HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held at Council Chamber, County Hall, Lewes on 15 December 2022

PRESENT:

Councillor Colin Belsey (Chair), Councillors Abul Azad, Penny di Cara, Sorrell Marlow-Eastwood, Sarah Osborne, Christine Robinson (Vice Chair) and Alan Shuttleworth (all East Sussex County Council); Councillors Councillor Christine Brett (Lewes District Council), Councillor Richard Hallett (Wealden District Council), Councillor Mike Turner (Hastings Borough Council) and Geraldine Des Moulins (VCSE Alliance)

WITNESSES in attendance:

NHS Sussex

Adam Doyle, Chief Executive Officer

Claudia Griffith, Chief Delivery Officer

Jessica Britton, Executive Managing Director, East Sussex

Amy Galea, Chief Primary Care Officer

Charlotte Keeble, NHS Sussex

East Sussex Healthcare Trust (ESHT)

Joe Chadwick-Bell, Chief Executive

Richard Milner, Deputy Chief Executive

Mike Farrer, Head of Strategic Transformation

Professor Nik Patel, Clinical Lead for Cardiology

Mr Kashif Qureshi, ICS Speciality Clinical Lead for Ophthalmology, Sussex

Sussex Community Foundation Trust (SCFT)

Mike Jennings, Interim Chief Executive SCFT

NHS England, South East

Nick Hanmore, Dental Commissioning Manager

Public Health England

John Jeyanthi

Aditi Mondkar

Healthwatch East Sussex

John Routledge

Simon Kiley

East Sussex County Council (ESCC)

Mark Stainton Director of Adult Social Care and Health

LEAD OFFICER: Martin Jenks, Senior Scrutiny Adviser

18. MINUTES OF THE MEETING HELD ON 22 SEPTEMBER 2022

18.1 The minutes of the meeting held on 22 September 2022 were agreed as a correct record.

19. APOLOGIES FOR ABSENCE

19.1 Apologies for absence were received from Councillor Mary Barnes and Councillor Candy Vaughan.

20. DISCLOSURES OF INTERESTS

20.1 There were no disclosures of interests.

21. URGENT ITEMS

21.1 There were none.

22. NHS SUSSEX WINTER PLAN

22.1 The Committee considered a report on the NHS Sussex Winter Plan. The Winter Plan sets out how the local health and social care system plans to effectively manage the capacity and demand pressures anticipated during the Winter period. The Winter Plan is a whole system health and social care plan, recognising the interdependencies of the system to meet the needs of the local population and runs from October 2022 to April 2023.

22.2 The Committee welcomed the degree of collaboration and focus on admission avoidance in the Winter Plan and asked if there were any particular areas or specialities where there were concerns.

22.3 Adam Doyle, Chief Executive Officer NHS Sussex, outlined there were four main areas which the system is working on areas of risk. These are:

- The numbers of people having a response to an ambulance call out. Work started two months ago to reduce 60 minute handover delays to ensure patients are seen quickly and free ambulances to respond to other calls and also as part of the rapid improvement programmes looking at patients who could be seen by a different service (e.g. community nursing teams) rather than waiting for an ambulance.

- Work to monitor and reduce the number of people in Emergency Department (EDs) waiting over 12 hours for a bed. Performance against this measure is quite good in East Sussex.

- Working with the Sussex Partnership Foundation Trust (SPFT) on mental health presentations in emergency (ED) and urgent care pathways to make sure people are seen quickly.

- The risk to the workforce from staff shortages across the system and the affect on staff morale. There is a weekly leadership meeting which looks at staffing issues. This is also being addressed in longer term through the 10 year workforce plan.

22.4 The Committee asked what the position was for upper gastrointestinal (GI) surgery at the Royal Sussex Hospital after the suspension of some non-urgent surgery following the Care Quality Commission (CQC) inspection and the subsequent press release.

22.5 Adam Doyle outlined that NHS Sussex works very closely with the CQC and was aware of the inspection and suspension of some surgery. All patients who have been affected by this have been contacted to let them know what their care pathway will be. Communications were sent out by the University Hospitals Sussex Trust (UHSx) and NHS Sussex will review how communications are handled should a similar situation occur in future. Adam Doyle offered to speak to Cllr Osborne outside the meeting concerning the communications with GP practices in her area.

