

**NORFOLK HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
MINUTES OF THE MEETING HELD AT COUNTY HALL, NORWICH  
on Thursday 10 March 2022**

**Present:**

Cllr Alison Thomas(Chair)	Norfolk County Council
Cllr Daniel Candon	Great Yarmouth Borough Council
Cllr Penny Carpenter	Norfolk County Council
Cllr Brenda Jones	Norfolk County Council
Cllr Alexandra Kemp	Borough Council of King's Lynn and West Norfolk
Cllr Julian Kirk	Norfolk County Council
Cllr Robert Kybird	Breckland District Council
Cllr Nigel Legg (until 12 noon)	South Norfolk District Council
Cllr Lana Hemsall substitute for	Norfolk County Council
Cllr Richard Price	
Cllr Sue Prutton	Broadland District council
Cllr Ian Stutely	Norwich City Council
Cllr Emma Spagnola	North Norfolk District Council

**Co-Opted Members**

Cllr Edward Back	Suffolk Health Scrutiny Committee
------------------	-----------------------------------

**Also Present in person:**

Cath Byford	Chief Nurse, Norfolk and Waveney CCG (All items)
Sadie Parker	Associate Director of Primary Care, Norfolk and Waveney CCG (All items)
Fiona Theadom	Interim Head of Primary Care Workforce & Training, Norfolk and Waveney CCG (All items)
Dr James Gair	GP and Clinical Advisor, Norfolk and Waveney CCG (Item 7)
Dr Jeanine Smirl	GP, CCG Clinical Advisor & Clinical Director of Norwich Primary Care Network, Norfolk and Waveney CCG (Item 7)
Maureen Orr	Democratic Support and Scrutiny Team Manager
Jonathan Hall	Committee Officer

**Present via video link**

Jude Bowler	Interim Head of Commissioning Primary Care, NHS England & NHS Improvement, East of England (Item 6)
Ola Sijuwade	Contract Manager – Primary Care, NHS England & NHS Improvement, East of England (Item 6)
Paul Higham	Associate Director Primary Care Estates, Norfolk & Waveney CCG (Item 7)
Dr Tim Morton	Chair, Norfolk & Waveney Local Medical Committee (Item 7)

David Barter	Head of Commissioning, NHS England & NHS Improvement, East of England (Item 8)
Jessica Bendon	Senior Dental Contract Manager, NHS England & NHS Improvement, East of England (Item 8)
Tom Norfolk	Joint Chair also Lead Dental Practice Adviser NHS England & NHS Improvement, East of England & is a General Dental Practitioner (Item 8)
Suzanne Meredith	Deputy Director of Public Health, Norfolk County Council – Public Health (Item 8)
Judith Sharpe	Deputy Chief Executive, Healthwatch Norfolk (Item 8)

## **1. Apologies for Absence and details of substitutes**

- 1.1** Apologies for absence were received from Cllr Barry Duffin, Cllr Robert Savage, Cllr Richard Price (substitute Cllr Lana Hemsall), Cllr Keith Robinson and his substitute Cllr Jessica Fleming and Cllr Lucy Shires and her substitute Cllr Tim Adams.

## **2. Minutes**

The minutes of the previous meeting held on 4 November 2021 were confirmed by the Committee and signed by the Chair.

In response to item 7.4 of the minutes Cllr Ian Stutely read a statement (Appendix A) from Norwich City Council.

The Chair acknowledged the statement and suggested that housing was an item that the committee consider when considering its forward work programme.

## **3. Declarations of Interest**

- 3.1** Cllr Penny Carpenter disclosed an other interest as a board member of the Norfolk Safeguarding Board (Item 9).

## **4. Urgent Business**

- 4.1** There were no items of urgent business.

## **5. Chair's Announcements**

- 5.1** The Chair had no announcements.

