

NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE
Minutes of the meeting held at County Hall
At 10am on 13 February 2020

Members Present:

Cllr Penny Carpenter (Chairman)	Norfolk County Council
Cllr Nigel Legg (Vice-Chairman)	South Norfolk District Council
Cllr Michael Chenery of Horsburgh	Norfolk County Council
Cllr Fabian Eagle	Norfolk County Council
Cllr Emma Flaxman-Taylor	Great Yarmouth Borough Council
Cllr David Harrison	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Chris Jones	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Robert Kybird	Breckland District Council
Cllr Richard Price	Norfolk County Council
Cllr Sue Prutton	Broadland District Council
Cllr Emma Spagnola	North Norfolk District Council
Cllr Sheila Young	Norfolk County Council

Also Present:

David Brammer	Manager, Vida Healthcare
Melanie Craig	Chief Officer, Norfolk and Waveney Clinical Commissioning Groups (CCGs)
Howard Martin	Locality Director West Norfolk, Norfolk & Waveney CCGs
Sadie Parker	Associate Director for Primary Care, Norfolk & Waveney CCGs
Laura Skaife-Knight	Deputy Chief Executive, Queen Elizabeth Hospital NHS Foundation Trust (QEH)
Denise Smith	Chief Operating Officer, QEH
Cllr Thomas Smith	County Councillor for Gaywood South
Glyn Watkins	Chairman of Fairstead Surgery Public Participation Group
Ana Weston	Head of People and Governance, Vida Healthcare
Maureen Orr	Democratic Support and Scrutiny Team Manager
Greg Insull	Assistant Head of Democratic Services
Hollie Adams	Committee Officer

1 Apologies for Absence

- 1.1 Apologies were received from Cllr Jane Sarmezey,

2. Minutes

- 2.1 The minutes of the previous meeting held on 10 October 2019 were agreed as an accurate record and signed by the Chairman.

- 2.2 The Chairman noted the work of the Committee officer and Democratic Support and Scrutiny Team Manager in producing reports and minutes for the meetings

3. Declarations of Interest

- 3.1 The Chairman declared an interest as a member of the MacMillan and James Paget cancer survivors' group

4. Urgent Business

- 4.1 There were no items of urgent business.

5. Chairman's Announcements

- 5.1 The Chairman:
- Noted the City Reach Update which had been circulated to the Committee; she was pleased that a review was due to take place to ensure continuity and safety of service. The Chairman suggested this was added to the forward plan.
 - Congratulated the Norfolk and Waveney health and care partnership on their work model
 - Updated Members about the first women's health day which she was hosting on behalf of Great Yarmouth borough council and DIAL. The event was due to be held on 5 March 2020.

6. The Queen Elizabeth NHS Foundation Trust

- 6.1.1 The Committee received the report examining the Queen Elizabeth Hospital NHS Foundation Trust's (QEH) progress in response to the Care Quality Commission's (CQC) inspection between 5 March and 24 April 2019, published on 24 July 2019.
- 6.1.2 The Deputy Chief Executive, QEH, and the Chief Operating Officer, QEH, introduced the report and gave a presentation to the committee, as appended to the report
- The trust hoped to be out of special measures by Summer 2020 and was expected to be re-inspected by the CQC in spring or summer of 2020
 - A green rating in infection prevention and control could not be achieved until it could be shown that continued improvement could be maintained
 - The QEH had judged that 75 of the 206 actions identified by the CQC were complete
 - The QEH had been chosen to be the regional hub for middle management training
 - Professor Bee Wee had shared expertise on end of life care and helped inform the new end of life care strategy launched across the trust. A new end of life care consultant and fast track discharge nurse had been recruited and a new system for individualising end of life care was being embedded across the organisation
 - A business case had been submitted for a palliative care ambulance
 - A development programme was being put in place for matrons
 - Handling of complaints was being strengthened, including speed of response and learning from complaints, informed by learning from other organisations
 - A recent staff questionnaire had showed improvements in staff satisfaction
 - An observation area had been converted to an ambulance handover area to

support with better handover from ambulance to A&E staff

- Six out of the seven cancer standards were met; work was being done to improve the one requiring work, including ensuring patients were only being referred on a cancer pathway if the appropriate primary care tests had been carried out; a revised pathway was being developed to shorten the colorectal cancer pathway so that people meeting certain criteria could go straight to diagnostic testing
- To improve the waiting lists for urology and orthopaedics, the routine elective waiting lists in January and February 2020 had been scaled back and there had been work to try to minimise cancellations on the day of surgery