22.6 The Committee asked what the impact had been on bed occupancy and making sure patients are seen, as the Winter Plan had been operating since October.

22.7 Adam Doyle responded by providing an overview of the position. From October to the end of November all measures were tracking in the right direction in terms of the numbers of

people waiting over 12 hours for a bed and over 60 minutes for a handover from an ambulance. All five rapid improvement programmes were starting to have a positive effect. Then over the last two weeks across the NHS and locally there was a significant increase in demand due to paediatric presentations for Strep A infections. As a response to this new issue a number of respiratory hubs will be set up in the community for children and adults. The number of presentations for respiratory issues should reduce over the next two weeks, and then the system will need to respond to the forthcoming industrial action.

22.8 Joe Chadwick-Bell, Chief Executive of ESHT gave an update on bed occupancy. Schemes to take action on discharges are taking place over the next two weeks, after which time there is expected to be a reduction in bed occupancy. This is to mitigate an existing gap to ensure there are sufficient beds over the winter period. So, it is likely that there will not be an overall reduction in bed occupancy, but the discharge schemes will better manage the risk. The effect of the discharge schemes on bed occupancy will be measured but as of today bed occupancy is around 98% or 99%. An update can be provided at the next HOSC meeting.

22.9 The Committee asked how NHS Sussex is working with the voluntary sector on discharges and what the capacity is of the Red Cross to provide services across all areas of East Sussex.

22.10 Jessica Britton, Executive Managing Director, NHS Sussex responded that they are working with a range of voluntary partners including the Red Cross. NHS Sussex is reasonably confident there will be sufficient capacity in the voluntary sector to provide the take home and settle support across the County but acknowledged the level of volunteers is not the same in all areas. Whilst the coverage may not be the same in all areas, there is a service in place across the whole of East Sussex.

22.11 The Committee asked if it would be possible to receive the Winter Plan earlier in the year and what parts of the Plan are working well at present and what areas may need to be looked at again.

22.12 Claudia Griffith, Chief Delivery Officer NHS Sussex responded the elements of the Plan that are working well are the out of hospital urgent care and work to better co-ordinate the services to support the ambulance service. This is to ensure the ambulance service can respond to those people with the most serious conditions. This means making informed decisions when an ambulance needs to be dispatched and when another service could step in thereby releasing ambulances by utilising other services. Ambulance crews also have a dedicated number they can use to access other services so they can be released from scene.

22.13 The Committee noted that Emergency Departments are very busy and asked what impact this was having on ambulance responses times.

22.14 Joe Chadwick-Bell outlined that additional staff resources have been provided via senior clinicians, nurses, and colleagues from social care so that people can been seen quicker and admitted quicker to reduce the numbers in Emergency Departments. Some people have been moved to same day urgent care services. Work has also been taking place on discharges to reduce the length of stay and bed occupancy, thereby improving the flow of patients through the hospital. Emergency Departments have been very busy especially over the last two weeks and a lot of work has been undertaken to support ambulance handovers, thereby releasing ambulances to go to the next call.

22.15 The Committee commented that admission avoidance is very important and asked what interventions are in place for those people at risk of admission.

22.16 Mike Jennings, Interim Chief Executive SCFT outlined that there are new urgent care teams working on this who aim to respond withing two hours. The teams are staffed by experienced nurses, occupational therapists and physiotherapists who carry out assessments and can call on GPs and other resources to provide care packages for those people at risk of admission. Community nursing teams are working with GPs and Primary care Networks (PCNs) on patients with known conditions. They carry out pro-active visits, provide advice on manging conditions and can provide links to other services. It was clarified that care packages are part of short term care services for between one to ten days, which are comprised of personal assistants, occupational therapists and physiotherapists. After that time, care packages will depend on need and health and social care provision. It was acknowledged that there are some capacity issues in health and social care, but patients will not be dropped.