## **6. Access to Local NHS Primary Care Services for Patients who are British Sign Language (BSL) Users**

- 6.1** The Chair welcomed a BSL interpreter for this item. The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Manager, which provided an update on progress with BSL interpreting services for primary care since July 2021. The committee had in July 2021 looked at the wider subject of access to local NHS primary care services for patients with sensory impairments' and it was agreed that today's meeting would focus entirely on the situation for deaf and impaired hearing patients which had been noted as a particular concern.
- 6.2** NHS England, NHS Improvement (NHSE&I) and CCG had produced a joint report for the meeting. New contracts to provide interpreting and translation services for primary care in the region had started on 1<sup>st</sup> November 2021. The contract for

spoken languages went to DA Languages and the contract for non spoken languages (including BSL) went to Language Empire. In January 2022 the CCG acknowledged that the deaf Enhanced Support Service (DESS) arrangements NHSE&I had put in place with DA Languages were not meeting the needs of some deaf patients. This contract was withdrawn and a contract with Deaf Connexions to enable them to offer to facilitate appointment bookings between any of the four primary care services and Language Empire. Language Empire were also using Deaf Connexions interpreters for urgent requests when available and if sourcing an interpreter at short notice was not possible.

The Committee received evidence in person from representatives of Norfolk and Waveney CCG: Cath Byford, Chief Nurse, Sadie Parker, Associate Director of Primary Care and Fiona Theadom, Interim Head of Primary Care Workforce & Training and via video link from representatives of NHS England & NHS Improvement, East of England: Jude Bowler, Interim Head of Commissioning - Primary Care and Ola Sijuwade, Contract Manager – Primary Care.

**6.3** The reports submitted were taken as read and during the ensuing discussion the following points were noted:

- Positive feedback had been received about the new provider of services. GP practice staff were fully engaged and have been keen to put the BSL training into practice.
- Those cohorts that were not able or did not have access to use IT, provision had been made with Deaf Connections in conjunction with Language Empire to provide services.
- Training was a key element for GP practices and although initial training had rolled out, training was a constant priority to ensure everyone was upskilled and updated.
- Out of hours service provision was in the process of being formulated.
- Patient records did reflect that patients were deaf or hard of hearing and that adjustments to records needed to be made by the practice staff to ensure services were delivered. It was acknowledged that some practices did have some work to do around this issue.
- Feedback from patients concerning the service from Language Empire has been good and all standards and response times were being met.
- Due to GP practices using different IT systems it was not always a smooth transition from primary to secondary care for patients records and details. Secondary care providers did have access to GP records but needed to be logged in to the correct system to view.
- Engagement with the deaf community will continue to help shape and improve services in the future.
- Guidance from NHS England was due shortly and any recommendations arising could then be considered to improve services further.

The Chairman concluded the discussion by acknowledging:

- This had been a very pleasing report and progress had been noted. Previous concerns had been taken on board and actioned successfully, although there is still some work to do.
- The new service provider and contract arrangements should be allowed to bed in before any further monitoring and scrutiny by the committee takes place. Feedback from service users will help determine if and when this item will return to the agenda.

The Chairman thanked all those for attending both online and in person and to the BSL interpreter.

## **7. Access to GP primary care in Norfolk & Waveney**

- 7.1** The Committee received a briefing report by Maureen Orr, Democratic Support and Scrutiny Manager updating members on how GP primary care had coped during the pandemic and how moving forwards the model of provision compared to public wants and needs. Capacity issues around the current position and future needs were also provided. Previous reports since 2014-15 had reflected a shortage of GPs coupled with an increase in demand for services. Since 2015 initiatives to increase GP numbers and improve resilience of general practice by changing the model by which it provides care had been introduced. The establishment of Primary Care Networks in 2019-20 was one of the most significant steps towards change. The pandemic in 2020 did rapidly change the demand of services and methods of accessing.

Sadie Parker, Associate Director of Primary Care advised the committee that there had been an error in the report concerning a piece of data provided. The figure of 85% for face to face appointments achieved was the 2019/20 figure and the current figure was 70% which was around 10% higher than the national average. All other data in the report was accurate.

