

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Thursday, 15 December 2022 at 2 pm as a Virtual Remote Meeting

Present

Councillor Ian Holder (Chair)
Councillor Matthew Atkins
Councillor Graham Heaney
Councillor Mark Jeffery
Councillor Arthur Agate, East Hampshire District Council
Councillor Julie Richardson, Havant Borough Council

31. Welcome and Apologies for Absence (AI 1)

Apologies for absence had been received from Councillors Brian Madgwick, Ann Briggs (Hampshire County Council), Joanne Burton (Fareham Borough Council) and Martin Pepper (Gosport Borough Council).

32. Declarations of Members' Interests (AI 2)

There were no declarations of interest.

33. Minutes of the Previous Meeting (AI 3)

RESOLVED that the minutes of the meeting held on 22 September 2022 be agreed as a correct record.

34. North Harbour Medical Group

Members asked Jo York, Managing Director, Health & Care Portsmouth, to give an update as a matter of urgent business on the recent announcement that the North Harbour Medical Group (NHMG) would close. Ms York said that the practice had formally given notice on their contract and although there was a six-month notice period it would be difficult for the practice to continue because of operational workforce challenges so it was likely to close in spring 2023. The Hampshire & Isle of Wight Integrated Care Board (ICB) are working on a managed transfer of the current patients. The ICB will write to patients in early January to identify which practices they can move to. The ICB will manage the transfer in February and March and is working with other practices, especially those in the north of Portsmouth. The ICB had tried to find alternatives to handing back the contract, including a merger, but nothing had come to fruition. On Monday the ICB had written to patients explaining the process though there may be delays because of the postal strikes. Patients were being advised not to register with other practices as this would be done for them.

In response to questions from members, Ms York explained that

There were just over 9,000 patients registered at the practice, most of whom live in Cosham.

One GP had given notice, another was on long-term sick leave and there were vacancies in operational management and the nursing team. The longer the situation was left the more destabilised the practice would become so it was better to close it and transfer patients sooner rather than later.

Having to transfer patients was not ideal and it was very difficult for any practice to decide to give notice on a contract. The ICB thinks it can accommodate all the patients. Other practices are actively recruiting for staff, especially the two nearest to NHMG. Patients will be asked to give up to three preferences for their new practice, which will be met where possible. The ICB needs to ensure that demand matches capacity and that patients with chronic conditions or at the end of life will have additional support. With regard to retaining staff with specialist expertise, the ICB will do its best to retain NHS staff; there will be individual conversations between new employers and employees.

The ICB is working with the NHS Commissioning Support Unit to ensure a smooth automatic transfer of patients based on patient postcodes. The ICB is also working with TPP (who run SystemOne) so that records can be transferred within the timeframe.

The ICB has a detailed project plan but the risk is the pressure on other practices in Portsmouth. The ICB has to see how they can create and recruit additional workforce whilst being very careful not to put additional risk on practices which are already struggling.

With regard to the recent GP Summit, some of the challenges are national, for examples, GP shortages and the perverse incentives with pensions which makes it less attractive for older GPs to continue working. Locally there is additional funding via resilience bids and plans on how to develop city wide services. There is a communications campaign to help the public understand that it is not just GPs that can help them. The ICB will also work with Healthwatch.

The ICB had been working with the practice for a while and knew it had been struggling. Attempts to keep the practice running had not come to fruition and the contact was handed back last week. Once the staff knew everyone would know which is why the ICB was moving quickly with planned messaging. There is an email and telephone number for patients if they have any concerns.

Originally there were five GPs and now there are two. The practice had tried to recruit but it was very difficult. There are also challenges with the building and a recent loss of nursing and operational staff. Turnover in all practices and the NHS generally is higher than previously. There had been active conversations with NHMG staff to find mutually agreeable redeployment terms but in view of the lack of alternatives to closure it was decided to transfer patients sooner rather than later.

The ICB together with the council is looking at other sites, some of which are in the south of Portsmouth, and the Highclere site. The property situation in Cosham is challenging so the aim is to continue with Highclere as it already has planning permission though it is a long-term alternative, about two years away. Although there are the Cosham Park House, Wootton Street and the Drayton surgeries the ICB is still looking at the estate in Cosham in case Highclere cannot proceed.

