



CITY OF WESTMINSTER

DRAFT MINUTES

Health Policy & Scrutiny Urgency Sub-Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health Policy & Scrutiny Urgency Sub-Committee** held on **Thursday 30th November 2017**, at 5.00pm in Rooms 3.6 & 3.7, 3rd Floor, 5 Strand, London WC2 5HR

Members Present: Councillors Jonathan Glanz (Chairman), Susie Burbridge and Barrie Taylor.

Also in attendance: Councillors Patricia McAllister and Glenys Roberts.

1 MEMBERSHIP

1.1 There were no changes to membership.

2 DECLARATIONS OF INTEREST

2.1 The Chairman sought any personal or prejudicial interests in respect of the items to be discussed from Members and officers, in addition to the standing declarations previously tabled by the Adults & Health Policy & Scrutiny Committee.

2.2 Councillors Jonathan Glanz and Glenys Roberts declared that they were Members for the West End Ward in which the Soho Square practice was situated, but were not patients.

3 SOHO SQUARE GENERAL PRACTICE

3.1 In response to concerns raised regarding proposed changes to the service provided by Soho Square General Practice, LivingCare Medical Services had agreed to meet with the City Council to discuss the proposals and to also hear the views of the local Patients Participation Group (PPG). As LivingCare had been unable to provide a report in time for the Adults & Health Policy & Scrutiny Committee on 22 November, and as a response would be needed before the next scheduled meeting on 31 January, it had been agreed that the proposals would be discussed at a meeting of the Health Policy & Scrutiny Urgency Sub-Committee.

3.2 The Sub-Committee sought to better understand the proposed changes, and how they could potentially affect the various communities that used the surgery.

The Sub-Committee also wanted to understand how the proposals had been consulted on and discussed, and to be reassured that the changes would be positive and acceptable in improving patient care.

- 3.3 The Sub-Committee heard from Dr Stephen Feldman (Medical Director, LivingCare); Chris Garner (Mobilisation & Transformation Director, Livingcare); Wendy Hardcastle (patient of the practice, and member of the PPG) and Peter Chadwick (Patient of the practice, and member of the PPG). Dylan Champion (Head of Health Partnerships, Adult Social Care) and Godwyns Onwuchekwa (Westminster Engagement Lead, Healthwatch) also contributed to the discussion. The Central London Clinical Commissioning Group (CCG) had been unable to attend.
- 3.4 LivingCare provided the Sub-Committee with a summary of the proposed operational changes, which sought to improve the delivery of safe, high quality multi-disciplinary healthcare through a more appropriate skill-mix; and to achieve efficiencies of scale in improved triage services and administration. The changes would also seek to make the Soho Square practice more resilient and cost effective, reducing high agency costs and avoiding them wherever possible. LivingCare Medical Services currently operated five GP practices across London, and had begun to manage the Soho practice in August 2016.
- 3.5 The Sub-Committee noted that that the Soho practice comprised of two full-time doctors and two part-time Practice Nurses, who provided GP primary medical services to approximately 5,000 patients predominantly living in Westminster. The practice offered a mix of pre-booked and drop-in appointments; with patients being allocated 10 minutes for an attended appointment and 5 minutes for a telephone consultation. The Patients served by the practice included a prevalence from Chinese ethnic backgrounds; and a cross-section of socio-economic groups which included the LGBT community and homeless people.
- 3.6 The practice had been commissioned as an appointment-based service, and it was proposed that calls would be dealt with by a qualified & trained nurse who would undertake a centralised triage and assessment of patients' needs. The Sub-Committee noted that patients would still be able to make appointments in person if they preferred, and obtain a response from a nurse in person. Patients would also be able to obtain support and information from a 'Care Navigator' at the practice reception, who would be trained in wider knowledge of health, charities, community care, social care and mental health pathways.
- 3.7 Other changes included the introduction of a trained Healthcare Assistant, who would increase efficiency by allowing Nurses to focus on appropriate tasks; improving the skills of the Practice Nurses and increasing their working hours; and the introduction of Advanced Nurse Practitioners who would also be prescribers.
- 3.8 The PPG commented on the proposals and engagement that had taken place, and expressed concern that the changes would have a detrimental impact on what they considered to be a good service. A public meeting between LivingCare and the PPG to discuss patients' concerns had not been successful,

and residents had only subsequently received written details of the proposals when they had been published in the Sub-Committee Agenda. The PPG highlighted the strength of feeling within the community when the future of the practice had previously been in question.

