

Minutes of the Health and Adult Social Care Scrutiny Board

**20th January, 2020 at 6.00pm
at Sandwell Council House, Oldbury**

Present: Councillor E M Giles (Chair);
Councillor Piper (Vice-Chair);
Councillors Hartwell, R Jones, Phillips and Tranter.

Apologies: Councillors Carmichael, Costigan and Jarvis.

In Attendance: Kathryn Drysdale, Senior IFR Nurse, SWB CCG
Andrea Clark, Head of consultation and
engagement, SWB CCG
Ian Sykes, Chair SWB CCG
Angela Poulton, Deputy Chief Officer – Strategic
Commissioning & Redesign
Ben Cochrane, Divisional Director Dental Services;
John Taylor, Chair, Healthwatch Sandwell;
Dave Bradshaw, Healthwatch Sandwell.

1/20 **Minutes**

Resolved that the minutes of the meeting held on 18th
November 2019 be approved as a correct record.

2/20 **Minor Surgery and Non-Obstetric Ultrasound Scan (Nous)
Service**

The Board received feedback about the outcome of the public engagement undertaken, at two listening exercises in June 2019, regarding the future commissioning of Minor Surgery and Non-Obstetric Ultrasound Services (NOUS).

The Board noted that the Minor Surgery contract was coming to the end of its term and following a service evaluation the Strategic Commissioning and Redesign (SCR) Committee had agreed that services would no longer be required for the following reasons:

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- the way the service was commissioned did not form part of a joined-up patient journey;
- the CCG could no longer financially sustain the service in the interests of protecting the public purse and using every pound wisely, and;
- the driver was to support Primary Care Networks to build on primary care services and enable greater provision of personalised, co-ordinated and more joined up care and social care for patients.

The Board noted the following comments and responses to questions: -

- The CCG had a statutory responsibility to ensure minor surgery provision for the 19 GP practices that did not sign up to the Minor Surgery GP Direct Enhanced Service (DES) during 2018/19;
- from April-September over 800 minor surgery procedures had been provided;
- the contract had ceased in September 2019 based on public choice for minor surgery procedures the patient could choose to be treated in one of the 16 GP surgeries that had signed up to the DES in 2019/20 and all surgeries had access to the provision;
- people were being re-routed from hospital outpatient appointments to existing provision in GP surgeries and were given a choice of times and flexibility (including weekends and evenings) from 25 organisations;
- minor surgery included joint injury (knees, elbows), skin tags, 'lumps and bumps' and other similar procedures;
- people had choice to go to other service providers they did not have to go to the Primary Care Network(PCN).

The Chair thanked the CCG and officers for their responses to questions.

Resolved:

Health and Adult Social Care Scrutiny Board noted the feedback on the outcome of the public engagement undertaken in relation to the future commissioning of Minor Surgery and Non-Obstetric Ultrasound Services.

3/20

Harmonisation of Treatment Policies (phase 3)

The Board received a report, 13 draft policies and a presentation from the Sandwell and West Birmingham Clinical Commissioning Group (SWB CCG). The report and presentation outlined the main messages from the recent engagement process with public patients and clinicians, and Members were invited to give consideration to the 13 (phase 3) draft clinical treatment policies and comment.

The Board noted that the policies were due to be implemented from 1 April 2020. The Board was advised that the National Health Service (NHS) had finite resources and had to ensure that the best evidence-based treatments were undertaken, the best clinical outcomes were attained, and that the best value treatments were commissioned for patients.

The Board noted that the review and development of Clinical Treatment Policies was to ensure:

- that policies had the most up to date published clinical evidence;
- that the variation in access to NHS funded services across Birmingham, Solihull and the Black Country brought to an end;
- that there was fair and equitable treatment for all local patients whilst considering the needs of the overall population and evidence of clinical cost effectiveness.

The Board had previously considered, and endorsed, 21 (Phase 1) commissioning policies launched in November 2017, and 22 (phase 2) commissioning policies launched in April 2019. The 13 draft policies appended to the report would complete the suite of commissioning policies.

The Board noted the following comments in response to questions:

- there had been engagement with the public, specific patient groups, clinicians and community events. Engagement had proven more successful when targeting specific patient groups;
- responses had been used to inform the draft clinical treatment policies that reflected local people and communities, and undertook to avoid the ‘postcode lottery’;
- the engagement exercise had highlighted that quite often patients were unsure about clinical treatments. CCG had worked closely with patient groups to enshrine current clinical practices rather than make large change;

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- the NHS Policy Plan looked to align the whole country to treatment policies, to cease doing things unnecessarily that may have been done for years but where clinical evidence demonstrated that it could be done another way or not at all. An example of removing children’s tonsils was given as a practice that was once a popular way to reduce tonsillitis, but that limited clinical evidence had been found to demonstrate the benefits of removing tonsils and therefore the service was no longer necessary;
- other services could be beneficial, such as liposuction in patients with lymphedema. The service had been trialled on 100 patients to evaluate the safety and that effects were long lasting. Initial findings were promising but there was more research to do, therefore it could not be rolled out until clinical evidence was available;
- the Board recognised that each local community had a different population, demographic and need and that some older communities may want more money to go towards hip surgery rather than services such as liposuction;
- Healthwatch voiced concern that finance lay underneath the policy review with an aim to decommission services, they asked for reassurance that consultation would be open and transparent. The Board was reassured that the review of specific local issues was not part of NHS England remit and that the majority of priorities for surgical interventions would depend on CCG priorities depending on demographics and locality;
- the Board was also reassured that the specialist clinical practitioners were in support of the review of policies and that autonomy was not being taken away from the specialists. It was clarified that not all surgeons were as up to date with processes as colleagues and that the review would take account of the need to include all patients;
- The Board was assured that minor surgery could be carried out in exceptional circumstances in GP surgeries and that the review was not about saving money, but more focus was on stopping practise and procedures that did not work and concentrate on available resource for the things that would work.

