

Health Scrutiny Sub-Committee

Meeting held 23 November 2022

**PRESENT:** Councillors Ruth Milsom (Chair), Steve Ayris (Deputy Chair), Martin Phipps (Group Spokesperson), Mary Lea, Abtisam Mohamed and Kevin Oxley

**1. APOLOGIES FOR ABSENCE**

1.1 Apologies for absence were received from Councillors Dawn Dale, Anne Murphy and Gail Smith.

**2. EXCLUSION OF PRESS AND PUBLIC**

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

**3. DECLARATIONS OF INTEREST**

3.1 There were no declarations of interest.

**4. MINUTES OF PREVIOUS MEETING**

4.1 The minutes of the meeting of this Sub-Committee held on 8<sup>th</sup> September, 2022, were approved as a correct record.

**5. PUBLIC QUESTIONS AND PETITIONS**

5.1 The Chair (Councillor Ruth Milsom) stated that public questions received relating to item 7 on the agenda (Item 6 of these minutes), would be received during consideration of that item.

**5.2 Question asked by James Martin on behalf of Disability Sheffield**

With regard to vaccination accessibility – the Jab Cab campaign to remove the cost barrier for accessing Covid Vaccinations was vital for ensuring people had every opportunity to access vaccinations last Winter. **When will the service be reintroduced?** We are keen to see a start that allows people who want it to receive their booster early in December and have a good 14 days to get immunity levels back up before the big festive gatherings to maximise the benefit for disabled people and the NHS.

In response, Jackie Mills, Chief Finance Officer, Sheffield, NHS South Yorkshire,

said that plans were in place to reinstate the service and arrangements were being finalised. She said information on this would be circulated via the Council's website, GP surgeries, social media etc. Greg Fell, Director of Public Health said that the same mechanisms for reporting covid would be in place which ensured that information was circulated to assist the public.

## **6. CONSULTATION FINDINGS - NHS SOUTH YORKSHIRE'S HEALTH CENTRES CONSULTATION**

- 6.1 The Sub-Committee received a report from NHS South Yorkshire setting out the consultation findings following the Health Centre Consultation which had been carried out. The Committee were asked to consider the findings and make a formal response to the NHS South Yorkshire on the proposals set out in the consultation.
- 6.2 Present for this item were Lucy Ettridge (Deputy Director of Communications, Engagement and Equality, NHS South Yorkshire), Jackie Mills (Chief Finance Officer, Sheffield, NHS South Yorkshire), Dr Josh Meek (Clinical Director, Foundry Primary Care Network), Greg Fell (Director of Public Health, Sheffield City Council) and Abigail Tebbs (Deputy Director, Primary Care Estates and Digital, NHS South Yorkshire).
- 6.3 Jackie Mills referred to the report and gave background information on the plans to build four new health centres in the north-east of the city, using funding that had been allocated to Sheffield from the Government. She said that the funding had very strict conditions attached to it. She said that a summary of the findings following the pre-consultation period had been presented to this Sub-Committee at its meeting held on 21<sup>st</sup> June, 2022.
- 6.4 Lucy Ettridge referred to the findings set out in the consultation plan which had been carried out at the nine local GP practices which would be relocated into four new health centres. She said that NHS South Yorkshire had heard from 5,000 people in the area and she highlighted the responses received and the issues that had arisen in some of the areas. She said that an independent research company had been engaged to carry out the consultation process using multi-method approach contacting people by leaflets, posters, online and paper surveys, social media, public meetings and consulting disability focus groups. She said feedback had been received from a wide range of people covering a good age range, ethnic groups, disability and gender.
- 6.5 Jackie Mills stated that following the consultation, the findings were shared with the nine GP practices. She said that the draft report and equality impact assessment was shared with Sheffield's programme team and NHS South Yorkshire's Committee. Finally, she said the information gathered on whether the practices' decision to continue with the programme, would form part of a business case, currently being written by the programme team, to be presented to the Sheffield Health and Care Partnership Board on 6<sup>th</sup> December and brought back to this Sub-Committee on 7<sup>th</sup> December, with a final business case being taken by NHS South Yorkshire on 4<sup>th</sup> January, 2023, on whether the plan would go ahead or not.