The NHMG has a few patients who live outside Portsmouth so the ICB is working with practices outside the city. However, the vast majority live in Portsmouth. All patients will be accommodated and registered in other practices.

Portsmouth having one of the lowest GP to patient ratios was acknowledged as challenging and the ICB will continue to work with primary care partners, including Adult Social Care and the voluntary sector. The ICB is also working with the PQCA, set up in September, to recruit new doctors although the scheme was not as successful as hoped. Some GPs find locum jobs more attractive. GP recruitment is also a problem on the Isle of Wight. The ICB has already restructured the ICB team to spend time on how it responds to the Fuller report on "Next steps for integrating primary care," in addition to managing current demands, including Strep A.

Dates for engagement events for NHMG patients and those in nearby practices had not been set yet but it was hoped to publicise them next week. They will probably be in the first or second week of January. There will also be events for councillors and MPs.

The HOSP thanked the ICB for their hard work on the matter.

35. South Central Ambulance Service update (AI 4)

Tracy Redman, Head of Operations South East, gave apologies as she was unable to attend due to severe operational pressures.

RESOLVED that the report be noted.

36. Portsmouth Hospitals University Trust update (AI 5)

Mark Orchard, Chief Financial Officer, introduced the report.

In response to questions from members, the following matters were clarified:

Automatic Number Plate Recognition is being rolled out in all car parks.

Asked whether the £58.3m capital investment would be sufficient in view of rising prices, Mr Orchard explained that the scheme cost £64.9m and the Trust funds the gap via discretionary capital supported by the HIOW ICB. About £5m has been spent already and the scheme is now reaching the planning and design stage. Contingency for inflation is built into the contract

There is a guarantee maximum price contract with the provider but it is only as good as the design that was signed off. If the design is altered costs could increase so the Trust will save changes until the building goes live.

Workforce planning is not dissimilar to that for the current ED. The current staff to patient ratio is for a bigger ED; it has to be overstaffed to enable visibility as it has lots of pockets. However, workforce planning will have to reassessed when staff move into the new ED. Since the start of the new development the Trust has recruited additional senior nurses and consultants, including some from nearby organisations.

The new ED should reduce the length of ambulance holds as all facilities will be in one place, for example, diagnostics; it will be a self-contained emergency village that will reduce bottlenecks. The improvement programme will increase flow from the "front door" to discharge. Currently holds are longer than they should be due to constraints and demand; Portsmouth is also "under-doctored." There is massive pressure at the moment, particularly with Strep A. The new premises are designed to meet national standards such as the maximum four-hour wait for 95% patients.

Joint working with the council is going as well as it could be and Mr Orchard thanked them for their support. Two-thirds of QA's catchment area is in Hampshire and they have greater challenges. Some integration is more complicated than it could be as there are three primary care alliances. The 111 and 999 services are currently overwhelmed.

The HOSP thanked Mr Orchard for his report.

RESOLVED that the report be noted.

37. Adult Social Care update (AI 6)

Andy Biddle, Director of Adult Care, introduced the report.

In response to questions from members, Mr Biddle explained that the Community Independence Service operates during office hours whereas the Portsmouth Rehabilitation & Reablement Team operates throughout the week. If consolidating services creates more resources then more people can be helped. Hospital stays can have a big impact on people's abilities so they need to return to independent living as soon as possible. The new service will also be for people in the community and will launch around April 2023. Members asked for an update to be included in the next regular report to HOSP.

The HOSP thanked Mr Biddle for his report.

RESOLVED that the update be noted.

38. Southern Health NHS Trust (AI 7)

Paula Hull, Director of Nursing & Allied Health Professions, and Nicky Creighton-Young, Director of Operations for Portsmouth and South East

Hampshire, introduced the report and outlined progress on the proposals to create a single NHS Trust to bring together community, mental health and learning disabilities. The aim is to avoid fragmentation and boundaries when accessing services, duplication and postcode lotteries. The proposals include about 500 staff in West Sussex and all community and mental health services in the Isle of Wight. The service model has been led by people working on the ground. Although there have been some engagement events there need to be more. It is hoped to have the business case for all organisations by March 2023 and the new organisation formally acknowledged by April 2024. Southern Health aims to work collaboratively with primary care, for example, it worked in partnership with other organisations to support a practice in North Hampshire that had to hand back their contract.

