



Minutes

Name of meeting	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date and Time	MONDAY 13 SEPTEMBER 2021 COMMENCING AT 5.00 PM
Venue	COUNCIL CHAMBER, COUNTY HALL, ISLE OF WIGHT
Present	Cllrs J Nicholson (Chairman), R Downer, M Lilley, K Lucioni, C Mosdell, J Robertson Chris Orchin (Healthwatch)
Also Present	Cllrs S Hastings, K Love, L Peacey-Wilcox, Bob Seely MP Simon Bryant, Laura Gaudion, Paul Thistlewood, Megan Tuckwell Alison Cross (NHSE&I), Paul Gray, Alison Smith (IW CCG), Darren Cattell, Kirk Millis-Ward, Steve Parker (IW NHS Trust), Joanna Smith (Healthwatch), Pam Fenna (Patient Observer)
Apologies	Cllrs A Garratt

10. **Minutes**

RESOLVED:

THAT the minutes of the meeting held 19 July 2021 be confirmed as a true record.

11. **Declarations of Interest**

Cllr Karen Lucioni declared an interest as a self-employed Personal Assistant.

12. **Public Question Time - 15 Minutes Maximum**

Mrs Kay Evans submitted a written question in relation to patient transport, and a written response was provided. (PQ39/21)

13. **Progress on outcomes and recommendations from previous meetings**

The chairman presented the report which provided an overview of the progress against outcomes from previous meetings. No comments or questions were raised at this stage.

RESOLVED:

THAT the progress report be noted.

14. **Dentistry on the Isle of Wight**

The Senior Commissioning Manager (Dental) for NHS E&I – South East Region was in attendance to provide an update on progress with the issues highlighted at the last meeting in the report on dentistry presented by Healthwatch Isle of Wight.

The impact on dentistry provision due to the pandemic was noted however many of the issues experienced on the Island pre-dated the pandemic and had been raised by this Committee and others. The committee noted the national challenges and that the pandemic had exacerbated pre-existing issues. However, the committee stressed that NHS England needed to acknowledge the unique health inequalities and challenges faced by the Isle of Wight, particularly in terms of accessibility and being unable to rely on neighbouring regions to access an NHS dentist.

It was confirmed that meetings were scheduled to commence on 14 September 2021 for NHS E&I to work with Public Health England to commission an oral health needs assessment for Hampshire and the Isle of Wight to determine where the units of dental activity (UDAs) should be tendered. It was anticipated that the consultation process would take 6 months before going out to tender.

The Committee were pleased to note the commencement of the oral health needs assessment but stressed that in addition to data analysis NHS England should ensure that there was good dialogue with all relevant local organisations and professional groups to fully understand the needs of the Island's population, including consultation with the local community, GPs and town and parish councils.

It was advised that the lack of dental provision was the biggest health inequality on the Island and has an impact upon both primary and acute care providers. Concerns were raised in relation to service delivery, access to dentists, children's dental care, dental screening backlogs, and recruitment and retention. Bob Seeley MP was in attendance and advised that meetings with NHS providers were underway in Government to identify options to recruit more dentists.

It was agreed that the Senior Commissioning Manager (Dental) for NHS England and Improvement – South East Region would report on progress to the next meeting and to keep the Committee updated informally.

RESOLVED:

THAT the NHS England be requested to report to the next meeting of the Committee in November 2021 on the progress with the Isle of Wight oral health needs assessment.

15. **Update on Covid-19**

The Director of Public Health provided a brief update on Covid-19 recovery plans and vaccinations. The Committee were advised that rates of infection were increasing among all ages and the data demonstrated that vaccinations were effectively breaking the chain between infection and hospitalisation.

The Medical Director of the IW NHS Trust provided an update on hospital admissions and recovery to normal service delivery, and the Managing Director of

the IW CCG provided an update on the continuing impact on primary care and the vaccination booster roll-out.

Discussion took place regarding the outbreak management preparations ahead of the upcoming Isle of Wight Festival. It was confirmed that Public Health were working closely with NHS colleagues and event organisers to prevent the spread of infection including additional communications, testing sites and vaccination pop-ups.

RESOLVED:

THAT the update be noted.

