



**Buckinghamshire County Council**  
**Select Committee**  
Health and Adult Social Care

# Minutes

## *HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE*

**MINUTES OF THE HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE HELD ON TUESDAY 25 NOVEMBER 2014, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.00 AM AND CONCLUDING AT 12.40 PM.**

### **MEMBERS PRESENT**

#### **Buckinghamshire County Council**

Lin Hazell (In the Chair)

Mr R Reed, Mr B Adams, Mrs M Aston, Mr B Roberts, Ms J Teesdale, Mr N Brown and Mrs A Davies

#### **District Councils**

Dr W Matthews  
Mr A Green

South Bucks District Council  
Wycombe District Council

#### **Others in Attendance**

Mrs E Wheaton, Democratic Services Officer

Mrs P Birchley, Cabinet Member for Health and Wellbeing

Mr J Povey, Overview and Scrutiny Policy Officer

Ms R Rothero, Service Director, Commissioning and Service Improvement, Adults and Family Wellbeing

Ms L Perkin, Programme Director for Integrated Care

Mr S West, Interim Operations Director, Northern Cluster, South Central Ambulance Service

Ms V Holliday, Area Manager Aylesbury Vale, SCAS

Mr A Battye, Area Manager Chiltern, SCAS

Mrs S Yapp, Safer Bucks Partnership Manager, BCC

### **1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP**



**South Bucks**  
District Council



Apologies were received from David Martin, David Carroll, Andy Huxley, Freda Roberts and Nigel Shepherd.

Avril Davies has replaced Julia Wassell on the Select Committee.

The Chairman announced that she is moving to Children's Services with effect from 1 December. She nominated a new chairman, Angela Macpherson, to take over from her. Brian Roberts, Margaret Aston and Roger Reed seconded the appointment.

Avril Davies pointed out that Angela is not currently a Member of the Committee so asked whether this is viable. Sara Turnbull, Scrutiny Team Leader, explained that Lin will be stepping down at the end of the meeting and Angela will be taking over from her at the close of the meeting.

Avril Davies felt that it would be better to appoint Angela as a provisional Chairman until it can be confirmed at the next meeting.

Members of the Committee agreed that Angela Macpherson would be the Chairman of the HASC on a provisional basis until the next meeting when it will be confirmed. Angela Macpherson was co-opted onto the Committee for this meeting.

## **2 DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **3 MINUTES**

The minutes of the meeting held on Tuesday 28 October 2014 were confirmed as a correct record.

### **Matters arising**

**Item 6 – Committee Update** – A letter has been sent to Frimley Park and to County Councillor Trevor Egleton. Awaiting a response.

**Item 7 – 15 Minute Domiciliary Care Appointments** – A request for additional information has been sent to the Service and awaiting a response. Once the information has been received, the Committee can then discuss what extra work it wants to do on the 15 minute call.

Avril Davies said that she would like to join the CAMHS Group with Margaret Aston and Noel Brown. The policy officer said that he is currently waiting to hear from the Service as to how best to engage with them.

## **4 PUBLIC QUESTIONS**

There were no public questions.

## **5 CHAIRMAN'S REPORT**

The Chairman updated Members on the following.

- The Chairman attended the first HealthWatch Board meeting which was in

public on 18 November. She said that she met the new Chief Executive of HealthWatch, Richard Cobbett.

- The Committee has received a letter from the Thames Valley Police and Crime Panel on Female Genital Mutilation (FGM). The letter requested that the Committee contact Clinical Commissioning Groups and Hospital Trusts to review what they are doing to identify FGM cases. The Chairman has written to the CCGs in the first instance to find out, and has also requested that the public health team explain what is known about this issue locally. The Chairman agreed to share the responses with the Committee.
- An item on Children's Health Commissioning is coming to the Education and Skills Committee on 9 December. Responsibility for commissioning this service is transferring to the County Council's Public Health Team, having previously been with NHS England. Services include the Health Visiting Service and the Family Nurse Partnership Programme. Funding for the new service will be around £6m and will present opportunities to link these activities up with our existing public health activity with children and expecting mothers. Committee Members are encouraged to attend this meeting but papers will be circulated if Members are unable to attend with a link to the webcast.

