

## **HEALTH SCRUTINY COMMITTEE**

### **Minutes of a meeting of the Health Scrutiny Committee held on Wednesday, 7 August 2019 at 10.00 am in The Wakes, Limes Walk, Oakengates, TF2 6EP**

**Present:** Councillors D R W White (Chair), M Boylan, V A Fletcher,  
K Middleton, L A Murray, J M Seymour and P Watling.  
Co-optees: H Knight

**Also Present:** Dr R Bachu, Vice-Chair, TELDOC  
Dr I Chan, Chairman, TELDOC  
J Clarke, Democratic Services and Scrutiny Officer, TWC  
J Galkowski, Democratic Services and Scrutiny Officer,  
TWC  
N Lewis, Head of Business and Operations, TELDOC  
C Ralph, Head of Primary Care, NHS Telford and Wrekin  
Clinical Commissioning Group.

**Apologies:** Councillors S P Burrell, J Loveridge  
Co-optees: D Saunders

#### **HAC-1     Declarations of Interest**

None.

#### **HAC-2     Minutes of the Previous Meeting**

**RESOLVED** – that the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 29<sup>th</sup> February 2019 be confirmed and signed by the Chairman, with the above amendment.

#### **HAC-3     TELDOC - Proposed Site Reconfiguration**

Nakash Lewis, Head of Business and Operations at TELDOC, began the meeting by outlining the reasoning for the proposals for TELDOC's reconfiguration;

- Restrictions of Lawley practice due to infrastructure;  
- no space to expand call centre capabilities
- Aqueduct historically used as call centre for most sites, however it had reached maximum capacity and therefore unable to accommodate Lawley calls. Consequently, longer waiting times.
- Patient feedback and complaints around front of house service, particularly access to call handlers to gain appointments.

- Therefore site reconfiguration needed, which moves away from traditional model.
- This is the need for a designated Care Navigation Hub - centralised hub handling all calls for TELDOC in a specially built administrative building, with the necessary infrastructure.

This was followed by Dr Rashpal Bhachu, Vice-Chair of TELDOC and Dr Kwok Yin Ian Chan, Chairman of TELDOC summarising the benefits to the patients;

- TELDOC continued to remain open is 7 days a week, 365 days a year with appointments available on Saturdays and Sundays.
- Dedicated home visiting team (3 members) operating from 8:30am to 6:30pm to assist those that were disabled, elderly and those with mobility issues.
- Site access; patients at Lawley were able to go to other practices.
- a new surgery was not possible therefore improving point of contact vital for improving overall quality of care.
- Particularly busy periods such as after bank holidays, there was an influx of calls. In the proposed call centre, a further 50 staff could be put on to help with the over flow of calls.
- Investing in this was cost neutral for the CCG, made more effective use of resources and did not ignore the integrated care economy policy that the council had already implemented.

The Chair asked the Committee to reflect on the collapse of the Sutton Hill Practice and the importance of sustaining local primary healthcare when discussing the proposals.

Members of the committee were invited to ask questions, and received responses as follows.

*Why close the Aqueduct surgery? Why don't you change this to the call centre?*

The Vice-Chair of TELDOC said that Aqueduct was unfit for this purpose and that the GP only visited two mornings a week. The alternative practice to be used was a short distance away.

*The Committee noted that this distance would be difficult for some individuals to access.*

The Vice-Chair of TELDOC responded by saying that individuals who could not access the alternative practices could make use of the home handling service, also adding that Aqueduct didn't have disabled parking.

*What was the capacity of the Madeley Site?*

The Committee were informed that converting the administration rooms into clinical rooms at smaller sites as well as closing Aqueduct would generate twice the amount of appointments. Likewise, this would lead to no staff redundancies but more opportunity for further recruitment.

*What was the location for the proposed call centre?*

The Vice-Chair of TELDOC informed the committee that the call centre would be in Telford and ran by Telford based staff. It would be made up of staff from the locations that had closed or had their administration rooms transformed into medical rooms. The Head of Business and Operations added that a common issue faced by patients was that they were unable to get through to call handlers, and that the new call centre would be able to house as many staff that were needed. 50 extra staff would be on hand at the hub to help relieve in peak calling times.

*The Committee stated the importance for continuity for patients.*

The Chairman of TELDOC responded by saying that for those with acute illness, access was the priority as individuals would rather be seen as soon as possible rather than at their usual site. In cases of more chronic care, patients could specifically see their doctor at a different site.

*Members asked if TELDOC was one practice.*

The Vice-Chair of TELDOC responded to this by explaining that TELDOC was the merging of three different practices to make one super-practice and consequently operated 9 sites.