16. Health in Coastal Communities - Chief Medical Officer's Annual Report 2021

Consideration was given to the findings and recommendations in the Chief Medical Officer's Annual Report 2021 on Health in Coastal Communities, and partners were invited to give an overview of the findings in the context of the Island, and what actions could be taken at a local level to understand and address the issues identified. The Director of Public Health confirmed that a public health south east group would meet to take the recommendations forward This would form part of the joint strategic needs assessment which would be presented to the Health and Wellbeing Board. The Committee formally endorsed and supported the recommendations contained within the report.

RESOLVED:

THAT the Committee formally supports the recommendations contained within the report.

17. GP Patient Survey 2021

The Managing Director of the IW CCG delivered a verbal update and presented a written report which provided background information on the 2021 GP Patient Survey alongside the key findings from the report and the next steps being taken by primary care. The IW CCG campaign to inform the public about the changing face of primary care being launched in September 2021 was welcomed. Questions were raised in relation to the response rate for Hampshire and the Isle of Wight, and it was requested that data be provided specific to the Island. It was indicated that the Committee wished to meet with patient participation groups (PPG's) now that they were returning to being fully operational.

RESOLVED:

- i) THAT the Managing Director of the IW CGG to confirm whether island-specific data could be provided to the Cabinet Member in relation to the GP Patient Survey.
- ii) THAT an informal meeting between the Committee and PPGs be arranged to discuss working arrangements to help support the delivery of effective care and enhance communications and engagement between the local community and GP Practices.

- iii) THAT the Communications and Engagement Strategy, together with the action plan, being produced by the IW CCG be circulated to the Committee when finalised.

18. Integration and Innovation: Working Together to Improve Health and Social Care For All

The Committee received an update on the establishment of the Integrated Care Partnership (ICP). Questions were raised in relation to the role that the Council will have in the ICS and it was advised that the Chief Executive was preparing a report to Cabinet outlining the role which the Council wishes to play. Concerns were raised regarding future funding for adult social care following the government's announcement that funding would be allocated to the NHS to reduce waiting lists.

RESOLVED:

- i) THAT the Committee indicated that it was vital that the Director of Adult Social Care have a position on the ICS NHS body as well as on the Hampshire and Isle of Wight ICS Partnership.
- ii) THAT the Island's MP be requested to assist the Council in pressing the Government for additional funding for adult social care as a matter of urgency.

19. Patient Transport

The Committee sought to ascertain what actions were being taken to improve arrangements for patients having to travel to mainland facilities for treatment in the light of the Department of Transport's Inclusive Transport Strategy.

The Managing Director of the IW CCG delivered a verbal update and presented a written report which provided background information on the Non-Emergency Patient Transport Service (NEPTS) review that was being carried out by NHS England and Improvement. It was confirmed that the IW CCG, along with other organisations across the country, would feed into the national consultation.

Discussion took place regarding a priority booking system for cross-Solent travel. It was noted that Healthwatch were preparing a draft report on patient transport with the Wessex Cancer Trust and it was agreed that a copy of this would be shared with the IW CCG to feed into the consultation.

Committee members stressed that all public transport operators should be fully engaged in any processes which minimise the financial and practical implications of patients using public transport for the purposes of attending medical appointments. The Committee agreed to seek clarification from the Maritime and Coastguard Agency on the requirements placed upon cross Solent ferry operators for all car occupants to leave their vehicles whilst the crossing takes place.

RESOLVED:

- i) THAT the Integrated Care Partnership re-establishes the working group looking at patient transport as a matter of urgency and this should ensure that all public transport operators are fully engaged in processes which minimise

the financial and practical implications of patients using public transport for the purposes of attending medical appointments both on the Island and on the mainland.

- ii) THAT representations be made to the Accessibility Minister Chris Heaton-Harris that the Island's situation should be fully recognised by the inclusion of data for ferry travel in the National Travel Survey undertaken by the Department for Transport, to ensure that residents (particularly those with disabilities) have better access to public transport and a bigger say in how they travel as part of the Government's National Disability Strategy.
- iii) THAT such data should also specifically show travel for medical purposes to assist both the Department of Health and Social Care and NHS England in assessing the planning and delivery of health provision.

20. **Updates on Significant Service Issues**

Health partners were invited to report on any significant service issues which require the attention of the Committee and to be added to the future workplan if necessary. The Director of Adult Social Care advised that workforce pressure continued to be a significant pressure across the healthcare system. It was noted that from 11 November 2021 there would be a requirement for staff working in adult care homes to be double vaccinated and currently 5% remained unvaccinated. The Deputy Chief Executive of the IW NHS Trust added that workforce pressures also remained a challenge for the Trust.

