

Time commenced – 18.00
Time finished – 19.45

ADULTS AND HEALTH SCRUTINY REVIEW BOARD

19 April 2022

Present: Councillor Martin, (Chair)
Councillors Lonsdale (Vice Chair), Cooper, Grimadell, Lind and Pegg

In Attendance: James Moore, Healthwatch Derby
Clive Newman, NHS Derby and Derbyshire CCG

50/21 Apologies for Absence

There were apologies from Cllrs Froggatt and Hussain, Chris Clayton Accountable Officer & Chief Executive NHS Derby & Derbyshire CCG

52/21 Late Items

There were no late items.

53/21 Declarations of Interest

There were none.

54/21 NHS Dentistry (Joint item with CYP Scrutiny)

The Board received a report developed between the NHS England and NHS Improvement (NHSE/I) Commissioning Team Senior Managers, A Consultant in Public Health, Derby City Council (Public Health) and Derbyshire ICS Primary Care Lead. The report was about access to NHS Dental Services with a focus on provision and recovery plans as the service emerge from the Pandemic.

The Board heard that NHSE/I had notified Democratic Services shortly before this evening's meeting that regrettably they would be unable to attend as they had been advised that it was too close to the local election and would affect the rules within the pre-election period which started at the beginning of the month. The Chair explained that the date had been set since the beginning of the municipal year and that the report had been requested for an extra meeting in March, but this had not been feasible for NHSE/I.

The Chair expressed her disappointment with the NHSE/I as the meeting was in the public domain and the public use and pay for services. She would write to NHSE/I to express her disapproval and disappointment. The Chair of Children and Young People Scrutiny Board agreed and suggested it should be a joint letter from the two Boards. A councillor endorsed these comments and suggested the letter should come from the whole Committee not just the Chair, legal experts should also contribute to the letter. The Chair confirmed that legal officers in Derby City Council had already been consulted and they had confirmed that there was no problem with

the documents coming to the meeting, there are also reports from the Derby & Derbyshire Clinical Commissioning Group (CCG) to be considered at this meeting. Another councillor welcomed the report but was also disappointed that no officers from NHSE/I would be attending. The Chair advised that the NHSE/I had offered to come to a meeting after 5th May. The Board agreed to defer the report to the first meeting of the Adults Scrutiny and Review Board and the first meeting of Children and Young Peoples Scrutiny Review Board in the new municipal year.

The Chair asked if the Board had any comments or any questions on the NHSE/I report which could be passed to the NHSE/I officers. A councillor stated that the report should be noted and deferred to the next meeting. The Chair agreed and stated the Board had requested the report due to concerns about the number of children in Derby suffering from tooth decay and because some practices no longer provide NHS services. Derby City residents have difficulty accessing dental treatment and are not aware that there was no need to register with a dentist to be treated, unlike GPs you do not need to be on a dentist's list, and you can move to dentists that are nearer to you or have been recommended to you. The statistics showed that prior to the pandemic, on 31 December 2019 56.7% of resident adults in Derby City had accessed an NHS dentist in the preceding 24 months compared to 49.3% in England. For children, 68.2% had accessed an NHS dentist within the preceding months, compared to 58% of children in England. From the 31 December 2021, the proportion of resident adults had fallen to 41.3% compared to 36% in England, for children this had fallen to 50.6% compared to 43.2% in England. The figures are high and will remain high, dentistry services will soon be part of the Integrated Care System (ICS) and will be managed locally.

A councillor spoke about the issues experienced by residents of Derby City when trying to access NHS Dentistry services and highlighted that some had been provided with out-of-date information about dentist practices taking on NHS patients, over-use of antibiotics was also of concern. The report gives information on measures to improve dentistry services however it appeared there was not an effective, overarching structure of provision and there are examples of people unable to access NHS dentistry

The Board resolved:

- 1. To note the report**
- 2. That a report should be brought to the first meeting in the new municipal year of both the Adults and Health and Children and Young People's Scrutiny Review Boards**
- 3. That a joint letter should be sent to the NHSE/I to register their disappointment and disapproval at such a late cancellation of attendance of NHSE/I officers at the meeting**

55/21 Derby Healthwatch Dentistry

The Board received a Derby City Dental Access Mini report October 2021 from Healthwatch Derby, the report was presented by the Chief Executive Officer (CEO) and provided a snapshot of access to new NHS dental provision in Derby City.