22.17 Mark Stainton, Director of Adult Social Care and Health added that needs will be assessed on a patient by patient basis and it was a balancing act between allocating resources to enable patients to be discharged from hospital and admission avoidance.

22.18 The Committee commented that the health and care sector depends on having fully supported staff and there are some concerns about how we value staff and recruit and retain staff. The Committee asked how we send out the message that we support staff and want to make the service sustainable.

22.19 Adam Doyle acknowledged the importance of this point and that it is important to lead with positive intent with staff and how we work together on issues. There may be more that can be done locally to get people into the health and care workforce, and maximising retention is very important. Lobbying for a long-term funding plan for the sector is also of vital importance.

22.20 Joe Chadwick-Bell commented that some staff are becoming tired and exhausted and there are pockets of low morale. Work is taking place on the recognition of staff and the provision of wellbeing and mental health support. Recruitment and retention is a key point to explore to promote careers in health and care in East Sussex. Recently the Trust held two recruitments workshops at two sites which attracted around one hundred people at each to talk about roles in the NHS. Attendees were able to have interviews on the spot for vacant roles and could be offered jobs. This demonstrates that there are people willing to work in the NHS, but a different approach to recruitment may need to be taken. There has also been a successful overseas nurses recruitment scheme. There is a recognition that if we can reduce bed occupancy this will have the most impact on the pressure the system faces. The Trust has also moved staff into new wards and has opened one hundred more beds to improve capacity.

22.21 Mike Jennings commented that this year feels more difficult that previous years, but for different reasons. There is an acknowledgement that the workforce is the system's biggest asset and there are staff who are still positive and enthusiastic about their roles. As well as international recruitment there has been a focus on local recruitment events as most staff live locally. There has also been work on how people can be supported to have careers within the system and have different roles rather than leaving the health and care system altogether. Wellbeing is also really important as well as providing space and time for staff to take a break. There is also support for staff to speak up if they have concerns.

22.22 The Committee asked if the re-instatement of the nursing bursary had affected recruitment.

22.23 Joe Chadwick-Bell confirmed that it had a positive effect on nurse recruitment.

22.24 The Committee asked how the rates of Covid and seasonal flu, as well as the uptake of vaccinations, had affected the demand for services and staffing.

22.25 Claudia Griffith outlined that modelling work for the rates seasonal flu and Covid infections had taken place over the summer with colleagues in Public Health. These were then included in the demand model in the Winter Plan together with interventions to mitigate any gaps in services. The rates of infections are being monitored and additional inventions will be taken if rates are different from those included in the plan. At present infection rates are running at levels just below what was expected, but the system is ready to take additional measures if this changes.

22.26 The Committee asked if the use of Livi had been discontinued.

22.27 Joe Chadwick-Bell outlined that access to GPs via virtual consultations is being provided in some Urgent Treatment Centres (UTCs) in order to provide more primary care access in the UTCs.

22.28 The Committee asked what measures are in place to deal with strike action over the winter period.

22.29 Adam Doyle outlined that the health system is looking at multiple waves of industrial action involving ambulance staff from South East Coast Ambulance Trust (SECAmb), nursing staff who are members of the Royal College of Nursing (RCN) and members of the Chartered Institute of Physiotherapists. For the impending industrial action by ambulance staff derogations will be negotiated with the unions to ensure essential services are still provided. NHS Sussex has worked across all elements of the service and will publish a plan to mitigate the risks.

22.30 The Committee commented that with all the communications and media coverage about the crisis in the NHS some people may be avoiding presenting for treatment. The Committee asked if NHS Sussex will be taking this into account after the winter period.

22.31 Adam Doyle responded that the learning from the pandemic showed that it can take a long time to recover if you cancel services such as routine operations. So NHS Sussex is still trying to provide all services both emergency and routine. The impact of each decision that is made over the winter period is looked at carefully to see how quickly the system can recover services and provide them normally.

