

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held at County Hall
on 1 June 2023.

Members Present:

Cllr Fran Whymark (Chair)	Norfolk County Council
Cllr Jeanette McMullen	Great Yarmouth Borough Council
Cllr Stuart Dark	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Robert Kybird	Breckland District Council
Cllr Justin Cork (Vice-Chair)	South Norfolk District Council
Cllr Richard Price	Norfolk County Council
Cllr Lucy Shires	Norfolk County Council

Substitute Members Present

Cllr John Fisher substituting for Cllr Julian Kirk
Cllr Nich Starling substituting Cllr Adrian Tipple
Cllr Mike Sands substituting Norwich City Council

Also Present:

Tricia D'Orsi	Executive Director of Nursing – Norfolk and Waveney Integrated Care Board
Mark Burgis	Executive Director of Patients and Communities - ICB
Sadie Parker	Director of Primary Care - ICB
Rebecca Champion	Senior Communications and Engagement Manager – Partnerships ICB
John Bultitude	Head of Communications and Marketing - Healthwatch Norfolk (HWN)
Alex Stewart	Chief Executive - HWN
Sharon Gardner	ICB Community Pharmacy Integration Lead - ICB
Fiona Theadom	Head of Primary Care Commissioning - ICB
Michael Dennis	Head of Prescribing - ICB
Tony Dean	Chief Officer - Norfolk Local Pharmaceutical Committee (NLPC)
Lauren Seamons	Deputy Chief Officer - NLPC
Peter Randall	Democratic Support and Scrutiny Manager
Liz Chandler	Scrutiny & Research Officer
Jonathan Hall	Committee Officer
Maisie Coldman	Trainee Committee Officer

1. Election of Chairman

- 1.1 The committee officer opened the meeting and invited nominations for the election of the Chair. Cllr Fran Whymark was nominated by Cllr Richard Price and seconded by Cllr Robert Kybird. A second nomination was provided by Cllr Mike Sands who nominated Cllr Brenda Jones and was seconded by Cllr Lucy Shires. Each nomination received six votes, resulting in a tie. Cllr Fran Whymark was elected the Chair for the forthcoming year on the toss of a coin.

2. Election of Vice-Chairman

- 2.2 Cllr Whymark thanked members for electing him as Chair for the forthcoming year and invited nominations for the election of Vice Chair. Cllr Justin Cork was nominated by Cllr Brenda Jones and seconded by Cllr Lucy Shires. All in agreement. Cllr Justin Cork was elected Vice Chair for the forthcoming year.

3. Apologies

- 3.1 Apologies for absence were received from Cllr Robert Savage, Cllr Julian Kirk substituted by Cllr John Fisher, Cllr Adrian Tipple substituted by Cllr Nich Starling and Kings Lynn and West Norfolk Council who had not yet appointed a representative to the committee.

4. Minutes

- 4.1 The minutes of the previous meeting held on the 23rd of March were agreed as an accurate record of the meeting.

5. Declarations of Interest

- 5.1 Cllr Fran Whymark declared an other interest as he had been involved in Wave4B. Cllr Mike Sands declared an other interest as he had been actively campaigning to get the Bowthorpe pharmacy reopened.

6. Urgent Business

- 6.1 There were no items of urgent business.

7. Chairman's Announcements

- 7.1 There were no Chairman's announcements.

8. Rouen Road Walk in Centre/General Practice/VAS consultation

- 8.1 Sadie Parker, Director of Primary Care, provided a summary of the consultation, which had run from the end of January 2023 to the end of March 2023, on the future of Norwich Walk-in Centre, Vulnerable Adults Service – Inclusion Health Hub and GP Practice on Rouen Road, Norwich. The consultation had received a high response rate and feedback shared by the public, organisations, and stakeholders had informed the decision to keep the Walk-in Centre (WiC) open. The results of the consultation had also offered insight into areas the local population regarded as important. An engagement period was underway as part of the considerations to amend the opening hours of the GP practice on Rouen Road.
- 8.2 The committee receive the annexed report (8) from Dr Liz Chandler, Scrutiny and Research Officer, on the results and recommendations of NHS Norfolk and Waveney Integrated Care Board's public consultation on the future of the Norwich Walk-in Centre, Vulnerable Adults Service – Inclusion Health Hub and GP Practice on Rouen Road, Norwich.

8.3 The following discussion points and clarifications were offered:

- Members of the committee welcomed the decision to keep the Walk-in Centre open.
- The consultation results had been widely shared within the Integrated Care Board, their partners, and GP practices to incorporate into their learning and future planning.
- It was clarified that no decision had been made to change the opening hours of the Rouen Road GP practice. To understand patient concerns, a period of engagement commenced on the 31 May 2023 and would run until the 28 June 2023. The conclusions would be shared with the committee in a briefing update.

