

**DRAFT MINUTES OF ACCESS TO EMERGENCY HEALTH CARE
PROVISION
TASK AND FINISH GROUP**

20 March 2024

PRESENT:

Members of the Task and Finish Group: Councillors Sandison (Chair), Hassell and J. Roodhouse

Officers: Mannie Ketley (Chief Executive), Tom Kittendorf (Chief Officer – Leisure and Wellbeing) and Sharon Keenlyside (Democratic Services Officer)

External: Laura Nelson (Chief Integration Officer, NHS Coventry & Warwickshire Integrated Care Board (ICB)), Rose Unwins (Head of Communications and Public Affairs, NHS Coventry & Warwickshire ICB)

Observing: Councillor Robinson

23. APOLOGIES

Apologies for absence from the meeting were received from Councillor Garcia (observer).

24. DECLARATIONS OF INTEREST

Councillor J. Roodhouse (non-pecuniary interest as defined by the Council's Code of Conduct for Councillors by virtue of being a Director of Healthwatch Warwickshire).

Councillor Robinson (non-pecuniary interest as defined by the Council's Code of Conduct for Councillors by virtue of being employed by Local Optical Committee Support Unit).

25. QUESTIONS AND PRESENTATION FROM INTEGRATED CARE BOARD PARTNERS

The Integrated Care Board Partners addressed the set of questions that had previously been circulated by the Task Group.

Question 1 - At the moment there appears to be a default position for all emergencies to be sent to UHCW Walsgrave. If qualified staff ie doctors were available at St Cross or other district hospitals in the locality, could it help reduce the current 12 hour wait in Accident and Emergency at Walgrave with Ambulance Services parked up for long periods?

The Task Group were informed that not all emergency cases go to UHCW. Rugby Urgent Treatment Centre received approximately 25,000 cases per year. Paramedic patients were assessed based on clinical need and priority and may be transferred to UHCW, Swift or an out of area centre. In 2022-23, 38% of Coventry & Rugby A&E activity was delivered out of Rugby St Cross.

The Chief Executive commented that this was a powerful statistic and may be worth IBC partners sharing locally.

The IBC Partners informed the Task Group that IBC were reviewing their Integrated Urgent Care and GP Out of Hours contract which was due to end July 2025 and were in the process of mobilising from a collaborative perspective and considering how best to use that funding stream to deliver care to each place in Warwickshire.

Members asked of the 38% treated in Urgent Care, what percentage were treated and completed there and what percentage were sent to UHCW Walgrave? The IBC Partners felt that this was a very valid point to take away and would find out those statistics.

IBC Partners recognised that patients did not want a 12 hour wait for urgent care. Across Coventry and Warwickshire, 1.5% of patients experienced long waits which put the area in the upper quartile from a national perspective – this meant longer waiting times but better benchmarking than others. There had been work done through the Urgent and Emergency Care Agenda about how these waits could be managed.

Members expressed concerns about the difficulties attending the hospital without private transport. The high costs of taxis were prohibitive, as was public transport for people with disabilities. Dial-a-Ride may be an alternative solution.

Question 2 - Discharge from UHCW is considered incredibly long mostly because patients are waiting for a 10 day supply of medication from the hospital pharmacist. This does not happen in Nuneaton or Warwick where patients are discharged and once home a volunteer delivers their medication to their doorstep. Is there capacity or opportunity being considered to replicate this within Rugby?

The IBC Partners had spoken to the Director of Pharmacy at UHCW who informed them that they supply a 28-day supply of medication at discharge as well as safe discharge measures such as counselling patients so that they can manage their conditions at home. They were in the process of reviewing the 28-day supply and working with partners to understand what they did differently. In regard to their electronic patient record, they are looking at streamlining processes.

Members raised concerns about the length of time it took to receive medication to enable patients to be discharged.

IBC Partners explained that it was recognised that there was a problem and there was currently a pilot programme in Warwickshire North to work on these concerns.

Question 3 – We all want UHCW Walsgrave to be a Major Trauma hospital and centre of excellence but it appears to be bogged down with routine tests and checks. Is there an opportunity for this to be better delivered locally, reducing the number of appointments required and travel time of patients?