**Action: James Povey**

## **6 COMMITTEE UPDATE**

Shade Adoh, the representative from HealthWatch, introduced Richard Corbett, the new Chief Executive of HealthWatch. Mr Corbett said that he was the Director of Reading Voluntary Action and was responsible for setting up the HealthWatch in Reading.

## **7 COUNTY COUNCIL HEALTH AND WELLBEING PORTFOLIO: RISK AREAS AND ISSUES**

The Chairman welcomed Patricia Birchley, Cabinet Member for Health and Wellbeing, Rachael Rothero, Service Director Health and Wellbeing, Susie Yapp, Interim Service Director and Adrian Isaac, Finance Business Partner.

The Cabinet Member started by saying that this is her 5<sup>th</sup> year as Cabinet Member and the portfolio has delivered a balanced budget during this time. Policy changes have meant that the service area is responding to unprecedented levels of change.

The following main points were made during the presentation.

- The new business units provide a regular risk report to the Business Unit Board.
- There are a number of key risks facing the service – these risks are significant not just to the portfolio but to the county council as a whole. Having to think creatively about how to manage this risk.
- Analysis has shown that projections for social care need in Buckinghamshire are likely to change over time. Based on Planning4care estimates, the numbers aged 65+ with any level of social care needs in Buckinghamshire is projected to rise by 66% over the next 20 years.
- The total number of people with dementia is projected to rise over the 20-year period by 87%.

- Operate within a legal framework so a lack of resources is not a reason for the county council not meeting the needs.
- This is not a new challenge. The service is already seeing an increase in demand for its services – 18% increase in people receiving nursing placements and 14% increase in home care services.
- The Care Act is welcomed by Buckinghamshire County Council as it will produce some real benefits for users, carers and communities.
- Over the last 4 years there has been a modest increase in the Adult Social Care budget (2.5%). Spend on Older People has increased by 30% and spend on Learning Development has increased by 4% so the numbers are very different to the budget. Possible due to the savings made by the service. If Bucks County Council was an average authority, when looking at comparator spend information, the council would be spending £7m more per year which is a significant difference.
- Managing the demographic changes is the greatest risk for the service and the county council as a whole. Been looking at ways of managing risk differently.
- There will be a point when the service cannot reconcile its legal duties against the growth in demand for services.
- The service is responding to the reform around the legal framework for delivering social care. Single piece of legislation which will include a new national eligibility criteria and meeting care needs of people in prison. Responding to the assessment needs and care planning needs for people who have not come into contact with the service in the past.
- The service is working collaboratively with other authorities to start to understand the financial impacts and the service is projecting the risk to be in the region of £30m which is a huge cost.
- There will be a cap on care costs which could cost the authority £7m by 2020. There will be a change in marketplace and the service believes there will be market equalisation which will be the greatest risk and could make it a cost of around £40m.
- New responsibility in terms of support for carers and those in prison – the numbers are smaller.
- The Care Act is the biggest piece of social care reform which has created unprecedented levels of change and the greatest challenge for the service is that it does not know how it will manifest itself. A piece of work is currently being undertaken which is being led by Bucks County Council and is looking at 10 councils to really understand how the market will respond to pricing. A report back on the findings is due in early January. If the county council does not get market equalisation right it could de-stabilise the market.
- Risk Number 3 is around the workforce. 1.6m people work in social care which equates to 1 in 10 working in health and social care. Growing demand for social care puts pressure on the workforce. A challenge for the service is to transform the services to make sure the right skills are in place to meet the rising demand. Providers do not intentionally fail but they are struggling to recruit people. The county council will have a statutory requirement to deal with provider failure.
- Risk 4 is around new burdens and the service has seen a policy shift in this areas. Deprivation of Liberty Safeguards (DoLs) is a piece of legislation which

came out and the service has seen a 4-5 fold increase in numbers of people coming forward for a DoLs assessment. Each assessment takes five sessions. This is a new legal duty which the service is responding to and is trying to secure recurrent funding.