22.32 Claudia Griffith added that a core part of the winter plan is the communications message that the health service is still available to everyone and direct people to the most appropriate service. The clear message is that people should still come forward for treatment. In parallel to this the data on referrals is being tracked (e.g. cancer referrals are at 140% of pre-pandemic levels and cancer treatments are at 120% of pre-pandemic levels) to see if more needs to be done to address any issues.

22.33 The Committee asked if the number of intermediate care beds in community hospitals had been expanded to provide additional capacity to support the service over the winter period.

22.34 Mike Jennings responded that work had been undertaken to expand the number of community beds across the whole of Sussex. Across Lewes, Uckfield and Crowborough hospitals there has been an increase of around six to eight beds due to the space constraints and the need to provide all the facilities and hygiene control. These units have also contributed

to additional capacity by looking a patient flow with partners to ensure people move through these units as quickly as possible.

22.35 The Committee asked about the availability of consultants out of normal operating hours (Monday – Friday) and the impact of private work on access to consultants.

22.36 Joe Chadwick-Bell outlined that consultants work equally hard but acknowledged that there may be a tendency to work a five-day working week as this is what they are contracted to do. However, there are consultants on-site at weekends and they are available through the on-call system. Changing five-day working week contracts is a longer-term issue and would have resource implications. If there are any issues with junior doctors accessing consultants out of hours this will be addressed individually. In terms of private consultant activity carried out at the unit at the Conquest Hospital within the Trust, this has benefits for training, recruitment and retention of consultants and is done within their own time. If patients seek private treatment and are referred back into the NHS (e.g. for diagnostic tests), they will come in at that part of the patient pathway and will wait the same amount of time as NHS patients and NHS patients will not disadvantaged.

22.37 The Chair thanked everyone for attending the meeting for this item.

22.38 The Committee RESOLVED to:

1) Note the report; and

2) Request a further update on the progress of the Winter Plan at the Committee meeting to be held on 2 March 2023.

23. RECONFIGURATION OF CARDIOLOGY SERVICES AT EAST SUSSEX HEALTHCARE NHS TRUST

23.1 The Committee considered a report on the proposed changes to Cardiology services in East Sussex which have been agreed by the NHS Sussex Board.

23.2 The Committee asked about the implications of SECAmb ambulance response times on the door to balloon (treatment) times for those patients affected by the proposed changes to the location of specialist cardiac procedures, especially during busy periods.

23.3 Professor Nik Patel, Clinical Lead for Cardiology (ESHT) outlined that for heart attack management patients who need urgent treatment there are around 190 patients a year which is less than 3% of the total. At present, out of hours, these patients do travel to either the Eastbourne District General Hospital (EDGH) or the Conquest Hospital in Hasting for treatment. Irrespective of site the Trust is well within the 75% door to balloon and national target times for treatment. The Trust works very closely with SECAmb who prioritises heart attack patients and the Trust has worked with them on the proposed changes to the service in all the patient pathways. There is a pre-alert system in place to make sure patients are seen quickly and by the right people when they get to hospital. Patients are also assessed by ambulance crews who have access to specialist advice before they leave for the hospital. Professor Nik Patel

confirmed that performance against door to balloon times (e.g. for primary angioplasty) during normal working hours and busy periods are within the national performance thresholds.

23.4 Some Committee members expressed concerns about the travelling times for patients experiencing a heart attack and asked if ambulance crews have a problem stabilising a patient whether they would be taken to the Conquest Hospital first and then transferred to EDGH.

23.5 Professor Patel responded that this will depend on the circumstances of the individual patient and the decision of the ambulance service at the time. In the last 12-18 months the Trust has had the opportunity to improve the pathway for patients experiencing a cardiac arrest with a pre-alert system. This enables ambulance crews to notify the hospital of a heart attack patient and have the right people in the right place to treat the patient. This has resulted in better outcomes for the patients and taking patients to the designated site first is preferred by SEACamb. This was made possible because the changes in the proposed model of care allow the right people to be in the right place to receive and treat patients when they get to hospital. It is not just about travel times but having the people with the right expertise to treat these highly complex conditions in order to achieve positive outcomes for patients.

23.6 The Committee asked how moving patient treatment from the Conquest Hospital to EDGH and patients having to travel further would help reduce health inequalities in Hastings which is one of the most deprived areas in the County.