RESOLVED:

THAT the updates be noted.

21. **Workplan**

Consideration was given to the future workplan, and the committee and health partners were invited to identify any key issues that should be included. It was agreed that the workplan should include an item on health and social care workforce and recruitment pressures.

RESOLVED:

THAT health and social care workforce and recruitment pressures be added to the workplan.

22. **Members' Question Time**

No questions were raised at this stage.

CHAIRMAN

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Written question from Kay Evans

Question

“Would the Committee please apply pressure to the ferry companies to adopt a 'Patient Travel Scheme' that would give NHS patients (particularly those that NEED to travel in a car because of surgery) absolute priority on any day and any sailing throughout the year. In view of the reluctance of at least one ferry company to engage with The Council to implement such a scheme, I hope this committee can undertake to scrutinise, persuade, and apply pressure to these companies, to adopt a workable 'Patient Travel Scheme”

Response

The Committee has on-going concerns about the impact of crossing the Solent on patients and their families. These concerns are not only in respect of the financial costs but the physical impact upon patients caused by the stress that such travel can entail. It will request that health partners, the Council and all public transport operators engage in discussions on this very important topic and report back to the committee on progress.

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Hampshire, Southampton and Isle of Wight Clinical Commissioning Group response to GP Patient Survey 2021

1. Introduction

This paper provides background information on the 2021 GP Patient Survey for Hampshire, Southampton and Isle of Wight Clinical Commissioning Group (CCG), alongside key findings from the report and the next steps being taken by primary care.

2. Background

The GP Patient Survey assesses patients' experience of healthcare services provided by GP practices, including experience of access, making appointments, the quality of care received from healthcare professionals, patient health and experience of NHS services when their GP practice was closed.

The results of the survey are published by Ipsos MORI on behalf of NHS England and NHS Improvement on the [GP Patient Survey website](#).

Data for this survey was collected via postal and online entries from January 2021 to the end of March 2021.

Although there are four comparable years of data for most of the GP Patient Survey questions (2018, 2019, 2020, and 2021), the questionnaire was redeveloped in 2021 to reflect changes to primary care services as a result of the COVID-19 pandemic - the effect of which should be taken into account when looking at results over time.

This is also the first year in which results are recorded for the newly-formed Hampshire, Southampton and Isle of Wight CCG.

3. Results

In total, **41,598** questionnaires were sent out across the Hampshire, Southampton and Isle of Wight CCG footprint, and **18,269** were returned completed. This represents a response rate of **44%**.

Overall in 50% of the questions asked, the CCG scored above the national average for positive responses, compared to three questions where it was on par with the national average.

Highlights from the report include:

- More than 9 in 10 people (91%) said they were given a time for their appointment
- More than 4 out of 5 people (88%) said their mental health needs were recognised and understood during their last general practice appointment
- More than 4 out of 5 people (83%) said their overall experience of their GP practice was either very good or fairly good
- More than two thirds (67%) of people found it easy getting through to their GP practice over the phone
- When asked about ease of using online services, two-thirds of patients (75%) responded to say they found online services easy to use
- Two-thirds of people (65%) responded to say they were satisfied with their appointment time
- Two-thirds of people (66%) responded to say they were satisfied with their choice of appointment
- More than 4 in 5 people surveyed (83%) were satisfied with the appointment they were offered
- Overall 7 out of 10 people surveyed (70%) said they had a very good or fairly good experience of making an appointment
- More than three-quarters of people (76%) respond to say they felt supported with managing their long term condition

While many of the results show we are in line with the national average, we recognise we have more to do to further support patient demand and this remains a key priority for the CCG.

4. Primary care update

The Hampshire, Southampton and Isle of Wight CCG (CCG) welcome the findings of the survey. It is one of many pieces of work which continue to help us inform what we do, and proves to be a valuable benchmarking tool.

Primary care demand – both for same-day access and general appointments – is higher than it ever has been before. The number of appointments given each month has risen to higher than pre-pandemic levels. Each day practices interact with thousands of patients through a number of methods including over the phone, via video consultation, online consultations and face-to-face appointments.

This is alongside delivering the biggest vaccination programme in the history of the NHS – with more than 75 per cent of COVID-19 vaccinations being delivered within primary care.

