HEALTH SCRUTINY COMMITTEE

Minutes of a meeting of the Health Scrutiny Committee held on Wednesday, 28 July 2021 at 2.00 pm in The Hub on the Hill, 104 - 106 Southgate, Sutton Hill, Telford, TF7 4HG

Present: Councillors A R H England, V A Fletcher, E J Greenaway, J Loveridge, G L Offland, S J Reynolds, J M Seymour and D R W White (Chair).

Co-optee: J O'Loughlin

In Attendance: Dr R Bhachu (Vice Chairman (TELDOC)), Dr I Chan (Chairman (TELDOC)), E Edwards (Head of Clinical Workforce and Quality Governance (TELDOC)), K Robinson (Democracy Officer (Scrutiny)), and S Worthington (Senior Democracy Officer (Scrutiny))

Apologies: Co-optees H Knight and D Saunders

HAC-18 Declarations of Interest

Councillor V A Fletcher stated that she was a TELDOC patient.

HAC-19 Minutes of the Previous Meeting

RESOLVED – that the minutes of the meeting held on 29 March 2021 be confirmed and signed by the Chair.

HAC-20 Work Programme 2021/22

The Committee agreed to discuss this item at a later date in a workshop setting.

HAC-21 TELDOC Update

The three TELDOC representatives, Dr Ian Chan (Chairman), Dr Rashpal Bhachu (Vice Chairman), and Elaine Edwards (Head of Clinical Workforce and Quality Governance), were invited to make their presentation.

Since last appearing before the Committee in 2019, TELDOC had made significant progress.

At the beginning of Phase 1, there were nine sites; these were small GP surgeries that were not fit for purpose – offering fragmented services. Some of the sites had since been closed. There was also inadequate call handling capacity, with the closure of small sites at Lightmoor, Highfield, and Aqueduct the administrative function had been relocated to a central location to increase clinical space. The centralisation of administrative functions had released three rooms at the Lawley clinic, two at Madeley, as well as a room at Malinslee.

The administrative team had been moved into a new Integrated Care Navigation Centre (ICNC). The centre offered the opportunity to rethink call handling at TELDOC, enabling care navigation and the diversion of patients to the most appropriate services. While call handlers were not clinically trained, the processes had built in a clinically trained back up team for the call handlers. TELDOC looked to not over medicalise health care but to take a holistic approach. To these ends, the group were looking to introduce remote health monitoring for social prescribing.

At the ICNC, there was room for 25 call handlers and for further expansion. The Centre had a wallboard with live waiting times and presented an opportunity to ensure effective and efficient service.

From approval at the HOSC in August 2019, it had taken 9 months to complete the plan. The transformation had been delivered without any closures or disruption to service.

There had been an increase in calls from late 2020 and a decrease in abandonment rates. There had been periods where residents had struggled to get through but that had been because of the vaccination programme.

In terms of appointment slots, the practice had faced difficulty in recruiting clinical staff but they had managed to increase capacity incrementally and rationalisation had allowed that to happen.

There had been no significant complaints about site closures, the practice's innovation had been well received by patients. The centralisation had brought about a diversification of skill mix and improved cost effectiveness – the savings of which had been reinvested in call handling capacity and staffing.

TELDOC faced a continued challenge in terms of demand with demand continuing to rise. With the lifting of lockdown, the call centre had faced an increased in the volume of calls of 75%. They were also running a vaccination programme, the only practice run programme in Telford.

Among other priorities was addressing inequalities, access to care, population health management, and cancer care survival rate and early detection.

The practice also faced the challenge presented by its sites falling, for the most part, within areas of multiple deprivation.

In Phase 2 of the plan, TELDOC faced challenges such as rising demand, an increased patient population, changes in expectation towards service, and continued estate limitations.

The Leegomery and Hadley sites had issues that needed addressing, as did Lawley. The Madeley site was deemed to be running okay but was thought to be able to benefit from improvements. A purpose built replacement for Hadley and Leegomery was being investigated with Hortonwood having been

discussed as a potential site with the Council. A new location was required for the Lawley clinic.

Shifnal and Priorslee had joined the TELDOC PCN in July 2020, this represented additional operational challenges regarding sustainable service, quality improvement and centralisation.

A discussion followed the presentation and Members posed a number of questions –

How did TELDOC handle cases where callers were reluctant to share details of their problem with a non-medically trained call handler?
Callers were asked to state their reason for calling but there was no obligation to do so. This did not prevent somebody from making an appointment. If they were calling about something serious and did not inform the call handler that was an issue because they could be prioritised and given an appointment on the day. The call centre did have a GP on site every day to handle anything urgent.

Were calls categorised by the service needed, with minor surgeries kept in practice rather than patients going to hospital?
There was a case for care to be brought closer to home, bringing services to the community, changing to an integrated care system. The practice was building a super centre that would help to achieve these aims.

Were call waiting times for abandoned calls recorded?
TELDOC had moved to get call abandonment rates down and had recruited to improve waiting times.

Would the call centre be expanded?
The ICNC was a stopgap on a five-year lease, to future proof it was necessary to purpose build practices to co-locate services.

Was there a maximum caller capacity that would reject callers at a certain point? If so, what was the impact on abandon rates?
This had been maximised to the point technology allowed, there was a limit to the number of phone lines that they could have. There were 25 call handlers at any time, 30-30 person queue. There was a technological and human limitation to the number of calls that could be taken or kept on hold.

Were patients sent to a set, local, surgery, or to any with capacity within the Borough?
There was continuity care, the patient doctor relationship was important. Patients would generally attend the same surgery as usual. For acute care, however, patients would be referred wherever necessary to receive treatment.

For those patients unable to travel were home visits available?
Yes, most home visits were made during GP lunch breaks. There was difficulty where patients required a visit during practice hours, but there was also a dedicated home visit team to try to mitigate this either by seeing them

that day or the next morning. The home visit team also made proactive trips to visit patients on quieter days to ensure patients were not forgotten.

Did TELDOC have an active patient participation group with members from all practices?
TELDOC did have a patient participation group; it was made up of six members, and had not met since the stat of the pandemic. Prior to Covid-19, the group had met monthly. The practice was trying to recruit more members moving forward and had switched to evening meetings to encourage more patients to sign up.

As TELDOC patients accounted for a third of the Borough's population, the group would be in a powerful position in terms of recruitment, how could the system be balanced?
It was not quite that simple, TELDOC, like other surgeries, struggled with retention and recruiting. Pay was competitive but in line with other surgeries. Most staff were permanent and there were very few locums. The practice had tried to create a stable clinical workforce that included specialist clinicians to improve the quality of health provision for its patients. However, like other practices, there was the issue of attracting new staff into the area and when competing with larger PCNs in Shropshire, TELDOC was at a disadvantage.

Members thanked the TELDOC representatives for their attendance.

HAC-22 Chair's Update

None.

The meeting ended at 4.10 pm

Chairman: ----------

Date: Date Not Specified