

Health Scrutiny Panel – Meeting held on Thursday, 2nd July, 2015.

Present:- Councillors Ajaib, Chahal, Chaudhry, Cheema, Chohan, M Holledge, Pantelic and Strutton

Non-Voting Co-optee – Colin Pill, Slough Healthwatch representative

Also present:- Councillors Hussain and Plenty

Apologies for Absence:- None

PART I

1. Declarations of Interest

No declarations were made.

2. Election of Chair

The nomination of Councillor Ajaib was moved and seconded. There being no other nominations it was:-

Resolved - That Councillor Ajaib be appointed Chair of the Health Scrutiny Panel for the ensuing year.

(Councillor Ajaib in the chair for the remainder of the meeting)

3. Election of Vice-Chair

The nomination of Councillor Strutton was moved and seconded. There being no other nominations it was:-

Resolved - That Councillor Strutton be appointed Vice-Chair of the Health Scrutiny Panel for the ensuing year.

4. Minutes of the Last Meeting held on 23rd March 2015

Resolved – That the minutes of the last meeting held on 23rd March 2015 be approved as a correct record.

5. Member Questions

There were no questions from Members.

6. GP Provision in Slough

The Panel considered a report provided by the Slough Clinical Commissioning Group (CCG) on GP provision in the borough. The report had been requested by Members at the previous meeting and sought to address a

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range of questions raised about the potential to provide GP services from the proposed community hub at Trelawney Avenue and access to GPs more generally in Slough.

Members noted the following:

- GP commissioning process – NHS England were responsible for commissioning primary care services, including GP services. From April 2015, the CCG entered into primary care joint co-commissioning arrangements with NHS England which offered an opportunity to improve local influence and access.
- Inspection – GP practices were inspected by the Care Quality Commission and the first review under this new scheme had very recently been published into Langley Health Centre which had been rated as outstanding.
- Prime Ministers Challenge Fund (PMCF) – in 2014, Slough had been awarded £2.95m over two years which had delivered an additional 44,000 GP appointment in Slough in the first 11 months in evenings and weekends. The second year would include a focus on providing longer appointments to people with complex conditions.
- GP premises – the process for funding GP practice premises was explained and it was noted that practices could bid to NHS England to access capital funds for improvement and expansion. Ten practices in Slough had successfully bid under the current funding arrangements.
- GP provision – there were 16 GP practices in Slough delivering services to 150,000 patients. There were 80 full time equivalent GPs in September 2014, up 4 on the previous year. Almost 20% were over the age of 55 which presented challenges for training and recruitment and the local population was expanding rapidly. There were numerous measures of GP/patient ratios and by any of these measures, Slough was 'under-doctored'.
- Direction of travel – the strategic approach of the CCG and NHS was towards supporting existing practices deliver at scale, particularly in areas of high deprivation which placed significant demands on health services. Proposals for new GP services, such as those put forward by the Council for a new health-led community hub as part of the Trelawney Avenue Redevelopment Plan, would have to be considered within this approach.

The Panel discussed the history and current position in relation to GP services in Langley in detail, particularly on Meadow Road/Trelawney Avenue, and Members asked the CCG a number of questions about their position. Several Members highlighted that people living in the area had to travel some distance to Chalvey or Langley Health Centre to visit a GP, which was particularly problematic for elderly residents, and expressed disappointment that the CCG had not support new GP services from the proposed hub. They asked the CCG to reconsider their support for the proposal.

Dr O'Donnell, Chair of Slough CCG reminded the Panel that the CCG was not the commissioner for primary care services and the specific proposal had

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been led by the Council without prior discussion with the CCG at an early stage of development. He stated that as an 'under-doctored' town there were unmet needs for GPs across Slough and that proposals for new GP services should be evidence based, address need and be prioritised in more deprived areas of the town such as Foxborough and Chalvey. The Panel were told that the new co-commissioning arrangements, which included a representation from the Slough Wellbeing Board, gave the local authority and partners more influence in shaping future provision and also encouraged councillors to enter into more regular dialogue with their local practices. Several Members stated that they already worked closely with GPs in their wards and welcomed this dialogue.

Addressing the Panel under Rule 30, Councillor Plenty, said he understood the logic of the CCG strategy in supporting practices that could offer the scale and capacity best able to support patients, however, he highlighted the advantages of providing GP services from a new hub such as parking and access and serving a local population who had no GP services in the community and currently had to travel for appointments. He also welcomed the recent improvements to the appointment booking system at Langley Health Centre which had been subject of long standing complaints from residents.

Dr Ali, a doctor at Langley Health Centre and director of the CCG, explained the operational arrangements between the various Langley and Colnbrook sites. He also informed the Panel that Orchard Surgery, formerly located in the proposed regeneration area on Trelawney Avenue, had apparently been told by the Council several years ago that there were "no plans for redevelopment in the area". The surgery eventually relocated to Willow Parade and were therefore now committed to leases at their current premises. A Member asked a number of further questions about the historic discussions and although no parties to those discussions were present at the meeting it was generally felt that it underlined the importance of regular communication and engagement between Council departments, including asset management, and health partners about future plans.

At the conclusion of the questions and discussion on the issues relating to GP services at the Langley hub, Members noted the current position and encouraged further discussion between the Council, CCG and other relevant partners to try find a solution.

The Panel asked a number of questions about other aspects of the report which are summarised below:

- *What was being done to make it easier to book appointments at Langley Health Centre and reduce the problems of early morning queues?* The CCG and practices recognised patient concerns about the difficulty in booking appointments at Langley Health Centre. Significant improvements had been made to the telephone system, online booking and reception facility.

