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WIRRAL & CHESHIRE WEST AND CHESTER JOINT HEALTH SCRUTINY COMMITTEE

Tuesday, 30 July 2019

Present: Councillor Y Nolan (Chair)

Councillors Wirral CWaC
M Jordan K Cernik
T Norbury M Edwardson
L Riley

9 DECLARATIONS OF INTEREST

Councillor Norbury	Tony	Personal interest by virtue of his daughter's employment with the NHS.
Councillor Jordan	Mary	Personal interest by virtue of employment within the NHS and her son's employment with the NHS.

10 MINUTES

Resolved – That the minutes of the meeting held on 1 July 2019 be approved as a correct record.

11 URGENT CARE TRANSFORMATION

Councillor Yvonne Nolan, Chair introduced the item, informing that although this matter had been discussed in a number of forums at the last meeting of the Joint Health Overview and Scrutiny Committee, given that the CCG had not formally announced its decision, Members were not in a position to comment on the proposals for the transformation of Urgent Care treatment.

The report of the Wirral Health and Care Commissioning - Nesta Hawker, Director of Commissioning and Transformation outlined the current position of the Urgent Care transformation work with regards to the outcome of the NHS Wirral CCG Governing Body decision which was taken at the Joint Strategic Commissioning Board in public on 9 July 2019.

The report informed that the NHS Wirral CCG Governing Body approved the following recommendations:

- 1) Implementation of a 24-hour Urgent Treatment Centre at the Arrowe Park Hospital Site.

The placement of the Urgent Treatment Centre at the Arrowe Park Hospital site (previously approved in public at the NHS Wirral CCG Governing Body on 6 February 2018);

2) All-age walk in access in each community hub:

- Wallasey – Victoria Central Hospital (8am-8pm) reduction of 2 hours from current provision.
- Birkenhead – Birkenhead Medical Centre (8am-8pm) increase of 2 hours from current provision.
- South Wirral – Eastham Clinic (12pm-8pm) no change from current provision.
- West Wirral – UTC at the Arrowe Park site (24-hours) increase of 10 hours from current provision.

and

- 3) Gladstone Minor Injury and Illness Unit (formerly Parkfield Minor Injury and Illness Unit) & Moreton Minor Injury and Illness Unit to be replaced by additional GP/Nurse appointments as part of the GP extended access scheme. Further supported by an enhanced NHS 111 service and a planned/bookable dressing service in the Moreton area.

Dr Paula Cowan – Chair, Wirral Health and Care Commissioning introduced a presentation that provided a summary of the process and lead up to the decisions agreed on 9 July (listed above).

Dr Cowan's presentation informed how NHS Wirral CCG Governing Body had undertaken a consultation and engagement exercise in accordance with the CCG's statutory duties for public and patient engagement to determine final recommendations to improve urgent care services in Wirral, including the introduction of an Urgent Treatment Centre (UTC). The report and presentation outlined the decision making process, consultation, key considerations and final approved model of care. Key areas of her presentation covered:

Consultation Feedback

Members were apprised that the CCG had been responsive in their analysis of public feedback and this had been used to inform the final model of care. Members noted that public feedback had been very focused on the retention of all age walk in access across 3 localities. Dr Cowan informed that during the consultation the public were asked what was important to them when thinking about where urgent care facilities should be based in the community.

The three most important factors, when considering location were identified as:

- Distance from home (32% of respondents)
- Flexible and convenient appointments (23%)
- Public transport access (23%)

Based on feedback the decision had also been made to extending the hours of operation for all age walk in provision in areas of high deprivation (based on local demand - meaning that people who may be isolated due to age, frailty or geography would not have to travel long distances).

Transport Implications

Commissioners had worked with transport providers during the urgent care consultation to ensure, where possible, that any potential service changes have minimal impact on residents of Wirral.

An internal CCG transport working group was established which included representation from Merseytravel and local Councillors. This group met as the urgent care consultation commenced and worked alongside Merseytravel until such time that we were advised that a public consultation was planned and no further work could be progressed.

