



**HEALTH SCRUTINY COMMITTEE FOR
LINCOLNSHIRE
15 JUNE 2016**

PRESENT: COUNCILLOR MRS C A TALBOT (CHAIRMAN)

Lincolnshire County Council

Councillors R C Kirk, S L W Palmer, Mrs J M Renshaw, T M Trollope-Bellew and Mrs S M Wray

Lincolnshire District Councils

Councillors G Gregory (Boston Borough Council), Mrs P F Watson (East Lindsey District Council), J Kirk (City of Lincoln Council), T Boston (North Kesteven District Council), C J T H Brewis (South Holland District Council (Vice-Chairman)) and Mrs R Kaberry-Brown (South Kesteven District Council)

Healthwatch Lincolnshire

Dr B Wookey

Also in attendance

Andrea Brown (Democratic Services Officer), Dr Kakoli Choudhury (Consultant in Public Health Medicine), Simon Evans (Health Scrutiny Officer) and Tracy Pilcher (Chief Nurse, Lincolnshire East CCG)

County Councillors B W Keimach attended the meeting as observers.

1 ELECTION OF CHAIRMAN

RESOLVED

That Councillor Mrs C A Talbot be elected as Chairman of the Health Scrutiny Committee for Lincolnshire for 2016/17.

COUNCILLOR MRS C A TALBOT IN THE CHAIR

2 ELECTION OF VICE-CHAIRMAN

RESOLVED

That Councillor C J T H Brewis be elected as Vice-Chairman of the Health Scrutiny Committee for Lincolnshire for 2016/17.

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3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Miss E L Ransome, Mrs S Ransome and Mrs L A Rollings.

Apologies were also received from Gary James, Accountable Officer – Lincolnshire East Clinical Commissioning Group.

4 DECLARATIONS OF MEMBERS' INTERESTS

The Chairman advised the Committee that, due to personal health reasons, she was now a private patient with Circle Nottingham, Nottingham NHS Treatment Centre, Nottingham.

There were no other Declarations of Members' Interests at this stage of the proceedings.

5 CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed everyone to the Committee and made the following announcements:-

i) Membership

The Chairman reported that West Lindsey District Council had appointed Councillor Mrs Lesley Rollings as its representative on the Committee in place of Councillor David Bond for 2016/17. The Committee was advised that Councillor Mrs Rollings was also a County Councillor for Scotter Rural. Councillor Angela White remained the replacement member for Councillor Mrs Rollings.

Three further changes had been made to replacement members for District Councillors:-

- Councillor Jane Loffhagen for City of Lincoln Council (as previously reported);
- Councillor Stephen Woodliffe for Boston Borough Council; and
- Councillor Neil Jones for East Lindsey District Council.

The Chairman also encouraged Members to send the replacement member to a meeting if they were unable to attend themselves to ensure their district was represented. The substantive member was asked to ensure that the replacement has the papers for the meeting.

ii) Community Pharmacy in 2016/17 and Beyond

The Chairman confirmed that a letter had been written to the Secretary of State for Health on behalf of the Committee on the topic of Community Pharmacy in 2016/17 and Beyond. The letter had also been copied to the Rt Hon Alistair Burt MP, Minister of State for Community and Social Care, and all Lincolnshire Members of Parliament.

The Chairman reported that a reply had been received from Alistair Burt MP which referred to the introduction of a Pharmacy Access Scheme which would provide more NHS funds to pharmacies on the basis of health needs of the local population and the location. It was also stated within the response that the Department of Health was unable to assess which pharmacies would close as they were unaware of the financial viability of individual businesses.

At the last meeting, the Committee was advised of a petition on the Parliament website entitled "*Community Pharmacy in 2016/17 and Beyond*". Currently, there were 64,464 signatures which meant it was unlikely that the petition would reach the threshold of 100,000 required to trigger a debate in Parliament by the deadline of 29 June 2016.