6.2 The following points were discussed and noted:

- Information on mental health emergencies at the QEH was queried; the Chief Operating Officer, QEH, agreed to share information with Members on the number of people presenting at the hospital with mental health emergencies by month, including presenting condition
- Officers were asked whether there was appropriate accommodation for people at the QEH experiencing psychiatric emergencies; the Chief Operating Officer replied that the accommodation was not of the quality that Officers would like. Work with staff to give them the skills to support patients presenting with mental health emergencies and a mental health liaison for the hospital had reduced the wait for a mental health assessment; the wait may be longer if sectioning was required
- The Chief Operating Officer confirmed that there was more space at the hospital than previously due to an increase in the discharge lounge capacity and doubling in size of the same day emergency care capacity made through the winter investment
- A Member raised that the CQC picked up that staff had “limited time to provide safe and compassionate services” and queried what was being done to improve this. The Chief Operating Officer, QEH, reported that since inspection a full nurse staffing review had taken place. These reviews would be carried out every 6 months. The vacancy rate across ward nurses had been reduced from 5% to 1%, which had improved care on the wards. The “frenetic environment” highlighted in the CQC report was impacted by the size and layout of wards.
- The Deputy Chief Executive, QEH, reported that many of the formal complaints could have been dealt with informally at ward level and therefore it was important to improve this. The matron development programme would ensure matrons were trained in the new standards and could therefore deliver a safe and consistent level of care on the wards. A bespoke piece of work was being carried out with ward managers around delivering expectations of care on wards
- The Chief Operating Officer, QEH, agreed to provide for Members a breakdown of the vacancy rate across ward-based and non-ward-based nurses in the hospital
- The Deputy Chief Executive, QEH, confirmed in response to a query that the estimated cost of a new hospital was half a billion pounds; the Department of Health found this to be unaffordable and asked the Trust to put in a bid consisting of a mixture of refurbishments and new builds. It was pointed out that the new bid, at £250m, was only half of the cost of a new hospital. Officers reassured Members that the bid would provide excellent facilities. Officers also confirmed that the diagnostic imaging service was not inadequate but not provided in the most efficient way at that time
- Digital record keeping had been highlighted in the CQC report; Officers reported that £20m of the bid for refurbishment of the hospital would be for digital infrastructure, on top of capital allocated annually from the trust’s budget towards digital infrastructure
- Officers confirmed that there were good turnover rates in maternity staff

- The Deputy Chief Executive, QEH, clarified that to clarify the actions raised by the CQC had been met, external auditors spent time on the wards and carried out interviews with staff to identify whether the improvements had been made by the Trust; from this, they recommended that Officers should write to the CQC to say that these actions should be lifted, with the trust's agreement
- The issue related to poor communication in paediatrics had been addressed
- The Chairman highlighted the issues for other patients caused by the proximity of the end of life rooms to the main wards; the Chief Operating Officer, QEH, noted this, and that the limited number of single rooms proved a challenge. Officers wanted to improve this environment.
- Members queried plans for the school of nursing in King's Lynn; the Deputy Chief Executive, QEH, updated the Committee that discussions had been held with local educational organisations and actions were being agreed to progress with developing the school. Discussions were also being held with the Nursing and Midwifery Council to ensure the school would be accredited, and it was hoped it would be open in 2021
- Work with partners to reduce demand in A&E from inappropriate attendances was raised; the Chief Operating Officer, QEH, was working with commissioners to ensure primary care streaming and with the ambulance service so that they could treat patients at home where appropriate
- The Deputy Chief Executive, QEH, clarified that the junior doctors' forum had been set up some time ago but was not well attended so officers had asked trainees what they wanted from the forum and re-energised it to make it more productive; since this time attendance had improved
- the Chief Officer, Norfolk and Waveney Clinical Commissioning Groups noted that since inspection progress had been seen, close working with other services was being developed, and she was pleased with the way that the QEH was working with the other 2 acute hospitals in Norfolk, particularly regarding integration of urology and digital services
- The Committee requested information on ambulance handover times in the next update

