

**MINUTES OF A MEETING OF THE
HEALTH OVERVIEW AND SCRUTINY COMMITTEE
HELD ON 17 SEPTEMBER 2018 FROM 7.00 PM TO 8.25 PM**

Committee Members Present

Councillors: Bill Soane (Chairman), Jenny Cheng, Andy Croy, John Jarvis, Clive Jones, Ken Miall and Rachelle Shepherd-DuBey

Others Present

Dr Cathy Winfield, NHS Berkshire West CCG
Dr Stephen Madgwick, NHS Berkshire West CCG
Madeleine Shopland, Democratic & Electoral Services Specialist
Julie Hotchkiss, Interim Consultant Public Health
Tony Lloyd

12. APOLOGIES

Apologies for absence were submitted from Councillors Parry Bath and Kate Haines, Jim Stockley and Nicola Strudley.

13. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Committee held on 16 July 2018 were confirmed as a correct record and signed by the Chairman.

14. DECLARATION OF INTEREST

There were no declarations of interest.

15. PUBLIC QUESTION TIME

There were no public questions.

16. MEMBER QUESTION TIME

There were no Member questions.

17. BERKSHIRE WEST INTEGRATED CARE SYSTEM

Dr Cathy Winfield updated the Committee on the Berkshire West Integrated Care System.

During the discussion of this item the following points were made:

- An Integrated Care System (ICS) was one in which local NHS organisations (both commissioners and providers), often in partnership with local authorities, chose to take on clear collective responsibility for resources and population health, providing joined up, better coordinated care.
- Members were informed of the membership of the Berkshire West Integrated Care System (ICS), including the Berkshire West 10.
- In response to a Member question regarding surgery size and the geography of the ICS, Dr Winfield commented that there were a number of smaller practices within the Reading area. However, national policy was now predicated on the principle of larger practices with larger premises, with a minimum of approximately 10,000 patients.
- The Committee noted the founding principles, including ensuring a high quality, fit for purpose acute specialist hospital service.

- When developing the system, integration systems around the world had been considered. The New Zealand Canterbury model had been considered a good approach.
- Dr Winfield informed the Committee that it was anticipated that a long term plan for the NHS would be published prior to Christmas.
- Some of the achievements one year on were outlined. Local Authority partners were identifying greater opportunities for joint working that improve efficiency of the whole system e.g. single social worker team at Royal Berkshire Hospital.
- From 1 October pre bookable GP appointments would be available 7 days a week. In response to a question from Councillor Jones, it was clarified that cluster arrangements would be in operation under which a practice within a cluster would offer pre bookable appointments outside of normal GP appointment hours. On Sundays and Bank Holidays the service would be provided by Westcall. Evidence suggested that demand for a pre bookable GP appointment on Sundays was low. Demand for pre bookable appointments outside of normal opening hours would be monitored.
- Councillor Soane questioned whether information was available regarding the number of patients who had attended A&E who should have gone elsewhere. Dr Winfield indicated that the proximity that an individual lived to the hospital sometimes made a difference as to whether they visited A&E if they were unable to make alternative arrangements.
- Dr Winfield highlighted that a GP was now situated in A&E. The nurse screener who triaged patients could direct those who needed to see a GP but did not need to attend A&E, to this GP. Councillor Miall asked how many patients who were referred to the GP were then referred back to A&E. Members were assured that it was a small number and work was being carried out to further improve the triage process.
- Councillor Jones asked how often a GP was situated in A&E and was informed that it was every day but that hours varied. Dr Winfield indicated that she would provide information regarding specific hours.
- 104 patients had visited A&E over 50 times in a year. Work such as health coaching was being undertaken with these individuals to reduce this.
- It was hoped that expanding availability of GP appointments would help to reduce inappropriate use of A&E. Members were informed that further work around specific clinical pathways would also help to reduce the number of attendances at A&E. For example if a patient arrived at the hospital and was obviously having a stroke they would not necessarily have to go to A&E.
- Councillor Jones asked whether Royal Berkshire Hospital had discussed the possible free use of on street parking around the hospital for patients and visitors, with Reading Borough Council.
- Members questioned how patients' experience was measured. Dr Winfield commented that Friends and Family Tests helped to measure this and that some patients were helping to improve particular pathways such as the musculoskeletal pathway.
- The 4 hour A&E wait target was discussed. Dr Madgwick explained that this was a national target and that whilst it may seem a long time it was a good target for the overall system. Those who required urgent treatment were still seen very quickly and patients were triaged within 15 minutes of arrival.
- Councillor Miall referred to Push Doctor, an online medical consultation service which connected users to a GP for a secure online video consultation for a fee of £30, which Wokingham Medical Centre currently made use of. He questioned whether greater use could be made of apps such as this. Dr Winfield stated that

sometimes there could be issues around access to records and continuity of care. Nevertheless, there was a primary care workstream in place which was exploring opportunities provided by technology.

