KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 11 November 2021.

PRESENT: Mr P Bartlett (Chair), Mr P V Barrington-King, Mr N J D Chard, Mr P Cole, Ms S Hamilton (Vice-Chair), Mr A Kennedy, Mr J Meade, Mr A R Hills, Ms K Constantine, Mr D S Daley, Mr H Rayner, Cllr D Burton and Cllr M Peters

IN ATTENDANCE: Dr A Duggal (Interim Director of Public Health), Mrs K Goldsmith (Scrutiny Research Officer) and Mr M Dentten (Democratic Services Officer)

UNRESTRICTED ITEMS

38. Introduction

The Chair expressed his shock at the recently announced criminal activity by David Fuller in hospitals provided by the Maidstone and Tunbridge Wells NHS Trust. An independent inquiry had been announced and was due to report in 2022. The Chair asked for "Maidstone & Tunbridge Wells Trust - Mortuary security" to be added to the work programme, for scheduling once the investigation had concluded.

39. Declarations of Interests by Members in items on the Agenda for this meeting.

(Item 2)

Mr Chard declared that he was a Director of Engaging Kent.

40. Minutes from the meeting held on 16 September 2021

(Item 3)

RESOLVED that the minutes from the meeting held on 16 September 2021 were a correct record and they be signed by the Chairman.

41. Covid-19 response and vaccination update

(Item 4)

Paula Wilkins, Chief Nurse and executive lead of the vaccination programme, K&M CCG was in attendance for this item.

1. Ms Wilkins introduced the report and provided a verbal update on developments since the report was published. She confirmed that: a total of 2.8m vaccines had been given in Kent and Medway; that 58% of people eligible for a booster had received one; that the case rate per 100,000 had reduced, with a higher rate among the 0-59 age group; that 177 Covid-19 positive patients were in Kent and Medway hospitals, 20 of which were in intensive care; and that elective care had continued.

2. Members were invited by the Chair to ask questions. Discussion included:

a) A Member asked for clarification on the difference between the third vaccine dose and booster, including eligibility. Ms Wilkins confirmed that the third dose and booster were distinct and had begun their rollout at the same time. The third dose was intended for the immunosuppressed only, who were identified by coding. Members were informed that recipients of a third dose would be eligible for a booster after 6 months.

b) Ms Wilkins was asked what guidance Members could share with their constituents to highlight the continued risk of Covid-19. She encouraged Members to share the health advantages of the vaccine, which included the reduced risk of death. She noted that it was important to stress in communications with residents, that the vaccine did not prevent people from contracting Covid-19. The committee were reminded that mask wearing remained a personal choice, though were encouraged in NHS buildings.

c) A Member asked what had been done to engage hard to reach communities regarding the vaccine programme. Ms Wilkins verified that an inequalities group had engaged with minority groups and worked to consider culturally sensitive information. She noted that the work of the group was long-term and extended beyond the vaccine programme.

d) Asked what steps had been put in place to mitigate the impact of protests on the vaccination of 12-15 year olds in schools, Ms Wilkins explained that initially vaccination of the age group could only be delivered through the Public Health run school vaccination programme, but that had since been relaxed, allowing the use of designated walk-in vaccine centres.

RESOLVED that the report be noted and the item return at the next meeting.

42. Provision of GP Services in Kent
(Item 5)

Bill Millar, Director of Primary Care, K&M CCG and Dr Caroline Rickard, Kent Local Medical Committee were in attendance for this item.

1. The Chair welcomed the attendees and invited them to introduce the report.

2. Dr Rickard explained the role of the Kent Local Medical Committee. This included independently representing and advocating for the interests of general practice; representing the majority view of GPs to NHS England, K&M CCG and other national and local organisations; and providing advice and support to GPs on all professional matters.

3. Mr Millar outlined developments since the report was published. He confirmed that NHS England had published “Our plan for improving access for patients and supporting general practice” on 14 October 2021, and that the CCG had been in contact with practices following this.

4. The Chair confirmed that some Members had shared questions in advance of the meeting, which were addressed in the report. He also told the Committee about

concerns he had received from the Health Reform and Public Health Cabinet Committee about access to primary care services.

5. Members recognised the benefits of virtual appointments but did not think they were effective in all cases. Mr Millar noted that 70% of feedback from virtual consultation patient surveys had been positive. It was acknowledged that patients without internet access did not have access to the survey. Dr Rickard reminded the Committee that virtual triage originated from an NHS England directive during the early stages of the pandemic. She added that the proportion of virtual and face-to-face consultations varied between practices and was influenced by their size and capacity. The wider responsibilities of GPs beyond patient consultations were highlighted, such as writing prescriptions and managing recruitment.

6. A Member asked whether a salaried employment arrangement, as opposed to the existing GP contractor model, could better meet the demands of communities. Dr Rickard said this had been debated by GPs but was not favoured because there would be a loss of historical community knowledge with a salaried model.

7. Concerns were raised by a Member relating to staffing levels and GP-patient ratios. Members wanted to see a GP-patient ratio breakdown by district. Dr Rickard and Mr Millar stressed that the challenges faced in primary care were not limited to staff shortages. It was also highlighted that primary care was not just delivered by GPs but a wider group of professionals including paramedics, physiotherapists and social prescribers, therefore the GP-patient ratio had limited use. Mr Millar confirmed that work with partners nationally had been undertaken to help to address staffing levels, in particular in Swale and Thanet. He added that the Kent Medical School would provide part of a long-term solution. Dr Rickard detailed the additional challenges faced in primary care, which included increased overall demand, partly caused by suppression during lockdown and increased elective care waiting times, requiring additional support. She noted that staffing issues had been exacerbated during the pandemic, the link between the abuse of staff, increased vacancies and reduced capacity was made. The difficulty in access was a reflection of the unprecedented demand on the system.

