

## **Health Scrutiny Committee**

### **Minutes of the meeting held on 8 September 2021**

#### **Present:**

Councillor Green – in the Chair

Councillors Nasrin Ali, Cooley, Curley, Hussain, Leech, Monaghan and Riasat

**Apologies:** Councillors Appleby, Newman, Reeves and Richards

#### **Also present:**

Councillor Midgley, Executive Member for Health and Care

Dr Manisha Kumar, Executive Clinical Director Manchester Health and Care Commissioning (MHCC)

Kate Provan, Quality Lead, MHCC

James Allison, Director of Turnaround, Manchester University NHS Foundation Trust

Ben Squires, Head of Primary Care, National Health Service England

Jim Rochford, Manchester Local Dental Committee

Don McGrath, Manchester Local Dental Committee

Dr Paul Wright, Deputy Medical Director, MHCC

Caroline Bradley, Head of Primary Care, MHCC

Dr Vish Mehra, Primary Care Network and Clinical Director and Chair of Manchester GP Forum

Ed Dyson, Executive Director of Strategy, MHCC

Neil Walbran, Chief Officer, Healthwatch Manchester

Morgan Tarr, Information and Communication Officer, Healthwatch Manchester

### **HSC/21/32 Minutes**

#### **Decision**

To approve the minutes of the meeting held on 21 July 2021 as a correct record.

### **HSC/21/33 COVID-19-19 Update**

The Committee considered the joint presentation of the Director of Public Health and the Executive Clinical Director Manchester Health and Care Commissioning that provided an update on COVID-19 activity that included the latest available information on data and intelligence.

Some of the key points that arose from the Committee's discussions were: -

- Recognising the important work of the local Neighbourhood Teams and did they require any additional resources to support the COVID-19 response activity;
- Noting the comparative vaccination data for Manchester compared to the national figure, was learning and good practice shared between cities;
- Welcoming the reported vaccination activity in relation to Learning Disabled citizens;
- Was the requirement to obtain Vaccination Passports a factor in explaining the reasons for people coming forward to be vaccinated;

- What was being done to support Care Home workers, noting the recent announcements regarding their requirement to be vaccinated.

The Director of Public Health advised that local trends in relation to infection rates continued to be monitored closely, and where necessary an appropriate targeted intervention could be deployed by the Neighbourhood Teams working collaboratively with the Local Care Organisation.

The Executive Clinical Director MHCC described that data regarding the different cohorts of people coming forward to receive their vaccination continued to be monitored and reviewed in accordance with all national guidance. She stated that the models of delivery, such as the deployment of pop-up clinics in community settings and the proactive work with homeless residents was recognised as good practice and had been adopted by other regions. She stated that when people did come forward to be vaccinated they were surveyed so as to understand their reasons. She confirmed that the requirement for vaccination passports had been identified as a significant reason. She added that people were always welcome and encouraged to receive their vaccination, even if they were hesitant in the first instance.

The Executive Director of Adult Social Services informed the Committee that the recent announcement regarding the requirement that all staff working in Care Homes must be vaccinated from a stated date applied to all staff, including those deployed to or visiting a Care Home. She stated that discussions were ongoing with providers, Trade Unions and Human Resources Departments to mitigate the impact and support staff and keep residents safe. She further advised that discussions were ongoing across Greater Manchester and the other core cities so as to navigate this requirement and share best practice. The Chair noted that this was an issue that the Committee would return to at a future meeting.

The Chair concluded this item of business by thanking all those staff involved with the vaccination programme for their continued hard work.

## **Decisions**

To note the report and presentation.

## **HSC/21/34 Health and Social Care Recovery**

The Committee considered the report of the Chair, Manchester Health and Care Commissioning that provided an update on the current recovery of health and social care services as part of the system's response to the COVID-19 pandemic, with a specific focus on Manchester University NHS Foundation Trust (MFT). Noting that COVID-19 (Covid) had had a much broader impact on the health and wellbeing on the people of Manchester. The report further described the development of a strategic recovery framework that captured the breadth of the health and social care system's response within the recovery phase.

Key points and themes in the report included:

- Describing the position in relation to COVID-19, impact and continued planning;

- The Impact of COVID-19 on Long Waits and the associated response planning;
- Progress on Recovery Workstreams;
- Information in relation to a range of activities including Urgent Care and flows, diagnostics and cancer treatment;
- Update on outpatient activity and associated response;
- An update on the work of the Manchester Local Care Organisation (MLCO); and
- Describing the strategic recovery framework and the four themes with associated outcomes metrics.

Some of the key points that arose from the Committee's discussions were: -

- An explanation had been sought as to why the figures reported were significantly higher than the national average for the number of patients waiting more than 52 weeks for elective treatment;
- Noting that whilst the impact of COVID-19 could not be underestimated, however there was a need to acknowledge that delays in elective surgery existed prior to the pandemic;
- Based on the COVID-19 modelling at the Hospital, how confident was the Trust in the modelling that had been undertaken ahead of the winter period;
- How confident was the Trust that the Patient Initiated Follow-up (PIFU) plans that would enable patients with suitable conditions to manage their own condition better without the need to attend routine follow-up would not result in people becoming more ill;
- Comparative performance data would have been useful in the report across the range of described activity; and
- None of the Board Members at MFT were from the BAME community.