6.3 The Committee **AGREED**:

- (a) to receive a progress update in October 2020

6.4 The Committee took a break from 11.29 until 11.40

7. **Future of primary care (GP) services for residents of Fairstead, King's Lynn**

7.1.1 The Committee received the report setting out feedback received during the public consultation and Vida Healthcare & the CCG's responses to the points made; outcomes of the meetings between Vida Healthcare / the CCG and Borough Councillors held following Norfolk Health Overview and Scrutiny Committee's recommendation made on 25 July 2019; the CCG's recommendation to West Norfolk Primary Care Commissioning Committee on 31 January 2020 and the reasons for it; the PCCC's decisions on 31 January 2020 regarding the future of primary care (GP) services for the residents of Fairstead and the timetable for action

7.1.2 The Chief Officer, Norfolk and Waveney Clinical Commissioning Groups (CCGs) introduced the report:

- meetings had been held with the Borough Council for King's Lynn and West Norfolk, the public and Norfolk County Council to inform the approach

- from this it was decided that a different approach was needed to provide the services for the people of Fairstead Estate
- Officers had looked at capacity for the whole of King's Lynn, including workforce capacity across all surgeries
- Officers were working with the Borough Council to look at planning developments across King's Lynn and existing surgeries to see what further provision was needed
- The main concerns had been around the parking and transport in the original proposal
- The Locality Director West Norfolk, Norfolk & Waveney CCGs, was leading a community group which would inform development of the Fairstead offer

7.2.1 Cllr Thomas Smith, Cllr for Gaywood South, spoke to the Committee

- Cllr Smith thanked the Committee for their considerations of this matter
- Cllr Smith noted that there was improved local sentiment about this matter due to improved partnership working with the CCG and Vida Healthcare; he felt that the CCG and Vida Healthcare were working better with residents to promote what was better for them

7.2.2 Glyn Watkins, Chairman of Fairstead Surgery Public Participation Group spoke to the Committee:

- Mr Watkins thanked the Committee for their engagement in the consultation and thanked HealthWatch for their findings and for signposting decision makers to the Public Participation Group report
- Mr Watkins thanked the CCG for setting up the community group to assist them in considering other options for the residents of Fairstead; the Public Participation Group would be involved in this group
- Mr Watkins indicated some concerns about the Fairstead building which he felt needed addressing, including repairs to the outside wall, hedges and gate, redecorating the inside of reception and removal of the "we are not a company" sign and replacing this with a more welcoming sign and NHS logo.
- Mr Watkins noted that all 4 doctors had either left or retired, meaning there was no resident GP or supporting nurse, and some of the consulting rooms were closed
- Mr Watkins requested access to statistical data to assist the Public Participation Group with their work in assisting in development of proposals of options

7.3 The following points were discussed and noted:

- A discussion was held about why there was no GP at the Fairstead surgery site; due to noncompliance at the site, the premises needed improvement. It had not been possible to employ a GP to work at the site. The one doctor model was not suitable to continue with as it was not possible to have one GP on site due to lone working issues.
- The Head of People and Governance, Vida Healthcare, reassured the Committee that Vida Healthcare was providing a full service to residents either through other surgeries, such as Gayton or St Augustines, or home visits. The services which were able to be provided from the Fairstead surgery site at that time were long term conditions clinics, medication reviews with a pharmacist, phlebotomy, prescriptions, general reception advice and support, health promotion and administrative support
- The Locality Director West Norfolk, Norfolk & Waveney CCGs, confirmed that of the £25m capital funding provided to Norfolk and Waveney, £5m was for West Norfolk and a portion of this would be for development of Fairstead. On the 27 February the CCG would ask NHS England for approval to appoint a project

manager for the Norfolk and Waveney projects, and would ask for the work at Fairstead to be among the prioritised projects

