on urgent and out of hours care to be submitted to a future meeting.

(iii) Officers give consideration to the options for a business case to have a team of city council employees based at A and E.

(iv) The Board be provided with the opportunity to scrutinise the Urgent Care Plan, also linking this to the current reorganisation of the Community Services Directorate.

(v) A further update report be submitted to a future meeting on whole system commissioning for urgent and emergency care, and all partners be encouraged to work closely to provide a proper and robust commissioning of services for the winter.

(vi) A briefing note to be circulated to all Councillors providing them with an understanding of the process when NHS Commissioning Area Team receive a complaint about a GP practice.

(vii) A copy of the NHS Commissioning Communication Strategy on NHS 111 to be circulated to all members.

9. Briefing on a Proposed Contract Merger (Dr Jagadeshwari and Dr Ezzat and Partners)

The Scrutiny Board considered a briefing note of Martina Ellery, Contracts Manager, Arden, Herefordshire and Worcestershire Area Team indicating that the Area Team had received a formal request from Dr Jagadeshwari and Dr Ezzat for a contractual merger, which had been approved in principle by the Primary Care Committee. The Board's support for the decision was sought so that the merger process could commence. Martina Ellery attended the meeting for the consideration of this issue. Councillor Gingell, Cabinet Member (Health and Adult Services) also attended for the consideration of this item.

Dr Jagadeshwari practiced from the Maidavale surgery in Styvechale, Coventry (M86043). She held a single handed GMS contract and the practice list comprised approximately 2300 patients. Dr Ezzat was a senior partner in Phoenix Family Care (M86007) based in Park Road, Coventry with two other current partners and a practice list of approximately 5800. The contract holders were proposing a full contractual merger at the earliest opportunity. Dr Jagadeshwari was looking to retire from practice soon and the merger would enable continuity of care to be maintained for her patients.

The Board were informed that there were some issues with the quality of Maidavale practice premises. The medium term view, should the merger go ahead, was to designate those as a branch premises and close them down so that all services were provided from the Phoenix site. This practice had undergone some refurbishment and further improvements were planned to accommodate the patient list. Significant consideration had been given to access to services, clinical capacity in house and the range of services provided and the Area Team felt the merger would be beneficial to patients from both practices. The practice boundary would not be affected by the merger.

Members of the Board questioned the representative on a number of issues and responses were provided, matters raised included:

- i) Further details about the state of the Maidavale surgery building
- ii) The potential for somebody else to take on the Maidavale surgery and to continue providing a surgery in the vicinity
- iii) The demographics of the Maidavale practice list
- iv) The distance between the two practices, the public transport links and the opportunities for patients to join other surgeries in the area
- v) The option to be able to recruit good quality GPs to the Phoenix practice, the hours that the surgery will be open for appointments and the increase in available GP time
- vi) The consultation proposals to inform patients and the arrangements to transfer patients
- vii) The timescales for the merger and closure of the premises
- vii) Indications of additional GP retirements in the next few years and the implications for the city
- viii) The support to be provided to the patients at the Maidavale surgery.

RESOLVED that:

- (i) The Board support the proposed contract merger, reluctantly accepting**

the closure of the Maidavale premises.

(ii) The Board requests that there is a twelve week lead in period to the merger, longer if possible, and that a full consultation be undertaken with the patients at the Maidavale surgery.

10. Outstanding Issues

The Board noted that all outstanding issues had been included in the work programme, minute 11 below refers.

11. Work Programme 2013-14

The Board noted the work programme for the new municipal year.

12. Any other business

There were no additional items of business.

13. Meeting Evaluation

The meeting was viewed as very positive and informative.

(Meeting closed: 5.00 p.m.)