The Director of Turnaround, MFT advised that the position in relation to the 52 week figure for patients awaiting elective treatment had been challenging before the pandemic. He advised that COVID-19 had exacerbated this situation with bed space being allocated to manage COVID-19 patients and staff being redeployed to different duties. He stated that COVID-19 had also impacted on the work force in the same way it had across the general population.

The Director of Turnaround, MFT stated that whilst progress was being made COVID-19 had undoubtedly impacted on the ability to increase elective surgery. He concluded by informing the Committee that MFT continued to treat the most clinically urgent patients, and the longest waiters were prioritised for treatment through elective surgical committee processes. In response to specific questions regarding comparative data across a range of activities he stated this would be provided following the meeting.

The Quality Lead, MHCC responded to the concern expressed regarding Patient Initiated Follow-up by stating that each case was assessed on an individual basis and patient safety was assessed to ensure this was an appropriate care pathway.

The Quality Lead, MHCC described that the modelling of patient flow was undertaken using a wide range of data sets and these were regularly reviewed and assessed to inform the modelling and winter planning.

Noting the impact of COVID-19 on the BAME population nationally and how this had directly impacted on the staff working across MFT this had brought into sharp relief the issue of health inequalities and work was underway within the Trust to escalate the work to address health inequalities. The Chair commented that the October meeting would be dedicated to the issue of health inequalities and the work underway to address. She stated that the Committee would welcome a specific update on the work at MFT.

The Chair concluded this item of business by thanking all those staff involved for their continued hard work and recognising the significant pressures and challenges they had experienced as a result of the pandemic.

## **Decisions**

The Committee note the report.

### **HSC/21/35 Provision and access to NHS Dentistry**

The Committee considered the report of Greater Manchester Health and Social Care Partnership that provided an update to the Health Scrutiny Committee on the provision of, and access to, NHS Primary, Secondary, and Community Dental services and delivery of Oral Health Improvement activity across the city of Manchester since March 2020.

Key points and themes in the report included:

- An overview of dentistry across the city;
- The impact of COVID-19 and the approach to planning and recovery;
- Urgent Dental Care and the measures to improve access;
- General Dentistry and the measures to improve access;
- Information on relation to Secondary Care Dental Services;
- Initiatives to address inequalities;
- The Buddy Practice Scheme; and
- Responding to patient feedback, noting the engagement with Healthwatch.

The Information and Communication Officer, Healthwatch Manchester stated that they had experienced a 55% increase in enquiries from the public regarding access to NHS Dentists since April to September 2021 than they had received in the whole twelve months prior to April 2021. He said that Healthwatch regularly made contact with Practices to ask if they were taking on NHS patients and they had found that they were not, however there was capacity to accept private patients.

Some of the key points that arose from the Committee's discussions were: -

- Giving personal accounts of the frustrations experienced when trying to access a local NHS Dentist practice;
- Noting that a lot of information that was provided on Practice websites was often out of date or incorrect;
- More decisions needed to be taken locally in regard to the delivery and provision of NHS Dental services;

- Concern on the numbers of people not able to access NHS Dental services;
- Noting the importance of oral health prevention and the importance of engaging with young people on this issue; and
- The service provided to Manchester was unsatisfactory.

The Head of Primary Care, National Health Service England described that during COVID the dental infrastructure had been maintained across Manchester, however accepted that the ability to access treatment had declined. He explained that this was as a result of the National Guidance in relation to infection control that had impacted on the capacity of practices to see patients. The Manchester Local Dental Committee representative added that this national guidance also dictated those groups of patients who should be prioritised during COVID.

The Head of Primary Care, National Health Service England informed the Committee that he would circulate information regarding the numbers and location of Practices following the meeting, adding that it was important to note that unlike GP practices, patients were not restricted by geographical boundaries when accessing Dental Practices.

The Head of Primary Care, National Health Service England stated that they did work closely with the local Public Health Team to develop and deliver prevention work and made reference to the Buddy Practices initiative as described within the report.

The Head of Primary Care, National Health Service England described that from April 2020, Urgent Dental Centres (UDCs) had been established across the city of Manchester offering face-to-face dental treatment after remote triage. UDCs were linked with the Unscheduled Urgent Care call handling service to receive referrals for patients in pain. The UDCs provide extractions and extirpations (first stage of Root Canal Treatment) to save the tooth and address pain.

The Head of Primary Care, National Health Service England described that 15 of the Urgent Dental Centres (UDCs) (27%) were situated within the City of Manchester, providing an additional 115 appointments per week for urgent care. He advised that all UDCs continued to be available for those patients who had not seen a Dentist on a regular basis, or patients referred from dental practices, who were unable to deliver services due to staff absence. Patients were able to attend the most convenient centre and were not restricted by local authority or CCG boundaries within Greater Manchester.