23.7 Professor Patel outlined that the people who need urgent specialist treatment for heart attack management under the proposed model of care will be transported very quickly to the right centre to get specialist treatment. Access to investigations (diagnostics) and outpatients will still be provided at both hospitals, as will the front door model and specialist cardiac response teams. Reducing health inequality is about access to care and education about heart conditions. The cardiology team spends a great amount of time with patients to help them manage their condition and understand the risk factors. Cardiovascular disease is the number two killer after dementia in the world. Addressing hypertension through primary care and public health will have a far greater impact on health inequalities than the small number of patients treated with specialist interventional cardiac procedures.

23.8 The Committee asked if paramedics will be trained to see when a patient needs a specialist treatment such as angioplasty and be taken to EDGH, and how will they tell if this is needed.

23.9 Professor Patel outlined that main way of diagnosing a heart attack is on an ECG trace and paramedics have a degree of skill in doing that. Around 90% of patients brought into hospital use the pre-alert systems where the ECG reading can be sent to the receiving hospital before the ambulance leaves site for the hospital. The ECG can then by analysed if it is borderline or not very clear. For the majority it is usually very clear and the patient will be taken to a cath lab for treatment.

23.10 Jessica Britton commented further on the points made about travel times and health inequalities. In terms of travel times, the review of the proposed changes looked at travel times across the whole of East Sussex and mapped the ambulance travel times not just from Hastings and Eastbourne but where people live throughout the County. NHS Sussex is confident in the mapping data and the proposals enable a good delivery of specialist cardiac services. The proposals have paid close attention to health inequalities and a thorough health equality impact assessment has been undertaken. The NHS Board has looked at this carefully and recognises that there are pockets of deprivation in the County. Mitigations have been put in place as part of

the proposals and in response to HOSC's recommendations and feedback from the public consultation. Sustaining services and implementing a model of care that benefits the local population has been very important, as well taking into account the issue of health inequalities in the implementation of the proposals.

23.11 Some Committee members expressed concerns that the Conquest site would lose specialist staff and it would be less attractive for recruiting new staff.

23.12 Professor Patel responded that he understood the concerns but in fact the team was losing staff because it was not able currently to provide the required number of specialist procedures. Implementing the proposals will be important in attracting staff as it will support specialisms and new cardiology treatments. In fact, the plans for the proposed model of care have assisted in recent recruitment where people have returned to the Trust. The Trust has a high degree of specialism and specialist skills that do not exist in other Trusts. So the proposed model of care will attract junior doctors and will improve expertise going forward.

23.13 John Routledge, Healthwatch East Sussex, outlined that Healthwatch had been involved in the consultation on the proposals and had contributed to HOSC's review of the proposals. In an ideal world it would be desirable to maintain specialist cardiac services at both hospital sites. However, having looked at all the evidence, overall the case is quite compelling considering the constraints on having the right number of highly specialist staff and equipment.

23.14 The Chair commented that there is agreement with the view that in an ideal world specialist cardiac services should be maintained at both sites. However, the Committee has heard evidence that Professor Patel and his team of specialists need to be able to carry out the required number of procedures, otherwise there is a risk that East Sussex may lose these specialist cardiac services altogether and people would have to travel to Brighton or Maidstone.

23.15 The Committee RESOLVED by a majority to agree that NHS Sussex's decision as set out in paragraph 2.1 of the report in relation to the changes to the future provision of Cardiology services by the East Sussex Healthcare NHS Trust (ESHT) is in the best interest of the health service in East Sussex.

24. RECONFIGURATION OF OPHTHALMOLOGY SERVICES AT EAST SUSSEX HEALTHCARE NHS TRUST

24.1 The Committee considered a report on the proposed changes to Ophthalmology services in East Sussex which have been agreed by the NHS Sussex Board.

24.2 The Committee noted that under the proposals around nine to ten additional patients per hour will be attending the Bexhill Hospital site. It asked how many additional parking spaces, including disabled parking spaces, will be provided.