The detail of the relationship between the Department of Health and Community Pharmacists remained unclear to the Committee. The Health Scrutiny Officer suggested that the information presented to the Lincolnshire Health and Wellbeing Board at their meeting in May 2016 be circulated to the Committee as this went some way to explain that relationship.

iii) Quality Accounts Working Group

The most recent meeting of the Quality Accounts Working Group took place on 14 June 2016 to consider the Quality Account of United Lincolnshire Hospitals NHS Trust (ULHT), a statement for which would be drafted and finalised by 20 June 2016.

The Quality Accounts for Boston West Hospital and St Barnabas Hospice both required consideration before the process was complete.

At the July meeting the Committee would be considering a report which would include all the statements together with the priorities of providers for the forthcoming year. This information would be used to inform the Work Programme for the Committee.

iv) St Barnabas Hospice – Care Quality Commission Inspection

On 8 June 2016, the Care Quality Commission published its inspection report on St Barnabas Hospice's Specialist Palliative Care Unit in Lincoln. The report concluded that the unit was rated as 'good' and that people were unanimously positive about the services received from St Barnabas Hospice and, without exception, the praise of the staff for their personalised and caring approach. The CQC also found that people were the focus of, and at the heart of, the service and were central to the planning and review of their own care packages, including those people who were important to them. Support for people's spiritual, cultural and emotional needs was an integral part of their care package.

The Committee agreed that this was a great achievement and well deserved. A letter would be sent to Chris Wheway, Chief Executive of St Barnabas Hospice, giving formal congratulations on the result of the inspection.

v) Lincolnshire Recovery Programme Update / Lincolnshire Sustainability Transformation Plan – Briefing Session

The Chairman explained that an item to discuss the progress of the Lincolnshire Recovery Programme had been on the work programme for consideration at this meeting but NHS England and NHS improvement had indicated that they would be unable to attend until the meeting in September. The reason given was that they would be in a better position to provide an update once the Lincolnshire Sustainability Transformation Plan (STP) had been finalised at the end of June.

Eleven Members of the Health Scrutiny Committee for Lincolnshire had attended the briefing session on the Lincolnshire Sustainability Transformation Plan on 18 May 2016. The key message from that session was that there was a clear case for change in Lincolnshire, given that the predicted deficit across the Lincolnshire health system of £292 million by 2020, if no action taken, was not sustainable. One of the outcomes from the session was that there would be pre-consultation engagement with the Committee in advance of the publication of the Lincolnshire Health and Care (LHAC) consultation expected later in the year.

Further explanation was given that the Lincolnshire Recovery Programme had been established to focus on the primary services across Lincolnshire including finance, quality, constitutional standards and workforce. The Recovery Board was a separate process to the Sustainability Transformation Plan. It was acknowledged that Lincolnshire was in a better position to develop its STP in accordance with national guidelines and deadlines. It was suggested to the Committee that LHAC could be considered as the first year of the STP process.

The Committee expressed disappointment that the item on the Lincolnshire Recovery Programme would not be considered at this meeting and it was agreed that the Chairman would write to request a formal update, which could be circulated to the Committee. The content of the reply would then determine if an update in September was appropriate or whether an invitation to the July meeting of the Committee be issued.

vi) Adults Scrutiny Committee – Delayed Transfers of Care

The Adults Scrutiny Committee was the lead County Council overview and scrutiny committee for the Better Care Fund which supported the integration of health and social care. One of the key targets within the Better Care Fund in 2016/17 was a reduction in delayed transfers of care. Previously, the Health Scrutiny Committee for Lincolnshire had requested that the Adults Scrutiny Committee look into delayed transfers of care. The Chairman was pleased to report that an item had been provisionally planned for the Adults Scrutiny Committee's work programme for 6 September 2016, specifically on delayed transfers of care, and it was thought that this would also link with some work which Healthwatch was undertaking in relation to discharges.