The Committee received evidence in person from representatives of Norfolk and Waveney CCG: Cath Byford, Chief Nurse, Sadie Parker, Associate Director of Primary Care and Fiona Theadom, Interim Head of Primary Care Workforce & Training, Dr James Gair GP and Clinical Advisor, Dr Jeanine Smirl GP and CCG clinical adviser and Clinical Director of Norwich Primary Care Network and via video link Paul Higham Associate Director Primary Care Estates. Also online representing Norfolk & Waveney Local Medical Committee was the Chair, Dr Tim Morton who is also a practising GP.

- 7.2** The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Manager, on how the Committee might like to examine the situation regarding the access of services at point 3.1 of the report.
- 7.3** The following key points were noted during the discussion:
- The committee gave thanks to all those in Primary Care (PC) providing services throughout the Covid 19 Pandemic.
  - Whilst Covid restrictions had been lifted generally in the community, NHS infection control measures meant that GP practices were far from being 'back to normal' and that care had to be taken still to protect vulnerable patients.
  - Vulnerable patients need to feel confident to use GP services again on a face to face basis, so protection measures were essential.
  - Primary Care was now provided as a mixed blend of Health Care professionals and that many patients issues could be resolved without having to see a GP.
  - Infection control measures were also important to ensure the safety and operational capability of a GP practice. Most practices have small teams and the loss of just one staff member because of Covid created pressures and backlogs.
  - There was much to be learnt from the enforced changes created by the pandemic and patients were appreciative of having the opportunity to consult with GPs via video links and phone calls rather than having to come into the surgery.

- A team had been established within the CCG to help maximise the opportunities to provide funding for new PC provision, although most capital funding was provided through developers. New PC provision was centred around priority and the capacity levels of local practices.
- There are 4 new plans in place to provide new PC provision across the county to reflect the growth in housing and to ease areas of pressure, however it was acknowledged that this new provision was not the complete answer to all the issues currently being faced but would ease pressure in the areas of most need.
- GP practices regularly undertook business planning to consider any new intake of patients such as a major housing development. The rate of occupation of new developments was gradual which helped the practices to cope and to plan.
- Some patients with learning difficulties had missed out on health checks during the pandemic, sometimes due to their reluctance to engage as vulnerable cohorts. However, it was expected that 75% of patients entitled to these health checks would receive one in the current year and there was the ambition to ensure 100% next year. Many did not need face to face appointments to enable the checks to happen.
- The wellbeing and health of all practice staff was a key element to ensure retention and to aid recruitment, especially of GPs.
- There was a reluctance from medical students to train to become GPs as the training was long (5 years) and involved and there had been great pressure on primary care in recent years.
- Norfolk and Waveney had approximately 500 practising GPs which was not enough to meet demands.
- Medical schools across the country were over subscribed, in some cases many times over, and potentially those seeking a career in medicine often were looking at other sectors as they could not find training places.
- In Norfolk and Waveney 46 out of the 105 practices were training practices. Although GPs often decided to train in the area once qualified they tended to move away to other areas.
- It was thought the Central Government investment in primary care was required as 90% of all consultation that took place in the NHS was at primary care level, however only 10% of overall NHS spend was on primary care.
- The national backdrop of comment, galvanised sometimes by social media, around GP services and their staff was unacceptable and inaccurate and more needs to be done to ensure the general public are better informed.
- GPs and practice staff were unfortunately subject to abuse and unpleasant behaviour from a minority of the public, and this was having an effect, with staff leaving the sector which are then hard to replace.
- It was acknowledged that recruitment and retention of the workforce was challenging. Work was ongoing within the ICS to address the challenges. Additional roles had seen a £14m investment and this type of investment was essential in improving the health and wellbeing of staff to help with retention rates.
- The Chair committed to speaking with the Leader of the County Council on possible opportunities for the County and District Councils to support initiatives that encourage the public to treat front-line staff in healthcare, police and other public services with respect.
- Some GPs were forced to retire, as if they continued to work their pension and tax position become unfavourable. The committee had written to the Secretary of State regarding this issue before but the position was not changing. The committee agreed to write to local MPs about this issue.