- 6.6 The Chair (Councillor Ruth Milsom) stated that public questions which had been received on this item of business would now be asked and were as follows:-

**Questions asked by James Martin**

During the consultation events run in conjunction with other partners some key mitigations were raised in multiple settings to ensure that the proposals where adopted are accessible to all. It is vital that engagement and consultation continues and is done early in the implementation of the various phases in the project. **Therefore, will the committee and NHS identify actions to ensure that pan-disability engagement working groups are established for:-**

- **Building Physical Design Accessibility** to ensure that ease of access is maximised in alignment with details already submitted and allow refinement with new contributors who might be interested. Note however that the Access Liaison Group pipeline of work is unlikely to have capacity for this scheme and there are merits in a separate group which engages local people will increase ownership and enthusiasm for the changes that should be considered.
- **Operation of the building** to ensure that the right preparations and planning are in place for management, staff and policies to ensure disabled people are able to access the services and get support. By being involved in the planning stage it is hoped it will be less stressful for staff and ensure that people who try to move to the new setup want to stay with the new setup. In particular we note this was really important to the Deaf Community thanks to Kate at the Deaf Advice Service's consultation session as well as other respondents.

**Questions asked on behalf of Joanne Ardern, Sheffield Royal Society for the Blind**

**Question 1:** The new locations of the GP Hubs will create a vital need for mobility training to support Visually Impaired People (VIPs) to learn the new routes. This is currently provided by SCC, it is a service that is already stretched with people waiting months for training. Will the committee be working with the NHS to identify an action plan on how to deliver this support in a timely manner and will additional funding/resources be made available?

**Question 2:** The additional challenges Deaf and visually impaired service users may face when accessing the new locations need to be handled confidently and with dignity. Will the committee and NHS look to seize this opportunity to ensure good training is built into the transition package for surgery staff? i.e. Deaf Awareness and Visual Impairment Awareness Training.

- 6.7 Councillor Ruth Milsom thanked James Martin for attending the meeting and asking his questions and stated that some vital points had been highlighted which had not been considered by the Committee, particularly issues raised by the disability groups regarding consideration of their needs and said these concerns

would form part of the Committee's recommendations when submitting a formal response.

6.8 Lucy Ettridge agreed that engagement with visually impaired groups and other disability action groups was essential in the design of the new buildings, their input was vital in highlighting issues around accessibility, the installation of lifts, ramps, being dementia friendly etc. She said the buildings would be built to the highest accessibility standards. She said that NHS South Yorkshire planned to carry out training at all practices regarding accessibility standards and general awareness and support. Lucy Ettridge said that as soon as a decision was made in January, it was hoped that work would commence in January/February, 2023.

6.9 **Questions asked by Jeremy Short, Sheffield Save Our NHS**

1. In the background it is stated that 'We hope building new health centres will attract more clinical staff as doctors and nurses want to work in modern more spacious buildings...': given the national shortage of staff, is there a danger that the project will merely attract staff from practices based in older premises in Sheffield, therefore creating staffing problems for these? Has the ICB given any thought to this?

2. Will the provision of modern buildings itself be enough to attract GPs to work in deprived areas?

3. Will the change to salaried employment for existing GP's instead of having investment in current buildings make it more likely for GPs to move out of poorer areas?

4. In next steps, reference is made to building cost inflation: with the increasing inflation rate, will this leave the Council exposed to cover any shortfalls?

5. On the consultation itself, can the SAPA 1 project at Concord Sports Centre be justified given the doubling of average travel time and the fact that 44% saw no advantages in the proposal against 28% whom saw no disadvantages?

6. What steps are planned to maintain or even improve accessibility for vulnerable patients?

6.10 Jackie Mills stated that with regard to question 1, a formal written response would be provided and said that the Integrated Care Board had recognised that there were staffing pressures and it was not an easy problem to solve, it was hard to attract staff.

6.11 Dr. Josh Meek responded to question 2 stating that one of the biggest challenges in the area was attracting GP trainees, however the hubs would be able to facilitate GP training schemes which would hopefully attract more staff. He said the new centres would provide physiotherapists, pharmacies, new roles for primary care, mental health teams etc. He said that currently the Mental Health staff he currently employed, had to work from home due to there not being any available space within the practice for them to offer face-to-face appointments. With regard to question 3, Dr. Meek explained how the partnerships would work and the differences between salaried and partners. He said that partners would be self-employed, the premises would be leased from the local authority. Relating to question 4, it was stated that unfortunately buildings costs were affected by

inflation and that the Council would take on responsibility and liability for this. Responding to question 5, it was recognised that travel to the new hubs was an issue and account would be taken of this. Finally, in response to question 6, proposed design adjustments would be carried out following consultation to improve accessibility and access times.

