

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held remotely on Thursday 18 March 2021 at 1.30pm.

Present

Councillor David Fuller (Chair)
Lee Mason (Vice Chair) - left the meeting after item 6.
Graham Heaney (from 3pm)
Leo Madden
Steve Wemyss (from 3:35pm)
Tom Wood
Vivian Achwal, Winchester City Council
Arthur Agate, East Hampshire District Council
David Keast, Hampshire County Council
Philip Raffaelli, Gosport Borough Council

8. Welcome and Apologies for Absence (AI 1)

Apologies for absence were received from Councillor Trevor Cartwright and Councillor Graham Heaney had sent apologies as he would be arriving after 3pm.

9. Declarations of Members' Interests (AI 2)

Councillor Steve Wemyss declared a personal and non-prejudicial interest as he works for the South Central and West Commissioning Support Unit.

10. Minutes of the Previous Meeting (AI 3)

The Sustainability & Transformation Partnership keep well collaborative document was published with the minutes.

An update on the Sustainability & Transformation Partnership's Apprenticeship Academy that was requested at the January meeting had been sent to the panel on 17 March.

RESOLVED that the minutes of the meeting held on 21 January 2021 be agreed as a correct record.

11. Portsmouth Clinical Commissioning Group - update (AI 4)

In response to questions, Jo York, Deputy Chief Health and Care Portsmouth NHS Portsmouth Clinical Commissioning Group (CCG) / Portsmouth City Council explained that:

The White paper is due to come into legislation from April 2022 if it passes smoothly through Parliament. The CCGs will cease to exist and the Integrated Care System will become the statutory body and take over their functions.

Portsmouth CCG is already part of the Hampshire Integrated Care System. The White Paper proposes that there will be more formalised partnership working and delegation of responsibilities and resources to local "Place based

partnerships” aligned to upper tier local authority boundaries. This builds on the existing partnerships already in place for Health and Care Portsmouth.

The CCG Board has delegated responsibilities to the Chief Executive of Portsmouth City Council to act as the Executive Lead for Health & Care Portsmouth to continue the integration between the local NHS and the Local Authority.

Portsmouth CCG will share an accountable officer with the Hampshire, Southampton & Isle of Wight CCG

Councillor David Fuller dropped out of the meeting so Councillor Lee Mason, Vice Chair took over as Chair.

The White Paper sets out very clearly that the commissioning functions will sit in the ICS and that there will be a strong place-based delegation. The integration of health and social care services is fundamental to the paper.

Councillor David Fuller re-joined the meeting.

Portsmouth already has a very strong integration of the Health & Care functions with joint roles and pooled funding arrangements

Portsmouth did not want to isolate itself from other areas. There is a very clear need to work together across the health and care boundaries and the boundaries of the hospital's footprint.

It will be a more complex environment as the situation moves forward.

The ICS will not be a one size fits all. Some functions will be carried out at a local level.

RESOLVED that the report be noted.

12. Portsmouth Hospitals NHS University Trust update. (AI 5)

Penny Emerit, Deputy Chief Executive and John Knighton, Medical Director from Portsmouth Hospitals' University NHS Trust explained that Covid 19 rates in rates in Portsmouth continues to decrease. It is currently 44 cases per 100,000 people. There are more than 100 patients in hospital with Covid 19. Portsmouth reached higher rates sooner than other parts of Hampshire and Isle of Wight area and therefore has a higher bed occupancy rate.

In response to questions from the panel, they explained that:

Support for Staff

Many staff have worked outside their normal roles and this can cause pressure. The focus is on supporting staff through this wave and afterwards in order to maintain all services and be ready for the next wave. An independent and anonymous staff wellbeing survey was commissioned to understand what additional support they would find valuable. Three thousand

members of staff responded and will receive individual reports based on their responses.

Staff absence was modelled initially for very high levels but the reality was that it was managed very well. Retention is a concern. Some staff are thinking of retiring early or looking at other career options.

In the ICU they were managing at three times the normal staff capacity. In the non-invasive ICU unit there were twice as many staff.

