

## **Social Care and Health Overview and Scrutiny Committee**

**Thursday 29<sup>th</sup> September 2022 at. 6.00 p.m.**

**Conference room 2, Walsall Council.**

### **Committee Members Present**

Councillor K. Hussain (Chair)  
Councillor V. Waters (Vice-Chair)  
Councillor S. Elson  
Councillor R.K. Mehmi  
Councillor L. Rattigan  
Councillor K. Sears  
Councillor P. Smith

### **Portfolio Holder – Adult Social Care**

Councillor K. Pedley

### **Walsall Council**

K. Allward Executive Director

### **Black Country Integrated Care Board (ICB)**

A. Rust Head of Commissioning for Walsall.

### **Walsall Healthcare Trust**

Prof D. Loughton Joint CEO of the Royal Wolverhampton Trust and Walsall Healthcare Trust

### **0/22 Apologies**

Apologies were received from Councillor Rasab.

### **0/22 Substitutions**

There were no substitutions for the duration of the meeting.

### **0/22 Declarations of Interest and Party Whip**

There were no declaration of interest or party whip.

### **0/22 Local Government (Access to Information) Act 1985 (as amended)**

There were no agenda items requiring the exclusion of the public.

### **0/22 Minutes of the previous meeting**

The minutes of the meeting that took place on 14<sup>th</sup> July 2022 were discussed.

**Resolved**

The minutes of the meeting held on 14<sup>th</sup> July 2022 were agreed as a true and accurate record.

## **0/22 Access to GP Services**

The Head of Commissioning presented the report and highlighted the salient points (annexed). The following points were highlighted:

- Demand for primary care appointments was at an all-time high.
- Tables in 3.1 of the report highlighted the level of primary care appointments currently available, indicating a higher level of appointments than pre-covid levels.
- Walsall was providing the highest level of GP appointments compared to other Black Country areas.

The way in which GP access was being improved was described, health inequalities were being carefully considered – to ensure that access to primary care was available for individuals in this group. It was noted that some patients were content with a digital appointment, and this should be a choice for the patient and should be related to their condition.

There then ensued a period of questioning by the Committee.

A member raised concern that GP practices were not offering face to face appointments and that patients were being advised to attend the urgent care treatment centre as an alternative. It was questioned what could be done to improve this situation. The CCG representative stated that GP practices were private businesses under contract to the NHS and consideration was given as to whether the contract was being met, it was noted that the way in which the contract was delivered could be determined by the GP practice and it was acknowledged that there was variation in the way GPs were delivering appointments. Data was analysed however it needed to be viewed with caution due to variation in the composition and operation of individual practices.

Further concern was expressed that patients were not able to book an appointment, and were not offered an appointment at a date and time in the future, further to this, members expressed frustration at telephone systems within GP practices. The CCG representative stressed the difficulty of the workforce challenge facing primary care, and described improvements planned for a Black Country wide programme to standardise GP practice telephone systems to ensure they could handle a high volume of calls. The Committee were informed of the access champion role, which had been modelled on the (vaccination) community champion role. This would assist people to understand how to access primary care.

Following comments made by a member in relation to experience of a service, a discussion ensued on improvements that were planned to the community nursing service due to lack of capacity in the system. Work was underway to

ensure adequate capacity in community nursing, this was a complex issue due to increased demand.

In response to a query, the Head of Commissioning confirmed that it was a requirement on GP practices to address health inequalities and ensure that access to services.

A Member asked who decided which type of appointment was offered to a patient. The Head of Commissioning stated that practices should offer a mix of appointments and patients should get a choice, however this needed to be monitored. It was noted that the CCG found anecdotal evidence from members useful in corroborating this. The Executive Director stressed that as a demand led service, there would always need for clinical triage to ensure those most in need received the appropriate care.

