JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE - 23 January 2020

MINUTES

Present: Councillors: K Blunt, C Buxton-Sait, J Fairburn, D Howell, Donaldson, Fowler, Pocock, Tilsley and W Qais

Officers:

Apologies: Councillors: Mrs D Holl-Allen MBE and Khan

1. APOLOGIES

Councillor Mrs Holl-Allen MBE and Z Khan submitted their apologies.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. QUESTIONS AND DEPUTATIONS

No questions or deputations were submitted.

4. MINUTES

The minutes of the meeting held on 5th September 2019 were submitted.

RESOLVED
That the minutes of the meeting held on 5th September 2019 were approved as an accurate record.

5. CLINICAL TREATMENT POLICIES - FEEDBACK FROM CONSULTATION

Neil Walker – Associate Director for Right Care and Planned Care, NHS Birmingham and Solihull CCG, Dr Geoff Naylor – Associate Chief Medical Officer – Planned Care, NHS Birmingham and Solihull CCG, Kathryn Drysdale – Senior Nurse, AGEM CSU, Andrea Clarke - Head of Engagement, Marketing and Communication, AGEM CSU presented the report on the Clinical Treatment Policies, which updated Members following the report considered at the previous Joint HOSC meeting.

Dr Geoff Naylor reminded Members of the rationale for the evidence based policy harmonisation programme, which included the following:

- To ensure the best evidence-based treatments were undertaken;
- To ensure the best possible clinical outcomes for patients; and
- To ensure best value treatments were commissioned for patients.

- It was explained how Birmingham and Solihull CCG and Sandwell and West Birmingham CCG believed there should be a single, consistent set of policies, equitable to patients across the area.

Dr Geoff Naylor also updated Members on the programme context and approach, including the range of treatment policies being considered as part of the review.

Kathryn Drysdale informed Members of the patient, public and clinical engagement undertaken for the Clinical Treatment Policies. She detailed how, for clinical engagement, they targeted a range of key stakeholders, including secondary care clinicians and primary care colleagues. 260 clinicians across a range of provider organisations were contacted.

Kathryn Drysdale highlighted a number of outcomes from the clinical engagement, which included the following:

- Significant support for reducing inequitable access to healthcare provision.
- All of the clinical feedback was reviewed by the Treatment Policy Clinical Development Group.
- Clinicians were keen for these policies to be widely communicated throughout primary care, to ensure clear referral pathways and effective management of patient expectations.

Andrea Clarke updated Members on the public engagement activity and outcomes, detailing the following points:

- The engagement methods used included an on-line questionnaire, stakeholder meetings and targeted engagement meetings with patients and community groups.
- A reader panel was established, consisting of members of the public, to help ensure a clear and consistent message.
- All available communication channels were used – including Facebook, Twitter.
- They were disappointed with the lack of engagement stemming from the stakeholder meetings, so they undertook further work with hospitals and patients groups.

Neil Walker explained that, in regards to next steps, the proposals in respect of the 13 Phase 3 clinical treatment policies were due to be implemented in February, subject to approval from the BSol CCG Governing body. He emphasised how they were focusing on use of technology to help embed these policies – for instance linking up with existing software, to facilitate key word searches for GPs. Neil Walker also explained how it was intended to publish these policies on the CCG website, to ensure the public could access them.

Following the presentation, Members raised a number of queries and observations, summarised as follows:

- Members queried how many people attended the stakeholder events. They also queried the volume of clinicians who responded as part of the

engagement. It was also noted how the report stated that clinicians wished to continue to be engaged with this policy development process and Members queried how this would be facilitated.

- Andrea Clarke explained how there had been no interest in the stakeholder engagement events. It was noted they were organised across the whole area, in accessible community venues. It was also emphasised how the engagement was focusing on the harmonization and enhancement of policies, rather than de-commissioning services. Andrea Clarke also explained how a lot of the policies were for very specialist treatments. She detailed how, due to these reasons, they focused upon targeted engagement with patients and specialist groups.
- Dr Geoff Naylor detailed how all their policies would be subject to on-going review and engagement with clinicians, taking into account new guidance issued by national bodies. He emphasised how, overall, the NHS Trusts were overwhelmingly supportive of the proposed policy changes.
- Members requested a summary of where patients were likely to see changes, following the introduction of the new policies. Neil Walker, Dr Geoff Naylor and Kathryn Drysdale took Members through all the areas/procedures detailed in Appendix 1, explaining the rationale for change and what changes would be introduced following engagement.
- Members flagged up the use of meshes for hernias – they queried how long they had been used these for hernia repairs and questioned what the evidence saying. They highlighted press coverage in respect of meshes.
- Kathryn Drysdale detailed how, as part of the review, they considered evidence in regards to biological and biosynthetic meshes, which were different from the synthetic meshes reported in the press. She detailed how they had looked at baseline safety data – it was noted how there had been a national review of synthetic meshes for hernia repairs in Wales. This found that the complications rates were less than 1%.
- Members highlighted how many women may not know they had fibroids or polyps. They detailed how ultrasound was usually the diagnostic test to identify these conditions – they queried whether this would be less invasive than a hysteroscopy. Kathryn Drysdale explained how the proposed policy followed NICE guidelines – that there were often clear clinical indicators of fibroids or polyps, identifiable from a women's medical history. She detailed how clinical evidence demonstrated that ultrasounds often didn't provided sufficient information to diagnose these conditions. It was emphasised that, if a woman requested an ultrasound, rather than a hysteroscopy, this would be provided. Following a further query, it was confirmed the option of a hysteroscopy would not be pursued for all women, instead it would be used for a small cohort of patients, based on their medical history.
- Members queried whether there was a formal procedure for clinicians to raise their views, if they felt the evidence was changing and/or they had concerns regarding the health outcomes of these policies. Neil Walker confirmed how there were governance arrangements in place, via the CCGs, to review the delivery of these policies.