24.3 Jessica Britton outlined that additional parking at the Bexhill Hospital site has been factored into the Decision Making Business Case (DMBC) and capital money has been allocated for this to reduce the impact on local residents.

24.4 Mike Farrer, Head of Strategic Transformation, added that as a result of HOSC's recommendations there will be an increase in the amount of parking available and this is reflected in the DMBC. There will be at least ten additional parking spaces and the Trust is looking at whether it might be possible to add more.

24.5 The Committee commented that the service is very good but waiting times needed to be lowered.

24.6 Mr Kashif Qureshi, ICS Speciality Clinical Lead for Ophthalmology acknowledged that waiting times were longer that the Trust would like. Reducing waiting times is one of the reasons for the proposed changes and is addressed by the DMBC. The new service model will have more space and a multi-disciplinary team which will be able to see more patients and provide faster diagnosis. At present there is a limit on the number of patients the service can see. The DMBC will address waiting times for procedures such as cataract surgery with more staff and the one-stop clinics which will speed up the assessment process.

24.7 The Committee asked what the timescales are for getting the Travel Liaison Officer role in place.

24.8 Michael Farrer outlined that the Travel Liaison Officer will be in place by the time the changes take place and patients are transferred from being seen at the Conquest Hospital. He added that this proposal is being taken further with the re-commissioning of the non-emergency Patient Transport Service which will have within it a single point of access for all patients when they come for their appointments. As well as having the Travel Liaison Officer for Cardiology and Ophthalmology patients the Trust is discussing with NHS Sussex having this role available for all outpatients and it looks like this might be possible as part of the re-commissioning of the non-emergency Patient Transport Service.

24.9 The Committee RESOLVED unanimously to agree that NHS Sussex's decision as set out in paragraph 2.1 of the report in relation to the changes to the future provision of Ophthalmology services by the East Sussex Healthcare NHS Trust (ESHT) is in the best interest of the health service in East Sussex.

25. PRIMARY CARE ACCESS AND NEXT STEPS IN INTEGRATING PRIMARY CARE - UPDATE REPORT

25.1 The Committee received a report which provided an update on access to Primary Care services in East Sussex, including GP appointments and surgeries, and access to NHS Dentistry.

25.2 The Committee asked what is going to change to increase access to regular NHS Dentistry appointments.

25.3 Amy Galea, Chief Primary Care Officer NHS Sussex, outlined that there two elements in the report that address this question. One is the number of units of NHS Dentistry activity commissioned across East Sussex and the other is an increase units of activity post pandemic at two dental practices, one in Hastings and the other in St. Leonards who have capacity to offer more NHS appointments. In the longer term the hope is that the reforms announced by

Government will increase access. NHS Sussex is also exploring with dental practices what flexibility there is locally across East Sussex to increase access and what NHS Sussex can do to support this. NHS Dentistry has previously been commissioned through a national contract before it was delegated to NHS Sussex and NHS Sussex is working with colleagues in NHS England to see what can be done to improve access. NHS Dentistry is facing some of the same workforce challenges and pressures that the rest of the NHS is facing.

25.4 In terms of access to GP appointments, the Committee asked if online booking and e-consult services are widely available across East Sussex.

25.5 Amy Galea responded that although GP appointment levels are at the same level or higher than before the pandemic, there is some variability across East Sussex in the offer from GP practices and the tools they use. Although online booking and e-consult can be incredibly helpful, some practices have taken the decision not to use them and 'switch them off'. All practices across East Sussex have the ability to use these facilities and NHS Sussex is trying to ensure that all GP practices are offering them to their patients by the end of January 2023. NHS Sussex is working with practices to improve the publicity of these facilities by including information on their web sites and include them within the literature and leaflets they give out within their practices. The other way of accessing GP services is through the NHS App and around 60% of people in East Sussex are using the app, which allows you to book an appointment at your GP practice.

25.6 The Committee asked if booking GP appointments by telephone will be restricted to particular times (e.g. 8.00am to 9.00am as some practices do) or will can people ring anytime.