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- *What was the CCG doing to improve the opportunities for young doctors including reducing the cost of becoming partners?* The CCG could not provide financial support directly but they did have role in terms of education, training and motivating GPs. It was stated that the Council could do more to support practices for example by resolving planning and parking issues.
- *What were the CCG doing to improve disabled access?* The CCG were responsible for promoting quality in primary care and encouraged improvements in disabled access as a priority. The significant capital funding secured through the current NHS England programme would help to further improve infrastructure in many practices across Slough.
- *What more could be done to increase GP provision alongside new housing developments in Upton and to secure suitable premises given high land and property values?* Rising house prices and land values made it difficult for health providers to compete with developers, however, capacity could be increased at existing surgeries to cater for more patients and this scale could potentially offer a wider range of services to better meet patients' needs. There were no current plans for new GP services in Upton and the primary consideration in shaping provision was clinical need not population growth.
- *A Panel Member recognised the pressures on GP appointments at many practices. What more could be done to educate patients to use the most appropriate healthcare provider?* A significant amount of work was being done including an increase in the number of telephone appointments; making more information available online and via videos on common conditions in different languages; the development of a new smartphone app; and engagement with schools on issues such as alcohol, exercise etc. The Panel offered their help and support if it was felt they could assist in this activity.
- *Were practices required to employ a certain number of GPs to meet local need?* There was no obligation to supply a specific ratio of GPs to patients. The contracts required practices to provide a range of services delivered at a certain standard during specified times. It was up to the practice to determine how many GPs it needed to employ to meet these criteria. The Panel were advised that there was a long term funding challenge around general practice which would impact on the recruitment and retention of GPs.
- *The Commissioner for Health & Wellbeing welcomed the additional evening and weekend appointments under the PMCF and asked whether work had been done to better understand how the programme had operated and could best be taken forward?* The CCG had responded to patient demand for more weekend appointments before PMCF by reallocated funding from other areas to deliver more appointments. The PMCF of £2.95m in Slough over two years had supported 48,000 additional appointments this year. Patients had

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welcomed the extra appointments, at more convenient times for those who worked, however, demand was low for appointments on Sunday afternoons. The programme would be refocused in year 2 to provide longer appointments for patients with complex and chronic conditions. Better care for these patients could then release resources for an expansion of community and other primary care services.

- *The December 2013 National GP Patient Survey results showed only 43.1% of patients would recommended Langley Health Centre to someone moving into the area. How were the results analysed to drive future improvements?* Historic performance and patient experiences created negative perceptions which would take time to turn around. The investments made to improve the experience of patients at Langley Health Centre were expected to be reflected in future surveys. It was noted that the most recent figures had been published on the day of the meeting and initial analysis showed a range of improvements.
- *What was being done in the medium to long term to make greater use of technology to improve health outcomes?* A range of improvements were being brought in or piloted such as online appointment booking systems; consultations delivered remotely via Skype; and smartphone apps to improve information and access to services. Good progress was being made but it recognised more needed to be done. Better information could improve self care, supported by greater use of telephone/online consultations. Such improvements would be more convenient to many patients who wished to access services in this way and was generally a more efficient way of delivering services.

The Panel asked a number of further questions about how engagement between the CCG, Council and individual councillors could be improved in the future. The Chair of the CCG proposed establishing a forum between councillors, GPs and the CCG to work together to improve communication and influence each others strategies. The Panel agreed to support the principle of such a forum, subject to consultation with political groups, but emphasised the importance of any such group having a very clear remit and outcomes. The Panel asked that the Commissioner for Health and Wellbeing and Chair of the CCG hold further discussions to explore the potential and outcomes of such a forum and that a progress report be received by the Panel in March 2016.

The Panel thanked representatives of the CCG for their report and attendance at the meeting. Members encouraged further discussions to seek a positive outcome regarding GP services at the proposed community hub in Langley and agreed to receive an update at a future meeting in relation to the concept as a forum to improve communication between councillors, GPs and the CCG.

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Resolved –

- (a) That the report provided by Slough CCG on GP provision in the borough be noted.
- (b) That the Panel encourage further discussions between the CCG and the Council to agree a solution to the proposed inclusion of GP/health facilities at a community hub in Langley.
- (c) That the Panel support the principle of establishing a forum comprising of local GPs and councillors to promote dialogue and joint working on primary care issues in Slough.
- (d) That the Commissioner for Health & Wellbeing and the Chair of Slough CCG further explore this concept, and consult with political groups to ensure any such forum had a clear purpose and focus on outcomes.
- (e) That a progress report on this forum and co-operation between the Council and CCG be received by the Panel in spring 2016.

7. Forward Work Programme

Members considered the work programme for the Panel for the forthcoming year and agreed to include the following items:

28th July 2015

- Better Care Fund
- Update on Implementation of Care Act
- Voluntary Sector Commissioning Strategy

1st October 2015

- Carers Strategy
- Mental Health Crisis Care Concordat Action Plan Update
- Frimley Health NHS Foundation Trust Update
- CAMHS Engagement Update (subject to confirmation and timing)

18th November 2015

- Cancer Services

21st March 2016

- GPs/Councillors Forum Progress Report

It was also agreed that the work programme be further considered by the Chair, Vice-Chair, Commissioner for Health & Wellbeing and Assistant Director, Adult Social Care.

Resolved – That the Forward Work Programme for 2015/16 be endorsed, subject to the amendments detailed above.

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8. Members' Attendance Record 2014/15

Resolved – That the record of Members' attendance in 2014/15 be noted.

9. Date of Next Meeting - 28th July 2015

The date of the next meeting was confirmed as 28th July 2015.

Chair

(Note: The Meeting opened at 6.30 pm and closed at 8.31 pm)