

SHEFFIELD CITY COUNCIL

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee

Meeting held 9 December 2020

(NOTE: This meeting was held as a remote meeting in accordance with the provisions of The Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020).

PRESENT: Councillors Cate McDonald (Chair), Steve Ayris (Deputy Chair), Sue Alston, Angela Argenzio, Vic Bowden, Lewis Dagnall, Mike Drabble, Jayne Dunn, Adam Hurst, Talib Hussain, Abdul Khayum, Martin Phipps, Garry Weatherall, Julie Grocutt (Substitute Member) and Richard Shaw (Substitute Member)

Non-Council Members (Healthwatch Sheffield):-

Lucy Davies

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1. APOLOGIES FOR ABSENCE

1.1 Apologies for absence were received from:

Apologies

Substitute

Councillor Jackie Satur
Councillor Gail Smith

Councillor Julie Grocutt
Councillor Richard Shaw

2. EXCLUSION OF PUBLIC AND PRESS

2.1 No items were identified where resolutions may be moved to exclude the public and press.

3. DECLARATIONS OF INTEREST

3.1 Councillor Mike Drabble declared a personal interest in Item 7 on the agenda – Primary and Community Care – An overview of Service Changes throughout the Covid 19 Pandemic - by virtue of him providing mental health counselling services in non-urgent Primary Care.

4. MINUTES OF PREVIOUS MEETING

4.1 The minutes of the meeting of the Committee held on 11th November, 2020 were approved as a correct record. Emily Standbrook-Shaw, Policy and Improvement Officer, stated that at Item 6.7(c) it had been requested that the Chair should write to the appropriate organisations to request that data on ethnicity of people attending testing centres be made available. However, it subsequently became clear that this information had very recently started to be collected - and the team are working on

how best to use it. Therefore, there was no need for the Chair to take any further action on this point.

5. PUBLIC QUESTIONS AND PETITIONS

5.1 There were no public questions or petitions received.

6. PRIMARY AND COMMUNITY CARE - AN OVERVIEW OF SERVICE CHANGES THROUGHOUT THE COVID 19 PANDEMIC

6.1 The Committee received a presentation which gave an overview of service changes throughout the Covid 19 pandemic in Primary and Community Care.

6.2 Present for this item were Zak McMurray (GP and Medical Director, Clinical Commissioning Group (CCG)) and Sandy Buchan (Director of Commissioning Development, NHS Sheffield CCG)

6.3 Sandy Buchan referred to the presentation and outlined the challenges to NHS Sheffield Clinical Commissioning Group (CCG) and Primary Care Sheffield in responding to the Covid-19 pandemic. She said national guidance and expectations in creating a Covid secure environment for the people of Sheffield had changed daily and the main priority had been to protect them whilst keeping services running. She said that various functions had been developed and supported to ensure that services remained open. Sandy Buchan stated that feedback on the services had been used to make sure that future working practices and commissioning continues.

6.4 Zak McMurray stated that the GP practice response had been that all 79 practices in the city had remained open but had had to reduce face to face consultations. There had been a move towards triage appointment via video consultation and it was hoped that these would be used more in the future. He said that it was important that community pharmacies and community services continued to work with practices and continue to evolve to the use of technology. Zak McMurray said that many GP surgeries had just finished the roll out of the flu vaccination programme and would begin to administer the Covid vaccinations as quickly as possible. He referred to GP practices being at the receiving end of public frustrations with the service but felt that this was largely due to the restrictions that had been imposed.

6.5 Lucy Davis referred to information received by Healthwatch Sheffield regarding people's experiences with accessing GP services during the pandemic. She said that generally GPs had made adequate changes but there were issues with telephone and remote appointments through people having issues in getting through to surgeries or not having enough credit on their phones to be able to ring the surgery. Also, there were issues for the Deaf community and people for whom English was a second language. Lucy Davis stated that there hadn't been any clear messages around people receiving/collecting their prescriptions, particularly amongst those who were shielding. Ms. Davis said that if changes were to be made, there needed to be clear communication about how and why health services had changed.

6.6 Members asked a number of questions, and responses were given as follows:-

- With regard to the use of technology and how this was accessible to vulnerable groups or the elderly who were not used to IT, it was found that a number of older people were quite adept at using technology and it wouldn't be right to make assumptions of everyone. Services remained open throughout the first and second waves of the pandemic and everyone who needed an appointment, was seen. To limit the numbers of people physically going into surgeries, Primary Care Sheffield has encouraged practices to make decisions on whether face to face appointments were necessary rather than triage over the telephone. Community Nurses have continued to work throughout the pandemic.
- There was a need to get the message out that GP surgeries were open for business. One of the problems was that the country was caught by surprise at how quickly the virus spread, so services had to react quickly and use other methods of working. At the beginning, the city almost ran out of Personal Protective Equipment (PPE), so patients couldn't be put at risk due to the lack of this. However, PPE was now readily available.
- The Clinical Commissioning Group (CCG) and Primary Care Sheffield (PCS) (CCG/PCS) recognise that patients face difficulties in accessing digital technology and inequality issues. Moving forward, digital technology will be used by practices to ensure people are seen quickly and in the most appropriate way. This does not mean that it will replace face to face appointments but will ensure people will be seen in a way that meets their needs.
- Continuity of care was considered to be very important, particularly to people with mental health issues who require reassurance from someone familiar to them. In some cases, those with mental health issues find it easier to communicate over the telephone rather than face to face. There has been massive collateral damage caused by Covid, particularly to mental illness. However, Sheffield has invested heavily in mental health through its counselling and psychology services.
- GP practices had worked together with local services such as local schools and housing and there was a need for this to continue. Sheffield was better than most cities in this.
- The Sheffield Primary Care Networks meet on a regular basis to co-ordinate levels of care and share experiences.
- The Sheffield Primary Care Networks are rapidly developing with the voluntary sector. GPs need to be aware of what is available from community services.
- The public had been under the misconception that patients were to be kept out of hospitals at all costs, but the CCG/PCS has sent out a strong message