Officers clarified that the full specification of GP contracts was now required to be delivered, as elements of the contract were suspended during the covid lockdown. Further to this, a query was raised in relation to the reinstatement of health reviews. The Head of Commissioning stated that all patients requiring health reviews should now receive them.

The role of Hollybank house in rehabilitating stroke patients and the staff challenges that surrounded community services was described. Clarification was provided that the word 'appointment' referred to the full range of primary care appointments and not only face to face appointments.

The Head of Commissioning informed members that GP practices owned their data and as such they were responsible for the publication of this data. Further discussions were being held with the 'Local Medical Council' to agree the publication of some of this, however it was noted that due to the variations in the nature of GP practices it should be viewed with caution.

The Portfolio Holder questioned the impact the lack of access to primary care had on the local hospital services. The Head of Commissioning informed the Committee that experienced primary care clinicians triaged patients presenting at accident and emergency to ensure they received the most appropriate care and the number of patients attending the urgent care centre was monitored daily – at the moment this was not higher than pre-covid levels.

The Head of Commissioning acknowledged that different GP practices were handling demand in different ways, and that sometimes this needed improvement. Increased demand and workforce pressures were making this situation challenging.

In response to concern raised by a member, the Head of Commissioning stressed that GPs had to meet the requirements of the contracts they were commissioned to provide.

**Resolved**

1. That the report be noted by the Committee.
2. That the Committee receive a further report detailing the implementation of the improved telephony system and the impact on patient experience in access GP appointments, in 6 months.
3. The Committee request a breakdown of the number of face to face appointments and digital appointments (as a percentage of all appointments) for each practice in Walsall.

### **0/22 Update on the Urgent Treatment Centre**

The Head of Commissioning introduced the report (annexed) and described the 'Urgent Treatment Centre' which was led by primary care clinicians as part of the emergency department. There were excellent relationships between primary care clinicians and the emergency department. The Committee was informed that a new emergency department would be opening in the near future, and consideration was given to the pathways to the urgent treatment centre. Once the new emergency department was open further treatments could be provided when the centre relocated and offered more space. It was acknowledged that the emergency department in Walsall performed well in challenging circumstances.

The Chief Executive of Walsall Healthcare Trust suggested it would be beneficial for the urgent treatment centre to be open 24 hours a day. It was noted that Accident and Emergency performance and ambulance turn around was very good at Walsall Manor Hospital. Consideration had been given to the most appropriate time to open the new emergency department and it was decided that this would be sometime after February 2023 to avoid the period when the department would be dealing with winter pressures. There were significant ambulance diversions coming to Walsall Hospital due to their good performance and this was causing concern due to increased pressure on the department.

A member expressed concern around the waiting times at the urgent treatment centre and questioned the average waiting time. The Head of Commissioning confirmed that 85% of individuals presenting at the urgent treatment centre were seen within 2 hours – this figure had been constant over the last four years. Challenge was provided by Members who had experienced much longer waiting times.

A member suggested that patient experience could be enhanced by improving the access to water within the urgent treatment centre. It was confirmed that this had been addressed within the plans for the new emergency department. Delays were being experienced in the delivery of medical equipment despite it being ordered in adequate time, and an announcement would be made in due course in relation to the opening time of the new emergency department.

The Committee expressed appreciation to NHS staff working under difficult circumstances.

### **Resolved**

1. That the Committee receive a report on the emergency department, the urgent treatment centre with updated figures in April 2023 to include patient experience.
2. Committee Members visit the emergency department around 2 months after opening.

**/22 Recommendation Tracker**

Consideration was given to the recommendation tracker.

**Resolved**

The recommendation tracker was noted.

**/22 Areas of Focus**

Consideration was given to the items contained within the areas of focus and the items for scrutiny at the next meeting.

**Resolved**

The areas of focus were agreed by the Committee.

**/22 Date of next meeting:** 27 October 2022

**Termination of Meeting**

The meeting terminated at 8 p.m.

Chair: .....

Date: .....