

Adult Care and Health Overview and Scrutiny Committee
Thursday 27th February 2020

REPORT TITLE:	Report of the Health and Care Performance Working Group
REPORT OF:	Head of Intelligence, Statutory Scrutiny Officer

REPORT SUMMARY

This report provides an overview of the Health and Care Performance Working Group meeting held on 20th January 2020. The report provides feedback to members of the Adult Care and Health Overview and Scrutiny Committee around key discussions and areas of interest resulting from the meeting.

RECOMMENDATION/S

The Adult Care and Health Overview & Scrutiny Committee is requested to note the contents of the report of the Health and Care Performance Working Group.

SUPPORTING INFORMATION

1.0 REASON/S FOR RECOMMENDATION/S

- 1.1 To ensure Members of the Adult Care and Health Overview & Scrutiny Committee are aware of outcomes from the Health and Care Performance Working Group.

2.0 OTHER OPTIONS CONSIDERED

- 2.1 Not Applicable

3.0 ATTENDEES

3.1 Elected Members

Councillor Moira McLaughlin (Chair)
Councillor Phil Gilchrist
Councillor Sharon Jones
Councillor Christina Muspratt
Councillor Mary Jordan
Councillor Alison Wright

3.2 Other Attendees

Jacqui Evans (AD Unplanned Care and Community Care Market Commissioning, Wirral Health and Care Commissioning)
Jason Oxley (AD Health and Care Outcomes, Wirral Health and Care Commissioning)
Alex Davidson (Scrutiny Officer, Wirral Council)

3.3 Visitors

Elizabeth Hodgson (Chair, GPW Patient Group)
David McGaw (Deputy Chair, GPW Patient Group)
Sue Borrington (Senior Commissioning Manager – Planned Care, Wirral Health and Care Commissioning)
Steve Cocks (Assistant Director for Contracts and Delivery, Wirral Clinical Commissioning Group)
Alistair Leinster (Divisional Director of Clinical Support and Diagnostics, Wirral University Teaching Hospital NHS Foundation Trust)
Vicky Shelley (MSK Directorate Manager, Wirral University Teaching Hospital NHS Foundation Trust)
Julie Webster (Director for Health and Wellbeing, Wirral Council)
Gary Rickwood (Senior Public Health Manager, Wirral Council)
Elsbeth Anwar (Public Health Consultant, Wirral Council)

3.4 Apologies

Councillor Yvonne Nolan
Karen Prior (Chief Officer, Healthwatch Wirral)

4.0 MUSCULOSKELETAL INTEGRATED TRIAGE SERVICE – PATIENT EXPERIENCE AND SERVICE UPDATE

- 4.1 In 2018, Wirral Clinical Commissioning Group (CCG) remodelled and recommissioned musculoskeletal (MSK) services in the borough. The MSK Integrated Triage Service was

introduced, with Wirral University Teaching Hospital (WUTH) acting as prime provider responsible for delivery of the service and for patient care from referral to discharge. This triage service allows advanced physiotherapists, podiatrists and specialist rheumatology nurses to assess the patient and decide an appropriate pathway for their treatment. Services included within this integrated service are physiotherapy & occupational therapy, podiatry, pain management, rheumatology and elective orthopaedics.

- 4.2 A number of specific concerns had been raised through Elected Members regarding the service and, as a result, an update on performance and delivery of the MSK Integrated Triage Service was requested by the Health and Care Performance Working Group. In order to acknowledge direct patient concerns, two representatives were invited to address Members on behalf of users of the service. Elizabeth Hodgson and Dave McGaw attended in their capacity as Chair and Vice Chair respectively of the patient groups of 25 GP practices within the Wirral GP Federation only. Members were advised that these patient groups are non-political and have met on a number of occasions with representatives from Wirral CCG and WUTH in an effort to voice concerns and work collaboratively to improve patient experiences of the service.
- 4.3 Mrs Hodgson set out a number of service issues based on anecdotal evidence and patient experiences, with three main areas of concern voiced by the patient groups; communication, waiting lists and patient choice. There were a number of key issues including the long waits between initial referral and confirmation of an appointment – with many patients experiencing these delays in considerable pain. In addition, if a patient awaiting an appointment were to contact the service, there is no option for them to speak to a clinical professional and in some cases, they have no choice but to return to their GP. Mrs Hodgson also stated that often waiting times for an appointment following triage seemingly breach agreed contractual obligations. The patient representative also stated that she did not believe that the current triage system allowed for the adequate allowance for patient choice, as per national policy. Mrs Hodgson argued that patients accessing the service should be provided with information on their options at the point of referral, and not following triage as is the case on Wirral. She queried the legality of such a process. As part of her summary, Mrs Hodgson stated that she was worried the current delivery of the integrated triage service was contributing to the introduction of a ‘two-tier’ system, with those who are able to do so turning to private physiotherapy services.
- 4.4 Members invited providers of the current service to give an overview of performance and quality, with focus on the three key areas of concern presented by the patient group representatives. Mr Alistair Leinster, Divisional Director of Clinical Support and Diagnostics at WUTH, presented a report to Members on service delivery. There have been approximately 44,000 referrals per year since inception, with Members advised that the service has ultimately delivered on a key objective to reduce the number of inappropriate referrals into the service. Mr Leinster stated that there are significant pressures nationally across pain and orthopaedic services, and that waiting times are a focus across the region - not just for Wirral. Despite this national context, Members expressed apprehension at the absence of recent key performance indicators (KPIs) from the Trust, particularly in light of worrying claims regarding waiting times from patient representatives. There was an action agreed that this data would be provided to a future meeting of the Health and Care Performance Working Group.
- 4.5 In response to concerns around patient choice, data was presented to the group displaying the number of referrals to alternative providers – with 795 patients in total

choosing to receive care elsewhere between April 2019 and November 2019, therefore demonstrating the ability for patients to choose. Members questioned why patients would decide to be referred to another provider; with the most common reason being waiting times, facilities or on personal or family grounds. In response to Mrs Hodgson's comments on the introduction of a 'two-tier' system, Members asked Mr Leinster if the Trust was able to gather data on patients who have chosen to access private MSK physiotherapy as a result of issues with the integrated triage service. This information is not recorded as it is confidential, however, the Group were assured that the number of clinics available have increased and as a result the number of patients seen has risen, potentially encouraging patients away from the route of private practice.