8.4 The chair concluded the discussion and noted member's feelings that this was a desirable outcome that benefited all residents of Norfolk.

9. Access to Primary Care Services: General Practice

9.1 Sadie Parker, Director of Primary Care, introduced the paper on Access to General Practice in Norfolk and Waveney. The committee was provided with updated figures that included the data collected in March 2023. In March 2023 nearly 655,000 appointments were delivered, this was an additional 54,000 appointments compared to March 2022. Pre-pandemic figures acted as a benchmark and the number of additional appointments delivered pre-pandemic compared to March 2023 was 141,000.

9.2 The committee were advised that 77.4% of appointments had been delivered face to face, higher than the national average of 70.1%. 38.8% of appointments were delivered the same day with 44.7% of appointments being delivered the same day or the next day. 62% were delivered within a week and 77% within two weeks. The level of unattended appointments was just under 25,000 and this figure had remained static and was below the national average.

9.3 The committee receive the annexed report (9) from Dr Liz Chandler, Scrutiny and Research Officer, on access to General Practice in Norfolk and Waveney in the light of continued pressures in primary care. This item was part of the committee's examination of primary care services as part of its wider review of the patient pathway.

9.4 The following discussion points were discussed and noted:

- Primary care had been developed to include a wider practice team that bridges the gaps and provides support for patients with complex health needs. The Primary Care Networks (PCN) offered an opportunity for General Practices to share best practices and lessons learned. Collaborative working was key, occurring within partnerships and place levels to understand the local population's health requirements, ways to address needs, and how best to develop initiatives that join services together and offer the best use of resources.
- Members offered their concerns that patients are not seeking medical attention early enough or at all. The ICB noted the concern and provided reassurance that the NHS was still there for them. The ICB were working with local authorities and community pharmacies to encourage the uptake of health checks that help the identification of issues and subsequent early intervention. The relationship that

councillors have with their constituents could be utilised to drive the uptake of these initiatives. In respect of the issue regarding access most GP practices continue to offer online booking and triage systems in line with the Digital First Primary Care national policy. The Primary Care Network also offers enhanced hours for patients that are not able to access a GP practice within the opening hours.

- Most GP practices try to encourage appointment attendance by sending reminders to patients via text. A process to make it easier to cancel appointments, which could help to reduce the amount of missed appointments, was being explored.
- Healthwatch Norfolk are exploring the impact of the increase in the cost of living on appointment attendance levels and uptake of prescriptions and which areas of Norfolk was most effected.
- High demand remains a problem in accessing appointments and the volume of appointments available would vary depending on patient's health needs. The NHS app made booking more difficult if patients wished to see another health care professional instead of their GP.
- The ICB offered reassurance that they are aware of the underperforming GP practices, and where practices are struggling. The ICB would offer support for these practices for a period of three years to work through the issues or the particular pressure (i.e. workforce pressures). They may also be prioritised for national funding, for example, funding for improving cloud telephony which was part of the national plan for Recovering Access.
- The ICB has a workforce team that focuses on GP recruitment planning and training. They work with practices to understand what is needed and offer an annual training programme as well as emotional support, coaching, and mentoring.
- Members raised concerns about the future population growth that is expected, especially within North Norfolk. Planning for future population growth had begun and this work involves primary networks working in line with a national estate and services strategy with the support of the primary care estate team.
- The shift of an aging population is a priority for the ICB. It was recognised that the needs of older people must be considered when services are being commissioned which included the prioritisation of hospital discharge and positive patient experience.
- It was confirmed that the discharge teams in Norfolk and Suffolk regularly link to discuss the processes of discharging patients between borders and what lessons could be learned from examples of negative discharge experiences.
- People exhibiting violent behaviour and verbal abuse towards GP reception staff did not relate to a specific cohort of patients. Regardless of the type of patient exhibiting the behaviour a zero-tolerance policy was enforced. Members agreed that this behaviour was unacceptable.

9.5 The chair concluded the discussion:

- The committee acknowledged the progress that had been made in accessing GP services and were pleased to hear of the plans being designed and implemented, that would continue to address the issues faced.