*What was the time scale for the project?*

Essentially, as soon as possible. At the time of the meeting, the estimation was within 3 to 6 months.

*Population increase in Lawley was a cause for concern on deliverable services.*

The Committee were informed that patients from Lawley were able to access other sites for their appointments.

In relation to the Lawley Practice and problems with parking, members expressed concern that surgery parking could be abused by people parking

indiscriminately. Whilst it appeared that there was a vacant plot nearby he had been made aware that it could not be used for expansion as a car park due to it being designated a green space.

The Vice-Chair of TELDOC went on to say that the allocated spaces were very limited, and that there were significant problems with parking on the street outside the site. It was anticipated that this would be exacerbated by the installation of parking meters at the Morrison's site. Expanding parking provision at Lawley would help a lot. TELDOC had spoken to developers, and understood that they were not interested in the green space referred to.

*Population increase would make it harder for patients to book appointments. Would patients be cut off?*

The Chairman of TELDOC replied to this by saying that across the entire Telford area, there had been an upgrade in telephone systems in order to deal with increased calls. Technological difficulty came in Aqueduct as it did not have the infrastructure to deal with the new (internet based) system.

*The Chair allowed the experience of an individual in the public gallery to be shared.*

The Vice-Chair of TELDOC responded to this experience by acknowledging the deterioration of call handling at Lawley, but added that the point of the restructure was to increase call handling capabilities, which was not possible to do internally at Lawley, hence the need for the Care Navigation Centre.

*Certain people would not be able to access the sites, were home visits enough?*

The Vice-Chair of TELDOC responded to this by referencing Lightmoor surgery, which was only open 2 mornings a week, offered no acute care and offered only pre-booked appointments. Those who could not access the sites could opt for a home visit. Many people transferred to Lawley anyway as Lightmoor could not offer certain services.

*How many appointments could Lightmoor do?*

The Vice-Chair of TELDOC explained that a session was equal to 10 appointments, and that Lightmoor currently provided two sessions (therefore 20 appointments).

*From the public gallery, the committee heard how an individual was not granted a home visit based on a lack of paper work despite a serious accident. Resistance came at the administrative level who seemed unwilling to explore the situation further but home visits were essential for recovery.*

Ms. Ralph, Head of Primary Care, said that the experience shared by the individual in the gallery raised alarm bells for the Clinical Commissioning

Group as it was in the catchment area, and such challenges must be met. Further details were requested to be shared with TELDOC. The Vice-Chair followed this by saying that staff at the call centre would be more medically trained. The Chairman of TELDOC added that TELDOC was trying to open the service more. Home Visits depended on information from primary care.

*The limited life span of Madeley surgery was called into question. Why was the building not being fully utilised?*

The Vice-Chair of TELDOC said that efforts were being made to acquire the state and ways for the space to be redeveloped would be considered with potential for investment to make it future fit, as well as utilising all the space.

*What were the plans for Hadley surgery?*

The Chairman of TELDOC explained that the plans for the Hadley surgery were to make sure that it was future fit and modernised. The Head of Primary Care said that the CCG were conscious of population growth, and making sure it was fit for the future and population growth. An audit of all premises was needed in order to take into account the medical state energy strategy.

*Was there something similar to TELDOC in other practices in Telford?*

The Head of Primary Care responded by saying that there were some other projects similar to TELDOC, such the Primary Care Networks (PCN) which saw practices collaborating more in services, but not to the same level as TELDOC. TELDOC was ahead in terms of national policy. The Chairman of TELDOC added that the PCN's did not mitigate risk, and therefore there should be more scrutiny for mergers.

*Members raised concerns about problems with waiting times on the phone?*

The Head of Primary Care responded to this by saying that a new telephone system called "Redcentric" was implemented across Telford (aside from one practice) and had the ability to monitor how long people were waiting on the phone and for how long.

At this point, TELDOC representatives and individuals in the public gallery left the room in order for the committee to deliberate on what they had heard.

In addition to the issues raised during the debate Members reflected on potential accessibility concerns attached to TELDOC's site reconfiguration as it included site closures. This led to a wider discussion on accessibility via public transport (where it was suggested that the Chair may need to raise the issue with the relevant Cabinet Member) and the criteria for a visit from the Homecare Specialist team.

**RESOLVED – that the concerns discussed by the Committee be submitted to the CCG.**

**HAC-4    Chair's Update**

Members discussed future topics for the Scrutiny work programme;

1.     Palliative Care
2.     Retention for Dementia Care in hospitals

The chair asked members to email in their suggestions for the two year programme, with some dealt as one off items of business.

The meeting ended at 11.26 am

**Chairman:** .....

**Date:**            Friday, 6 November 2020