The Board heard that good oral health is important for health and wellbeing and that tooth decay can be prevented. Derby City has a higher level of tooth decay in the under 5's when measured against the national average. The deprived area of the city has higher levels of dental disease (decay). It has been established that good oral health habits could save public resources in the long term by minimising

treatment needed. The barriers that people experience in accessing a dentist were, they were unable to get appointments, they were nervous about seeing a dentist, the cost of treatment was prohibitive.

After listening to peoples' complaints that they could not get an NHS dentist Healthwatch Derby called 15 dentists on a list provided by NHS England Midlands. The 15 dentists formed almost half of the NHS Dental provision in Derby City. Of the 15 listed, 14 answered the phone. None of the 14 dentists contacted were taking on new NHS patients over the age of 18, only 3 were taking on people under the age of 18. 8 practices (53% of those asked) offered private treatment only. If you paid you could access dental treatment. It was highlighted that NHS dental provision in Derby City seems to be falling behind the position it was in at the end of 2018.

People being offered non-NHS dental provision has created a further barrier. The situation affected Derbyshire County in the same way. Between July and November, 98 dental practices on NHS Choices were contacted. The website was found to be inaccurate. There was a lack of capacity for dentists in Derbyshire, of the 98 practices across the City and County only 9 said they were taking new patients and only 25 were accepting children.

It was recommended by Healthwatch Derby that additional funding was needed, improvements should be made to the website and there should be clear information about accessing dentistry. NHS England did respond; they accepted and understood the frustration but did not know what they would do to improve.

The report does concur with councillors' thoughts, the overarching message being that despite effort people cannot access dentistry services and that information given was inaccurate.

The Chair felt there was a misunderstanding of how dentists work, people think that they need to register with a dentist. At a recent pre-mtg for Adults Scrutiny Board it was confirmed that there was no need to register with an NHS dentist, if the practice has been allocated time for NHS procedures, then they should be able to fit patients in. However, when people ring for appointments, they are told that the practice was not taking on new patients. The CEO explained NHSE/I say that it was not necessary to register with dentists, people can move to alternative dentists, but dentist may accept you on a list and not all dentists accept NHS patients. Dentists have a list; they will see people if they are on the list but won't if people are not on the list.

A councillor asked if there was governance in place for standards and quality of dentists because there did not seem to be from the situation described. Another councillor described the problems encountered by the deaf community. There were also issues for children with SEND and Looked After Children (LAC) in accessing dentistry services who did not receive adequate time with dentists for their needs. Another councillor highlighted that elderly people also might have issues/concerns.

A councillor explained that a report from dental managers and commissioner showed that children's teeth show less decay in Derbyshire where there was fluoride in the water. Derby does not have fluoride in water. The responsibility for fluoridation was passed over to central government in the summer which hopefully means Derby can ensure we have fluoride in our water. Currently the responsibility was with the local authority, a recommendation was suggested to ensure that Council investigates ensuring fluoridation is put into the water in Deby as in other areas no matter what the outcome was for responsibility.

It was hoped that it could be ensured that fluoride could be delivered in water in Derbyshire as it was in other areas of the country. However, although the benefits of

adding fluoride were known it was unclear if there were any disadvantages and there was no one to ask. The Chair was hesitant to put forward a recommendation now as there was uncertainty of merits and disadvantages. A councillor suggested writing to the Cabinet Member with that responsibility to ask them to request a response information from water providers and health experts in Derby and then the Board could decide how to proceed.

The recommendation regarding fluoridisation of water was discussed further and it was agreed to request that the responsible cabinet member be asked to obtain information regarding fluoridisation of water and that the item should be brought back to the first meeting of the CYP Board where the NHS have been asked to attend also. It should also come back to the Adults and Health Board as it has been discussed here.

