

**Birmingham City Council and Sandwell Metropolitan Borough
Council**

Minutes of the Joint Health Overview and Scrutiny Committee

3rd December, 2014, 10.30 am
at the Sandwell Council House, Oldbury

Present: Councillor Paul Sandars (Chair);
Councillors David Hosell, Elaine Costigan, Ann
Jarvis, Bob Lloyd (Sandwell Metropolitan Borough
Council).

Councillors Susan Barnett, Karen McCarthy,
Andrew Hardie and Sue Anderson (Birmingham
City Council).

Apologies: Councillor Eva Phillips (Birmingham City Council).

In Attendance: Andy Williams, Lisa Maxfield, Manir Aslam and
Jayne Salter-Scott (Sandwell and West
Birmingham Clinical Commissioning Group);
Jayne Dunn (Sandwell and West Birmingham
NHS Trust);
Nighat Hussain (NHS England);
Sarah Sprung and Rebecca Hill (Sandwell
Metropolitan Borough Council).

7/14 **Declarations of Interest**

Councillor Hardie declared his involvement with the General
Practitioners Commissioning Group.

8/14 **Minutes**

Resolved that the minutes of the meeting held on 19th
November 2014 be confirmed as a correct record.

Urgent Care

The Committee received a briefing from the Sandwell and West Birmingham Clinical Commissioning Group in relation to Urgent and Emergency care, and the wider picture of development of Right Care, Right Here.

Sandwell and West Birmingham Clinical Commissioning Group delivered a presentation entitled 'Urgent care transformation'.

The following challenges faced by Urgent Care were noted by the Committee:-

- in the previous two years 95% of Accident and Emergency waiting time standards had not been met;
- through various public consultations it was found that people were unsure of the best way to access the correct care, due to a fragmented system and confusion about accessibility and opening times – this resulted in people attending Accident and Emergency as this was 'familiar' to them.

This was particularly prevalent in the 20-40 year age range and amongst students. These people used Accident and Emergency as their primary source of care due to being in full time work and/or having young children – they found it to be flexible and easily accessible;

- New national guidance had also been brought forward in the guise of the 'Barbara Haykins Intervention' and the 'Five Year Forward View 2014'. The 'Five Year Forward Plan 2014' recognised that it was time to stop reorganising and time to ensure services were delivered.
- The new '111' telephone service needed to be promoted, as despite the fact that it had begun to work well, it was only currently being used at 10% of its capacity. However this figure had begun to increase slowly.
- The Clinical Commissioning Group had liaised with other local authorities, such as Wolverhampton City Council and Dudley Metropolitan Council to endeavour to ensure that urgent care services might be unified locally.

The Urgent Care model was based upon the 'Principles of Sir Bruce Keogh's Review'. The review highlighted four key areas:-

- consistently high quality and safe care, 7 days a week; in the Urgent Care plan this included input from community nurses and General Practitioners.
- simple and guides good, informed choices by patients, their carer's and clinicians;
- Provides access to the right care in the right place, by those with the right skills, the first time;
- efficient and effective delivery of care and services for patients;

It was aimed to build on the already significant amount of urgent care undertaken by General Practitioners and 'real time information'.

Members noted that the current services within the Clinical Commissioning Group area comprised two hospital sites, and 107 primary care practices, with walk-in centres being located in closed proximity to Accident and Emergency Departments. There was a similar situation in regard to out of hour's services.

The approach to reconfiguration focused upon the need to build the infrastructure in relation to primary practice and ensure the '111' telephone line was built upon and strengthened.

The Committee noted that a simplified, yet unrestricting service would be developed, with a refined system of patient triage, and a change in patient behaviour encouraged – for an increased use of '111'.

The Clinical Commissioning Group stated that communications would start to be disseminated to highlight '111' as the 'first choice', and that original consultations may have focused upon the wrong sections of the public – a deeper knowledge was to be gained of the 20-40 year age group.

It was recognised that patient's relationships with their General Practitioner would be of utmost importance, and alternative staffing options would be considered. Examples would be the addition of physician assistants, to include the possibility of receptionists with a medical background.

The Committee voiced their confusion over the issue of GP closures in Wednesbury after being told by NHS England that the area 'had too many Doctors'. Patients located within that area were still unable to access an appointment with their Doctor.

Agreed:-

- (1.) That the overarching strategy for consultation on Urgent Care in Sandwell and West Birmingham be supported;
- (2.) That the Sandwell and West Birmingham Clinical Commissioning Group undertake a period of pre-consultation to further inform development of the Urgent Care Model;
- (3.) That the results of the pre-consultation engagement, and the final proposed consultation plan on Urgent Care, be presented to the Joint Health Overview and Scrutiny Committee in June, 2015.

10/14

Right Care Right Here

Under the umbrella of Right Care Right Here it was proposed to commence consultation in relation to Interventional cardiology and acute surgery/orthopaedic trauma. The CCG proposed that a single set of listening events were used within the re-engagement phase to cover the strands of discussion as listed above.

The risk of confusion over the pre-consultation and the actual consultation must be acknowledged therefore a robust set of engagement plans would be designed.

The period of January 2015 to March 2015 would be used to ensure the public's opinion was gathered in relation to their feelings on the current state of urgent care and what their desired outcomes were.

Actual operational change would transpire after three months, but only in relation to Interventional cardiology and acute surgery/orthopaedic trauma, not Urgent Care. The three month period would result in either a further period of consultation or the beginnings of actual implementation.

The advantages to any changes should be promoted at a local level. Members felt that the public needed to be able to consider what the changes would actually mean for them personally, and on a town by town basis.

Agreed:-

- (1) That engagement activity for acute surgery and cardiology, run parallel with the consultation process for Urgent Care under the umbrella of Right Care, Right Here;
- (2) It be noted that the outcome of engagement for acute surgery and cardiology would result in operational change;
- (3) That the Joint Health Overview and Scrutiny Committee be advised of the outcome of engagement activity.

(Meeting ended at 12.02pm)

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