The Chair thanked officers for their responses to questions and clarification of matters in the report.

Recommendations

That the Cabinet Members for Living Healthy Lives:

[ILO: UNCLASSIFIED]

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- (1) note the contents of the Executive Summary and the accompanying suite of documents;
- (2) note the engagement process with public, patient and clinicians;
- (3) note Sandwell and West Birmingham CCG's Strategic Commissioning & Redesign Committee's recommendation to CCG's Governing Body to approve all Phase 3 policies;
- (4) note final approval received from CCG's Governing Body on 8th January 2020 for Phase 3 policies and the intention to implement from 1st April 2020;
- (5) note BSOL CCG's Clinical Policies Sub-Group Committee's recommendation to the CCG's Governing Body for approval of Phase 3 policies;
- (6) endorse the 13 Phase 3 clinical treatment policies to be implemented from 1st April 2020.

4/20

Proposed Change of Location for Dental Services under General Anaesthesia for Children

The Board noted an update from the Divisional Director Dental Services relating to the proposed change of location for provision of Dental Services under General Anaesthesia (GA) for Children from Sandwell General Hospital to Birmingham Dental Hospital in 2022.

The Divisional Director Dental Services advised that since the Board had been advised of future changes to services in 2017, a temporary theatre had been provided in Birmingham Dental Hospital which provided services to Sandwell General Hospital and Walsall Manor Hospital. There was an intention to build a new Dental Hospital next to the existing one because alternative provision could not be secured at Sandwell or Walsall.

The Board noted that the provision of bespoke theatres for Dentistry at Birmingham was in the advanced stage of planning. The benefits

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of bespoke facilities for Dentistry would be better services for paediatrics and adults, the increase theatre capacity and reduced waiting lists.

The Board noted that this was a planned replacement and that guidance had changed over the years. In response to questions the following was noted:

- there were problems around waiting lists and waiting times across the West Midlands;
- there were plans in place to prevent the need for dental services for children in the form of preventative work to reduce trips to the dentist;
- the service wanted to improve the standard of dentistry across the area and to make sure that all children receive the same offer;
- Community Development Nurses traditionally referred children to dental services but there was a tendency for them to be put back due to other priorities in the NHS and would have to wait for treatment. The dental hospital aimed to reduce waiting times by putting extra resource and expertise into the service;
- clinicians were heavily involved in the consultation process to move to one bespoke dental service at Birmingham;
- the restructure of Dental Services at Sandwell had been difficult because of the relationship with the hospital, dental services tended to take ‘a hit’ when winter pressures and priorities hit. At the new facility winter pressures would not have the same impact;
- Members voiced concerns that young people may have to travel up to 15 miles for a dental operation. The Board was assured that the children who require specialist dental treatment would not be required to travel by public transport. A better contract with Walsall Manor hospital and the dental hospital would mean that not all patients would have to travel as far for treatment, but it was recognised that there were not enough theatres, and some would have to make the journey.

The Divisional Director assured the Board that dental services did not want to withdraw the service and that Sandwell Hospital would maintain a level of service. Further assurance was given that when the dental services moved to Birmingham residents would not get cancelled due to winter pressures. He recognised that it may be a little inconvenient for some but welcomed that both children and adults would be supported at the new facility.

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The Board made the following comments in relation to the proposed change of location for dental services under General Anaesthesia for Children:

- that the gains of moving to the new facility significantly outweigh the distance patients may have to travel;
- that the Board was mindful of the distance some patients would need to travel, but that there was the opportunity to see if the patient was eligible for transport costs;
- that it would be beneficial to have regular staff that wanted to work in the service and have a centralised service and dedicated team.

Resolved

That the Health and Adult Social Care Scrutiny Board received the update and comments of the Board be forward to the Cabinet Member for Living Healthy Lives.

5/20 Walk in Centre

The Board was notified that NHS Sandwell and West Birmingham Clinical Commissioning Group (SWB CCG) was carrying out a listening exercise from 6 January to 14 February 2020 relating to the future of the Summerfield Urgent Care Centre in West Birmingham and the Parsonage Street Walk-in Centre in Sandwell.

It was highlighted by Healthwatch that people were directed to the webpage to complete their comments on the form provided, but that there was no information or description about the current position or proposed way forward on the webpage to inform them.

It was agreed that officers would write to SWB CCG to advise them of the issue and request that appropriate steps be taken to include information about the proposals for the public to consider before submitting their comments.

(Meeting ended at 7.12 pm)

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