

NORTHUMBERLAND COUNTY COUNCIL

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

At a meeting of the **Health & Wellbeing Overview and Scrutiny Committee** on Tuesday, 15 February 2022 at 1.00 p.m.

PRESENT

Councillor V. Jones
(Chair, in the Chair)

MEMBERS

Dodd, R.R.	Hunter, I.
Hardy, C.	Nisbet, K.
Hill, G.	Wilczek, R.

ALSO IN ATTENDANCE

Angus, C.	Scrutiny Officer
Fletcher, P.	Dental Commissioning Lead –North East & North Cumbria
Hudson, R.	Clinical Director
Mitcheson, R.	Service Director Transformation and Integrated Care, CCG
McEvoy-Carr, C.	Executive Director of Adults and Children's Services
Nugent, D.	Northumberland Healthwatch
Pattison, W.	Cabinet Member for Adults' Wellbeing
Seymour, C.	Deputy Cabinet Member for Adults' Wellbeing
Syers, G.	Clinical Chair of Northumberland CCG
Taylor, S.	Chair of the Northumberland and Tyne and Wear Local Dental Network
Todd, A.	Democratic Services Officer

50. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors L. Bowman, D. Ferguson and C. Humphrey.

51. MINUTES

RESOLVED that the minutes of the meeting of the Health & Wellbeing Overview & Scrutiny, held on 4 January 2022, as circulated be confirmed as a true record and signed by the Chair.

52. FORWARD PLAN OF CABINET DECISIONS

The Committee considered the Forward Plan of key decisions (a copy of the Forward Plan has been filed with the signed minutes).

RESOLVED that the report be noted.

53. HEALTH AND WELLBEING BOARD

The Committee considered the Health and Wellbeing Board Minutes of the 9 December 2021 (a copy of which has been filed with the signed minutes).

RESOLVED that the minutes of the Health & Wellbeing Board held on 9 December 2021 be noted.

REPORTS FOR CONSIDERATION BY SCRUTINY

54. ACCESS TO GP SERVICES

Members received a presentation regarding access to GP services from Dr G. Syers, Clinical Chair of Northumberland CCG and Dr R. Hudson, Clinical Director. (A copy of the presentation has been filed with the signed minutes).

The detailed presentation highlighted the following areas:-

- The various pressures and requirements faced by GP surgeries over the past two years due to the Covid-19 pandemic.
- An understanding of why patients were feeling as though they could not access GP services including engaged phonelines and less face-to-face appointments available.
- The added responsibilities and duties being asked of GPs including services such as providing medical information as part of the process for some firearms licensing.
- The increase in use of telephone and video consultations, alongside several other changes in order to keep services running.
- The advantages of offering online bookings, video and phone consultations.
- The need for patients to adapt to changes, some of which had been required due to the pandemic while others had been introduced to cope with increasing demand.
- A recognition that these new methods of access had affected different people in different ways.
- The transformation of GP services in order to build capacity within the system, be more efficient and develop Primary Care Networks.
- The need to learn from Covid 19 to meet differing needs including providing a range of appointment options to meet needs, reduce travel and improve communication options.
- It was reported that following on from the last few years of changes the CCG was launching a process of engagement with patients in Northumberland to better understand their views, which would help inform any future changes to accessing GP services in the county. The survey would seek to understand

patients' views on issues such as which healthcare professional they would prefer to see, how quickly they want to be seen and whether weekend and evening appointments were useful, and how far they were willing to travel or would a telephone or online consultation be more suitable.

- It was advised that the underlying principles of the survey was to improve partnership working across the health and social care, continuity of care, value the relationship between practitioner and patient, be proactive and anticipatory but also include residents on the journey to improving access to services.
- Details of the work that was to be undertaken with residents and how Local Councillors and other stakeholders could help engage with the survey.