- 4.6 Communication between clinicians and patients was highlighted for further discussion, with Members seeking assurance that there had been a focus on improving this element of the service. Mr Leinster advised the Group that a new booking process had been implemented in August 2019 and patients are sent a letter with a choice of services and given the options of booking an appointment online or over the phone. Assurance was given that letters are sent less than one week after referral, and since September 2019 there have been no formal concerns or complaints raised in relation to patient communication.

5.0 CHANGE, GROW, LIVE (CGL) DRUG AND ALCOHOL SERVICE UPDATE

- 5.1 In previous municipal years, Members have expressed concern around increasing mortality rates of drug and alcohol users in the Borough in contact with local treatment services, with the issue prioritised as an area of continued monitoring for the Adult Care and Health Overview & Scrutiny Committee since the recommissioning of the drug and alcohol treatment service in 2015. For this reason, Members requested a progress update on mortality rates among drug and alcohol users accessing addiction treatment services in Wirral following the last report to the Health and Care Performance Working Group in December 2018. The service provider, 'Wirral Ways to Recovery' (managed by 'Change, Grow, Live') reported 72 deaths in service in 2019, with most common causes being respiratory disease, cardiac arrests, cancer and multi-organ failure. The Group were concerned to hear that deaths relating to drug and alcohol abuse have increased nationally over the last two years, with 4,000 people per year losing their lives due to substance misuse. Although Wirral ranks higher than the national average, figures show that numbers of deaths of opiate, non-opiate and alcohol users is falling year on year.
- 5.2 The implementation of clinical governance and treatment review processes and harm reduction has proven successful, with the medical review offer increasing by 11% since 2017 – meaning an additional 519 medical appointments offered in 2019. The provision of Naloxone (an antidote to heroin overdose) has significantly increased, with the quantity distributed to those at risk of overdose increasing annually. Members sought assurance around possible risks of Naloxone consumption alongside alcohol use and were advised by officers that there were no safety implications to using both simultaneously.
- 5.3 The Working Group was advised that the current contract with 'Wirral Ways to Recovery' has been renewed and, as of 1st February 2020, a new agreement is in place which will aim to prioritise partnership working with general practice, as well as collaborative working with other partners in the wider health system to ensure effective pathways of care. Members were assured to hear that monitoring of deaths in service continues to be a priority, and that detailed case reviews are carried out for each individual death. Quarterly

review meetings, co-ordinated by John Moores University, are now well established and ensure that all deaths reported by both the coroner and service are scrutinised fully and any learning points are systematically identified and actioned.

- 5.4 The Chair of the Working Group thanked the Public Health team for their detailed report and expressed her gratitude on behalf of the Committee that an area of prior concern for the Adult Care and Health Overview & Scrutiny Committee had been met with a robust improvement plan. Members stated that they were adequately assured by service developments; particularly the work around respiratory illness and the smoking cessation programme. In addition, it was noted by the Group that the Care Quality Commission (CQC) had found 'Wirral Ways to Recovery' services to be 'Outstanding' at the most recent inspection in the summer of 2019.

6.0 ADDITIONAL INFORMATION

- 6.1 In October 2019, a scrutiny workshop for Members of the Adult Care and Health Overview & Scrutiny Committee was held to review the Committee's health and care performance reports and discuss any amendments or additions to data currently presented. Following Member comments, a draft version of an updated performance report was provided to the Health and Care Performance Working Group. Members agreed to review this draft report outside of the meeting and respond to the Assistant Director, Unplanned Care and Community Care Market Commissioning with any further comments.

7.0 SUMMARY OF ACTIONS

- 7.1 Updated Key Performance Indicators for the Musculoskeletal Integrated Triage to be provided to a future meeting of the Health and Care Performance Working Group.

8.0 FINANCIAL IMPLICATIONS

- 8.1 There are no financial implications.

9.0 LEGAL IMPLICATIONS

- 9.1 There are no legal implications.

10.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

- 10.1 The delivery of the Working Group work programme will be met from within existing resources.

11.0 RELEVANT RISKS

- 11.1 There are no relevant risks.

12.0 ENGAGEMENT/CONSULTATION

- 12.1 Not Applicable

13.0 EQUALITY IMPLICATIONS

13.1 This report is for information to Members and there are no direct equality implications, although there may be equality implications as a result of actions arising from this report.

14.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

14.1 There are no direct environmental implications arising from this report.

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APPENDICES

BACKGROUND PAPERS

Health and Care Performance Working Group Reports Pack

SUBJECT HISTORY (last 3 years)

Council Meeting	Date
Adult Care and Health Overview & Scrutiny Committee	26th June 2019
Adult Care and Health Overview & Scrutiny Committee	16th September 2019
Adult Care and Health Overview & Scrutiny Committee	19th November 2019