- Winterbourne Judgement – collaborative working with the NHS. Receiving care in the right place. A group of people who receive their care in an NHS establishment and there is a view that there should be community alternatives. Lobbying hard around sustainable funding settlement.

During discussion, Members asked the following questions.

- **Does the increase in demand for services correlate with the increase in the ageing population?** Ms Rothero explained that there is a correlation between an ageing population and the increase in demand for social care services.
- **Do you believe there is a requirement for more assisted living in the community?** Ms Rothero said that the county council has undertaken a collaborative piece of work with the District Councils to develop the right models of accommodation. There is a plan for the next 12 years to make sure there is sufficient capacity in the marketplace to meet people's needs. The risk is if the service does not have this pipeline of activity in place, then there will be price inflation because demand will be outstripping supply. It has to be the right provision in the right place. The Cabinet Member went on to say that a new facility has just opened at Stokebury near Amersham for people with various mental health issues – new, self-contained flats.
- **How is the portfolio assuring itself that its safeguarding procedures are as robust as they can be?** Ms Rothero said that Adults Social Care does not have the same inspection regime as Children's Services but the service looks at the marketplace and will inspect the domiciliary care, for example. There is an independent process in place which involves peer reviews with other authorities. The service is scheduled to have an independent review of its safeguarding issues in early spring.
- **A Member expressed concern about the shortage of social workers. How can the county council attract social workers and make sure the providers pay the minimum wage and look after their staff?** Ms Rothero said that the issue around recruitment and retention is a major challenge for the service. It is about long-term workforce planning and as an organisation, the county council needs to focus on this. Lots of social care reforms mean that the service needs to recruit more people to respond to the increase in demand. It is a local, national and regional challenge.
- **What work has the county council been doing in relation to the bigger agenda about keeping the effect and the costs of the Care Act in the eyes of Government?** The Cabinet Member responded by saying that she is constantly raising this issue with Cabinet and she has written to MPs and other influential people. This issue is even greater in Buckinghamshire as it has a higher than average number of older people and, therefore it is more expensive to deliver social care in this county. Demand management – working with health professionals have set up Prevention Matters. Reablement services aims to speed getting people

- **Section 106 agreements can make provision for social housing/affordable housing and the county council has a role to play in influencing Parliament and housing developers.** Ms Rothero said that the issue around the right types of accommodation and sufficient capacity is critical. There is a piece of work currently being undertaken around looking at a way to reduce the impact of market equalisation and look at ways to delay the time that people go to into a care home. This is starting to look like a very exciting piece of work.
- **When young people leave school are they being encourage to go into social care. Are you getting help from schools?** Ms Rothero felt that there is not a clear pathway for people to move through.
- **A Member suggested work experience for students on a day release basis so they could gain an insight into social work.**
- **Once the Care Act is in force, what are the legal responsibilities towards carers?** Ms Rothero explained that currently the service has a legal duty to assess carers but not to provide the services as a result of the assessment. Under the Act, the service will also have to meet the outputs of the assessment so a care package will have to be developed.
- **Why does the DoLs process require five assessments?** Ms Rothero explained that it is defined by law and there are different layers in the assessment process. She agreed to provide further information on this after the meeting.

**Action: Rachel Rothero**

The Chairman thanked the presenters.

## **8 THE BETTER CARE FUND**

The Chairman welcomed Patricia Birchley, Cabinet Member for Health and Wellbeing, Rachael Rothero, Service Director Health and Wellbeing and Lesley Perkin, Programme Director, Integrated Care (BCC/CGG). The Health and Adult Social Care Select Committee's sub-group has met three times in the past 9 months to keep updated on how the Better Care Fund is progressing. The sub-group comprises Margaret Aston, Brian Adams and Lin Hazell.

Lesley Perkin took Members through her presentation and made the following main points.