Vaccination Take Up.

All staff have been offered the vaccination and 88% have taken it up. It is important that this is increased as high as possible. A lot of work is going on to understand the concerns. Making the flu vaccination mandatory was discussed pre-pandemic and more recently the Covid 19 vaccination. As a county, there is no appetite for doing so.

Infection Rate.

The Covid 19 infection rate continues to be a concern. The community and hospital rates are related but independent. Once there the nosocomial infection those occurring in hospitals) rate is more than 20%, there will be a steep and parallel rise in the community. At its peak in the second week of February it was at 25% and peak occupancy was during the second week of January.

During the first wave the hospital was 50% empty so every case was isolated. Currently the hospital is at 95+% occupancy. Now that the hospital has rapid turnaround tests that have more than 89% accuracy rate, patients with a positive diagnosis can be separated into cohorts more securely.

Additional support comes from the Infection Prevention Team and intelligence cross infection specialists look at every possible opportunity to lower the risk including using PPE differently, reviewing the ventilation of wards and patients movement through the hospital. The monthly Infection Prevention Assurance Framework is monitored by the Board.

Consultations

During the first wave all face-to-face outpatient consultations were suspended nationwide and alternatives such as virtual or telephone consultation offered. Face-to-face appointments remain the preferred option wherever appropriate.

Post Covid and Long Covid Support

The Hampshire & Isle of Wight ICS funded the setting up of a multi-faceted rehabilitation service to treat people who after having Covid and also those who are suffering from Long Covid.

Lessons Learnt

Many lessons have been learnt regarding service transformation and staff adaptability. There will be a period of readjustment and learning.

Clinical leadership has been and will continue to be at the centre.

More work needs to be done with the community to encourage people to access community services rather than go to the Emergency Department.

Virtual appointments have proved very popular with patients and are very efficient. Virtual staff meetings have proved successful.

Cancer performance was maintained throughout the pandemic.

Resources had been prioritised for critical services.

The panel noted the good work that Mark Cubbon had carried out as Chief Executive and wished him well in his new position.

Members reminded PHT that any major changes to service provision must be shared with the HOSP and others at the earliest opportunity.

RESOLVED that the update be noted.

13. Guildhall Walk Healthcare Centre (AI 6)

The Chair informed members that on Tuesday the Full Council resolved that the matter contained in Public Question 2 "*Will the administration commit to opposing the closure of Guildhall Walk GP surgery and if necessary, pledge to work with the CCG, the patient participation group and others, to secure alternative provision as close as possible to the current surgery?*" be referred to HOSP for consideration. He noted that this item was already on the agenda and asked members to consider the Council's recommendation.

A deputation against the closure of the centre by Mark Stubbings, PHL was read out. Councillor Cal Corkery also made a verbal deputation on this item. Deputations are not included in the minutes but can be watched here [Health Overview & Scrutiny Panel, 18 March 2021 on Livestream](#).

In response to questions raised in the deputation, Jo York, Deputy Chief Health and Care Portsmouth NHS Portsmouth Clinical Commissioning Group / Portsmouth City Council and Simon Cooper, Director of Primary Care Portsmouth CCG informed the panel that

The CCG Primary Care Commissioning Committee had decided not to re-procure an AMPS contract currently held by PHL at the Guildhall Walk premises. The current provider would not necessarily have won that tender. The contract had already been extended for a year until September 2021 and could not be extended again which meant the decision was either to go out to tender or not to reprocure.

The building is in poor condition and the landlord has decided to significantly increase the cost of the lease.

This is not a reduction of provision as there is adequate primary medical care capacity in the city. The University Practice is moving to a new larger premises in Commercial Road which will open during December 2021. Other

nearby practices also have capacity to take on new patients. A number of these are within half a mile.

There will be a well-managed dispersal of patients to receiving practices led by the CCG following patient choice.

When the CCG met with Councillor Corkery to discuss the situation, an Equality Impact Assessment had not been started this is now underway.

Since the pandemic started, much care has been provided differently including virtual and telephone consultations. This has been welcomed by most patients.