Members made a number of comments which included: -

- It was noted that there was an increased use of online and telephone consultations, but many people were still feeling frustrated that they could not access GP services.
- Many residents were reporting long waits on the telephone to speak to someone also uncertainty when a health professional was to call back because of the triage system in place.
- Access to GP services had been an issue before the pandemic with many people continuing to struggle to get appointments. It was acknowledged that access was a complicated issue. Members were informed that there were currently six different access models with Northumberland having 37 practices all doing a variety. Although the CCG could not mandate which model GP practices preferred, they could steer them. It was hoped that the survey results would help with this.
- Some residents did not have access to the internet or a smart phone or did not feel confident enough to use them.
- Access to GPs had changed but that should not be at the detriment of the needs of patients. Changes should avoid unintended discrimination.
- Receptionist played a vital role however it was commented that sometimes reception staff were often patients' neighbours, and it could be quite difficult to disclose personal information to them. In response, Members were advised that reception staff were trained to handle sensitive information and other options were available if any patient felt uncomfortable.
- The rural nature of Northumberland and the need to continue to have access to local GP practices.
- The need for residents to understand the changes that had taken place and how they affected the way patients now accessed care.
- Reports of people not being able to access regular treatment, medication and appointments not meeting people's needs were discussed. Members were informed that people could now book appointments online, order repeat prescriptions, and message their practice which was very helpful for some patients.
- The benefits and advantages of seeing the same GP and being able to have face to face appointments.
- The knock-on effect of patients seeking medical attention at hospital walk-in clinics if they could not access GP services. Also, the increased demand coming from hospitals to enable patients to be looked after closer to home.

- The anxiety and stress felt by not only patients but their family members when trying to access GP services.

Members were advised that GP practices were aware that there had been difficulties regarding access, but it was hoped that by carrying out the survey it would ensure that patients views were sought and that the needs of Northumberland residents could be better met in the future.

The Committee thanked Dr Syers and Dr Hudson for attending the meeting.

RESOLVED that the presentation and comments made be noted.

55. ACCESS TO DENTAL SERVICES

Members received a presentation from NHS England/Improvement (P. Fletcher, Dental Commissioning Lead –Northeast & North Cumbria) and S. Taylor, Chair of the Northumberland and Tyne and Wear Local Dental Network. A copy of the powerpoint presentation has been filed with the signed minutes.

The ‘myth buster’ document produced by Healthwatch Northumberland has also been filed with the signed minutes.

The detailed presentation highlighted the following areas:-

- Primary care dental services must operate in strict accordance with regulations.
- NHS Dentistry was highly regulated and that the regulations unlike those for General Medical Practice did not allow for NHS Dental Patient Registration.
- NHS Dentistry contracts and provision by contrast was activity and demand led.
- The national dental contract regulations set out the contract currency as being units of dental activity (UDAs), which were then attributable to the ‘banded’ courses of NHS Dental treatment.
- In Northumberland there were 42 dental practices contracted to provide general dental access.
- In 2019-20 (pre-Covid) approximately 90% of the total commissioned capacity in Northumberland had been utilised.
- The impact following the COVID-19 pandemic on access for patients. All routine dental services had been paused, and a small number of urgent dental care centres (UDCs) were established to provide access for patients with clinical urgent care needs.
- NHS dentistry services continuing to operate at significantly lower levels of capacity than would normally be available. As infection rates dropped, all practices re-opened for face-to-face care and steadily increased activity. Reassurance was provided that practices were exploring all options available to increase access for patients.
- Urgent and Emergency services remained available to patients out-with general dental practices via NHS 111.