6.12 Members of the Sub-Committee raised questions, and the following responses were provided:-

- Greg Fell said that he would investigate who was responsible for mobility training and report back.
- There was a reader's panel for the survey that was carried out which looked at communication levels. Members of the Sub-Committee had been invited to join the panel. The company engaged by NHS South Yorkshire to carry out the survey, were very experienced and work all over the country. The survey staff do not go around with pen and paper but carried tablets and recorded responses to questions immediately onto the tablets. It was acknowledged that there could be some freelance researchers. NHS England had not received any complaints or concerns from members of the public. 17 different language hubs were engaged in order to obtain multi-cultural responses.
- The reason for low attendance at some meetings was due to the fact that some of the practices were small and the number of patients registered was low.
- GP accessibility would be improved under the scheme due to the partnership/ownership model. The benefit of the partnership model was that premises would be leased from the City Council, rather than GPs having to take on a mortgage and would become more attractive to doctors and this could help recruit more GPs into the area. However, it was acknowledged that there was no quick fix for those practices in the area that were currently struggling.
- NHS South Yorkshire felt that the new centres would help to understand health needs and would learn more about the infrastructure of the area.
- Overall responses to the consultation showed that 20% of responses received were from older people and there were conversations still to be had regarding this. Out of the 5,000 people who had taken part in the consultation, 900 were over 65 years of age. The majority of those who attended meetings were older people. However a broad spectrum of people had been contacted through TARAs, people using foodbanks, people were contacted through social prescribing, through community hubs and voluntary and community groups, through organisations delivering food parcels, etc., to enable every and anyone to share their views. Also telephone helplines were set up to assist all age ranges.
- Many elderly and/or vulnerable patients were against the proposal, sitting

continuity of care as one of the major issues, but once it had been explained that they would have continuity of care, but in a different building, the majority were happy to go wherever as long as the same GPs, nurses, etc could be seen. GPs have a contract to provide appropriate care to all on its lists, whether in surgeries or home visits, and it was felt that the new buildings would provide better care and GPs would be more accessible to all patients. There was a need to ensure the sustainability of all buildings.

- The surgery at Herries Road does not open full time, therefore offers for appointments were limited, so responses were low. The location of the site was quite distant. There was an opportunity for patients to re-register at the Norwood surgery which was quite close by.
- Bus routes had not been identified as a priority through the consultation, but consultation with the Combined Mayoral Authority had been held and if there was footfall for the buses, they would be keen to divert or adjust routes to take any challenges into account. It was felt that there was a need to increase access to healthcare through the transport network. Due to the cost of living crisis, consideration was being given to people being unable to afford bus fares to travel to hospitals for appointments, and how help could be given to enable people to get to appointments at either practices and/or hospitals.
- It was acknowledged that there were risks to the proposals, but it was strongly felt that this was the right way forward. Patients would be able to access other hubs within the area, GPs would have the opportunity to share staff and resources within the hubs, and patients would have access to better services, which could negate the need for patients to travel to hospital.
- The sustainability of primary care was essential. Capital revenue unlocks primary care and no change in the area was not an option. If it was decided to adopt the “no change” option, it needed to be clear that that option would encounter trade-offs, which should be avoided at all costs.
- There was a need to agree on a service model and how to go forward with this. Discussions had been held with various practices on what services they would see as beneficial to their areas. Discussions around blood tests being carried out on children would negate children having to attend the childrens hospital and more near patient testing in other areas would be preferable.
- Counselling services moved to a centralised system a few years ago but feedback on the more centralised service was that it did not offer a very good service, however, the move back into practices was not very feasible due to many practices not having enough space to accommodate them.
- Deliverability at each hub had to be looked at and what was best for that area. Individual practices would deal with its own issues. This was a one-time funding opportunity from the Government, and we need to ensure we

make the most of it.

- New telephone systems would become part of the new buildings.
- Careful design had been given to each practice to recognise what was required and the services to be provided.

6.13 The Chair thanked everyone who had attended for this item and said that the Sub-Committee had been asked to consider the consultation findings and provide a formal response but felt that the Sub-Committee were not currently in a position to agree its response.