Whilst the CCG / NHS did not commission transport, ongoing discussion with transport providers and the Council to address these issues was welcomed.
Independent body review

Rumours of Surgery Closures

Dr Cowan informed that the approved model of care included the replacement of the existing Minor Injuries / Illness services at Gladstone (formerly Parkfield) and Moreton Minor Injuries and Illness Units (MIU). The provision of GP extended access appointments and a specific dressing and wound care clinic (for the Moreton area) would mean that patients could still access same day urgent care locally to them. Patients would be able to book a same day appointment with a GP or Nurse either in the existing practice, or in a practice local to them and there was no change to either of the existing GP surgeries at Gladstone or Moreton. Patients who were registered to one of these GP practices would be able to continue to use them as the currently do.

Members were further informed that the CCG reviewed the activity data from both sites and was confident that the level of GP extended access appointments, access to pharmacy, and a dressing/wound care clinic for the Moreton area would meet the needs of the local population.

The Chair thanked Dr Cowan for her presentation.

Questions and Member Discussion

Following the presentation, the Chair invited Members of the Joint Health Committee to question the attending officers.

Question – Strong feelings existed in terms of patients losing access to care. How would the new model handle long standing patient-clinician relationships in an attempt to maintain continued care?

Response – Ongoing dressing arrangements will give continuity of care, combined with 24hr urgent care, will result in a much better service overall. In terms of dressings, these will be delivered locally – not definitively the existing location, but local provision will be a mix of walk-in and bookable appointments. Other services – not dressings – will be nurse led, within that facility. In certain circumstances patients may request specific clinicians. Other conditions may involve ‘on the day’ problems where patients will be content to see a relevant healthcare professional. Not necessarily impacted by continuity of care as with wound dressings for example.

Question – The named locations had initially been the primary concern, although this appeared to have been alleviated by the proposed alternate provisions. Looking forward key issues would be communication and education. How will the NHS / CCG could engage in the future, particularly transport provision?

Response – Transport doesn’t impact just on unplanned care it also affects planned care arrangements. Those with higher levels of care are already being managed at the existing urgent care centre at Arrowe Park, so no change for these patients. The new planned access (24hr) at this location will be an improvement for existing and future patients.

A Member of the transport working group, highlighted lack of provision at weekends etc. and recommended that he would be keen as a matter of concern to review this issue in the future.

Question - How would triage work effectively, addressing the needs of people attending services?

Response – At present a triage service exists via 111, prescriptions / bookable appointments. Clinical group is already looking at improved triage as a key part of the planned service. Individual GP practices are also being asked to look at this to help improvements across the board. Patients may in future not necessarily be seen by a GP i.e. being seen by the right (appropriately skilled) person can mean better treatment and fewer referrals.

Question – Re national figures relating to GP and other workforce planning, does Wirral have capacity for the future?

Response – There are currently more appointments that required at present. In terms of recruitment and retention of GPs and staff, working with Cheshire Merseyside, Wirral is a good place to work and has higher than average recruitment and retention of key workers.

Question – Looking at other non-clinical matters, 1000 extra appointments per week currently covered by 2 existing GP federations. Looking at the workforce as a whole including Care Homes, Supermarkets (pharmacies) to develop healthcare professionals. Is the CCG happy with capability at present?

Response – as before, Wirral is a good place to work and has higher than average recruitment and retention of key workers.

Question – Better use of appropriate staff is welcomed, but in terms of GPs how many due to retire, and impact?

Response – In Wirral there's a strong training ethos, turning out highly skilled newly qualified GPs, who tend to stay in Wirral. Continually looking at this, CCG is not complacent.

Question - Given new technology and transport matters are both issues that impact on those living in poorer circumstances, highlighted by the 12 year life expectancy age gap across areas of Wirral, what is being done to address this?

Response – It is vital that any service change must not disadvantage any area of Wirral. The CCG / NHS must tackle inequality, not make it worse. Impact assessments are key element of the process. Whatever is done, the CCG recognises communication is not one size fits all, as with technology. Access will be utilising the most appropriate methods for the patient.