- Inequalities in GP services were being addressed by a number of initiatives to concentrate priorities and resource to those most in need.
- A local Primary Care Network was to expand GP training as well as inviting medical students from the UEA to explore the possibilities within primary care. Fellowships were available to newly qualified GPs for 2 years so that they can establish areas of speciality such as alcohol and drug dependency.
- The ageing demographic of NHS staff was a concern for the country and work was ongoing to establish what effect this would have on the provision of future services
- There had been an investment of £14m in additional roles to support GP practices. These roles did not mean that GPs time was freed up but was a reflection of a changing model to provide primary care services.
- It was thought members could help by promoting a respect agenda within their own communities to help the wellbeing of staff working in GP practices.
- A briefing on 'workforce' scheduled for the April 2022 NHOSC Briefing would include assessment of whether the opening of new medical schools in England has had an impact on workforce levels in Norfolk & Waveney.

**7.5** The Chair thanked all those who had taken part in the discussion both online and in person.

The committee took a short break and reconvened at 11.54am

## **8.0 Access to NHS dentistry in Norfolk and Waveney**

- 8.1 The Committee received a report by Maureen Orr, Democratic Support and Scrutiny Manager which updated members on progress regarding access to NHS dentistry across Norfolk & Waveney since September 2020. The report had been collated with input from NHSE&I, the Local Dental Network, Norfolk County Council Public Health, Healthwatch Norfolk and Local Dental Committee. Previously in September 2020, frustration had been expressed at the lack of dentists to treat NHS patients in Norfolk and Waveney and the Covid 19 pandemic had only exacerbated matters, although many of the issues pre dated that period. Progress had been described as slow and changes were needed at a national level to help support the strategy of improvement.
- 8.2 The Committee received evidence via video link from representatives of NHS England & NHS Improvement East of England, David Barter Head of commissioning and Jessica Bendon Senior Dental Contract Manager, from Local Dental Network (East of England) Tom Norfolk the Joint Chair, Norfolk County Council Public Health Suzanne Meredith, Deputy Director of Public Health and Judith Sharpe, Deputy Chief Executive of Healthwatch Norfolk.
- 8.3 The committee was advised that 60% of respondents who contact Healthwatch Norfolk over the past 3 months had done so because they were having difficulties accessing NHS dentistry services. The new NHS dentist practice opened at RAF Marham shortly before the start of the pandemic was already full and had a waiting list of 2000 patients. This demonstrated the need and demand which was across the county.
- 8.4 The Committee received a suggested approach by Maureen Orr, Democratic Support and Scrutiny Manager, on how the Committee might like to examine the situation regarding the access of services at point 3.1 of the report.
- 8.5 During discussion the following was noted:
- The situation across the county was dire with decay rates up and numbers of children seen by a dentist had halved from 55% to 24% .