A councillor asked what body was ultimately responsible in Derby City for commissioning NHS dentists' work within dentistry and if there was a disconnect in terms of those NHS Managers in control from what's happening on the ground and what they thought was happening from their policies. The CEO explained that NHS England has responsibility for primary care provision, they are based in Nottingham they are unaware of what was happening on the ground unless they were informed. From your view was there anything that could be done to remedy that disconnect and improve health outcomes for the teeth of people in Derby. The CEO stated that access to dentists was the priority.

A councillor was unsure how access to dentist services could be improved, if you have money, you have access to a dentist, but many people are not in that situation in the city. Currently none of the practices are taking on NHS patients except under the age of 18. He could not see how that will change.

The Chair thanked the CEO for attending the meeting tonight, it was noted that it could be seen there was complete cross-party unanimity on dentistry, we will hopefully be in contact with you in the future about the issue and look forward to your input.

The Board resolved to request that the responsible Cabinet member obtain information from the Water Board and Public Health regarding fluoridisation of water and to bring that information to the first meeting of the new Municipal Year of both the Adults & Health Scrutiny Board and the Children and Young Peoples Board

56/21 GP Access Long Term Planning

The Board received a report of the Director of GP Development, Derby and Derbyshire CCG which gave an update on General Practice in Derby regarding activity, practice recovery, capacity, staffing and workload.

Activity in General Practice - General Practice in Derby and Derbyshire offer around half a million appointments every month. The number of appointments offered are at similar levels, or more than, before the pandemic. Most of the of appointments are face to face (around 65%). The number of telephone appointments has increased since the pandemic to about 30% of the total. About 43% of appointments are offered for the same day and more appointments are offered on the same day than before the pandemic. Derby and Derbyshire's appointments are in line with, or more than, other counties in the Midlands

Derby City Practice Recovery – Most of Derby City Practices have recovered to 2019 appointment levels, which can fluctuate slightly month by month. There are only 8 out of 29 practices who appear more than 5% down in appointments in February 22 compared with February 2019. The data received for this information is relatively new and the CCG are working with practices to ensure that the information is correct and that the data reflects their work. The CCG work with practices where the numbers look lower and discuss any action plans are in place for those who are struggling to provide effective access to their patients.

Future work to improve GP Access - The new Investment and Impact Fund (IIF) will reward PCNs for achieving:

- Improvements in patient experience of access through financial incentives linked to performance
- Continued delivery of online consultations. Ensuring that online consultations continue to be offered to patients consistently across the country as we exit the pandemic
- Improved utilisation of Specialist Advice services – to support the wider NHS recovery of elective care services by avoiding unnecessary outpatient activity.
- Reductions in rates of long waits for routine general practice appointments

Practice staffing in Derby City - Staff sickness and absence levels are currently high (11.9%) across city and county. There are problems recruiting staff for General Practice, particularly GPs and Practice Nurses, nationally & locally. However, staffing levels for Derby City Primary Care Networks are comparable with other areas across Derbyshire. Derby has more patients per GP than average in Derbyshire and compared to the national average, but it is comparable with other cities in the country. Derby has less patients per nurse than both the Derbyshire and national average. Derby Primary Care Networks will get £3.947m to invest in additional (non-GP or nurse) roles by March 2024. This equates to another 141 full time people. Practices are funded on a per capita basis so will receive some additional funding for new patients which they can use to increase staffing.

In summary access to GPs in Derby was challenging for some practices but was a priority for both patients and practices. The demand for GPs was currently surging and practices are working hard under pressure. They are open for business and overall the number of appointments offered are either the same or above pre pandemic levels. More appointments are offered by phone, and more are offered the same day they were asked for than before the pandemic. Patients report mixed satisfaction with access and there is ongoing work to improve access by practices, the CCG and the wider NHS. Staffing is challenging there was new funding for non-GP staff and a range of initiatives designed to help recruit and retain key staff. GP services are not being cut, and those that were paused during the pandemic are being restarted. GPs continue to lead a very successful vaccination campaign but demand and pressure on staff are likely to be very high over the winter, and there was concern over practice staff wellbeing.