The way primary care works drastically changed in March 2020, as part of the Government's response to the emerging COVID-19 pandemic. In order to keep patients and colleagues safe, people are requested to either call or visit the practice online get support for their health concern/condition.

In mid-July this year, the Government ended COVID-19 restrictions in many settings. However, Public Health England's infection prevention control guidelines and hospital visiting guidance have remained in place for all staff and visitors in healthcare settings, GP practices, hospitals, dental practices, optometrists and pharmacies to ensure patients and staff are protected.

For our practices, this means they have continued to ask patients to either call or use an online consultation form to make contact with them initially. It also means anyone accessing or visiting healthcare settings must continue to wear a face covering and follow social distancing rules.

It's important to highlight that face-to-face appointments have always been, and continue to be, offered to patients. This never stopped during wave 1 and wave 2 of the pandemic. GP practices talk to patients to find out what support they need and then provide them with an appointment that best suits their clinical needs.

For example this could be an invitation to come in for a face-to-face appointment, or it could be a referral to another service or given advice and guidance on how to manage their issue within the community.

It's also important to note that the primary care workforce is very diverse and alongside GPs, practices now also employ specialists such as physiotherapists, mental health practitioners, and social prescribers so that patients can be directed to the specialist who can give them the appropriate care as soon as possible.

While online and telephone consultations work for many, the CCG is aware that this method doesn't suit all. The balance between keeping people safe while we provide healthcare has been challenging in this pandemic however ensuring a safe balance is struck is of the greatest importance to the CCG.

The CCG also recognises that there have been long-standing challenges within primary care, including informing and engaging members of the public about these changes. To help tackle this, the CCG has provided a short communications and engagement update on current work plans.

Communications and engagement

With many changes taking place in primary care happening rapidly, the CCG recognises that continued work needs to take place to inform and engage with our patients about these changes.

A communications and engagement strategy for primary care to ensure the communications and engagement activities carried out align with the key priorities for primary care has been finalised.

The strategy has identified six areas: GP access, internal communications, supporting COVID and flu vaccination programme, supporting practices to engage

with their patients, supporting PCN development and reducing health inequalities and encouraging people to stay well.

An action plan to deliver the strategy is in its final stages of completion –it's important to note that some work to deliver the strategy has already been actioned given the urgency of some issues and examples of this will be given below.

A campaign is currently being developed to inform people on the changing face of primary care. This includes providing people with information about the different roles within a GP practice, and that seeing someone with this specialist skill can be more beneficial than seeing a general practitioner, who by their professional nature will only have general expertise in some areas, for example seeing a physiotherapist for musculoskeletal issues.

The campaign will inform people about roles such as social prescribers, mental health practitioners and physiotherapists to name a few. It will also include a reminder about how to access primary care, which includes different methods, and which method is the most appropriate. It will also include a joint element of respect and care for our colleagues and patients.

This is being developed with practice managers on the Isle of Wight, who have been providing vital information and insight to ensure the messaging is useful. This campaign is due to launch in September.

The CCG recognises that our primary care teams also need support to communicate and engage with their patient population. Engagement work with practice managers has been carried out to find out what challenges they face and what solutions can help. This report is currently being finalised.

Patient Participation Groups (PPGs) support practices in both sharing concerns/comments raised by patients, but also are an important check point for practices to ensure they can communicate/engage on any changes taking place. The pandemic has meant many PPGs switched from meeting in person to face-to-face and while this worked for some, it has not worked for all.

The communications and engagement team is due to start work with primary care leads across Hampshire and the Isle of Wight to see how we can support the reinvigoration of PPGs and other methods to engage with our patients.

Communications toolkits which include social media assets and wording, example website messaging, posters, text messaging and sample voicemail messaging, have been created to support practices share consistent messaging.

Toolkits have been created for a whole host of areas, including GP access, infection prevention control measures in primary care, bank holiday support holiday, COVID vaccination status support, NHS data opt-out support, anti-abuse of staff and ongoing resources to support the COVID-19 vaccination programme.