- It was acknowledged that the pandemic did create capacity issues with additional infection control measures having to be taken because of the nature of the work and the ease with which this could spread Covid.
- Most infection controls were still in place for dental practices including reducing the numbers allowed to be in a waiting room before treatment.
- Routine check ups had ceased during the pandemic with the priority switching to urgent clinical need.
- Patients seeking treatment who are not with an NHS dentist will be triaged by calling NHS 111 who then allocate those most in need to a NHS dentist. However many patients in this situation found that practices prioritised their own regular patients lists.
- Recruiting new NHS dentists to rural and coastal areas was difficult across the country and Norfolk was not exceptional.
- The NHS contract for dentists was not structured well and it made it unattractive for dentists to treat NHS patients. It was acknowledged that central Government needs to address this issue.
- Brexit had created some issues with regard to numbers of dentists working in the NHS sector as the industry effectively closed down during the first lockdown with many international dentists preferring to be home to support their families during the uncertainty of the pandemic. Many of them had yet to return to the UK and it was felt that many will still not do so.
- A prevention strategy in place was thought to be part of the solution to meet the needs of the public by reducing demand. The two main issues to tackle were tooth decay and gum disease. Decay was created by eating sugars which could be reduced in diets. In addition, the fluoridation of the drinking water supply was also important as studies had shown that in places where fluoridation had taken place, decay rates had fallen.
- Support was required to influence local authorities to consider fluoridation and to bust the myths that surround this issue by educating the public.
- Patients with trauma needs, following an accident for example, were being triaged via 111 to a specialist care team which was provided by a few practices in the county and linked to the hospitals. This service is the first of its kind to be available in the country.
- The committee thought the inclusion of a dental school in Norfolk would help recruitment locally.
- To provide services such as root canal treatment the upskilling and training of local dentists would be required and support was in place to undertake this. Historically this type of treatment had been made available out of area but was increasingly more difficult to commission.
- It was standard practice to commission a new practice for a 3 to 5 years period but once established longer contracts were available. This shorter contract initially gave a practice and the NHS the ability to have break clause if service standards were not met or the provider no longer wish to supply. These contracts would then go back to the market for recommissioning.
- Standard procedure to award a commission of a new practice meant that the whole of the market had to be offered the opportunity. If after this process had taken place a provider had not been secured, commissioners could then follow a direct style of procurement where preferred suppliers could be awarded the contract. This meant that the 3 outstanding commissions in Norfolk & Suffolk would be selected that way as the open market process had not been successful.
- Only 14 practices in Norfolk had received funding from the central government grant of £5.7m for the East of England to provide additional

appointment times at weekends and in the evening during February and March 2022 to reduce waiting lists.

- The NHS contract requires more flexibility to make NHS work more attractive for dentists in the private sector.
- Concerns were raised about the inequalities around accessing services with those who struggled with IT or had no provision and also required phone services to access appointments. However it was acknowledged that the NHS 111 service was free.

The Chairman concluded the discussion by acknowledging:

- Data around the service was nearly 3 years old and needs updating.
- Recruitment to rural and coastal areas are more difficult and more needs to be done to help these locations.

The committee would write to the Secretary of State for Health regarding:-

- Need for a dental school in Norfolk and Waveney to address difficulty of recruiting to a rural area.
- Issues around fluoridation and the need for myth-busting.
- Recruitment and retention and the contract for dental services.

The Chair thanked all those joining online for the item.

## 9. Forward Work Programme

- 9.1 The Committee received a report from Maureen Orr, Democratic Support and Scrutiny Manager which set out the current forward work programme and briefing details that was agreed subject to the following:
- 9.2 The Committee **agreed** to the scope for the Cawston Park Hospital Safeguarding Adults Review – Scrutiny of local health and social care partners’ joint progress to implement recommendations.
- 9.3 The Committee **agreed** additionally for the NHOSC Member Briefing:
- April 2022 –  
Workforce data – staffing levels, clinical & admin, including current vacancy level’ – to include assessment of whether the opening of 5 new medical schools in England have had an impact on workforce levels in Norfolk & Waveney.
- 9.4 The committee agreed to the forward work programme and in addition:
- 14 July 2022 agenda item  
Annual physical health checks for people with learning disabilities - subject to be expanded to include checks for Looked After Children and people with serious mental illness.
- 9.5
- In addition the committee asked whether Norfolk County Council Public Health could provide annual information on the state of people’s health in Norfolk for the committee via the NHOSC Briefing. Any issues arising from that could then be considered for the main scrutiny programme.
  - Cllr Stutely requested:  
Information relating to the change to death rates and suicide rates within the drug and alcohol service user cohort since the change from the City Reach service to the Vulnerable Adults Primary Care Service (Norwich), and who monitors this data.
  - A copy of the report on progress of the Vulnerable Adults Primary Care Service (Norwich) received by NHOSC in Sept 2021.



**Meeting concluded at 13:05**

Cllr Alison Thomas, Chair



**If you need these minutes in large print, audio, Braille, alternative format or in a different language please contact Customer Services on 0344 800 8020 or Text Relay on 18001 0344 800 8020 (textphone) and we will do our best to help.**