- Councillor Shepherd-DuBey questioned whether a local app could be developed.
- The Committee discussed GP appointments and the primary care workforce. The Committee was reminded that nationally there was a shortage of GPs and that only 15% of qualified medical graduates were expected to become GPs. Different ways of working and diversifying the workforce, such as the placement of paramedics, advanced practitioners and pharmacists in surgeries, were in place. International recruitment of GPs had not been as successful as had been hoped.
- Councillor Croy asked about the possible impact of Brexit on health and social care locally. Dr Winfield commented that there was likely to be some impact with regards to workforce. Numbers of applications for nursing posts from candidates from European countries, had decreased.
- Councillor Croy went on to ask about the impact of Brexit on pharmaceutical supply and was informed that a plan was being developed at national level.
- It was noted that the CCGs in Berkshire West had merged. Councillor Croy asked how much per year this would save and was informed that it was approximately £650,000.
- Tony Lloyd questioned whether the requirement to put services out to tender would potentially be a threat to integration.

RESOLVED: That the update on the Berkshire West Integrated Care System be noted.

18. HIP AND KNEE SURGERY POLICY

Dr Winfield updated the Committee on the CCG Policy for patients with osteoarthritis; primary hip and knee replacement.

During the discussion of this item the following points were made:

- The four CCGs in Berkshire West had reviewed and updated their policy for patients with osteoarthritis; primary hip and knee replacement, in June 2018. An evidence based criteria had been established to identify those patients most likely to benefit from surgery. GPs referring patients to hospital must ensure that the patient met the criteria in order for the hospital to accept them.
- Members were informed that there had been significant success locally for patients with the opportunity to discuss the full range of options available away from the GP Surgery. The CCG commissioned this service from Arthritis Care. Patients had the opportunity to participate in a shared decision making where they considered all options available. GPs could still refer a patient for surgery if there was a clinical need.
- The Committee was informed that when comparing nationally Berkshire West spent more on hip and knee surgery than would be expected. Councillor Croy asked how this spend could be reduced. Dr Winfield commented that the policy gave GPs the opportunity to set out alternative options to surgery, where appropriate.
- The Committee was pleased to note that approximately 75% of patients chose conservative methods to manage their condition such as exercise or weight loss as opposed to surgery.
- Patients within Berkshire West were treated within the 18 week referral to treatment standard. Some patients felt that they were moved along the pathway too quickly.

RESOLVED: That the update on the CCG Policy for patients with osteoarthritis; primary hip and knee replacement be noted.

19. HEALTHWATCH UPDATE

The Committee considered the update from Healthwatch Wokingham Borough. Councillor Jarvis informed the Committee of the Healthwatch Fun Day at Twyford.

RESOLVED: That the update from Healthwatch Wokingham Borough be noted.

20. FORWARD PROGRAMME 2018-19

The Committee considered the forward programme for the remainder of the municipal year.

During the discussion of this item the following points were made:

- Councillor Jones suggested that the Committee receive an update on diabetes prevention at the November meeting.
- Members requested an update from South Central Ambulance Service at the Committee's November meeting. Councillor Shepherd-DuBey questioned how the Ambulance Service, Police and Fire Service were working together.
- An update on the pressure on GP resources would be provided at the Committee's January meeting.
- Councillor Shepherd-DuBey requested an update about the possible impact of Brexit on the local health service for the Committee's March meeting.
- Councillor Jones requested an update on the discharge of patients from the Royal Berkshire Hospital and the impact of the Better Care Fund on this, at the March Committee meeting.
- Tony Lloyd informed the Committee that the Royal Berkshire Hospital NHS Trust would, from the next week, be going paperless.

RESOLVED: That the forward programme be noted.