- The integration journey began a few years ago. There were several large workshops and a commitment was made by all the Leaders.
- The Better Care Fund (BCF) is due to commence in April 2015.
- The outline business case was completed in June 2014 which describes the new models of service for older people.
- The case for change is aimed at improving outcomes and delivering a better user experience in a more financially sustainable way.
- Buckinghamshire's BCF Plan is aligned to Buckinghamshire's Health & Wellbeing strategy and will aim to deliver the vision of "promoting healthier lives for everyone in Buckinghamshire".
- "Whole system" integrated care puts the individual at the heart of the system.
- Buckinghamshire has been using the Kings Fund model of integration to help

design the outcomes.

- The BCF is not new money. It brings together health and social care funds to support integrated commissioning and provision.
- The minimum size of the fund in Buckinghamshire is £28.8m with the flexibility to increase.
- The outline business case has been agreed for a 4 tier model and further work has been commissioned to develop the full business case.
- The full business case is due to be signed off by Cabinet and CCGs prior to establishment of s75 in April 2015.

During discussion, Members asked the following questions.

- **What key indicators will be agreed either locally or nationally to judge whether the Better Care Fund is successful in the short and medium term.** Ms Perkin said that there is a list of indicators which are being looked at including acute admission to hospital, long-term care admission, bed occupancy in acute admissions and patient experience and getting people back to their home setting as soon as possible. The Cabinet Member said that keeping someone in their own home for as long as possible so that they can lead an independent life is very important.
- **What form will the public engagement referred to in the papers take, given there will be uncertainty over how the new services will be implemented.** Ms Perkin responded by saying that public engagement takes a variety of forms. The questions we are asking will impact on the work we are currently undertaking. At this stage we are bringing together services which already exist.
- **With the advent of more people going out to work, social isolation is going to increase.** Ms Perkin said that the Prevention Matters initiative is about engaging fully with the voluntary sector and have to work hard to make sure this continues. The Cabinet Member said that the “safe and well” project has just been launched and it includes equipment which can help people to live independently.
- **The report outlines the Integrated Locality Team, which seems to align with the direction of travel that has been outlined by NHS England, and this was referred to in the GP Inquiry Report. What GP involvement has there been in the Better Care Fund (BCF) planning to date and who will drive the development of this ‘Integrated Locality Team’?** Ms Perkin confirmed that the GPs have been involved in the BCF planning. A GP chairs the Programme Board. She went on to say that the Tier 3 crisis response had been the main area of focus. The main aim is to join-up services.
- **During the Committee’s GP Inquiry, Members were concerned to hear that Buckinghamshire Healthcare NHS Trust Rapid Response service was reliant on facsimile communications from GP practices? Will the Better Care Fund Full Business Case say more about these and other deficiencies with the current service and a timetable for improvements?** Ms Perkin responded by saying that there is a phone number for GPs to call to access the Adult Community Healthcare teams and significant work has been done to improve the use of email. There is work ongoing to improve communications. Adult teams are now using iPads so that they can work

remotely. The Cabinet Member said that it is going to be vital for social care and health teams to have compatible technology going forward.

- **A Member said that it would be useful to have a timeframe for improvements in communication to be introduced.** Ms Perkin said that the idea is to create a single place for GPs to “send” a referral to.
- **What is the rationale behind the £28.8m minimum investment into the BCF?** Ms Perkin said that the £28.8m was the amount given to Buckinghamshire by Government. Currently, over £100m is being spent on the services in tiers 1 to 4. The service is starting by focussing on the rapid response unit as this is currently not a joined-up service. Need to build the evidence base first and then move on. It is a journey and the aim is to increase transparency in the process.
- **Why is Buckinghamshire only going for the minimum? There is a consultation on supporting people schemes in the New Year and the rationale for treating this differently.** Ms Rothero said that in the New Year there will be consultation on changes around how the money is spent on supporting people. The model around integration in tiers 1 and 2 will not change what the service is going to consult on.
- **Who will share the deficit and how would it be redressed?** Ms Perkin said that both health and social care are under enormous financial pressure. If a Hospital admission can be avoided, then the whole system wins so it is an opportunity to look at how things can be done differently to the benefit of all. A S75 document will be agreed in the New Year.
- **A Member said that there is a group of elderly people who are only seen in a “crisis” situation and they are concerned that if they contact social services they will be sent to a home or sent to Hospital. Need to get a message out there that the aim is to keep people at home for longer.** Ms Rothero said that, going forward, there needs to be change in the way social services are delivered. She went on to say that people need to think about their own situation and to plan for their future. There are some exciting proposals which are being worked on at the moment about how care could be delivered.