The Chair thanked members for their questions, and reiterated the key question about the model of care, and the original decision whereby the decision (as agreed by the CCG in February) to locate the Urgent Care Centre at Arrowe Park, went back a long way before then, perhaps even to 2009 and was a matter was initiated by NHS England. She questioned the source, and reasons behind use of a standardise model of care across the country,

The Council Solicitor summarised the options available to Members regarding referral to the Secretary of State should Members believe the consultation and engagement was not adequate, or the revised service plan not be in the interests of the people in the area.

A Member expressed the view that consultation had been based on clinical need and it made sense to co-locate Urgent Care. She did however believe that elements of the plan were out of the CCG's control e.g. transport, and further work needed to be done on this.

Another Member agreed stating that the opportunity to scrutinise the process had been put to good use and information from previous (Wirral OSC) meetings had been helpful.

A Member countered stating that he was not convinced and believed that the consultation had been flawed - as a result he felt some localities had received enhancements, but others would suffer due to the lack of improvements with regard to transport – primarily affecting some of the most deprived areas.

Another Member shared similar concerns, and acknowledged that although numbers were small, at one time people were treated in their own home. Now people were encouraged to have treatment at other locations. There could be an opportunity to introduce a more bespoke service – particularly for those requiring continuity of care.

A Member expressed a view that – following discussion and details as provided in the report – the appointment numbers provide some satisfaction regarding replacement service. She believed that further evidence on the service quality would be welcomed in the future and suggested that the CCG / NHS representatives come back to Scrutiny to enable some reassessment of the clinical services perhaps via 6 monthly 'healthcheck' reports to the Committee.

Councillor Yvonne Nolan moved the following recommendation, seconded by Councillor Tony Norbury:

“That

The matter be referred to the Secretary of State.

We do so, because this committee disagrees with the decision of the CCG because it offered too limited a scope and failed to offer a choice option, focusing instead on the detail of a decision that had already been made i.e. fait accompli.

The CCG didn't examine in sufficient depth the transport and access implications of the options, constantly raised as one of the primary concerns of the public, the scrutiny committee and members of the transport group, and that the decision has not shown clearly how a centralised service is better than the current system, or that it fulfils the principle which the CCG claims i.e. that the services must be local, and must be accessible.

The CCG haven't provided sufficient evidence to ensure that the new model of service is based firmly on inclusivity and has the health and well-being of the most disadvantaged communities at the heart, especially where people could be isolated due to age or frailty or geography.

The decision also fails to show that there is a very clear plan to will show in detail how the extended GP hours - which are part of the key partnership proposals - will be provided. This included the replacement of retiring GPs and addressing the questions raised regarding meeting additional demand as a result of an ageing population and extensive new housing developments arising from the Local Plan."

The Motion was voted on and declared lost (2: 4).

Councillor Mary Jordan moved the following recommendation, seconded by Councillor Kate Cernik:

"That the recommendation of the Wirral Adult Health and Care Overview and Scrutiny Committee (as circulated) be endorsed, namely:

That the Joint Health Overview and Scrutiny Committee -

- 1) Recognises that Wirral Health and Care Commissioning have consulted extensively on the options under consideration and that this produced a substantial public call for the retention of all readily accessible all age walk in facilities. The response of the commissioners to this is appreciated. However it is also apparent that there has been little formal consultation in the Moreton area regarding the change to provision in that community and that concerns have been expressed over the sufficiency of the replacement services there.
- 2) Records its appreciation of the steps taken by Wirral Health and Care Commissioning to optimise services within the available funding. When taken together with the funding provided for the provision of additional appointments in local surgeries with doctors and /or suitably qualified and experienced staff committee looks for an overall improvement in the services offered. This, though, has to be seen in the context of the mandated provision of an Urgent Treatment Centre on the Arrowe Park site which has a major influence on the availability of the community facilities.
- 3) Understands that the reduced hours of operation for the facilities at Victoria Central hospital and the extended hours of operation in the Birkenhead area are based on a detailed analysis of their usage. The committee accepts the assurances offered by Dr Simon Delaney regarding the impact of service changes on patients in the New Ferry area. It is also apparent that the use of facilities by residents of Western

Cheshire also plays a major part in the demand for services and that this has been recognised with the retention of facilities at Eastham.