RESOLVED

The Joint Health Overview and Scrutiny Committee:

(i) Supported the contents of the executive summary and the accompanying packs of paper.

(ii) Supported the engagement process with public, patients and clinicians.

(iii) Noted the Birmingham and Solihull (BSOL) CCG's Clinical Policies Sub-Group Committee's recommendation for approval of Phase 3 policies.

(iv) Supported the 13 Phase 3 clinical treatment policies to be implemented by BSol CCG from February 2020

(v) Requested to receive a further update on the use of technology to embed these policies with GP's and clinicians, as well as help understanding amongst patients and the public.

(vi) Requested to receive a future update on the implementation of Phase 3 treatment polices, which included the satisfaction of clinical professionals.

6. BIRMINGHAM AND SOLIHULL CCG FINANCIAL PLAN

Paul Athey, Chief Finance Officer, BSol CCG, provided the Committee a presentation, which updated Members of the 19/20 QIPP (Quality, Innovation, Productivity and Prevention) Savings Plan. The key points highlighted included the following:

- The CCG's QIPP plan was £64.4m (equivalent to 3.4% of the CCG's allocation).
- The CCG's QIPP programme was a combination of transactional efficiencies and transformational service changes. A number of transactional efficiencies had already been achieved, whilst the transformational changes took longer to deliver.
- The Committee was informed of the delivery of the QIPP Savings Plan by Scheme Area – it was highlighted how there were instances of over-delivery and under-delivery.
- Some of the under-delivery occurred in schemes that were still progressing, but there had been slippage in the pace or scale of implementation expected within 2019-20 – examples of this included the

Ageing Well programme, as well as Mental Health Rehab. Paul Athey explained how they were focusing on these schemes, to ensure the potential savings could be factored into the 2020-21 plans.

Member raised a number of queries and observations, summarised as follows:

- Members requested for more in-depth information to be provided with any future reporting to the Committee, to allow greater scrutiny of the saving plans.
- Member queried which of the Scheme Areas were proving to be the most challenging. Paul Athey explained how the Ageing Well programme had been successful; however it was also the most complex scheme – he emphasised the significant volume of work undertaken between partners to deliver transformational change here.
- Members queried whether the CCG was going to get the £4.6m of unidentified savings back. Paul Athey confirmed they were going to get £9.2m back, as they were able to access surpluses they realised previously.
- Members raised the issue of drugs and prescribing costs and the potential impact of brexit. Paul Athey explained how prescribing costs was a significant budget pressure, due to unexpected price increases over the financial year – he confirmed that, to date, there was no evidence that any price increases were attributable to brexit.
- Members expressed concerns at the volume of savings identified in the presentation; emphasising how health services were under significant pressures – such as increases in prescribing costs, as well as the impact of an ageing population.
- Paul Athey explained he recognised the financial savings were challenging. He detailed how the vast majority of the savings the CCG had delivered to date had either been around improving the efficiency/cost of corporate areas and/or making service delivery more efficient, rather than the rationalisation of services. He emphasised a key focus was pooling the knowledge and skills across the whole health and social care system, to avoid duplications and ensure effective delivery of services.
- Members highlighted the under-delivery in regards to the musculo-skeletal (MSK) triage scheme because of the lack of available MSK extended scope practitioners. They queried whether there were any underlying reasons for this, as well as any potential learning for future working.
- Paul Athey explained the scale of ambition for the MSK triage service nationally. He emphasised the need to ensure the right workforce was trained and developed for this national programme. Paul Athey detailed how they were working with local providers to develop attractive roles in these areas – including working with existing physiotherapists to enable them to fulfil the extended scope practitioner roles.
- A Member requested whether it was possible, as part of future reporting, for the Committee to receive the overall efficiency savings figures that the CCG and its partners were aiming to deliver, as well as a breakdown of the proposed savings by each individual NHS Trust.