The Head of Primary Care, National Health Service England stated that an additional £2m was to be invested across Greater Manchester to address priorities access and support Practices address their backlogs. This additional access should also reduce the need for people to visit the Dental Hospital.

The Manchester Local Dental Committee representative stated that all Dentists were independent contractors, and they would provide both a NHS and private patient offer, adding this would explain that why patients requesting a NHS appointment would be offered a private appointment if they were at capacity. He advised that it was important to acknowledge that the national position for access to NHS dental services had never accommodated 100% of the population. The national

arrangements and funding, as established by government were such that only up to approximately 60% of the population were able to be accommodated by capacity within NHS Dental services.

The Chair stated that it was evident that the current system and arrangements for the delivery of NHS Dentistry was not appropriate and did not meet the demands of the population. She commented that it would never be designed in this way now.

The Manchester Local Dental Committee representative described the acute pressures experienced by Practices and the restrictions placed on Practices as a result of COVID-19 to manage patients attending. He advised of the strict guidelines they were required to follow to ensure both staff and patient safety, adding that failure to adhere to this would result in serious consequences for the Practice concerned. He further commented that this was in addition to the staffing pressures experienced in Practices as a result of staff absences due to COVID-19.

The Manchester Local Dental Committee representative clarified the treatment pricing tier system, adding that the charge for the course of treatment was not dictated by the number of appointments required.

The Manchester Local Dental Committee representative stated that he had an appreciation for the extreme pressures Dentists and all Primary Care frontline workers had and continued to experience. He stated that morale amongst the profession was at an all-time low and informed the Committee that a recent survey revealed that 47% of Dentists were due to leave or retire from the profession in the next 12 months.

The Executive Member for Health and Care stated that the importance of Dentists could not be underestimated, noting that Dentists often identified other health issues, such as mouth cancers and the issue of NHS provision was a national issue that needed to be addressed immediately by central government.

## **Decisions**

The Committee note the report.

### **HSC/21/36 Access to General Practice in Manchester**

The Committee considered the report of Head of Primary Care, Manchester Health and Care Commissioning (MHCC) that provided information on the current position in relation to access to General Practice (GP) in Manchester.

Key points and themes in the report included:

- The impact the COVID-19 pandemic had had on access to primary care and the modifications that had been put in place to continue to provide access to General Practice in Manchester;
- New ways of working, including the digital transformation programme;

- Plans that were underway to support the recovery of General Practice including improving access and reducing barriers patients face when accessing General Practice; and
- An update on the GP Patient Survey for 2021.

The Medical Director, MHCC provided the Committee with the current figures on the numbers of appointments delivered with the conclusion that the key message was that Primary Care was open for business.

The Information and Communication Officer, Healthwatch Manchester advised the Committee that they had surveyed the information that was available to residents on Practice's website and commented that they had found that this information was not easily accessible and there was a disparity in the length of time patients were expected to have to wait for an appointment.

Some of the key points that arose from the Committee's discussions were: -

- Noting the importance of online patient information being available in a range of languages and formats;
- Consideration needed to be given to the use of the term 'The Elderly' as it was not an appropriate term;
- The need to recognise that not all people could use technology and face to face appointments provided an opportunity to assess a patient's body language and understand, particularly if a patient was presenting with mental health issues; and
- Noting the reported 85 GP practices across Manchester was there a maximum capacity / register for these and was there any additional provision for under provided areas;

The Medical Director, MHCC stated that she had maintained strong relationships with her patients despite the pandemic, however commented that as a result of the need to wear full PPE (personal protective equipment) and stripped down consultation rooms meant that the patient experience of a face to face appointment was very different currently. In response to the comment regarding a patient's ability to navigate IT systems she stated that it would be wrong to make assumptions, however accepted that a one-size fits all approach was not appropriate. She further added that the telephone triage system was useful to sign post patients to the correct health professional for care, adding that this was not always a GP.

The Head of Primary Care, MHCC stated that in response to a growing population in the city, more GPs and Primary Care Health Workers needed to be recruited and the estates strategy, working collaboratively with the Primary Care Network were working to meet the needs of a growing population. In response to the comments made by Healthwatch she stated that a workstream had been developed to look at the ways in which access to Primary Care could be improved, noting that this included reviewing the information that was provided online and on Practice answer machines. She stated that they remained committed to working with Healthwatch to address the issue of variation in access. The Clinical Director and Chair of Manchester GP Forum reiterated this commitment to improving access, adding that COVID-19 had placed additional pressures on GPs.

The Executive Member for Health and Care thanked all of GPs across the city for all their continued dedication in supporting the residents of Manchester during the pandemic. She stated that this gratitude needed to be extended to all staff working in GP practices, in particular, receptionists who had experienced increased abuse from callers. She stated that more needed to be done to dispel the many negative and demoralising media comments regarding GPs and the service they provide.

## **Decisions**

The Committee note the report.

### **HSC/21/37 Overview Report**

The 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**

The Committee notes the report and agree the work programme.