The Chairman thanked the presenters.

## **9 SOUTH CENTRAL AMBULANCE SERVICES (SCAS)**

The Chairman welcomed Steve West, Operations Director, Vicky Holliday, Area Manager, Aylesbury Vale and Andrew Battye, Area Manager, Chiltern from South Central Ambulance Service (SCAS).

The following main points were made during their presentation.

- It has been a very challenging few months.
- In 2013/14, SCAS was contracted to perform at 75% against the Red 1, 8 minute and Red 2, 8 minute standards and at 95% for the Red 19 minute standard across the Thames Valley.
- The current contract with SCAS for 2014/15 has been agreed Thames Valley wide (Oxfordshire, Buckinghamshire and Berkshire). This is the area defined



for the purposes of performance management and is measured on an annual basis in accordance with the national NHS contract.

- Performance measures are commissioned and reviewed at Thames Valley contract level which SCAS have been achieving, but have experienced some challenge to achieve the Red 2 performance standard over the past month.
- The Clinical Commissioning Groups work collaboratively with SCAS to seek continuous improvement in performance measures by reviewing these measures at County level.
- SCAS also provides the 111 service in Buckinghamshire and through greater integration of the two services is amongst the lowest providers in the country for calls transferred from 111 to 999 now at 8%.
- SCAS has worked with commissioners to gain winter funding to support extra vehicles to assist with Health Care Professional bookings over the winter months. This will free up a proportion of frontline ambulance time to respond to Red category calls.
- The rural aspect to large parts of Buckinghamshire can make journey times a challenge.
- In response to Sir Bruce Keogh's review of Urgent and Emergency Care in England, where it was suggested that by supporting and developing Paramedics, 50% of patients calling 999 could be treated at the scene, SCAS is currently undertaking a review of how it could develop our vision of a "paramedic at home".

During discussion, Members asked the following questions.

- **There remains significant substandard response times in Chiltern District and to a lesser extent in South Bucks. Whilst across the region, SCAS meets the performance targets and the report states the CCGs are reviewing instances of long waiting times in Buckinghamshire. Are you confident this substandard performance can be addressed or do more vehicles need to be commissioned?** Mr West explained that the area where the service has seen the greatest impact as a result of the reconfiguration is around Wycombe. SCAS is working hard to increase the workforce – the current headcount is 152 and now trying to increase it to 201. The fleet is improving significantly. The major challenge is around recruitment and retention. Buckinghamshire is an expensive place to live. There is a shortfall of around 2,000 paramedics nationally and there are not enough paramedics being produced through higher education – around 600 a year. In 2017, there will not be any paramedics coming out of higher education. SCAS is having to look at alternative models with the workforce and different strategies of recruitment and there is a team going to Poland to see how to recruit internationally.
- **As with last years' report, SCAS paint a picture of ever increasing demand for ambulance services. Is SCAS paid per call and so fully resourced to cater for this demand? Are your demand forecasts on which you plan your service counting on this demand continuing to rise?** Mr West explained that there has been a massive shift in the paramedic workforce and their responsibilities and there are more opportunities in the health economy and staff are working differently. It takes 2-3 years to educate

a paramedic. There simply are not the paramedics available to meet the demand but it is a national problem. SCAS does forecast its demand and has a sophisticated programme which looks at historical demand and forecasts demand based on this. The challenge is being able to put out the demand to meet the needs. It is primarily a block contract for activity which is reviewed annually. The major challenge is how to grow the resource base to meet the demand and the service works closely with the commissioners.

