

Norwich City Council
SCRUTINY COMMITTEE

Item No 5

REPORT for meeting to be held on Thursday 18 March 2021

Norfolk Health and Overview Scrutiny Committee (NHOSC)

- Summary:** Councillor Laura McCartney-Gray is the council's representative on the Norfolk Health Overview and Scrutiny Committee and will give updates of the work of this committee at the meeting.
- Conclusions:** The purpose of this report is to receive a written report from the meeting held on 4 February 2021 and a verbal update from the meeting held on 18 March 2021.
- Recommendation:** To note the reports of the NHOSC representative.
- Contact Officers:** Emma Webster, scrutiny liaison officer
preferred contact by e-mail
emmawebster@norwich.gov.uk

1. Meeting 4th February 2021 – The commissioning and delivery of physical and mental Prison Health. A detailed report was presented to members and as a result the following further information was requested from England NHS England and NHS Improvement (NHSE&I), as follows:

- Numbers of prison officers who have received mental health awareness training. Please provide numbers and as a percentage of total number of prison officers.
- Details of the training given to prison officers to spot prisoners' health needs, mental and physical.
- Details of the work programme to update SystmOne so that people are registered with a GP prior to release from prison.
- Details of the communication possible between SystmOne in prisons and SystmOne in the community.
- Information on the point at which prisoners are told how to complain about healthcare services.
- Information on the point at which prisoners are given details of the interpreting service that can assist them with making complaints.
- Waiting times for Improving Access to Psychological Therapies (IAPT) one year ago, before the effects of the pandemic.

2. Finally the following recommendations to NHSE&I, as follows:

- To put in place a performance indicator for monitoring provision and use of interpreting services in prison healthcare.
- To check whether prison staff at Norwich prison are given the results of their regular Covid 19 tests and advise they should be as a matter of healthcare ethics.

3. Response to request for information regarding the current ear irrigation service;

As members will remember Cllrs Sarmezey and McCartney-Gray raised issues around information, communication and access to the new community micro suction and ear irrigation service(s). We put forward eight questions and received the attached response (Appendix A) from NHS Norfolk and Waveney CCG.

4. Our queries were:

- Are there really two different services to achieve the same results for patients? If they are able to access them?
- Is there a formal referral process in place for the service at NDA (it did feel that knowledge of this service and referral process is patchy).
- Is the first suggestion for patients to access this service privately or was this a one off (would like to see the communication to practices concerning the suspension of the service in GP Practices and how they were to refer patients to NDA service).

- Are both pathways to the 'community services the same or are they two distinct services?
 - Has access to this service been 'communicated' to wider organisations and groups who work/engage with people affected as outlined above?
 - What measures are in place to evaluate the effectiveness of this move across to a community based service?
 - Are we measuring the number of patients previously seen in hospital ENT departments -v- the number who are now seen at community venues? It was emphasised by the ENT doctor that I should "do nothing" but wait; the GP seemed unclear that the Service had gone 'live' in the Norwich area.
 - 8 Are people slipping through the net? This may seem like a small concern given the Covid landscape but life becomes miserable and potentially dangerous (unsteady due to balance issues could lead to a fall).
5. Although the responses from the CCG were adequate Cllrs Sarmezey and McCartney-Gray were left wondering as to what processes how the CCG was going to monitor whether or not they find a disparity in numbers of patients using the old system –v- the new service(s) and the reasons for any disparity.

APPENDIX A

**Response to queries raised by Cllr McCartney-Gray
NHS Norfolk and Waveney CCG - Microsuction/Ear Irrigation/clearance
Services
Raised at Norwich City Council in December 2020**

- **Are there really two different services to achieve the same results for patients? If they are able to access them?**

There is only one community ear clearance pathway although the pathway to different providers (3 in total) is dependent on where the patient is registered with a GP. We can currently offer this service to patients in the Central Norfolk locality. Practices are also funded to do ear irrigation, however this service has largely been paused in response to the Covid pandemic and the need to clinically prioritise services.

- **Is there a formal referral process in place for the service at NDA (it did feel that knowledge of this service and referral process is patchy?)**

Yes, the pathway is widely available on the Knowledge Anglia site which supports health and social care professionals by providing information and resources needed on a daily basis to support patient care, including access to local and national guidelines and pathways. It is also available via Ardens, a clinical decision support tool which provides clinicians with easy access to information including clinical pathways.

- **Is the first suggestion for patients to access this service privately or was this a one off (would like to see the communication to practices concerning the suspension of the service in GP Practices and how they were to refer patients to NDA service?)**

It is not possible to comment on why this signposting to private services was made in this instance. The NDA has contacted all practices and offered to raise awareness with them about the service, which shows a proactive approach. As mentioned above, the pages on Knowledge Anglia regarding referrals to this service, have been updated.

It is worth remembering that practices are currently working under intense pressure, and need to clinically prioritise what they are doing. Under normal circumstances the practice would be expected to have attempted the ear clearance themselves, however in the middle of a global pandemic we would expect them to clinically

prioritise services to more urgent issues.

- **Are both pathways to the 'community services the same or are they two distinct services?**

There is just one community ear clearance pathway, but the referral may be made to 1 of 3 providers depending on where the patient is located in within the North Norfolk, South Norfolk or Norwich areas.

- **Has access to this service been 'communicated' to wider organisations and groups who work/engage with people affected as outlined above?**

We will do this as suggested, and ensure that the provider NDA do so as well.

- **What measures are in place to evaluate the effectiveness of this move across to a community based service?**

We monitor the levels of activity in secondary care to check there has been a reduction. Providers are also expected to undertake patient questionnaires to feedback on the service provided. A 'deep dive' evaluation is due to be undertaken shortly.

- **Are we measuring the number of patients previously seen in hospital ENT departments -v- the number who are now seen at community venues? It was emphasised by the ENT doctor that I should "do nothing" but wait; the GP seemed unclear that the Service had gone 'live' in the Norwich area.**

Yes, we receive data on activity undertaken in ENT at NNUH. However, due to COVID, their ear clearance service (for complex patients) was paused from March until August 2020. They are now suffering a backlog of approximately 600 follow-ups with an average wait of 6 months for follow-ups and 3 months for new/urgent patients.

There have been a number of communications sent to GPs to outline the service going live. As mentioned above, practices can also find full details of the pathway on Knowledge Anglia, which is the established repository for referral and service information. It should be remembered that due to the pandemic practices are currently operating services under pressure and receiving huge amounts of information on a daily basis.

- **Are people slipping through the net? This may seem like a small concern given the Covid landscape but life becomes miserable and potentially dangerous (unsteady due to balance issues could lead to a fall).**

Through speaking to the NDA about patient experiences, we understand the importance of ensuring they are seen to avoid becoming isolated or becoming

unsteady and falling. The number of complaints we have received is usually an indicator of how well (or not) the service is performing. I have addressed those complaints received to ensure patients are treated quickly and efficiently and practices are informed of the process, however we are always keen to do more to promote this essential service.