there that this was not the case.

- Children and young adults have suffered a lot of stress throughout the pandemic which will stay with them for the rest of their lives. Young adults, especially students, were identified as increasing the spread of Covid in September when they went to Universities throughout the country. It was expected that infection rates would rise during this period, but it was not as extreme as publicised in some areas.
- The priority now was to learn from past experiences. The Sheffield Primary Care Networks are aware of where there are gaps in communication by listening to feedback and will construct a plan going forward.
- Due to the rapid mobilisation of extended out of hours hot hubs, the CCG/PCS identified the risks and safety measures that were required to be put in place before it implemented taxi services for patients that had to travel further to the hot hubs. However, there were still issues with this service and the CCG/PCS are still learning from it to see what will work better in future. Care was taken to ensure that infected patients weren't travelling and infecting other people and premises.
- With regard to complaints that elderly people were having to wait outside surgeries, the CCG/PCS responded that they were following guidelines set out by the Government to minimise contact. Most GP practices had measures in place to make sure that the premises were Covid secure and patients were not uncomfortable when waiting to be seen at the surgery. If a surgery was infected, it would mean that it would have to be closed for several weeks whilst it was totally disinfected.
- GP surgeries are independent businesses. Some practices were up to date with digital technology, however the CCG hopes to develop a baseline so that people can expect the same level of service at every practice, but it does not want to slow down those who embrace technology. There was an inherent variation of skills at surgeries but the CCG hoped that everywhere operated up to a basic specification.
- Advice in terms of the pandemic heightened the use of IT. The CCG was supporting digitally-enabled primary and outpatient care to go mainstream across the NHS.
- Primary care providers (GPs, Primary Care Networks, GP Federations, community pharmacies, opticians) as well as staff working in primary care, voluntary and community services and partner organisations were working together to ensure best practice throughout primary care.
- All GP practices were asked what IT equipment they required as they understood what was necessary in their area. There were issues around broadband, as the hills in Sheffield can impact on connectivity. All practices have their own demographics and there was still a lot of work to do.

- There are issues around patients not wishing to go to contact their GPs, which can be for a number of reasons. Some was the fear of Covid, some felt they might be “bothering” their doctor. All surgeries can identify higher risk patients and are now in the process of contacting those patients who have not been in contact since the beginning of the pandemic.
- There was some confusion around GPs visiting care homes, as national guidance was that there was to be minimal contact. Each care home now has a designated GP to provide continuity of care to its residents. Psychological support as well as bereavement services and end of life support have all been made available to care and residential homes.
- The CCG/PCS has looked at feedback received from the Deaf community with regard to accessing primary care services. Taking note of that feedback, there was a good foundation to improve on the service to the Deaf and it was hoped to bring a report to a future meeting of the Committee on this.
- There were reports of community pharmacies struggling in terms of funding. Community Pharmacy is commissioned by NHS England. It was recognised that they play a huge part in providing primary care within communities.
- The offer of hotel accommodation to rough sleepers has been extended to the end of March, 2021. The community pharmacy at Devonshire Green had offered extra support to rough sleepers. However, Covid amongst them was minimal.

6.7 RESOLVED: That the Committee:-

- (a) thanks Zak McMurray and Sandy Buchan for their contribution to the meeting;
- (b) notes the contents of the report and the responses to the questions;
- (c) notes that the GP surgeries were open for business;
- (d) was pleased to hear that arrangements for GP support in Care and Nursing Homes is now in place;
- (e) recognises that the digital divide is an issue for the City, and requires a collective conversation to find a solution;
- (f) notes the challenges around health inequalities and how people access GP services; and is interested to see how the CCG will respond to these challenges;
- (g) notes that shortcomings in communication had been a consistent theme in the discussion, and that this needs to be addressed; and
- (h) felt reassured that there are good primary care services in Sheffield that are open for business.

7. WORK PROGRAMME

7.1 The Committee received a report of the Policy and Improvement Officer on the Work Programme for the Committee. Members asked that the following be added to the Work Programme, if possible:-

- Fees for Care Providers
- Dentistry
- Community Pharmacies
- An update on the roll out of the vaccine

7.2 RESOLVED: That the Committee approves the contents of the Work Programme for 2020/21.

8. DATE OF NEXT MEETING

8.1 It was noted that the next meeting of the Committee will be held on Wednesday, 13th January, 2021 at 4.00 p.m.