IBC Partners explained to the Task Group that they were aware of increased provision at the hospital of St Cross, particularly linked to diagnostic centre provision for example a new endoscopy unit and they planned to enhance breast service

delivery. It was part of their strategy to make sure that their infrastructure was aligned to clinical models of delivery and opportunities.

Question 4 – We understand other hospitals are further along the pathway to digitalisation and offer virtual wards offering an electronic tablet and monitoring service which can be used at home. Is this a consideration for introducing within Coventry and Warwickshire IBC.

The IBC Partners explained that virtual wards had been implemented. Remote monitoring had been mobilised in a phased approach. There were challenges with UHCW regarding external internet connection.

There had been positive work on care homes and virtual ward provision offered. IBC supported 26 care homes in Rugby. 675 residents received monthly wellness checks and 360 ward round assessments. There were a range of digital and technical solutions.

There were acute led and GP led virtual wards. Patients could be discharged onto a virtual ward if appropriate. It is something that patients could ask for if it had not been offered to them.

Question 5 – Councillors have received written submissions about emergency and other service, attended meetings with service users at the Myton support hub and teamed up with Warwickshire Health Watch at all these different venues and encounters. Service users have expressed concerns about services being done to them and not with them. No-one knew of ICB existence or had any knowledge of personal care plans. Communication seems to be a significant fault line.

How can the Borough Council assist with developing local communications? Could more be done to set up regular forums with patients with long-term conditions and disabilities, perhaps in collaboration with RBC and ICB.

ICB Partners were aware that most people did not know what ICB was. ICB did not deliver care themselves, so it was not essential that people knew. It was felt that it was important to communicate to people what the local NHS or the local health care systems were doing for them and how to access them rather than trying to educate people about ICB which was not very relevant to them on a practical level. There was extensive information about IBC on their website. When the Integrated Care Strategy was being developed, IBC did a lot of engagement in Rugby. IBC would like to have feedback on communication and what more could be done to engage with the public.

Members commented that the public may want to engage with integrated care and the different groups involved.

The IBC Partners agreed and commented that the integrated care system was different to the integrated care board and IBC were keen to communicate to the public what the NHS and wider system was doing for them in a way that was accessible to them. Often communication for service users was better done through trusted intermediary. Work needed to be done on building an alliance with the voluntary sector.

Members felt that existing infrastructure should not be bypassed and strengthening partnerships was important. Service Users struggling to access services and points

raised through the ICB should be fed into the Place Partnership. All Place Partnerships had reps on them.

Question 6 – Social prescribing – we have good local provision and strong partnerships with both the commercial sector and voluntary sector. Is the ICB willing to work with the Council to strengthen those links?

The ICB Partners informed the Task Group that they commissioned a community based social prescribing and have worked with councils to include Family Hubs and social care, but the contract was due to end in March 2025. ICB has started to engage with stakeholders and the ICB lead on this would like to work with councils to strengthen links and opportunities.

The Chief Executive commented that this was worth feeding back into the Place Partnership as across the Partnership, all stakeholders and the Borough Council could step-up to support that communication. The Chief Executive would share contact details. This joined up approach should be being fed through the Place Partnership.

The ICB Partners would take that back as an action and bring the lead into the Place Partnership to start the stakeholder engagement piece.

The Chair commented that this was something to work on collaboratively and would be a recommendation that the Task Group would be looking to make.

Question 7 – How are the ICB looking to support keeping patients out of ambulances and A&E? We note examples of NHS fitness centres, but locations present challenges for local residents. Can they be developed within Rugby?

ICB Partners commented they were aware that they needed to do more in this area and this would form part of the social prescribing review. A large proportion of winter funding was invested into primary care in terms of extended hours and out of hours provision. Community based offers were larger than previous ones and there were prevention pieces. A large communications campaign had been undertaken around where to go for different conditions.

