

**HEALTH SCRUTINY PANEL**

A meeting of the Health Scrutiny Panel was held on Tuesday 5 October 2021.

**PRESENT:** Councillors D Coupe (Chair), D Davison (Vice-Chair), A Bell, A Hellaoui, D Rooney and P Storey

**ALSO IN ATTENDANCE:** C Blair (Director Of Commissioning Strategy and Delivery) (TVCCG), K Hawkins (TVCC), Mrs J Henderson (Prospect Surgery) Dr M Kesavalu (Prospect Surgery) Dr S Saleem (Prospect Surgery)

**OFFICERS:** M Adams, S Bonner

**APOLOGIES FOR ABSENCE:** Councillors R Arundale, T Mawston and C McIntyre

21/95 **DECLARATIONS OF INTEREST**

There were no declarations of interest received at this point in the meeting.

21/96 **MINUTES - HEALTH SCRUTINY PANEL - 7 SEPTEMBER 2021**

A member queried progress against an action from the previous meeting about the number of children who were no longer in receipt of Free School Meals following the introduction of Universal Credit. It was agreed this would be followed up with the relevant service area.

**ORDERED** that:

- 1) That the action relating to the number of children no longer in receipt of Free School Means since the introduction of Universal Credit would be pursued with the relevant service area.
- 2) The minutes of the Health Scrutiny Panel meeting held on 5 October 2021 were submitted and approved as a correct record.

21/97 **PROSPECT GP SURGERY - CQC INSPECTION**

The Chair welcomed Drs Saleem and Kesavalu and Mrs Jane Henderson from Prospect Surgery as well as Dr Nanda as Clinical Director of the Central Middlesbrough Primary Care Network and Karen Hawkins as Director of Commissioning, Strategy and Delivery (Primary & Community Care).

The Chair emphasized that the panel's intention was to act as critical friend in this matter.

The Director of Commissioning explained to members that the CQC was a regulatory independent body for health and social care services. The CQC had produced an inspection report that identified Prospect GP surgery had been found to be inadequate in three domains.

It was explained that the CQC ordinarily carried out announced visits with GP Practices usually receiving two weeks' notice of such an inspection. The CQC inspection in this case was unannounced and carried out in July 2021 with the resulting report produced in September. There were three areas of focus within the report; safety, effectiveness and well-led with all three areas found to be inadequate. The inspection did not inspect the caring and responsive elements of the practice but did find two breaches of regulation specifically regulation 12 regarding safe care and treatment as well as regulation 17 regarding good governance. The practice had until the 1<sup>st</sup> October 2021 to respond to the former and the 6<sup>th</sup> December 2021 for the latter breach.

Members were informed that the practice had put robust action plans in place to address the issues in the report and that the Local Medical Committee, Local GP Federation and the CCG were all working to support Prospect. It was recognized that remedial action was required to reassure patients and reinforce their confidence in the practice.

Importantly, while the CCG would be supporting the practice with their action plans they were not a regulator and as such would not be signing off any responses to the CQC.

Naturally, the practice were disappointed with the outcome of the report but were working hard to ensure any failings were being remedied. It was also noted that the CQC could, within the next six months, carry out a further inspection should any further concerns be raised. The panel were reassured that the practice has positively engaged with the CQC and they were able to remedy several of the issues identified in the report.

Representatives from Prospect GP practice advised the panel they were thankful for the opportunity to address members. Members heard how the practice had been previously rated as good by the CQC and there was a number of factors that contributed to the most recent rating. Those factors included the impact of the Covid-19 pandemic which led to some patients having to isolate and refusing to attend their usual appointments. Similar impacts were felt due to staff isolation which resulted in staff shortages at critical times, especially during the vaccination programme.

Importantly, changes to how patients were monitored for chronic diseases meant reviews were not being carried out as they should have been. There were also challenges in recruiting staff to key posts, namely nurses, and where recruitment was possible, there was often a need to train those staff which took time. However, the practice had put temporary measures in place to reduce impact on patients while this process continued.

The practice had also appointed a new pharmacist which would assist in areas including medication reviews and management of high-risk drugs.

The Covid Pandemic had also meant a shift to virtual meetings with patients which presented significant challenges for the practice, but this pressure was now easing.

The practice was also meeting fortnightly with all staff to ensure a degree of transparency. Individual teams within the practice now had a named lead and there was also a degree of oversight from the practice manager which would allow for a more joined up way of working.

Overall, the practice was disappointed with the outcome of the report but were committed to delivering safe and effective care to its patients.

The chair again emphasised that the panel were acting as a critical friend and would provide what assistance they could.

The panel was advised that the surgery was previously inspected in 2015 and 2017 with both ratings being good. It was also clarified that in terms of nurse recruitment several of Prospect's Practice Nurses had left their positions creating vacancies. Recruitment to those vacancies was difficult owing to shortages in those positions. When those positions were filled, however, it was with district nurses who required training to carry out important procedures such as cervical screening and childhood vaccinations.

A member asked the practices' representatives to identify key indicators from the inspection that would inform how to avoid a return to the conditions experienced at the time of the inspection.

The practice stated that some of the factors leading to the rating were outside of its control, but once those circumstances return to normal with Covid-19 restrictions easing the processes and mitigations explained previously should be sufficient to avoid a repeat of the latest inspection results.