25.7 Amy Galea outlined that NHS Sussex is aware that some practices only make e-consult available at some times of the day and are trying to make sure this additional functionality is available at all times of the day. The reason for this is that practices need time to think through how they are going to manage the different forms of access and communication channels with the resources they have available. Practices may need time to change their operating model and ensure all the systems are talking to one another so they do not exceed their capacity to respond to all the requests. In terms of telephone bookings all practices will have access to the cloud telephone service described in the report by the end of January 2023. This has the facility to tell people where they are in the call queue and allows them to request someone calls them back rather than waiting in the queue. The system also provides information on the number of abandoned calls so practices can monitor this.

25.8 The Committee welcomed the allocation of additional funding to support GP practices over winter period and asked how many bids had been approved and if NHS Sussex could give some examples of the types of bids.

25.9 Amy Galea outlined that the funding to increase GP capacity had been ring-fenced from existing funding and conversations about its use are taking place. At present around one third of the additional funding has been allocated in Sussex, and panel meetings to allocate funds are being held daily rather then weekly to speed up the process. There have been around 80 bids so far and the type of bids that have been received have been to increase staffing capacity and to extend opening hours during the evening and at weekends.

25.10 The Committee asked if GPs could refer patients to different provider Trusts.

25.11 Amy Galea responded that GPs have autonomy to refer to different NHS services and other organisations, but sometimes there are issues with certain pathways. NHS Sussex is discussing these pathways and reviewing muscular skeletal services in East Sussex.

25.12 Joe Chadwick-Bell added that all referrals for assessment services are usually to the local Trust. Once investigations have been done patients can be referred to different secondary care providers. GPs can also refer to emergency pathways (e.g. for spinal compression). It was clarified that patient choice comes in when patients are referred into secondary care and where there is a choice of service provider.

25.13 The Committee asked if it was possible to make GP practices take up the phone service and highlighted the estates pressure on buildings where larger practices may be needed in areas where the population is growing (e.g. Seaford).

25.14 Amy Galea acknowledged the estates constraints in Seaford and NHS Sussex is taking short term measures to provide additional space for administration functions in a former pub building. NHS Sussex is pursuing new developments with GP practices and partners in health and local government. NHS Sussex does have the ability to encourage practices to take up the new telephone facilities and is working with practices to help them with their thinking around the new channels of communication and how this can improve workflow for them. Practices have seen a spike in call volumes over the last three weeks due to Strep A infections and 1,000 calls a day is not uncommon. Amy Galea agreed to follow up engagement with Lewes District Council after the meeting, who may be able to offer a site to help address estates constraints in Seaford.

25.15 The Committee asked how GP referrals to community Pharmacist consultation services would work given the pressures with large telephone call volumes.

25.16 Amy Galea outlined that there are several referral routes for community Pharmacists services including through NHS111 and direct self-referral.

Healthwatch East Sussex

25.17 John Routledge, Healthwatch East Sussex, gave an overview of the work Healthwatch has undertaken over the last two years on access to GPs and NHS Dentistry. Access to GPs and dentistry are the top two enquiries that Healthwatch receives and in public feedback. For dentistry, once people are able to get through and are registered with a dentist, they are generally happy with the service. However, there does not appear to be a plan for how to address dentist shortages locally.

25.18 For GP services it is about getting through to GP practices to book an appointment. In regard to new telephone services and digital access, it would appear that GP practices do not share learning about implementing new telephone systems and some practices have closed e-consult services. Many people are happy to have telephone or video consultations, but there are some situations where a face to face appointment is needed. With the digital divide becoming wider it is important to ensure people can still access services. As appointments become shorter it may be leading to more appointments being made overall as issues are not resolved first time. People will also access A&E services because they are open and easy to access.

25.19 Simon Kiley, Healthwatch East Sussex outlined the issues relating to NHS Dentistry. Access to NHS Dentistry was problematic pre-pandemic but the pandemic has shone a light on the issue. The shortages in the supply of a skilled workforce coupled with an increase in demand post pandemic has caused particular problems for access. The top question

Healthwatch gets asked locally, regionally, and nationally is “how do I get an NHS dentist?”. This is not an issue specific to East Sussex and there may be some learning nationally that can be gained to solve the problem.