8. Dr Rickard was asked who was responsible for Kent’s GP workforce, including recruitment. She confirmed that there was no overall office of accountability and recognised the challenges of recruitment, including the length of training and competition for GPs nationally. The role of Primary Care Networks (PCNs) was highlighted, and Mr Millar offered to provide a briefing note about this. He also confirmed that a General Practice Strategy was underway, and the Committee requested to be involved in its development.

9. A Member commented that GPs services were often impacted by other structural or service changes within the healthcare system.

At 11am, the committee and attendees stood in silence for two minutes to mark Remembrance Day.

10. Members encouraged practices to use their websites and social media accounts further, in order to keep local communities up to date on practice specific developments. The link between poor communication and patient dissatisfaction was noted. Mr Millar confirmed that additional support would be offered to individual

practices by the CCG. Telephone systems were more complicated as they were the responsibility of individual practices, though a national specification was been developed. Dr Rickard hoped the issue of improving and standardising communication would be assisted by the new funding announced by the Government.

11. The correlation between highly regarded practices and good patient contact, as well as the need to share best practice was raised by a Member.

12. It was recognised that the use of personal fitness devises, such as Fit-Bit, could be helpful to GPs in their diagnosis and that the improved use of technology was an area of expansion.

13. Members condemned the abuse received by GPs and primary care staff.

14. Dr Rickard was asked whether practice receptionists (often the first point of contact for a patient) received standardised training. She verified that whilst there was no universal or mandated training package, the Kent & Medway GP Staff Training Service shared resources and guidance with practices. Dr Rickard agreed to take the issue back to the Local Medical Committee.

15. Dr Rickard confirmed, following a Member question about page 47 of the agenda pack, that nursing associates were nursing apprentices who had transferred from acute services to primary care.

16. A Member explained that people's dissatisfaction was with access to clinical care, not the clinical care itself. They asked for a quantified analysis of the unmet need in the system, though recognised the difficulty in fully achieving this.

17. Mr Millar referred to the GP Estates Strategy that had been written, following a question around how Section 106 contributions could be better used to create additional system capacity. The Committee requested to see the Strategy. Dr Rickard noted that the only way of delivering new GP practices was for existing branches to expand as no new General Medical Services contracts were being issued.

18. Asked what impact the ability of NHS 111 to directly book GP appointments had on primary care, Mr Millar confirmed that it was a contractual requirement. He encouraged patients to contact their GP directly but recognised that NHS 111 provided patient choice. He agreed to consider whether that access could be promoted further.

19. Mr Millar was asked whether Patient Participation Groups (PPGs) had been reconstituted following a hiatus during the early pandemic and if their role as a conduit for community feedback could be strengthened. He recognised the importance of PPGs and confirmed that whilst some had continued virtually, there was a lack of uniformity across Kent. He offered to look into this further.

20. The need to identify, share and celebrate positive improvements within primary care was stressed by Members.

21. Members highlighted the issue of some practices closing for lunch, which had contributed to lower public access and satisfaction. They did not suggest that GPs

should forgo their lunch and rather suggested that practices put plans in place to ensure that services were available throughout the day. Mr Millar offered to look into the issue outside of the meeting.

22. The Chair thanked the attendees for their answers and Members for their contributions. Dr Rickard thanked Members for the points raised and encouraged further engagement with the Kent Local Medical Committee.

23. The Chair requested that a follow up report be brought to the Committee in March, including the following items:

a) Detail around how contracts for new GP surgeries were awarded
b) More information around the closure of practices over lunch
c) A quantified analysis of unmet need in primary care
d) Primary care estates information, including the use of Section 106 money and role of councillors in securing new provision
e) An update on the rollout of the Primary Care Network and development of the General Practice Strategy
f) The GP Estates strategy
g) How e-consult might be better utilised, and what role personal fitness devices might play in the future
h) The role and importance of PPGs and whether they were all running again

RESOLVED that the report be noted and the item return to the Committee in March 2022.

43. Maidstone & Tunbridge Wells NHS Trust - Clinical Strategy Overview - Cardiology Reconfiguration (written update)
(Item 6)

RESOLVED that the report be noted.

44. Work Programme
(Item 7)

1. Following the recent announcement by the Secretary of State that the implementation of 3 Hyper-Acute Stroke Units (HASUs) in Kent and Medway could commence, the Committee requested a paper on the implementation plan at their next meeting. The paper should cover travel times, whether data now supported a fourth HASU, the clinical pathway of a stroke patient, rehabilitation work, and whether there was confidence in the ability of ambulances to achieve the necessary travel times. The provider SECAmb should be invited for the latter point.

2. Members asked that an update on winter pressures and flu in relation to Covid-19 be included in the standing Covid-19 update at the next meeting. The possible impact of all front line NHS staff required to be fully vaccinated by April 2022 was also requested.

3. As per the Chair's announcement at the beginning of the meeting, "Maidstone & Tunbridge Wells Trust - Mortuary security" would be added to the work programme.

4. The closure of Deal Hospital's phlebotomy unit was added by the Chair.

RESOLVED that the Work Programme be noted, subject to the inclusion of the above items.