- The timeline for safely restoring access to dental services following the pandemic.
- A return to full capacity was dependent on further easing of COVID-19 infection prevention control measures and publication of further National NHS Dental Guidance, which will be due at the end of March 2022.
- Information on local measures and action to date including incentives for all NHS dental practices to prioritise patients who had not been seen in the practice within the previous (24 months) adults and 12 months (children).
- Continued need for dental practices to triage patients who contact them to ensure that patients with the greatest clinical need were seen.
- Workforce and retention issues.
- Dentists were seeking patients understanding and co-operation during the unprecedented and challenging time for the NHS until a return to full dentistry activity could be restored.
- A thank you to the local Healthwatch organisations across the Northeast who had worked in partnership to produce and disseminate an NHS Dental Myth Busting guide to help improve patient and public understanding of how NHS Dentistry operated nationally and locally under regulation.

The following comments were made in response to queries from Members:-

- Confirmation that a patient was only 'registered' with a practice while undergoing treatment.
- Clarification that dental practices were set up within the NHS in a completely different way to GP practices. There was no formal patient registration within Dentistry. Anyone could approach any NHS dentist for treatment at any time. Members felt that this needed to be communicated better as it was a common belief that people needed to be registered at a dentist to access treatment.
- It was noted that whilst the NHS provision was available across the practice's contracted opening hours, demand for NHS treatment maybe so great that on any given day, depending on demand and the treatment needs of the patients who contact them, they could have used up all their NHS appointments. They may, therefore, offer a private option to patients as an alternative, as they would have separate NHS and private appointment books, with separate clinical staff time allocated accordingly.
- All practices were currently having to prioritise patients based on clinical need and urgency. Therefore, dentists' ability to take on patients for routine treatment such as check-ups was likely to be limited with the reduced capacity, they were able to deliver. However, if patients had healthy teeth and gums, a routine check-up may not be needed for up to two years between appointments.
- It was advised that lost fillings, crowns or bridges, broken teeth or braces were not usually deemed to be clinically urgent, which could mean a little longer wait for an appointment. Access to NHS urgent dental appointments was based on an individual clinical assessment of need. It was therefore important that patients fully explained their dental problem to the practice or NHS 111, so that it could be correctly triaged.
- It was reported that there was an expectation that practices delivered and managed available commissioned activity to best meet the immediate needs of any patient presenting. This was achieved by entering an agreed and

formal signed course of treatment with each patient. Any charges to be made should be discussed with the patient in advance.

- It was noted that the national dental contract regulations set out the contract currency. However, not all types of dental treatment were available on the NHS, but patients should be made aware of all options before treatment began.
- Confirmation that due to the contract commissioned by each practice NHS dentistry was cost neutral.
- A significant risk to both sustaining existing or improving levels of NHS Dentistry access and Oral Health was recruitment and retention across all parts of the workforce. It was reported that this was a national problem but was creating significant pressures in an increasing number of local areas including Northumberland.
- The challenges of trying to attract more people to want to work in dentistry including those of dental technicians who often had poor working conditions and lower wages were discussed. It was stated that the Council had previously carried out a campaign to attract professionals to the county. It was suggested that officers evaluate if this had been successful and look to see if a recruitment drive could be established again to promote Northumberland as somewhere that people would want to live and work as well as promoting job opportunities and training.
- It was reported that discussions with NHS England were continuing regarding the shortage of available dentists in Berwick following several retirements.
- A couple of comments regarding issues raised by councillors in their wards were discussed. It was confirmed that these could be investigated in more detail following the meeting.
- An acknowledgment that dentists needed to continue to keep members of the public informed as communication and clearly signposted complaint procedures had been raised as issues by Healthwatch focus groups.

Members thanked P. Fletcher and S Taylor for the detailed presentation.

RESOLVED that the presentation and comments made be noted.

REPORT OF THE SCRUTINY CO-ORDINATOR

56. HEALTH AND WELLBEING OSC WORK PROGRAMME

The Committee reviewed its work programme for the 2021/22 council year.

RESOLVED that the work programme be noted.

57 DATE OF NEXT MEETING

RESOLVED that the next meeting has been scheduled for Tuesday, 1 March 2022 at 1:00 pm.

CHAIR _____

DATE _____