6 MINUTES OF THE PREVIOUS MEETING OF THE HEALTH SCRUTINY COMMITTEE HELD ON 18 MAY 2016

RESOLVED

That the minutes of the meeting of the Health Scrutiny Committee for Lincolnshire held on 18 May 2016 be approved and signed by the Chairman as a correct record.

7 SHORTAGE OF MEDICAL GENERAL PRACTITIONERS IN LINCOLNSHIRE

Prior to giving consideration to this item, the Chairman advised that two press articles had been published on this topic since the last meeting of the Committee:-

1. *"GPs to be offered £8,000 incentive to come and work at struggling practices in Lincolnshire"* – this article reported that under proposals from NHS England, practices who could prove that they have had difficulties with recruitment would be able to offer up to £8,000 to prospective GPs which included estate agent fees, rental costs and the cost of boarding school fees; and
2. *"NHS to fly in GPs from across the world to combat staff shortages in Lincolnshire"* – this article reported that Lincolnshire was to take part in a national pilot to recruit doctors from across the world to fill gaps in the county's health service. This would include experts from Poland, Spain and Romania.

The Chairman also reported that the Councillor Mrs S Woolley had written to the MP for Boston and Skegness in her role as Chairman of the Lincolnshire Health and Wellbeing Board. The MP was asked to consider the possibility to offer tax incentives to those GPs coming to Lincolnshire rather than offering more money, as suggested in recent press articles, as it was thought this method would not guarantee success.

A report by Dr Kieran Sharrock (Medical Director – Lincolnshire Local Medical Committee) was considered which provided information on the shortage of GPs working to serve the population of Lincolnshire.

Dr Kieran Sharrock (Medical Director – Lincolnshire Local Medical Committee) and Debra Burley (Chief Executive – Lincolnshire Local Medical Committee) were in attendance for this item of business.

There was an increasing crisis in General Practice nationally and this was predominant in Lincolnshire. 415 GPs were required to serve the population but only 340 were in post, leaving a shortfall of 75 GPs. This led to a shortage of GP appointments which then put additional pressure on other healthcare providers or, in a lot of cases, patients received no care at all.

It was reported that the workload for general practice had expanded dramatically over recent years and, in ten years patients presenting at their GPs had doubled with the average patient attending the surgery eight times per year. The increase in workload was due to:-

1. An ageing population who had more long term conditions such as diabetes, lung disease and heart disease;
2. Conditions which were traditionally managed in hospitals were now managed within general practice; and
3. Patient demand for immediate access which was often inappropriate.

Practices continued to transform ways of working by forming larger groups of practices to work collaboratively. They also employed alternative health professionals, including pharmacists, nurses, paramedics and physiotherapists, to provide care in a different way. This could only partially replace the unique role of the GP, however.

Recruitment of GPs from other parts of the UK would help but would not help the crisis overall therefore recruitment from outside the UK was thought to be the only sustainable option. In the long term, underfunding of the NHS and general practice needed to be reversed to ensure services were safe and sustainable.

It was stressed that training more doctors for the future was essential to that success and that Health Education England (HEE) and the General Medical Council (GMC) be urged to increase the number of training places within medical schools to avoid similar crises happening in the future.

The Committee received a presentation which provided the following information:-

1. What are the Shortages?;
2. Doctors per patient – average number of patients per GP (excluding Registrars, Retainers and Locums) – Headcount;
3. Ageing population of GPs – percentage of Practitioners (excluding Registrars, Retainers and Locums) aged 55 and over – Headcount;
4. Alternative Health Professionals – All Nurses;
5. Health spending – as proportion of GDP;
6. Health spending compared to other OECD countries; and
7. Funding for general practice – real term investment in general practice (figures based on 2014/15 prices).

It was confirmed that the figures used in Slide 3 of the presentation had been taken from the Lincolnshire Research Observatory (LRO) and did not include the figures for people living in Cambridgeshire, Peterborough, etc, who may be registered with a GP in the South Lincolnshire CCG area.