- 3.9 Patients had expressed concern over the proposed reduction in GP hours; and over the centralised telephone hub which they felt would operate similarly to the out of hours NHS 111 service and aim to resolve problems over the telephone. LivingCare highlighted the need to take into account the greater use of GP skills made in the time available, rather than the number of hours that were being worked; and confirmed that they had no intention to make any GPs or reception staff redundant, or for patients to have to go out of borough to see a clinician. LivingCare also confirmed that the current drop-in service would continue to be available for patients who preferred not to telephone; and that staff at the centralised telephone system would be able to refer to the patient's notes and medical history before deciding on the appropriate level of response. The PPG noted that the cost of calls to the centralised service would be the same as the local rate.
- 3.10 The Sub-Committee commented on the need for translation services, and noted that the practice would be able to fast-dial the standard NHS LanguageLine. Other issues discussed included the benefits of healthcare assistants being upskilled; and the importance of a good IT platform for the new system.
- 3.11 Godwyns Onwuchekwa (Westminster Engagement Lead, Healthwatch), highlighted the need for a framework for consultation and implementation to have been in place, and considered that the breakdown in communication had arisen from the lack of clear information. Healthwatch also highlighted the need for an Equalities Impact Assessment, which would determine how the proposals would impact on the people who used the service. The issue of possible costs to patients also needed to be clarified, together with the number of available phone slots that would be available to avoid queues. Details of the proposed numbers of staff and hours worked similarly needed to show an improvement on the current system.
- 3.12 Healthwatch acknowledged that there were good and acceptable arguments for the proposed changes, and commented that LivingCare had a duty to engage and consult with patients and provide them with enough time to comment and make choices. In order to work closely with patients, and to enable them to understand the changes that were being made and impact they would have on services, LivingCare needed to have established a framework for the consultation process and implementation, and to have set out the details of the proposals in writing.
- 3.13 LivingCare acknowledged that misunderstandings could have been avoided if the proposals had been clarified at an earlier stage, and apologised to the PPG, Healthwatch and the City Council for the breakdown in communication. LivingCare similarly acknowledged that written details of the changes would have provided a framework for discussion at the public meeting, and that they had underestimated the groundswell of feeling among service users. LivingCare confirmed that a number of lessons in good practice for taking the

proposed changes forward had been learned, but believed that the model for working for the Soho practice would become common across Westminster.

3.14 The Sub-Committee considered the exchange of views that had been given and agreed a number of guidelines that could improve the process in future:

- a clear and effective communication plan should be agreed between LivingCare (or their equivalent) and all groups involved; which included the Patients Participation Group, the local authority, the Clinical Commissioning Group and Healthwatch.
- a clear, agreed framework and workable timescale was needed for both communication and the consultation process; with any cost implications for patients arising from the proposals being clear throughout the process. Enough time would need to be provided for people to have a real opportunity to make an informed contribution to the consultation, and for the consultation to be reviewed and changed where appropriate.
- an Equality Impact Assessment that could look at the needs and concerns of individual groups was essential, and should be carried out at an early stage.

3.15 The Sub-Committee noted that LivingCare had applied for Soho Square to join the Foundation of General Practices but had not been successful. Members agreed to consider whether the City Council could offer support for the application.

3.16 The Sub-Committee thanked the representatives from LivingCare, the Patients' Participation Group, Adult Social Care and Healthwatch Westminster for attending the meeting, and for their useful and informative contributions.

4. ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT

4.1 There was no urgent business to raise.

The Meeting ended at 6:57 pm.

CHAIRMAN: _____

DATE _____