- **With the investment made to the A&E area at Stoke Mandeville, the Committee were surprised to see deteriorating handover delays for ambulances. What are the factors behind this and what is SCAS doing in conjunction with the Hospital to address this?** Ms Holliday said that this is a very complex issue but SCAS is working very closely with the Hospital – the pathways have been redesigned. Winter funds have been used to put Ambulance Liaison officers in place to manage the demand at the entrance to A&E. Red demand over the last year has increased by 30-40% - so there are more sick people coming into A&E. The Chairman welcomed Lou Patten from Aylesbury Vale Clinical Commissioning Group. Ms Patten clarified that the hours per month at Stoke Mandeville Hospital have got worse and are therefore showing as red, but the performance is at the better end of other Hospitals. Mr West added that there has been remarkable improvement at Wexham Park Hospital.
- **Can you expand on what the “paramedic at home” vision entails in aiming to reach the 50% target for treating 999 patients at the scene, compared to SCAS’s current performance of 42.5%.** Ms Holliday explained that SCAS has been looking at Keogh’s report around “paramedic at home” model which suggests that those people who call 999, 50% of patients could be treated at home. SCAS is looking at its workforce to look at how to provide the right skills for people in the community and manage people in their home. SCAS is looking to expand the practitioner cohort and to double the number of e Emergency Care practitioners.
- **A Member congratulated SCAS on the paramedics at home project. He went on to say that there appears to be no change in the performance figures for the Chilterns and mentioned specifically the Chalfont St Peter area where, historically performance figures were bringing down the overall figures.** Mr Battye said that he did not have the specific figures for Chalfont St Peter and went on to say that South Bucks is a challenge due to the rural nature of the area. More resources have been put into Amersham which will help address some of the travel time. Community Responders, people in the local community who can offer live saving skills whilst waiting for the resources to arrive. SCAS is working with the RAF and Bucks and Milton Keynes Fire and Rescue to provide emergency driver cover. He said that the community responders in the Chesham area are exemplary.
- **Do you feel that the ambulance service is inappropriately used?** Ms Holliday said that there is a national definition of a “frequent caller” who is defined as someone who calls 999 up to 5 times a month or 12 times in 3 months. SCAS reports against this standard but it sets its own parameters. SCAS runs data on 111 and 999 calls and the service knows who has called more than 10 times in the last 12 months. There are 300 people in Bucks who trigger the frequent call definition. One person in Bucks has received an

ASBO for misuse of the Ambulance service but that is an extreme case.

- **A Member asked for further clarification around the Hospital Handover fine - what is the cost and who does it go to?** Mr West responded by saying that there are two sets of fines in place – national set which is paid by both the ambulance service and the Hospital which is paid to the commissioners – the Hospital pays £200 over 30mins and £1,000 over an hour. SCAS pay a fine if we do not clear within 15 minutes. It has driven a level of redesign and there is a real focus on improving patient experience.
- **How do private providers provide reassurance to members of the public and how does SCAS ensure that the training is consistent.** Mr West explained that private providers are used to help meet the increase in demand and even using private providers the demand still cannot be met. SCAS has just been audited by the CQC who were very satisfied with the governance of the private providers. A patient probably would not even realise that it was a private provider as they wear the same uniform and use very similar vehicles. The private providers are integrated fully with the processes of the ambulance service.
- **A Member asked about the NHS triage pathway – what is it and how does it deal with the locality of where the patient lives.** Mr West explained that NHS pathways is a clinical decision tool which is used for telephone triage. It is integrated with the 111 system and the 999 system – two numbers, one service approach. The call handler will use this to determine the patient needs. 20% of calls are referred to a nurse in the call room who will provide further assistance. Paramedics will decide on the most appropriate place to send a patient based on their clinical assessment. Ms Holliday went on to say that the directory of services will give a range of services to meet the needs of the patient.
- **Why are some patients not sent to their nearest Hospital?** Ms Holliday said that patients are sent to the place which best meets their needs – might not be their local hospital, as there are specialist centres of excellence. Mr Battye added that some Hospitals share on call facilities.
- **A Member said that the closure of the EMC at Wycombe has impacted on the response and travel times. Since Wycombe does not have an A&E, it does not have an Ambulance Liaison Officer (ALO) so who is responsible for referring patients from MIU to other places?** The MIU would call us. The ALO works within the hospital setting to manage the queue and work positively to help with partnership working. The aim is to get the patient to the right place for the right care.
- **Is the time taken by community first responders to get the scene included in the response time?** Mr West explained that one of the headline measures which SCAS is measured on nationally is the 8 minute response, which includes having a defibrillator with a patient which can be provided by the community first responder. The 19 minute target which is the target for having a transporting vehicle with the patient so the community first responder would not appear in this indicator. There are three sets of indicators - how quickly we treat the patient, how well we treat them and take them to the right place which add up to the value we add to the patients journey.
- **A Member said that they had received a complaint about transport to outpatient appointments.** Mr West said that it is outside the scope of SCAS