Members were given the opportunity to ask questions, during which the following points were noted:-

- Recruitment from Europe was being actively pursued as currently approval of visas for applicants from Commonwealth countries was not guaranteed as the Home Office did not recognise GPs as being a shortage;
- Concern was increased as a number of practices on the east coast of the county, as well as in Gainsborough and Lincoln, had indicated that their practices were not sustainable and ultimately these practices would not be able to fulfil their contracted obligations;

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- Currently a package of care for overseas doctors was being considered. Included in that would be an English language test at the end of the training package and this would include reading, writing, comprehension and language. Payment would not be made unless the test was passed;
- Although Spain had a surplus of doctors, the cultural difference between the two areas was such that a great number returned to Spain after a short period of time. As part of the Sustainability Transformation Plan (STP), work was ongoing with the Trusts to produce an Attraction Strategy which included GPs and Nurse Practitioners as well as the wider health community. Work with the Chamber of Commerce was also underway which was looking to improve recruitment within all sectors within Greater Lincolnshire, and on the east coast in particular;
- There were lots of avenues to encourage people in to nursing and to ensure that they were offered the right level of training. This included Lincoln University, a talent academy set up by United Lincolnshire Hospitals NHS Trust (ULHT) and an NHS Careers College for Bands 1-7;
- Figures used were based on LRO population for the CCGs in Lincolnshire and did not include temporary residents so the figures given would be higher;
- The LMC were commended for proactively working on these issues to relieve the pressures faced;
- It was suggested that the GP shortage was not a new problem and one often faced when government changed the number of places in medical schools;
- It was noted that the vocational scheme had improved since the three year financial incentive had been given. It was hoped that the cohort currently in that scheme would assist in filling the gap;
- A new website was being developed in an attempt to improve the reputation outside of Lincolnshire was included a marketing campaign with a video about Lincolnshire General Practice. GP Registrars appeared on that video which could be found at www.lincolnshiregeneralpractice.co.uk ;
- When asked why the majority of GPs retired at the age of 55, it was explained that this was generally the age where the pension contributions would stop. Retired GPs often chose to return to practice on a part-time basis but it had been found that this was reducing dramatically due to the workload involved;
- GP training was different to that provided for hospital doctors and it was thought that this should be more inclusive, with previous roles being considered as part of the training before extensive, possible duplication, training was undertaken;
- It was stressed that patients had been going to their GPs to ask them to pursue follow-up hospital appointments which was inappropriate. The GP practices had found themselves assisting with this to the point it had become best practice although this should not be the case.

At 12.00pm, Councillor B W Keimach left the meeting and did not return.

The Chairman thanked the Lincolnshire LMC for the work undertaken to establish a better understanding in regard to the GP shortage.

RESOLVED

1. That the report and comments be noted in relation to the crisis facing general practice;
2. That the endeavours of GPs, practices and Clinical Commissioning Groups to make GP services sustainable be supported;
3. That further action, for example by lobbying MPs on overall NHS funding and the decline in the proportion of funding which goes to provide GP service, be supported;
4. That increased recruitment from countries outside the UK where there was a surplus of doctors, be supported; and
5. That the efforts to increase medical school places in the UK and in Lincolnshire specifically, be supported.

8 WORK PROGRAMME

The Committee considered its work programme for forthcoming meetings.

At 12.15pm, Councillor T M Trollope-Bellew and Dr B Wookey left the meeting and did not return.

During the meeting it had been suggested to add the Lincolnshire Recovery Programme Update to the agenda for the meeting of the Committee scheduled for 20 July 2016. It was explained that, as regulators, it was not within the Committee's powers to require attendance from NHS Improvement (formerly Monitor and the Trust Development Authority) but that a request for their attendance would be made for the July meeting.

In relation to the item relating to Community Pharmacies it was agreed that the Chairman would write to the Minister of State, making reference to the issue of whether these proposals were a substantial variation.

RESOLVED

That the contents of the work programme be approved, with the following addition for July 2016:-

1. Lincolnshire Recovery Programme Update

The meeting closed at 12.30 pm