10. Access to Primary Care Services: Pharmacy Services

- 10.1 Fiona Theadom, Head of Primary Care Commissioning, introduced the paper on pharmacy services in Norfolk and Waveney. The ICB accepted responsibility for pharmacy, optometry, and dental services from 1st April 2023.
- 10.2 The committee receive the annexed report (10) from Dr Liz Chandler, Scrutiny and Research Officer, on pharmacy services in Norfolk and Waveney in the light of continued pressures in primary care. This item formed part of the committee's examination of primary care services as part of its wider review of the patient pathway.
- 10.3 The following discussion points were discussed and noted:
- The ICB was working on its workforce plans and were looking at ways to encourage people to think about working within a health-related role. The Access Delivery Plan intended to include more clinical roles which may encourage pharmacists to stay in Norfolk within community pharmacies. Additionally, the NHS people plan proposes how to retain, support, and value professionals working within the system.
 - Funding remains a key constraint for community pharmacies and core funding had remained flat despite increases in staffing and overhead costs. The committee heard that community pharmacies are struggling with capacity and the delivery of essential services whilst, at the same time, being asked to deliver advanced services (hypertension blood pressure checking services, discharge support services) within the same core funding and pool of resources. The Norfolk Local Pharmaceutical Committee were aware of a further 6 pharmacies due to close in June 2023 which would add to the pressures already experienced. Pharmacies are run as independent businesses and closures were due to business pressures not making them financially viable, although it was acknowledged that this often meant closures took place in the areas of most deprivation and greatest need.
 - The ICB is working on a Community Partnership strategy to ensure that community pharmacy is embedded within the primary care network. This work was being conducted regionally, with each ICB having a pharmacy clinical lead delivering the strategy. The long-term workforce is encompassed within the strategy, ideas, and programmes were being explored to recruit and retain staff working at community pharmacies.
 - Locally commissioned and public health services offer additional funding outside of core funding. The Norfolk Local Pharmaceutical Committee are working closely with the Public Health team to take advantage of funding available for services such as smoking cessation and sexual health. It is thought that this funding, and additional services, would not only provide a better offer to patients but make the role more rewarding for staff.
 - The opening of a pharmacy is considered by the Regulations Committee which are governed by regulations and criteria based on the pharmaceutical needs assessment (PNA) which had been agreed by the Health and Wellbeing Board in March 2023. If a bid does not meet the criteria, it would not be able to open.

- When a medication's patent expires, various generic medications may become available. Purchasing generic medication offers financial savings and as a result is promoted by the IBC where possible.

10.4 In conclusion the committee agreed to;

1. Write to the Secretary of State advising them of the committee's thoughts on access to pharmacy services in Norfolk and what additional support was required. A request to financially support students studying for a health-related career would also be included.
2. Receive a briefing noting the programmes aimed at supporting the local workforce into employment and retaining staff. The briefing would also include information on places available for health-related courses.
3. Explore the opportunity to visit the University of East Anglia Medical Centre.

11. Health Overview & Scrutiny Committee Appointments

11.1 The committee agreed to the following appointments:

ICB / Provider Trust Board meeting schedule Current NHOSC link

Norfolk and Waveney Integrated Care Board	Every other month, usually on the last Tuesday, 1.30pm (online)	Cllr Fran Whymark Chair of NHOSC (Substitute – Cllr Julian Cork, Vice Chair of NHOSC)
Queen Elizabeth Hospital NHS Foundation Trust	Every other month, usually on the first Tuesday, 10.00am (in person or online)	Cllr Julian Kirk (Substitute – TBC)
Norfolk and Suffolk NHS Foundation Trust	Every other month, usually on the fourth Thursday, 12.30pm (online)	Cllr Brenda Jones (Substitute – TBC)
Norfolk and Norwich University Hospitals NHS Foundation Trust	Usually every other month, usually on the first Wednesday, 9.30am (in person and online)	To be Appointed
James Paget University Hospitals NHS Foundation Trust	Every other month, usually on the last Friday, 10am (in person or online)	Cllr Jeanette McMullen (Substitute – TBC)

Norfolk Community Health and Care NHS Trust	Every other month, usually on the first Wednesday, 9.30am (online)	Cllr Lucy Shires

12. Forward work programme

- 12.1 The Committee received a report from Peter Randall, Democratic Support and Scrutiny Manager, which set out the current forward work programme and briefing details. The Committee agreed the details for both briefings and future meetings.
- 12.2 New members were informed of the monthly briefings that they would receive in between meetings and of the virtual induction session arranged for the 29 June 2023 at 1pm.
- 12.3 A request was received that the briefing on long Covid included data for Norfolk, broken down by district, on the number of long Covid cases but also included the number of Myalgic Encephalomyelitis (ME)/Chronic Fatigue (CFS) cases, and which clinics look after these patients, given their similar nature.

Fran Whymark Chair Health and Overview Scrutiny Committee

The Chair thanked all attendees and closed the meeting at 12:49pm



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