RESOLVED

The Joint Health Overview and Scrutiny Committee:

(i) Supported the QIPP plans for efficiency savings as outlined in the report.

(ii) Requested an update on future QIPP plans once they have been drafted.

(iii) Requested future reports to include more detailed information, such as:

- Where savings were coming from;
- What actions had taken place; and
- The effectiveness of the schemes.

7. BOOTS WALK IN CENTRE ENGAGEMENT PLAN

The Committee received a presentation, which outlined the communication and engagement plan for the service review into the Boots Walk in Centre. The initial plans for a consultation in regards to the Walk in Centre had been considered at the last Committee meeting on 5th September 2019. The presenting officers were Helen Kelly, Associate Director of Integration (Urgent Care/Community), BSol CCG, Dr Will Taylor, Clinical Director for Integration, BSol CCG, Jen Weigham, Senior Communications and Engagement Manager, BSol CCG.

Helen Kelly took Members through the presentation, where the points she raised included the following:

- BSol wished to undertake a review, to ensure a comprehensive urgent care offer across Birmingham and Solihull.
- As part of this review they were comparing the service provided by Boots WiC with the NHS nationally required Urgent Treatment Centre (UTC) service specification.
- The key data in regards to the current use of the service included the following:
  - 45% of the population who accessed the Boots WiC were registered with Birmingham and Solihull GP's, 30% were with Black Country GP's and the rest were from surrounding areas.
  - The largest up-take of the service was amongst females, between the ages of 20-34 years. The peak access point was on a Monday and predominantly between 11am to 2pm. Support was mainly sought for minor ailment conditions, such as rashes and cold symptoms.

Dr Will Taylor also highlighted the following:

- As part of the Communication and Engagement Plan, they wished to gain an understanding of the service needed to meet the urgent care needs of the people who used the Boots WiC.
- They wished to engage service users to understand their experiences – they currently had quantitative data and wished to gain qualitative data.

- In order to reach the maximum number of people they were looking to use a wide range of survey tools – including press releases, social media, as well as engagement staff speaking to people at Boots. Dr Will Taylor also explained how they were planning to engage with a range of stakeholder groups.
- An independent organisation would be appointed to analyse all responses and produce a findings report.
- Dr Will Taylor detailed the timeline for the review, through to final decision making in October-November 2020.

Members raised a number of queries and observations, including the following:

- Members flagged up how a lot of people who accessed the service worked in the City centre, but didn't necessary live there – they noted this could make engagement more challenging. Dr Will Taylor explained how they were aiming to engage people in a number of different ways, recognising it was a transitory population – such as surveys being handed out at the WiC in addition to the online options.
- Members queried what issues and themes they would raised with the public, as part of the questionnaire and engagement activities. Jen Weigham confirmed they could share the draft survey with the Members – she explained how it raised a comprehensive range of questions, such as why the patients had accessed the Boots WiC, rather than their local GP, the 111 service, or any health apps.
- Members queried the anticipated next steps following the survey, noting that currently 40,000 people accessed the service annually. Helen Kelly explained how they wanted to gain evidence of peoples' understanding of the services available – she highlighted, as an alternative example, the investment in extended access to GP's. She also flagged up, as further examples, pharmacies and digital options.
- Members emphasised how they believed there was a need for a service in the city centre to meet the level of demand, especially for people who work there, including mothers returning to work. Dr Will Taylor explained how he recognised the levels of demand in the city centre. He detailed the need to consider if it was the appropriate health care facility to meet this demand, taking into account it was a urgent care facility, as well as the range of other options available to access services and support. Helen Kelly emphasised there was no pre-determined outcome of the survey – they wished to undertake engagement activity to determine whether the Boots WiC was the best service to meet the needs of people in the City Centre.
- Members queried what level of personal detail the questionnaire would capture. Jen Weigham explained how the survey would be anonymous and they would ask for all the protected characteristics under the Equality Act. This was to identify whether there were any specific trends amongst the different groups of people accessing the service.
- Members noted reference to standardising WiC services – they emphasised in different localities there would be different demographic groups and different levels of need. They queried whether it mattered that the Boots WiC didn't meet the NHS UTC service specification.

Helen Kelly detailed how they would have to collate evidence to apply for an exemption for the Boots WiC. She explained she recognised the WiCs supported different populations; however she also stressed the need to gain an understanding why people were accessing an urgent treatment centre, rather than using the other services and support available.

RESOLVED

The Joint Health Overview and Scrutiny Committee:

- Noted the Communications and Engagement Plan to review the service provided by the Boots Walk In Centre
- Requested to receive an update on the outcome of the engagement plan and the subsequent report and options for the Walk in Centre in 6 months time before a final decision was made.

8.40 pm