- The Head of People and Governance, Vida Healthcare, reported that 2 Physician Associates had been recruited, which was a new role within the NHS, to develop ways to deliver services in different ways for residents. A Clinical Pharmacist had been appointed, and social prescribing was being developed.
- The Chief Officer, Norfolk and Waveney Clinical Commissioning Groups clarified that preliminary work would need to be carried out for the site before confirmation of a start date for work could be given, however confirmed the capital funding for the work was available. It was expected that the outline business case for development of healthcare on Fairstead Estate would be completed in Autumn 2020. It was possible that there may be some immediate improvements that could be made to the site
- Vida Healthcare were responsible for the care of patients on Fairstead Estate
- It was confirmed that Physician Associates had a medical degree at master's level; by extending the scope of staff roles the quality of care to patients could be improved. It was expected that the Physician Associate role would become an accredited role as part of the GP contract settlement
- A concern was raised that the population of Fairstead may use A&E if they did not have access to a GP
- In response to a concern about the lack of GP, the Chief Officer, Norfolk and Waveney CCGs, highlighted that the lack of GP at this site had been one of the reasons leading to the proposal to close the site and noted that it was not safe for GPs to work on their own. GPs were being encouraged to offer services on the Fairstead Estate through the wider partnership
- The chairman noted the issues related to GP retention and recruitment in the area and across the County and that GPs could not be made to work at the site.

7.4 The Committee **AGREED** that the CCG and Vida Healthcare:

- (a) Keep NHOSC informed regarding further options that may emerge for the future of primary care services for Fairstead and King's Lynn
- (b) Inform NHOSC of any new proposals for substantial change to the services, which may require consultation with the committee

8. Forward work programme

8.1 The Joint Committee received and discussed the forward work plan for the period March 2020 to July 2020.

8.2 The committee **AGREED** the forward work programme with the addition of the following items:

For 23 April 2020 meeting

- **Screening for cancer** – to include issues around:-
 - (a) take-up rates for breast and cervical screening
 - (b) the degree to which bowel screening, for which Norfolk and Waveney has one of the highest take-up levels in the country, translates through to lowering the incidence of colorectal cancer mortality in the population.
- **Childhood immunisation** – to examine issues around take-up levels.

For 8 October 2020 meeting

- **The Queen Elizabeth NHS Foundation Trust** – progress update

Additions to existing items:

- For 19 March 2020 meeting
 - **Access to NHS dentistry** – progress since report to NHOSC on 11 April 2019 - to also include information on provision of dentistry to patients who live in care homes and to prisoners.
 - **Norfolk and Suffolk NHS Foundation Trust** – response to Care Quality Commission report – to also include information on access to therapy for hearing impaired people.

The following items to be rescheduled:

- **Ambulance response and turnaround times** – brought forward from Sept 2020 to **23 April 2020** meeting in response to North Norfolk District Council Overview and Scrutiny Committee's request.
- **Merger of Norfolk and Waveney CCGs** – to examine how the potential new CCG has maintained local focus - to be rescheduled for at least 6 months after the establishment of the new CCG.

Agenda items to be programmed for later in 2020:

- **Provision of accessible health services for disabled patients / service users** (e.g. visually impaired or hearing-impaired people) – to examine practical issues of access and confidentiality.
- **Suicide prevention** – to examine ongoing preventative work in light of concerns about increasing suicide rates.

New NHOSC briefing items:

- **Prison healthcare** – information on levels of provision including all types of physical primary care and mental health care.
- **ME/CFS (myalgic encephalomyelitis / chronic fatigue syndrome)** – information in relation to numbers of patients being seen at the new Aylsham ME/CFS clinic; numbers of patients diagnosed in Norfolk; prescription of melatonin.
- **Cancer survival rates** – comparison of survival rates in Norfolk with national survival rates.

Chairman

The meeting ended at 12.36