25.20 People are not only concerned about getting access to urgent and emergency care, but also routine and preventative care. There seems to be particular issues for children and young people and children in care accessing dental care, orthodontic work and denture maintenance services. Where people are unable to get an appointment with an NHS dentist there are examples of people accessing other services to get dental care such as going to Emergency Departments or having to use private services. The cost of living crisis has also affected people’s ability to pay for dental care. The recent change in commissioning responsibilities provides an opportunity to positively look at these issues.

25.21 The Committee asked if there are any dental practices in Eastbourne taking on NHS patients and can NHS Sussex expand the number of hours like in Hastings and St. Leonards.

25.22 Charlotte Keeble, NHS Sussex outlined that the offer of additional hours has be extended to all dental practices where they have the capacity to safely expand services. So far the uptake has been limited to an additional 14 hours in Hastings and 7 hours in St. Leonards. Some dental outreach services are being provided via Dent Aid to people in the homeless and other communities. There are some procurements in progress, but these are mainly in West Sussex. The main constraint on increasing capacity is the limited workforce.

25.23 Nick Hanmore, NHS England explained that the planned improvements in services may help people not just where they live, but by increasing capacity overall (e.g. this may reduce people travelling to other areas in order to get treatment). The dental system reforms that are already taking place will also have some impact. For example, being able to reduce the frequency of routine check-up appointments in line with patient needs may increase capacity, as well as looking at the staff mix in dental practices. There are also a number of other initiatives on the horizon.

25.24 Amy Galea added that changes need to be made to make NHS Dentistry an attractive proposition for dentists and NHS Sussex is having conversations with dentists locally to see what more can be done.

25.25 The Committee noted that the report outlines the challenges for NHS Dentistry and asked if there is enough capacity to meet demand (NHS and private) or is it an issue about meeting demand for NHS Dentistry.

25.26 Amy Galea outlined that an understanding of need comes from the Public Health work on the oral health needs of the population and further work is planned over the next twelve months. This will explore the public/private dentistry mix and capacity as well as issues such as deprivation.

25.27 The Committee asked if it is just an issue of lack of capacity and appointments, and whether there is a way the NHS could directly provide GP and Dentistry services in order to have more control over them.

25.28 Amy Galea responded that the fact that GP and dental practices are independent businesses means they have a clear stake in being engaged and efficient in providing services. There are things that commissioners can do to make practices work in way to meet patient needs through commissioning. There are models and pilots to bring GP services into direct NHS

control. In Scotland there is an initiative to convert GP practices to directly provided services by buying them out.

25.29 The Committee commented that the suggested solutions did not appear to be solving the problems and that something major may need to be done.

25.30 Amy Galea outlined that workforce supply is a key issue and this is being tackled nationally. The media coverage is not helping staff morale or the recruitment and retention of GPs, and there has been an increased turnover of practice managers locally.

25.31 The Chair commented that the Committee may need to look at dentistry in more detail to examine the issues and there may be a transfer of private to NHS patients if NHS Dentistry capacity increases.

25.32 The Committee RESOLVED to:

1) Note the report outlining the updated position regarding access to Primary Care in East Sussex, including access to GPs and NHS Dentistry; and

2) Agree to add a report on access to NHS Dentistry to the Committee's work programme in 2023 and receive further update report an access to GP services in 2023.

26. HOSC FUTURE WORK PROGRAMME

26.1 The Committee discussed the future work programme and noted that reports will be added in line with paragraph 22.37 to have an update report on the NHS Winter Plan at the 2 March 2023 meeting and paragraph 25.32 above.

26.2 The Committee also agreed to add a report on Patient Transport Services to the work programme. The Senior Scrutiny Adviser will liaise with Claudia Griffith to agree a timescale for the report.

27. ANY OTHER ITEMS PREVIOUSLY NOTIFIED UNDER AGENDA ITEM 4

27.1 There were none.

The meeting ended at 1.01 pm.

Councillor Colin Belsey

Chair