6.14 It was **resolved** that Sub-Committee members be requested to convene on 29th November, 2022 to discuss the Sub-Committee's draft response further, following which, the Director of Legal and Governance, in consultation with the Chair, be authorised to agree the content of the response and submit it to NHS South Yorkshire.

## **7. UPDATE ON PRIMARY CARE IN SHEFFIELD**

7.1 The Sub-Committee received a report of NHS South Yorkshire Integrated Care Board which provided an overview of Primary Medical Services in Sheffield and highlighted the current priorities, challenges and opportunities for primary care in the city.

7.2 Present for this item were Abigail Tebbs, (Deputy Director, Primary Care Estates and Digital, NHS South Yorkshire) and Jackie Mills (Chief Finance Officer, Sheffield, NHS South Yorkshire).

7.3 Abigail Tebbs stated that the report summarised some of the key issues facing primary care and one of the most pressing issues was around access to services, and the capacity of primary care collectively, not only GPs, to respond to patient need and patient demand and also around how general practices played a part in urgent primary care. She said that workforce recruitment and retention continued to be a significant challenge and NHS South Yorkshire was working with Primary Care Networks to explore opportunities to improve recruitment. Ms. Tebbs said that the report included immediate short-term actions around winter resilience to support sustainability.

7.4 Members of the Sub-Committee raised questions, and the following responses were provided:-

- A number of general practices were reliant on contact being made by telephone, therefore requiring a certain number of lines being available and the ability to be able to respond in real time. NHS South Yorkshire were hoping to offer a sum of money as a grant to be used as one of two options, one was to move from paper records and the other which was proving more popular was to help practices buy themselves out of existing contracts so that they would move to a cloud based telephone system which would provide an infinite number of lines and would be better at managing call

queuing, meaning the system would be more able to cope. It would give practices real time information on the number of callers, so practices would be able to better understand demand.

- One practice had been funded to move to this type of phone based service and the data on this had allowed the receptionist staff to be on call at busier periods and on quieter times enable them to carry out other duties.
- Demand rather than need was significantly higher than the number of appointments. There was no accurate way of measuring demand.
- Locally, most surgeries operate a system where there were a certain number of appointments offered during the day and then patients would then be placed onto an on call triage list. The gap between bookable appointments and definite appointments was increasing. Data nationally and locally shows the number of GP face to face appointments were going up. It was difficult to say whether there were enough GP appointments on offer.
- Pre-pandemic, GPs dealt with medical problems, since then there appeared to be more and more social problems, e.g. letters for PIP, problems regarding universal credit, mental health type appointments, housing issues, access to foodbanks etc., were being presented to GPs. Primary Care was trying to absorb many issues in other areas of care.
- Work was being done around what can be created around GPs, how support could be given to voluntary and community groups and direct resources to the correct area.
- Receptionists were key to how practices function and do filter the direction of calls. The reason receptionists ask the caller what the problem was, was so that they could triage them to the correct area. A lot was being put into support to recruit and retain receptionists. Receptionists are given more training than people realise.

7.5 The Chair invited Lucy Davies, Healthwatch to provide feedback on GPs services throughout the year. She said Healthwatch had circulated feedback on GPs and publish each month on its findings. Every month, feedback showed that access to appointments and the need for appointments was a huge problem for patients. There has been a steep dip in satisfaction with people having a difficult time in accessing primary care. She felt that it was good to hear development around all systems.

7.6 Questions were then asked about the problems faced by people who were autistic and what would happen, given the current energy crisis and the threat of power cuts, was there a back up plan. Abigail Tebbs responded by saying the NHS were aware of the potential risks and the challenges it presented. Greater risks were around clinics and systems, however there were ways around this should the need arise. In the face of pressure, some GPs were choosing different routes. There was a need to get the message across that other services were available.



Evening appointments were pre-bookable.

7.7 The Chair thanked Abigail Tebbs and Jackie Mills for attending the meeting and the Committee noted the report on Primary Care

**8. WORK PROGRAMME**

8.1 The Policy and Improvement Officer reported on the Work Programme and set out the proposed agendas for forthcoming meetings.

8.2 Committee Members agreed to schedule an item for the January meeting on low level mental health interventions, and to schedule a Maternity Services Improvement update at a future meeting.

8.3 RESOLVED: That the Sub-Committee supports the Work Programme as set out in Appendix 1, including the additions set out above.

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