Prior to the pandemic, more outreach support was provided to rough sleepers and this has been increased during the pandemic. Traditionally they are reluctant to access health care facilities. The CCG will continue to work with PHL to understand their vulnerable patients. Work will also continue to identify the best ways to offer health care support to rough sleepers. Conversations are also being held with Brunel PCN who are working on increasing support for these residents.

Possible Alternative Locations.

A long-term conditions hub was (pre-pandemic) located at the Somerstown Hub. The Somerstown Hub already has a practice (Portsdown Medical Practice) within the space and a dental surgery run by Solent NHS Trust. There is insufficient space for the Guildhall Walk Healthcare Centre (GHWHC) to move into the Somerstown Hub.

Chaucer House would require a full fit-out with associated costs and the CCG does not have the capital funding to do this. It was also thought to have insufficient space to accommodate the GHWHC practice.

Safe space

This service had not operated since the start of the pandemic. Before the pandemic had started, the CCG and ambulance service had been discussing other venues as the current premise is no longer appropriate.

In response to questions from the panel, they explained that:

Capacity

The patient: GP ratio is not an accurate measure, because practices work in many different ways. Patients see different healthcare professionals not just GPs and so this is no longer a good guide to practice capacity. Patients also have very different healthcare needs.

The GHWHC has 8,400 patients. The new university surgery would accommodate an additional 6,000 patients comfortably. The Portsdown Medical Group Practice could accommodate up to 2,000. The Lighthouse Southsea Medical Centre could accommodate 800-1,000 extra patients. The Lake Road Practice with John Pounds Centre branch premises has capacity for a further 2,000.

Transfer Process

There is no active patient participation group for this practice. An email inbox has been set up for questions around the closure. There had been few: one patient asking for details of the transfer; one patient had submitted a complaint regarding another matter and one member of the public had written to express concern. A second letter is due to be sent to patients next week explaining the transfer process. Online engagement events will be held in April and patients will be invited to choose from a list of practices from which they can register according to their residential address. The transfer will be carried out in July/August. The practices will make sure that their new patients feel familiar with the services offered.

Decision

A lot of work has been carried out to ensure the viability of the GP practices in the city including sharing staff and services.

It was decided that a full reprourement of the service would not be the best option for the patients at GHWHC. The minutes of the meeting where this decision was taken are not public as it was a contractual issue.

(Councillor Heaney joined the meeting).

PHL is a large organisation and is looking to recruit more GPs due to a recent turnover of staff. The CCG is working with them to understand the implications of the GHWHC closure on their staff. The CCG will continue to offer support to PHL staff.

Councillor Wemyss joined the meeting.

If the CCG had gone to a procurement process patients would have been required to move premises anyway.

Members reflected that it seemed as if the decision was made to run down the GHWHC when the walk-in service had been removed.

Members expressed their disappointment that they had not been consulted about this change of service before a decision had been taken so that they could determine if they consider the change to be a substantial variation of service and request further information. The panel noted that it had the right to refer any substantial variations to the Secretary of State if members did not consider them to be in the best interests of service users.

Jo York acknowledged that ideally the panel should have been informed in August/ September 2020. The pandemic had impacted the CCG's capacity to carry out forward planning. They would work more closely with the panel in future.

Actions

The panel requested that the following documents be shared with the panel:

- The Equality Impact Assessment concerning this decision.
- The Forward plan for all GP surgeries in the city be shared.

RESOLVED that in the event that the CCG confirms its decision to close the Guildhall Walk Healthcare Centre, the panel asks it to pledge to work with the Patient Partnership Group and others including the Health & Wellbeing Board to secure alternative provision as soon as possible to the current surgery and to bring a report to the HOSP prior to September 2021.

Councillor Lee Mason left the meeting.

14. Public Health update (AI 7).

RESOLVED that the update be noted.

15. Portsmouth Dental Data Update (AI 8).

The Chair reported that NHS England had not been able to send a representative to the meeting but would send respond to any questions sent to them.

RESOLVED that this update be noted.

The meeting ended at 4:10pm.