

Health and Adult Social Care Scrutiny Board

**Monday 4 October 2021 at 6.00pm
Council Chamber, Sandwell Council House**

Present: Councillor E M Giles (Chair)
Councillors Bhullar (Vice-Chair); Costigan, Davies, L Giles and Melia.

In Attendance: Councillor Hartwell – Cabinet Member for Adults, Social Care and Health
Councillor Shackleton – Chair of the Children’s Services and Education Scrutiny Board

Officers: Michelle Carolan – Sandwell Managing Director and Angela Poulton – Deputy Director of Primary Care - Black Country and West Birmingham Clinical Commissioning Group;
Dr Ian Sykes, Dr Priyanand Hallan and Dr Sommiya Aslam - Primary Care Network GP Representatives, Black Country and West Birmingham Clinical Commissioning Group;
Alexia Farmer – Healthwatch Sandwell.

31/21 Apologies for Absence

Apologies were received from Councillors Akpoteni, Fenton, Fisher and Khatun.

32/21 Declarations of Interest

There were no declarations of interest.



Access to Primary Care

The Board received a presentation on the current position regarding access to primary care services since the easing of lockdown and restrictions.

The impact of the pandemic had required rapid change to the way in which primary care could operate to ensure patient and staff safety, however, primary care had remained open throughout.

Primary care services continued to be in very high demand, and activity across all services had increased significantly. There were also additional pressures relating to staff sickness and isolation and the delivery of the vaccination programme.

A blended approach was being taken to GP appointments, with a triage service continuing, as well as face to face appointments. 57% of GP appointments were currently face to face, with 49% of patients in Sandwell being seen on the same day. This was greater than the England average, which was 41%. On average, GPs in Sandwell were seeing 37 patients a day, which was an increase from 28 pre-lockdown. It was noted however that for 3-5% of appointments, the patient did not attend, and this equated to thousands of appointments per week.

In addition, the delivery of the vaccination programme equated to an additional 300,000 face to face appointments across the borough.

Patients were presenting with more complex issues now, as a result of people's fear of contacting primary care during the pandemic and in some cases, the exacerbation of symptoms/changes in conditions.

A further added pressure for primary care services was the falling number of GPs coming through the system. In 2016 there was an average of 0.52 GPs per 1,000 people, and this had now reduced to 0.46. Whilst the government had committed additional funding for primary care, it was not possible to replace lost staff in the short -term. It was therefore necessary to use staff more flexibly and innovatively.



One of the approaches being taken was to ensure that the patient was attended to by the most appropriate individual for their complaint, and this did not necessarily always need to be a GP. Social Prescribers were being recruited to address non-medical needs and social related problems. It was also proposed to recruit a mental health practitioner for each of the eight Primary Care Networks covering Sandwell, 26 in total across the Clinical Commissioning Group (CCG).

Funding of £100k had been made available to support system improvements, which it was hoped would be utilised to increase capacity in telephone systems and other technological improvements.

It was important to get the message across to patients that they did not always need to see their GP and encourage them to think differently. Work was already taking place with Healthwatch Sandwell and the voluntary and community sector on the best ways of getting this message across and it was hoped that community leaders would support this work.

In response to members questions and comments, the following was noted:-

- One in four patients seeing their GP had mental health issues. The aim was for all surgeries to have a mental health professional. Recruitment to 26 posts had been unsuccessful due to lack of suitably qualified practitioners, so lower level practitioners were being considered.
- Development sessions were taking place with Healthwatch Sandwell to ensure that those with hearing impairments could access telephone consultations.
- Partnership working was key to making services accessible to everyone.
- There needed to be a shift away from the focus on GP surgeries and consideration given to other community settings to deliver services.
- The operation of the Nightingale Hospitals setup to deal with the pandemic was not the responsibility of the CCG.
- Blood tests were not part of the services provided within the GP contracts, and had been delivered through the Hospital



Trust for several years. Changes had been made to the service in response to the Covid-19 pandemic. Discussions were taking place with the Trust on the best way to manage this service going forward.

- People were encouraged to take ownership and management of their health problems (such as taking their own blood pressure at home) and where they were unable to, GP practices would help.
- Some facilities at practices were not being utilised.
- Integrated care systems provided an opportunity for partners to work more closely in a co-ordinated way.
- Over-prescribing was an issue that resulted in a lot of waste.
- The pandemic meant that waiting times for procedures and treatments had increased from less than 100 people waiting more than a year, to 10,000 people.
- It was important to address the public perception that things would return to the way they were before the pandemic. This was because many changes had been positive, for example, video consultations, which many patients found more efficient.

In light of the success with Sandwell's vaccination programme as a result of joint working with health agencies, the Council and the voluntary and community sector, it was felt that a joint task force approach could offer similar successes to deliver key messages to the community that would help to reduce demand for GP appointments.

The Cabinet Member for Adults, Social Care and Health also undertook to arrange a briefing for all members to equip them with the information to communicate the message to their constituents about the variety of ways in which primary care services could be accessed, to reduce pressure on GPs, and demand for face to face appointments.

Resolved-

- (1) that the Board commends the joint efforts of the Council, health agencies and the voluntary and community sector in making Sandwell's vaccination programme a success;



- (2) that the Clinical Commissioning Group be requested to arrange a briefing session for all members, led by the Cabinet Member for Adults, Social Care and Health, to equip them with the information to communicate the message to their constituents about the variety of ways in which primary care services can be accessed, to reduce pressure on GPs, and the demand for face to face appointments;
- (3) that the Cabinet Member for Adults, Social Care and Health work with the Clinical Commissioning Group to lead on the establishment of a joint task force across Sandwell to look at ways in which to communicate the message to Sandwell residents about the variety of ways in which primary care services can be accessed, to reduce pressure on GPs, and the demand for face to face appointments.

Meeting ended at 7.36 pm

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