Isle of Wight update

- Access:
 - Improved telephone access for patients in Cowes Medical Centre. They installed a new phone system in August 21 which has significantly improved how people access by phone
- Online services:
 - Increase in use of e-Consult by patients by more than 1,000%
- Appointments:
 - New remote primary care appointment service which offers telephone consultations to support practices who need additional support on the day. As part of this service, NHS 111 can also book in a person for a remote primary care appointment if they need to be supported within 1-2 hours. Combined this provides on average an additional 360 appointments per week.
- More varied roles:
 - Successfully recruited to social prescribers, paramedics, health and wellbeing coaches, occupational therapists, musculoskeletal first contact practitioners.
- Services closer to home:
 - Phlebotomy services have moved from St Mary's Hospital to primary care for GP requested blood tests. This has meant people can access blood tests closer to home
 - Blood pressure monitoring scheme underway in practices
 - A pilot Tissue Viability Service, which supports people who have conditions such pressure ulcers, leg ulcers and leg wounds, is being developed in the South Primary Care Network. This has significantly improved quality of life for patients and provided consistency in care
 - Covid Oximetry @ home in place and Long COVID service
 - Weight management enhanced service underway

5. Recommendation

The committee is asked to note this update briefing.

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Hampshire, Southampton and Isle of Wight Clinical Commissioning Group Non-Emergency Patient Transport Service Review

1. Introduction

This paper provides background information on the Non-Emergency Patient Transport Service (NEPTS) review that is being carried out by NHS England and Improvement. This will help provide the framework for Hampshire and the Isle of Wight.

2. Background

In August 2021, a National Non-Emergency Patient Transport Service (NEPTS) review was published by NHS England which produced an outcome of a new national framework for patient transport.

The needs and opportunities identified in this review define **three major objectives**; to be more consistently responsive, fair and sustainable:

- NEPTS needs to be high-quality and consistently patient-centred: minimising waiting times, keeping people informed, better integrating transport into the treatment pathways and giving people more control
- More detailed national eligibility criteria and consistent standards are required to underpin good local planning and delivery
- NEPTS needs a clear path to net zero carbon, to work with local communities and continuously improve productivity through investment and innovation

This review therefore sets out a new national framework comprising of **five components**.

1. Updated national guidance on eligibility for transport support
2. Support for wider transport planning and journeys for all patients
3. Increased transparency
4. A clear path to a net zero NHS patient transport sector
5. Better procurement and contract management

3. Timeline of events

The CCG, along with other organisations across the country, will be feeding into the national consultation. Once this has been completed, we will have a national framework in which we can work locally too.

The timeline for events by NHS England and Improvement are outlined below:

- **Autumn 2021** engagement events with commissioners and the sector to help finalise the approach to national implementation of core standards taking place.
- **14/10/2021** updated eligibility criteria consultation ends
- **25/10/2021** overall eligibility criteria consultation ends
- **29/10/2021** activity and performance measures discussion paper feedback complete
- **29/11/2021** commissioning and contracting discussion paper feedback complete
- **29/11/2021** core standards discussion paper feedback complete
- **Early 2022** final eligibility guidance due to be published
- **March 2022** finalised domains and measures for minimum national dataset due to be published
- **April 2022** eligibility guidance can be used in new contracts
- **April 2022** subject to legislation, NHS Integrated Care System bodies would assume responsibility for overseeing NEPTS and transport support more widely
- **During 2022** good practice guidance on procurement will be published. Support will also be available from the national team
- **During 2022** example service specifications published- these will complement the new core standards, minimum data set and best practice Key Performance Indicators
- **December 2022** core standards and model service specification due to be published
- **End of 2022** first tranche of national data will be published
- **2023** 50% of vehicles used to deliver the contract are of the latest emission standards
- **April 2023** eligibility guidance can be used by existing services
- **2026** 75% of vehicles used to deliver the contract are of the latest emission standards
- **2030** 100% of vehicles used to deliver the contract are Ultra Low Emissions Vehicle or Zero Emission Vehicles (ZEV), including minimum 20% ZEV.
- **2035** Our ambition is that all NEPTS vehicles, with the exception of ambulances and volunteers using their own vehicles, should be zero emission. At a later date, NHS England and NHS Improvement will set out plans for when it expects all ambulances to be zero emission; NEPTS providers will need to comply with future plans for ambulances and this will be reflected in further guidance and standards
- **2040** Fully zero emission fleet

Separately to the review, NHS England and NHS Improvement is also reviewing NEPTS infection prevention and control measures, in line with Government guidance and timelines.

4. Recommendation

The committee is asked to note this update briefing.

Appendix 1 Abstract from NEPTS review – timeline for implementing key actions



Timeline for
implementing key acti

Reference materials

- Eligibility consultation and proposed criteria



B0712-consultation
-on-eligibility-criteri



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