JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 29 September 2021

MINUTES

Present: Councillors: A Hodgson, D Howell, M McCarthy, D Pinwell, R Sexton, Fowler and Pocock

Invited Solihull Council Councillors:
Councillors: M Brain and R Long

Officers: Solihull Council:
Joe Suffield – Democratic Services Officer

Birmingham City Council:
Gail Sadler – Scrutiny Officer
Ceri Saunders – Overview and Scrutiny Manager

External Guests: Birmingham and Solihull Clinical Commissioning Group
Paul Athey – Chief Financial Officer
Paul Sherriff – Chief Officer for Primary Care and Integration
Jennifer Weigham - Acting Head of Communications and Engagement

Solihealth
Dr Sunaina Khanna – Clinical Director of GPS Healthcare
Dr Dan Reid – Clinical Director of Solihull Rural Primary Care Network (PCN)
Dr Anand Chitnis – Clinical Director of North Solihull PCN

Long COVID Support
Claire Hastie - Founder

1. APOLOGIES

Apologies were received from Councillor Brown, Idrees and Tilsley.

2. DECLARATION OF INTERESTS

There were no declarations of interests.

3. QUESTIONS AND DEPUTATIONS

There were no questions or deputations received.

4. MINUTES

The minutes of the informal meeting held on 10th June 2021 were presented for information.

5. ACCESS TO PRIMARY CARE

The Chief Officer for Primary Care and Integration introduced the item, and highlighted the following points:

- General Practice activity was at June 2019 levels, and had exceeded pre-COVID-19 levels. This did not include the work undertaken for the vaccination programme. The way this care was delivered had changed, as a result of workforce levels and the required safety measures. Face-to-face appointments continued to increase locally, but were balanced with virtual appointments. Around 55% of patients now received face-to-face appointments, compared with 80% pre-COVID-19.
- Due to the increase in demand for GP services, Birmingham and Solihull Clinical Commissioning Group (BSol CCG) had worked to create surge capacity. This included extra clinics across Birmingham and Solihull, as well as red sites specifically for patients with COVID-19 symptoms.
- It was recognised that there were increased concerns from residents about access to Primary Care, which was a result of the heightened demand for the service. There was also a lot of verbal abuse and aggressive behaviour to reception staff. This had resulted in a number of resignations from clinicians and support staff.
- During autumn and winter, it was intended to retain the additional COVID-19 red sites. This was because demand would continue for these services, as COVID-19 symptoms increased.
- Alongside urgent GP appointments, there remained in place appointments for patients with long term conditions, annual health checks, immunisations and screening programmes. This highlighted the range of activity which would take place in GPs, as well as the COVID-19 vaccination activity.
- It was highlighted that there were significant attempts to improve services, however there would not be a quick solution. BSol CCG worked with different Primary Care services to analyse data and access better information to improve how services are configured. The biggest challenges were how to manage patient expectations and to inform good choices. This was based on the high volume of demand for the service, which had reach unprecedented levels.

Representatives from Solihealth, a GP Provider Alliance in Solihull, commented on their current experiences.

<u>Dr Sunaina Khanna – Clinical Director of GPS Healthcare:</u>
As a result of the COVID-19 pandemic and vaccination programme, GP practices within Solihull worked closely together to share good practice and to provide an efficient, resilient and sustainable service for local residents. They highlighted that even though demand had increased exponentially, they still received a lot of positive comments from patients.

They constantly reassessed how to increase face-to-face appointments, however there remained significant challenges. This included that waiting rooms were not able to cater for 30-40 people. As a result, it was important to have a plurality of offers to local residents, and to reassess this impact on

health inequalities. Alongside this, they had increased their workforce, however the bigger challenge was the retention of staff.

Another challenge was the increased demand for the service. This was from more people who had infections compared to 2020, the challenges of secondary care and the elective care backlog. They had also received an increase in mental health presentations, and attempted to support them in the community. It was also noted that COVID-19 booster jabs and the flu vaccine programme continued at pace.

Dr Dan Reid – Clinical Director of Solihull Rural Primary Care Network (PCN)
They explained how Solihull GPs had worked together under the Solihealth banner to address challenges within the system. It was emphasised that NHS England and Improvement required GPs to call and triage patients first, before face-to-face appointments.