Research had been commissioned via an external company to look at how people accessed services at the moment and to find out if people were aware of the urgent treatment centre and what it does. The results of the research were used to inform targeted social media and inform the public of the urgent treatment centre and services available such as 111 online, pharmacy and GP's. There was going to be a big push around Easter when pressures rise again. The same piece of research was going to be re-run to find out how informed people were after the communications campaign. There was a lot of work this year going into understanding the demographics of who are using the services.

The Chief Executive commented that there was an opportunity for collaborative working. For example, a piece of work that the Borough Council was currently undertaking that healthcare colleagues were involved in, was the hyper level approach into levelling up. The focus was on specific lower super output areas and for Rugby, the initial pilot had centred around one of the most deprived super output areas. Inequality existed as well as deprivation in these areas so there may be local services but there may be a lack of awareness or other barriers preventing people

from accessing them. Working collaboratively achieved mutual objectives but in a more financially efficient way. It would be good to explore what could be done to improve that.

Question 8 – What are the future plans for services offered at Rugby St. Cross. Can those that are offered be expanded. Can this be achieved at off-site locations.

Question 9 – What sort of services and clinics could be provided?

Members were concerned about supply and demand particularly considering a large development in south-west Rugby and other developments and discussed the requirement for infrastructure to be put in place.

ICB Partners informed the Task Group that there were discussions taking place particularly around provision and understanding the demographics of that population.

The Chief Executive spoke about the population growth in Rugby and the impact on services and gave assurances that discussions were taking place in the context of the forthcoming local plan for partners to better understand the impact.

Members discussed the lack of available GP's and the possibility that community pharmacies may be a way forward.

The Chief Executive explained to the Task Group that UHCW wanted to change and improve its service offer from the St Cross site for a variety of reasons but was unable to do that due to physical space constraints of the site. Discussions were in progress around how to move certain services from the site to a different location to effectively start re-planning the site. This had been put forward to NHS England and they were awaiting the green light on funding. UHCW would be invited to Full Council to present their strategy to Members.

Question 10 – Whilst some emergency NHS dentistry is done at the Orchard Centre this is by referral only for special service users like haemophiliacs. Could we see an expansion of dentistry for vulnerable or low immunity patients, children and the elderly?

NHS dentistry was in the process of transferring over to ICB. ICB Partners were unsure of current timeframes.

Question 11 – There is a strong push for online services, for example the Coventry and Warwickshire telephone pod ends at the end of this month with patients having to use online services. With registering for online services requiring photo ID and codes from your GP, how does this help the digitally challenged and will there be further strains on GP services as those less able have to rely on contacting their local surgery to get repeat prescriptions.

ICB Partners recognised that some people may struggle with digital services and wanted to ensure that it didn't further exaggerate inequalities and there was a programme of work exploring this.

Members spoke of their concern of digital exclusion of certain groups and the pressure put back on to GP's.

ICB partners explained that the prescription ordering direct service was always offered by GP's and was an additional service offered. It had been put in place to reduce medicine waste rather than access. For people unable to use the App, the previous access points have remained in place. ICB were monitoring it.

RESOLVED THAT - ICB Partners Laura Nelson and Rose Unwins be thanked for attending the meeting.

26. NEXT STEPS / RECOMMENDATIONS

The Task Group discussed the next steps and recommendations which included:

- Supporting the three partners with communications and signposting.
- Intelligence sharing.
- Effective communication with the public.
- Framing recommendations around the integration of the Place Partnership with existing systems.
- Further integration with planning officers with a strategic approach for development incorporating healthcare, including a clear document that which would sit alongside the Local Plan.
- Town centre regeneration and bringing services back from the St. Cross site.
- Re-evaluate the Community Conversation feedback, information from the Myton Support Hub and Warwickshire Healthwatch alongside evidence received from the partner organisations.
- Obtaining through the Place Partnership, the data from the comms survey run and re-run by ICB partners which would help determine how to communicate effectively with the public – Chief Officer - Leisure and Wellbeing to follow up.
- Review all the information at the next meeting to determine what recommendations to present to Cabinet and Council.

27. DATE OF NEXT MEETING

17 April 2024

CHAIR