but patient transport is an issue which is currently being looked at. He asked the member to provide him with further details after the meeting.

- **A Member asked whether the paramedics which SCAS is losing is this because they are leaving the profession or the area?** Mr Battye explained that the skills of a paramedic are transferrable so some people have moved into new areas. Mr West went on to say that some staff members have left to go to other ambulance services and SCAS is looking into this further. The opportunities for paramedics are much broader now – some have gone to A&E, some have gone to carry out health assessments or onto cruise ships.
- **Are the pay rates the same nationally?** Mr West said that the pay rates are set nationally within the NHS – standard rates. SCAS is looking at how to respond to this.

The Chairman thanked the presenters and advised them that they would be invited back in 12 months' time for a further update.

## 10 HASC GP INQUIRY

The Chairman asked Roger Reed, Chairman of the Inquiry Group, to provide an update for Members on the recent inquiry. He made the following key points.

- He thanked the Committee Members who were involved in the inquiry and the 12 GP practices who were visited as part of the inquiry, who made the Members feel very welcome.
- Eight recommendations have been made in the report.
- The inquiry was set up as a result of concerns about access to GP appointments.
- The visits to the GPs were spread across the county – some in rural areas and some in urban areas.
- There is a clear imbalance between GP capacity and demand for services. It is a national issue.
- The report has called for greater transparency on GP funding and more to be done on managing GP demand – more education of patients so that we can ensure everyone gets the most possible service from GPs.
- Non-emergency waiting times can be the result of patients putting constraints on certain things – such as only seeing a certain GP at a certain time.
- The CQC monitors GP practices using 38 indicators – it is not a judgement on the quality of the GP.
- GPs would like the District Nurses to be placed back in the surgeries.
- Better communication must be enhanced.
- Post Hospital Discharge – GPs were not always aware of this. The report recommends that more process should be put in place so that GPs are notified in a timely way when patients are discharged.
- The Chairman thanked James Povey, Scrutiny Officer, for the superb support he gave to the inquiry group.

A Member said that they would like to see the comment about District Nurses being placed back in the GP surgeries as a recommendation in the report.

A Member commented that they heard from one GP surgery about the discharge paperwork which followed 1-2 weeks after the patient had gone home and very little information came with it.

The Chairman asked Dr Gamell to respond to the report. She said that the report is very useful and helpful to have the information collated in one place. GPs are good at absorbing services but the workforce is at critical point and it has never been so bad. Being a GP is not seen as an attractive career. The Primary Care Strategy will look at the healthcare needs of a local community. The District Nurses were removed from the GPs surgeries as different surgeries had different needs. From 1 November, every GP surgery will be getting a daily email on patient discharges which will enable proactive visiting by the GPs. Ms Patten said that the skill set for the District Nurses is aligned to a specialist nurse practitioner and they need to be used sensibly. She said that it is about understanding the needs of the population and supporting as many people as possible.

The report was agreed and the Chairman explained that it will be going to Cabinet in December.

## **11 COMMITTEE WORK PROGRAMME**

Members were asked to note the Committee Work Programme and to email James Povey ([jpovey@buckscc.gov.uk](mailto:jpovey@buckscc.gov.uk)) with any issues or suggestions.

## **12 DATE AND TIME OF NEXT MEETING**

The next meeting is due to take place on Tuesday 10 February 2014 at 10am in Mezzanine Room 2, County Hall.

**CHAIRMAN**