In response to questions from members, it was clarified that

With regard to increased referrals from SCAS for the Urgent Community Response pathway, it was the same nursing teams and therapies supporting the response but was challenging in terms of activity and increase. However, the pathway, and its aim of keeping people close to or near their home, is working. The Trust is continually developing the workforce with roles such as emergency nurse practitioners and associate practitioners. Recent work with the fire brigade has seen a significant improvement in preventing hospital admissions and more efficient uses of nurses. Ms Hull asked for the panel's support for the Urgent Community Response pathway. The virtual frailty wards ensure patients can return home at the earliest opportunity. Collaborative working with SCAS and acute hospitals allows the right patients to be prioritised.

The panel praised the bed management figures. Campaigns such as "home for lunch" are paying dividends in increasing discharge flow. There are six extra surge beds open at the moment so there are 88 beds rather than the baseline of 82.

As some members had been unaware of the engagement event on 25 November, Ms Hull and Ms Creighton-Young said they would check membership details.

Councillor Richardson mentioned issues with drugs, alcohol and mental health in Hayling Island where the police were constantly involved. Ms Hull said Solent NHS Trust ran drug and alcohol services but there are partnership arrangements. Sometimes people on Southern's caseload need Solent's support. There are regional meetings and forums, which include the police, where information can be cascaded. With the new Fusion it was hoped to see closer arrangements. In addition, this time of year is difficult for people, especially if they are estranged from their families. Ms Creighton-Young offered to follow up Councillor Richardson's concerns.

39. Health & Care Portsmouth and Hampshire & Isle of Wight Integrated Care Board (AI 8)

Jo York, Managing Director of Health & Care Portsmouth, introduced the report. Julie Maskery, Strategic Projects Director, Hampshire Hospitals NHS

Foundation Trust, outlined progress on the Elected Hub. About £35m from the Transformation Fund has been allocated to the Elective Hub, which aimed to reduce the backlog created by Covid, as non-elective cases were often displaced by urgent ones. The Hub will be standalone but adjacent to the Royal Hampshire County Hospital in Winchester. The three main specialities will be orthopaedic (hip and knee), urology, and ear, nose and throat, as they are the biggest challenges. Patients have a choice about whether to go the Hub or more locally. Surgeons will list their job plan sessions in the Hub. A small percentage of patients will need an in-person pre-operative assessment, but it is expected about 90% will have a virtual assessment managed via pre-assessment clinics. The aim is to keep assessment locally as much as possible.

There will be a ten-hour operating list each day six days per week. HCP are looking at similar successful centres to see how they operate to draw on best practice. The Hub brings together clinicians and is clinically led by doctors, nurses and allied health professionals. A detailed business case has to be submitted by the end of 2023. Building would commence in early 2024 though if it can be brought forward this will be done. They are working with the contractors who have been appointed. Healthwatch have been very helpful in consulting patients. The feedback, such as the need for patient transport, will be taken into account. More consultation groups will be held in the New Year.

In response to questions from members, Ms Maskery clarified that in the ten-hour operating day there would be a mix of consultants during the ten hours and not all would be in the theatre. Ten hours is a standard day for operating theatres. A key objective is parity of access for elective services.

In response to questions about dentistry, Jo York reported some good news in that there are two new dental procurements in Portsmouth and the practices should start with effect from April 2023. However, there are still huge challenges with less of the population accessing NHS dentists than average. The ICB is working with Public Health on an oral health strategy and with the University of Portsmouth on a new initiative for a Centre for Dental Development. There are considerable workforce challenges and the ICB continues to petition the University to upgrade the Dental Academy to a Dental School. Although there is more international recruitment it is harder to fill posts in the NHS than in the private sector. The next regular update to the HOSP can include dentistry.

With regard to strikes, QA is not a strike site. The ICB is working closely with SCAS and is not anticipating the area to be overly affected in the current round of strikes but is monitoring the situation closely.

The situation is extremely challenging for the Urgent Treatment Centres (UTC), especially with Strep A, but they are working closely with St Mary's to maintain capacity as there has been a huge increase in demand. The UTCs are looking to return to the 10 pm closing time in the New Year. There have been some staffing changes at senior level so there is now a hospital director at both Portsmouth and Southampton which should make a good difference.

The HOSP thanked Ms Maskery and Ms York for the report.

The meeting ended at 3.40 pm.

Councillor Ian Holder
Chair