

Health Scrutiny Committee

Minutes of the meeting held on Tuesday, 5 November 2019

Present:

Councillor Farrell (Chair) – in the Chair
Councillors Clay, Curley, Holt, Mary Monaghan, Newman, Riasat and Wills

Also present:

Councillor Craig, Executive Member for Adults, Health and Wellbeing
Nick Gomm, Director of Corporate Affairs, Manchester Health and Care
Commissioning (MHCC)
Michelle Irvine, Director of Quality & Performance, MHCC
Neil Walbran, Chief Officer, Healthwatch Manchester
Vicky Szulist, Chair, Healthwatch Manchester
Tony Ullman, Deputy Director, Primary Care Integration, MHCC
Dr Manisha Kumar, Medical Director, MHCC
Mark Edwards, Chief Operating Officer, Manchester Local Care Organisation
Marie Rowland, Associate Director Performance, Manchester University NHS Trust
Dr Sarah Follon
Dr Craig Ferguson

Apologies: Councillor O'Neil

HSC/19/39 Minutes

Decision

To approve the minutes of the meeting held on 8 October 2019 as a correct record.

HSC/19/40 Primary Care Access in Manchester

The Committee considered the report of the Deputy Director, Primary Care Integration, Manchester Health and Care Commissioning (MHCC) that provided Members with an update on access to Primary Medical Care in Manchester; both in core and also extended hours.

The Deputy Director, Primary Care Integration, MHCC referred to the main points of the report which were: -

- Access to General Practice during core hours;
- Information on the 9 Primary Care Standards;
- Extended hours population coverage and Primary Care Networks;
- Patient and public perspectives of Primary Care access;
- An update on the enhanced 7 day access service;
- National review of Access;
- Developing a model for integrated urgent and enhanced access;

- Digital access and Manchester's Strategy for Primary Care Information Management and Technology; and
- Inclusion Health – Safe Surgeries designed to ensure that Manchester's Primary Care system is properly inclusive to all groups and communities.

Members discussed the difficulties they had experienced in securing GP appointments, commenting that the requirement to call at a specified time, often to find that there were no appointments left and was asked to call back the next day was not acceptable. Members commented that there was no triage of patients applied and there was a first come / first served system and further questioned the findings of the patient survey that reported that 69% of patients found it fairly to very easy to get through to someone at their GP surgery on the phone, slightly above the national average of 68%.

Dr Kumar described that Primary Care was experiencing significant pressures due to an ageing population with complex health needs. She said that whilst it was recognised that some patients still required face to face consultations, the options of providing online consultations and telephone consultations, where appropriate were being considered. She described that consideration would be given to understand what patients required from this offer, adding that it needed to be appropriate for patients. She stated that this would also reduce the demand at GP surgeries for appointments and help alleviate the experiences described by Members when telephoning surgeries.

Dr Kumar responded to a question from a Member by explaining that GPs were required to review patients' medications, even if they had been prescribed by a Consultant as responsibility was with the GP. She stated that it was correct and appropriate to undertake periodic health checks, such as blood pressure monitoring to ensure patients remained safe and healthy.

A Member commented that the closure of Walk In Centres had a detrimental impact on residents ability to access GP appointments, with the result that patients presented at Emergency Departments that resulted in additional pressures on these services. The Member further commented that more needed to be done to publicise the availability of the extended hours and enhanced offer provided through the Primary Care Networks. He said that leaflets and posters needed to be prominently displayed in GP surgery waiting areas, in addition to reception staff informing their patients.

The Deputy Director, Primary Care Integration, MHCC stated that there were three Walk In Centres in Manchester and the intention was to incorporate this model to complement and support other offers.

In response to a question regarding the number of Did Not Attends at extended hour appointments Dr Kumar reported that they were currently at 10%, and this reflected the number of Did Not Attends at GP practices. She said that the system had been improved so that patients could now cancel appointments using a text message service. Members recommended that consideration should be given to sending appointment reminder messages also.

Members welcomed the Inclusion Health programme, a range of initiatives and programmes to ensure that Manchester's Primary Care system is properly inclusive to all groups and communities.

The Deputy Director, Primary Care Integration, MHCC informed the Committee that the introduction of Primary Care Standards provided a better offer to patients and addressed the issue of variation that had previously been evident in GP Primary Care. He stated that mystery shopping exercises would be undertaken to assess how these standards were implemented. In response to a specific question regarding the number of single or two doctor Practices in Manchester, he said these were extremely low and he would circulate this information following the meeting. He further informed the Committee that Surgeries could close for training and development purposes only when reasonable alternatives and satisfactory arrangements had been agreed for their patients.

Decision

To note the report.

HSC/19/41 Healthwatch: Primary Care Access in Manchester

The Committee considered the report submitted by Healthwatch Manchester that assessed the impact of their report 'Week Spot?' a Review of Access to the 7 Day GP Service published in 2017.

The Chief Officer, Healthwatch Manchester referred to the main points of the report which were: -

- Describing the objectives and rationale of the report;
- The methodology employed to undertake the review;
- Describing the key findings, including comparative data; and
- Conclusions.