Another point raised was that they had lost significant numbers of reception staff who had felt the pressure and behaviour of patients alongside the impact of the increased demand.

Dr Anand Chitnis – Clinical Director of North Solihull PCN
In addition to previous comments, they outlined that they had introduced pharmacists into practices to do medication reviews and care home reviews. This would free up time for GPs to undertake other tasks. Similarly, community nurses used digital technology to connect with GPs, paramedics were integrated into GPs and care coordinators provided lifestyle advice. This was part of a move to enable patients to receive rapid access support, and frees up demand for doctors and nurses to help patients.

It was also noted that there were benefits to this transformation, as patients would not be susceptible to waiting rooms viruses and the flexibility of virtual appointments.

Members and invited Councillors made comments and asked the following questions:

- Members thanked staff within primary care services for their support during the COVID-19 pandemic, and the work to resolve the current problems within the system.
- A Member asked whether all instances of abuse of staff by patients were investigated, and if there appeared any reasons for the abuse. The Chief Officer flagged that reasons for the frustrations were telephone wait times, challenges of the standard online offer and expectations of service. The Clinical Director of North Solihull PCN explained that queries which were emailed through would be noted and responded to, however it was often not the most appropriate method to contact the surgery. The Clinical Director of Solihull Rural PCN reaffirmed that email or digital access should not be used for urgent issues.
- A Member highlighted instances of people they had spoken to who had not been able to access face-to-face GP appointments or where

telephone consultations had inappropriate or poor outcomes. They queried whether the current system could be fixed to resolve the problems it faced at present. The Clinical Director of North Solihull PCN detailed that the pandemic had led to a number of problems within the system, and outlined that the pandemic had caused significant damage to many people within the Birmingham and Solihull region, which the NHS was not prepared for. A model had been put in place to try and mitigate the impact of the pandemic and prevent the health service from collapse, without this, the outcomes would have been significantly worse. However, demand had increased locally by 18% while the workforce had reduced, which meant some measures may not have been sufficient. It was suggested that to resolve this would require joined up working and clear messages from senior leaders to support staff within the system.

- Following this, the Member noted that certain patients would be unable to take phone calls during their work time. The Clinical Director of North Solihull PCN explained that they would attempt to have a conversation with the patient to work around their requirements, while conversely encourage the move to online support. It was confirmed that this would be discussed at a future Solihealth meeting. Similarly, the Clinical Director of Solihull Rural PCN confirmed that they would adapt their service to people's needs. The clinical director also stated that clinicians would prioritise their patients based on clinical need, it was therefore not always possible to provide a confirmed appointment time.
- Another Member commented that the terrible abuse faced by staff was a symptom of a problem within a system that was respected. There was a sense of crisis within the system and the message of change had not permeated the public consciousness. It was recognised that the pre-COVID-19 primary care services would not operate in the same way in the future, and asked that NHS colleagues worked with the Scrutiny Committee to support with this shift. In response the Chief Officer for Primary Care and Integration agreed that there needed to be strong communication with the public about the new operating model. Information on the steps taken would be shared with the Committee in the future.
- Councillor Richard Long (Solihull Council) stated the importance of communication, queried why there had not been improvements in the phone systems and asked if it was possible to have more specific time spaces for phone appointments. The Clinical Director of GPS Healthcare suggested that there were limited numbers of staff available to manage the phone lines, and these staff would need to be trained. A number of different models had been trialled to respond to these challenge and to support those who need it the most as quickly as possible. The Clinical Director of Solihull Rural PCN explained that the average call wait time had been reduced from 26 minutes to 9 minutes, even though call volume had increased 55%. GPs would identify which patients would require face-to-face appointments, however they would still need to receive a phone call first, which would slow the process down. The Clinical Director of North Solihull PCN also added that it was also a

safety issue that only patients which required face-to-face appointments would come to the surgery. They had drastically increased technological capacity over the previous 18 months, however it was still not possible at this point to provide the suggested on demand service.