The Chair thanked the Director of GP Development. She felt that the way the service was delivered was important. A simple problem can be resolved but many patients have more complex needs it was heartening to hear that this is now being acknowledged and built into the system again. Another councillor asked if the services would be improving access often people with busy schedules cannot phone in the morning, was there a push to enable GPs to get routine appointments back into the system.

The officer explained that there has been a growth in demand for GPs services. Staffing levels have not affected that. Patients with complex needs have been

prioritised. A lot of work was ongoing to link GPs into the system. There was new funding available for late and evening appointments. Some GPs have opened more channels such as emailing for appointments, some are bringing in an “App” to allow patients this access.

The Chair felt it should be recognised that there was a lot of pressure on GPs and the wellbeing of staff must be a priority. The increase in numbers of appointments was good and it was good to identify practices who are struggling to offer GP access. There was a lot of funding coming in but sometimes it was being spent in the most expensive way. GPs working in other areas costs a lot of money, it would be good to have enough GPs in place in their own surgeries. The officer agreed with the points made. The Winter Access Fund was useful but expensive, as it relied heavily on locum GPs to work overtime shifts. These GPs did a good job but they would not know the patients or be able to provide any continuity of care and were paid at a premium. It was necessary at the time but was unsustainable. Practice staff are working as hard as they can but there are patients still upset as they cannot access services. There was a need to recognise that this was not individual practices. A different conversation needs to take place, looking at what the demand is, whether a service redesign was needed or a new telephone system. It may be that a Practice which once had four partners now only has one.

The Chair stated that GP services had been underfunded for some time and asked if there was anything that could be done in terms of recruitment of GPs. The officer explained there was a raft of national approaches such as internal recruitment, retaining partners by offering incentives, also getting GPs to stay on after retirement, making career pathways more interesting, there are initiatives around health and wellbeing in place, however people are tired or burnt out. There was a partnership challenge now, because young people do not want to join as partners the model of GP practice was changing. The Chair suggested a draft recommendation of trying to integrate GP Services. A councillor stated that GP Partnerships had been in place since the 1940s and asked what they would change to. The officer explained that the model was still in place, there was no national or local strategy to change it but it was changing by default and we are seeing the development of larger practices. Smaller practices can struggle as partners retire and no new partners wish to join the practice – the remaining partner or partners then sometimes have to merge with another practice. It has always happened in the past but was more common now. Smaller practices can offer excellent care but the larger practices can offer some more resilience as they have more roles, bigger teams and were more diverse, there was a trend for more national providers coming in. Other health service organisations including hospitals and community trusts have also branched out to run GP practices. The Chair felt that there was a need to educate and train more GPs, it was difficult to get into medical school but there was no shortage of young people wanting to train as doctors despite the job pressures. She thanked to officer for the informative report which recognised the problems at some GP practices.

The Board resolved to note the report.

57/21 Work Programme and Topic Review

The Board received a report of the Strategic Director of Corporate Resources on the Work Programme and Topic Review.

The Board noted that the following items would be carried over to the new municipal Year:

Services for Adults with Learning Disabilities
Provision for people with Myalgic Encephalomyelitis (ME), Chronic Fatigue

Syndrome (CFS)
Urgent Treatment Centres
NHS Dentistry

The Board noted that a full report for the Topic Review would be provided for the first meeting of the Board in the new municipal year. The draft recommendations with some amendments were agreed, it was proposed and seconded that all the recommendations be accepted.

The Chair thanked everybody that had contributed to the Topic Review.

The Board resolved:

- 1. to note the report**
- 2. to delegate authority to the Chair and Vice Chair to prepare a report on the topic review with a view to it being considered at the first meeting of the next Municipal Year**
- 3. to agree the draft recommendations.**

58/21 Item for Information – COVID 19 Update

The Board received a report from the Director of Public Health which provided an update on the current progress of the pandemic, including the changes to national guidance.

The Board noted that on 1st April 2019 the national approach to COVID 19 was updated and access to universal testing was removed.

Hospital admissions nationally and locally, with COVID19 have been increasing over recent weeks. There are high levels of COVID in the community but the need for intensive care treatment remains low. There have been between 1 to 4 deaths each week for the month of March.

The Board resolved to note the report.

MINUTES END