The Chief Officer, Healthwatch Manchester commented that he recognised that improvements had been made in regard to access to Primary Care however more could be done to promote and publicise the extended appointment offer to patients. In response to comments from Members regarding the subjectivity of the findings provided within the report, in particular in regard to levels of politeness, the Chief Office, Healthwatch Manchester informed the Committee that there was a third person listening into the call who could offer an opinion also.

A Member commented that more needed to be done to publicise the availability of the extended hours and enhanced offer. He said that leaflets and posters needed to be prominently displayed in all GP surgery waiting areas, in addition to reception staff informing their patients and online information.

In response to a comment from a Member regarding potential barriers to patients accessing online appointments and other online support, the Chair, Healthwatch Manchester commented that their studies had indicated that this did not present as much of a barrier as had been suggested.

In response to comments made regarding postcode barriers to registration in central Manchester experienced by homeless people and temporary residents, the Director of Corporate Affairs, MHCC informed the Chair that he would provide a briefing note to Members.

The Executive Member for Adults, Health and Wellbeing acknowledged a comment from the Chair, Healthwatch Manchester regarding the confusion created regarding the different wording used to describe the extended offer. She stated that a preferred description would be 'evening and weekend access' to avoid any confusion or ambiguity.

Decisions

1. The Committee welcome the report produced by Healthwatch Manchester and fully endorse their recommendations.
2. The Committee recommend that the Deputy Director, Primary Care Integration, MHCC ensures that leaflets and posters promoting evening and weekend appointments are prominently displayed in all GP surgery waiting areas, in addition to reception staff informing their patients and online information.

HSC/19/42 Winter Pressures

The Committee considered the report of the Director of Performance and Quality Improvement, MHCC and Trafford Clinical Commissioning Group and the Director of Adult Social Services which provided an overview of urgent care winter planning for 2019/20. It contained information on the joint system-wide planning taking place across the Manchester urgent care system, the surge and escalation approach taken in order to manage periods of pressure and the resulting impact on key performance targets.

The Director of Quality & Performance, MHCC referred to the main points of the report which were: -

- The approach to winter resilience planning;
- Describing a range of key interventions and processes that outline the Manchester approach to winter planning;
- An update on the Integrated Discharge Team; and
- Information on the Manchester Community Response.

Members welcomed the report and recognised that it was a system wide response to the challenge of winter pressures. A Member commented that he recognised that the system experienced pressures year round.

The Chair sought an assurance that similar winter planning preparations were underway at the North Manchester General Hospital site. The Director of Quality & Performance, MHCC reassured the Committee that detailed plans had been developed by the Pennine Acute Hospital Trust. Members requested that further

information on the Winter Planning activity for the North Manchester General Hospital site be provided to the Committee following the meeting.

In response to a question from a Member regarding the additional capacity at MRI the Director of Quality & Performance, MHCC advised that 12 beds had been secured for winter pressures and 8 beds for major trauma. In response to whether this would be enough to meet the demand, Members were advised that there was always an issue of capacity and safe staffing levels also had to be taken into consideration.

The Director of Adult Social Services responded to a question regarding resilience of the care home market by stating that commissioners were working closely with providers to ensure there was enough capacity to meet demand on a long term basis. She further commented that homeless people were being discharged from hospital into high quality accommodation in community settings.

The Chief Operating Officer, Manchester Local Care Organisation further commented that the integrated discharge service, that brought medical and social care staff together in a team that had been developed in north Manchester would be rolled out across the city. Members requested that they be kept regularly updated on the Delayed Transfer of Care figures across Manchester. The Director of Quality & Performance, MHCC confirmed that these figures were collated and could be provided to the Committee. She commented that the main reasons for Delayed Transfer of Care were; awaiting assessment by Social Worker, awaiting a place in a care home and patient/family preference as to where to be discharged to.

A Member commented that following the implementation of the Single Hospital Service there had been a decrease in engagement with local ward Councillors in the Wythenshawe area. The Associate Director Performance, Manchester University NHS Trust acknowledged these comments and stated that these would be fed back. She further commented that the delivery of the Single Hospital Service had allowed for the better deployment of staff across sites to best respond to demand. She commented that this had also been welcomed by staff as they were able to obtain a range of experiences and skills by working across the sites footprint. She further commented that the Wythenshawe site had seen increased presentations from Stockport residents as it was perceived by them to be a better environment to be treated.

The Executive Member for Adults, Health and Wellbeing stated that the report demonstrated a coordinated system wide response to the challenge of winter pressures. She commented that community and social services were recognised as important contributors to this model and they remained committed to delivering the best services for the residents of Manchester. She stated that despite this Social Care funding remained inadequate. She stated that there had been no increase in Social Care funding in real terms since 2010 when taking into account inflation, the increase in population and an ageing population.

Decisions

1. To note the report.

2. Members requested that the Director of Performance and Quality Improvement, MHCC provide a regular update on the Delayed Transfer of Care figures across Manchester.

HSC/19/43 Overview Report

A report of the Governance and Scrutiny Support Unit which contained key decisions within the Committee's remit and responses to previous recommendations was submitted for comment. Members were also invited to agree the Committee's future work programme.

Decision

To note the report and approve the work programme.