It was queried why the practice seemingly prescribed a high number of opioids which were ordinarily prescribed to patients with drug or alcohol abuse issues. The practice clarified that the appointment of a pharmacist would assist with core drug prescribing. However, prescribing opioids was not just for those with drug or alcohol abuse problems they were also prescribed for pain, usually prescribed by a specialist pain clinic. As such the practice was often prescribing such drugs to patients but did not initiate those prescriptions.

The practice was also using guidance issued by the National Institute of Clinical Excellence and their own internal guidance to try and reduce prescribing drugs of that nature. The practice was also engaging with those patients in receipt of that kind of painkiller.

Given Prospect Surgery's location in the town centre, and the larger number of deprived communities it serves, a member commented that the Public Health Service had been asked to conduct a mapping exercise that would help understand patient demographics which could inform what other services may be required for the area.

Members were reassured that due to the actions being put in place by the practice should the CQC conduct another unannounced inspection in the near future a good rating would be found.

The clinical director for the Central Middlesbrough Primary Care Network and Executive GP on the Primary Care Quality Team advised she had sight of Prospect's action plan and was assured that with the assistance of the other practices in the Central Middlesbrough Network the relevant remedial action could be taken.

While members were reassured by the comments made by prospect surgery there remained concerns regarding how the community would be affected especially those with long term illnesses and the seemingly large number of children that were not receiving their routine vaccinations.

As such the panel felt an interim update be provided before required six month deadline in December. It was agreed that the CCG would return to the panel with an update on progress against the action plan three months from the meeting.

Prospect surgery thanked the panel for its constructive feedback.

**ORDERED** that:

- 1) The Public Health Service develop a usage map to understand patient usage that could inform future service provision
- 2) The CCG provide the panel with an update report no later than three months hence and
- 3) The information presented be noted.

21/98

#### **COVID-19 UPDATE**

The Director of Public Health provided an update on the ongoing response and recovery to COVID-19 and made the following points:

- Covid infection figures for Middlesbrough were falling, albeit slowly with town sitting at 97th in the league tables. The peaks of infection in Middlesbrough during September were 407 compared to approximately 200 in October.
- It was commented that the 0-19 age group were inflating the infection figures although there was a notable decline in infections across all age groups.
- It was noted that only one school had mobilized onsite Covid testing and that positive cases at that school were very low.
- Schools generally reflected the community transmission rate.
- Schools were maintaining some social distancing processes, including the bubble system.
- In terms of hospital admission figures; there were 47 cases including those needing critical care. However, while these numbers were falling the health system as a whole was still stressed.
- The Covid related mortality rate was much smaller than in previous waves.
- There were currently 76% of people having received the first dose of the Covid Vaccine with and 68.8% having had the second.
- There was a similar pattern of vaccine take up by age range to previous patterns, with the number of over 50s that were unvaccinated was coming down, albeit slowly.
- A discussion took place regarding the so-called winter plan the main. It was commented that the main strategy was to build and maintain defences through pharmaceutical interventions and vaccines as well as advising people on how to take care of themselves. This strategy was known as Plan A.
- There was also the potential for a Plan B in the event the winter period placed strain on the health system. This included face coverings being made a legal requirement.

- Guidance was being produced for vaccinating healthy children as part of third phase of the vaccination rollout.
- Vaccine boosters were to be Pfizer or Moderna with Primary Care Network's targeting care homes in the first instance.
- In terms of the vaccine for young people; there has been locally not vaccinate 12-15 year olds if their parents had not consented.

The chair commented that Middlesbrough had previously followed other areas in terms of infection rates and queried if this would be the case going forward. It was confirmed that other areas may now be following Middlesbrough, and that the town was likely to have experienced its infection peak.

A member queried what actions were being taken with regard to room ventilation to assist with Covid compliance measures. It was confirmed that in some venues, such as schools, carbon monoxide monitors were being deployed to ensure that air quality in those venues remained safe should occupancy levels be high.

A discussion took place about demonstrations held outside a school in Newcastle by so-called anti-vaxxers. It was confirmed that such activity was not present in Middlesbrough.

A Member queried what stage the vaccination process was at in schools. The Director of Public Health stated he would provide current information on this. It was commented that there was pressure to complete the vaccination process in schools by the half term break but this was made difficult by the need for parental consent.

**ORDERED that:**

- 1) The Director of Public health provide members with vaccination progress in schools;
- 2) The slides presented to be the panel be circulated to members and;
- 3) The information presented to be noted.

21/99 **HEALTH INEQUALITIES - REGENERATION INITIATIVES**

The panel agreed that this item be deferred until its November meeting.

21/100 **CHAIR'S OSB UPDATE**

The Chair advised the panel that at OSB's last meeting on the 8 September the Mayor was in attendance and provided the Board with an update on his aims and aspirations as well as progress made to date and to highlight any emerging issues.

The Board also received updates from all Scrutiny Panel Chairs, and were advised as to the contents of the Executive Forward Work Programme.

The Chief Executive was also in attendance and provided the Board with an update on the Council's ongoing response to COVID-19 and other organizational matters.

**NOTED**

21/101 **ANY OTHER URGENT ITEMS WHICH IN THE OPINION OF THE CHAIR, MAY BE CONSIDERED.**

None.