- A Member explained that in their experience people often did not have the flexibility or time to wait for a call to be answered, and asked if there was an analysis of how often people made repeat calls or abandoned calls. The Clinical Director of GPS Healthcare reiterated that the biggest challenge remained the volume of patients that wanted to access the service. However, they continued to monitor the call data to provide the best service. The Chief Officer for Primary Care and Integration summarised that the comments on communication had been noted, and that there was significant demand on the service. They would work at a system level to share improvement and experience as well as how to introduce better ways of working. It would not be possible to introduce rapid change while the pressure remained, however there was significant steps to make the necessary improvements.
- A Member highlighted the importance of face-to-face appointments, especially for older people who may not be able to access virtual appointments. They questioned what the steps forward would be to improve the issues which had been highlighted. The Clinical Director for Solihull Rural PCN responded that the Solihull Rural PCN had significant amounts of over 80 year olds, and they were adaptive to the different needs of the population. This was seen as a health inequality if a resident did not have digital access, and therefore Solihealth had piloted a digital access programme for isolated elderly people to improve connectivity.
- Another Member agreed with previous comments that they should be honest that services would not immediately return to pre-COVID-19 levels. They then asked if the total triage requirement had led to the increased demand on the service, and if practices were locked into specific telephone contracts which they cannot switch from because of financial implications. The Chief Officer for Primary Care and Integration responded that the total triage model may take more time to conduct, however it was about how to balance safety across the whole patient list. BSol CCG had also supported GPs when they purchased telephone systems, but would check if it was a wider issue. The Member then queried whether there was a significant issue which prevented practices from dealing with the volume of calls. The Chief Officer explained it was likely a result of the volume of calls, while they had a modest sum to manage the service. As a result, there could not be significant staff increases, and this was problem was exacerbated by staff who had left the service because of the abuse they received.
- The Member queried if the salaries offered for the reception staff were a factor in recruitment difficulties, and stated additional resources were needed to ensure GPs could continue to function for patients. The North Solihull PCN agreed that additional resources were required and grateful for any support with this. It was reaffirmed that they continued to manage the COVID-19 pandemic, and that it was risky to give the public an

expectation that there would be a return to normality as the pandemic was not over. Also, they explained that the plurality of service had aided some people.

- A Member queried whether the increased demand was a result of more calls for standard issues or were there issues which had grown during the pandemic, such as mental health. They also asked about the communication of the new operating model as well as the use of the NHS 111 service. The Chief Officer for Primary Care and Integration confirmed that they would work with Councillors to improve the local communication of the operating model. The NHS 111 service remained available however it had also received a significant increase in demand during the pandemic. There was a local effort to encourage residents to make the right choices, such as to visit a pharmacist in some instances. Residents were encouraged to take the COVID-19 jab and the flu jab if invited.

RESOLVED

The Committee made the following **RECOMMENDATIONS**:

- That the current status of the system and its concerns and problems are well understood and accepted by BSol CCG.
- That there would be a move to an operating model which would improve experiences for patients and staff within the service.
- To receive a plan of how BSol CCG intend to deliver improved outcomes in primary care and better support all staff in the health services.
- To receive a copy of the guidance about the total triage model.

6. BIRMINGHAM AND SOLIHULL ICS FINANCIAL PLANNING 2021/22 UPDATE

The Chief Finance Officer, BSol CCG, introduced the item and highlighted the following points:

- It was expected that the Committee would be able to receive plans and guidance in relation to the allocation for the second half of the year. This was yet to be confirmed.
- The current position against the plan for the first half of the financial year was that there was a small surplus as month five across the system and expect to be in a break even position at month six. This highlighted that it was not finance which constrained the level of clinical services, instead there were a number of other constraints.
- They predicted that for the second half of the financial year, the financial framework was likely to remain similar to the first half. Allocations would be broadly similar, which would ensure that there would be additional funds to support the COVID-19 pandemic services, and to support recovery of services.
- There was an expectation that efficiency savings would be required in the future, which had been suspended during the COVID-19 pandemic. This was likely to be between 2-2.5%.