- 4) Appreciates that Wirral Health and Care commissioning recognise that the availability and ease of transport is key factor over which they have no control and limited influence but it is clear to this committee that this remains an issue of public concern and uncertainty.
- 5) Notes the distribution and availability of extended access provision, as set out for 2018 /19, and looks forward to this being replicated in future years. However a key concern remains around the ease of access to these services, the provision of facilities in western Wirral and the difficulty that residents from the Hoylake and West Kirby areas face in travelling to Arrowe Park Hospital, the Walk in service there and the proposed 24 hour Urgent Treatment Service.
- 6) Observes that the Clinical Senate Review published in December 2018 recommended a stepped approach to the changes, highlighted the issues of streaming and flow within the hospital, silo working and lack of collaboration between organisations. Committee looks for assurances that these issues will be resolved before the new service is launched,
- 7) Wishes to be kept informed of the strategic planning for the revised services at each of its meetings and remains concerned that the 111 service will be sufficiently developed to offer the advice and assistance patients expect. Committee also asks that Wirral Health and Care Commissioning continue to work with Merseytravel to tackle the transport issues. and requests full access to the promised monitoring reports. Committee requests that a report covering the first six month of operation of the new services should be presented towards the end of 2020.
- 8) Write to the Leader of Wirral Council to see if he will oversee the putting together a Transport Group of the Council with Members drawn from the Business Overview and Scrutiny Committee, Environment Overview and Scrutiny Committee and Adult Care and Health Overview and Scrutiny Committee, and possibly the Cabinet Member for Environment and Climate Change.”

The Motion was put and carried (4: 2).

Resolved –

That the Wirral & Cheshire West and Chester Joint Health Overview and Scrutiny Committee -

- 1) Recognises that Wirral Health and Care Commissioning have consulted extensively on the options under consideration and that this produced a substantial public call for the retention of all readily accessible all age walk in facilities. The response of the commissioners to this is appreciated. However it is also apparent that there has been little formal consultation in the Moreton area regarding the change to provision in that community and that concerns have been expressed over the sufficiency of the replacement services there.**
- 2) Records its appreciation of the steps taken by Wirral Health and Care Commissioning to optimise services within the available funding. When taken together with the funding provided for the provision of additional appointments in local surgeries with doctors and /or suitably qualified and experienced staff committee looks for an overall improvement in the services offered. This, though, has to be seen in the context of the mandated provision of an Urgent Treatment Centre on the Arrowe Park site which has a major influence on the availability of the community facilities.**
- 3) Understands that the reduced hours of operation for the facilities at Victoria Central hospital and the extended hours of operation in the Birkenhead area are based on a detailed analysis of their usage. The committee accepts the assurances offered by Dr Simon Delaney regarding the impact of service changes on patients in the New Ferry area. It is also apparent that the use of facilities by residents of Western Cheshire also plays a major part in the demand for services and that this has been recognised with the retention of facilities at Eastham.**
- 4) Appreciates that Wirral Health and Care commissioning recognise that the availability and ease of transport is key factor over which they have no control and limited influence but it is clear to this committee that this remains an issue of public concern and uncertainty.**
- 5) Notes the distribution and availability of extended access provision, as set out for 2018 /19, and looks forward to this being replicated in future years. However a key concern remains around the ease of access to these services, the provision of facilities in western Wirral and the difficulty that residents from the Hoylake and West Kirby areas face in travelling to Arrowe Park Hospital, the Walk in service there and the proposed 24 hour Urgent Treatment Service.**
- 6) Observes that the Clinical Senate Review published in December 2018 recommended a stepped approach to the changes,**

highlighted the issues of streaming and flow within the hospital, silo working and lack of collaboration between organisations. Committee looks for assurances that these issues will be resolved before the new service is launched,

- 7) Wishes to be kept informed of the strategic planning for the revised services at each of its meetings and remains concerned that the 111 service will be sufficiently developed to offer the advice and assistance patients expect. Committee also asks that Wirral Health and Care Commissioning continue to work with Merseytravel to tackle the transport issues. and requests full access to the promised monitoring reports. Committee requests that a report covering the first six month of operation of the new services should be presented towards the end of 2020.**
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