- Additional funding was anticipated to support the elective recovery fund as well as for the hospital discharge programme. A targeted investment fund had been announced to support systems significantly impacted by the COVID-19 pandemic. It was likely that University Hospitals Birmingham (UHB) would receive a share of this money.
- Even though a financial allocation had not been determined for the second half of the financial year, it was expected that they would be able to deliver a financially balanced position in the Birmingham and Solihull region. Finance was likely to provide more of a challenge in 2022-23. The funds from the health and social care levy would be seen as a way to make funding more sustainable.

Members made the following comments and questions:

- A Member noted their concern that the allocations for the second half of the financial year had not been confirmed. They sought clarification on whether the funding envelope would remain the same or reduced by 2%, as outlined in the PowerPoint slides. The Chief Financial Officer explained that the funding envelope was likely to be the same as the first half of the year, however the public sector pay award would be included in this settlement, which would require efficiency savings and clawback of additional COVID-19 funds.
- Another Member sought information on which areas would subject to efficiency savings. The Chief Financial Officer confirmed that the efficiency savings were unlikely to come from frontline services. They were likely to come from back office opportunities such as how telephony were organised. The benefits of the Integrated Care System (ICS) were likely to filter through, such as consolidation of procurement teams at acute hospitals.
- A Member asked for clarification about the underspend on Primary Care prescribing and CCG vacancies. The Chief Financial Officer clarified that they were in an unstable position to predict the continuing healthcare packages and primary care prescriptions. They had underestimated the demand for continuing healthcare packages, while overestimated the growth for primary care prescriptions and the increase in cost of drugs. A number of vacancies had also been held while the CCG moved to an ICS.

RESOLVED

Members noted the contents of the presentation and asked that comments raised were considered in future plans

7. UPDATE ON POST-COVID SYNDROME ('LONG COVID') REHABILITATION

The briefing note in the agenda reports pack was presented for information.

The Chair invited the Founder of Long Covid Support, Ms Claire Hastie, to share her experiences of COVID-19:

- In May 2020, Ms Hastie started a Facebook group for people who were struggling to recover from COVID-19 to share information and support. It

had around 45,000 members across 100 countries. This led to the creation of Long Covid Support, an organisation focused on peer support, advocacy, campaigning and research involvement. The organisation was represented on the NHSEI Long Covid Taskforce and the ministerial Long Covid Roundtable.

- They had an ongoing survey to gather insights into patient experiences of Long COVID services. Their most recent analysis showed 73% of people who sought referrals were able to secure these. It was outlined that there were over 200 reported symptoms of Long COVID, which made diagnosis difficult. Anyone could be affected, regardless of age or previous levels of health and fitness. Even people who were asymptomatic during the initial illness may develop Long COVID. Higher numbers of people of working age were affected.
- There was a substantial difference between the numbers assumed by NHSEI when they planned services and demand. There was also a number of serious illnesses associated with Long COVID.
- It was vital to prevent more cases. To assist with this, Ms Hastie called for additional symptoms to be added to the COVID-19 symptom list. Also, that siblings or close relatives of positive cases should isolate, and that children should be encouraged to wear masks in schools. Members were asked to support these measures and to follow the example of Cumbria County Council in calling for the reintroduction of protections.

Members made comments and asked the following questions:

- A Member asked if Long COVID would still impact people who had already been vaccinated. Ms Hastie confirmed that people who had been vaccinated could get Long COVID.
- A Member commented that there was a false sense of security about COVID-19, and the impact of Long COVID reaffirmed the importance to be vaccinated and to be tested regularly. Ms Hastie explained that it was important to test regularly, and to isolate when requested. It was highlighted that approximately 1 in 7 children who test positive for COVID-19 have Long COVID.

8. JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - TERMS OF REFERENCE

The Joint Health Overview and Scrutiny Committee Terms of Reference were presented for approval.

RESOLVED
The amendments to the Terms of Reference were approved.

9. WORK PROGRAMME

The Work Programme for the Committee was presented for information.

A Member requested that an item would be included to outline the work to date on the creation of the ICS.

Members commented that it was a disappointment that Healthwatch Birmingham and Solihull were unable to attend the meeting to discuss primary care.

Members also requested that when Solihull Council hosted a Committee meeting that it would start at 5pm to assist with travel arrangements.

RESOLVED
The Committee approved the Work Programme.

The meeting finished at 8.25 pm