

PUBLIC

MINUTES of a meeting of the **IMPROVEMENT AND SCRUTINY COMMITTEE**
– **HEALTH** held remotely on MS Teams on 18 January 2021

PRESENT

Councillor D Taylor (Chairman)

Councillors D Allen, R Ashton, S Bambrick, S Blank, M Ford (substitute) and G Musson

Apologies were received from Councillors S Burfoot, L Grooby and A Stevenson

Also in attendance were William Jones from Derby and Derbyshire CCG and Helen Henderson-Spoors from Healthwatch Derbyshire

01/21 **MINUTES RESOLVED** that the Minutes of the meeting of the Improvement and Scrutiny Committee – Health held on 23 November 2020 be confirmed as a correct record and signed by the Chairman.

02/21 **PUBLIC QUESTIONS** There were no questions from the public.

03/21 **DERBYSHIRE COMMUNITY HEALTH SERVICE - COVID-19 UPDATE** Mr Jones gave a presentation update to the Committee on the Derbyshire Community Health Service's response to COVID-19.

This was the NHS's biggest challenge on record and the Service had a pivotal role supporting discharge from local acute and community hospital beds, and caring for people at home. It saw an increase of digital technology and was able to maintain essential high priority services. Some services were temporarily stopped and adjustments made to others to release extra capacity and resilience where it was needed most.

The response from colleagues was exceptional with some temporarily redeployed into areas where additional capacity was required. There was a significant increase in cleaning, driving and PPE logistics and distribution and support to primary care hubs in Belper, Buxton and Ripley.

Core service provision was maintained throughout with a good track record of infection prevention and control in line with Public Health England guidance. From the early stages all staff and visitors to centres wore face masks. The message from the NHS was clear: *"we are doing everything possible to make accessing our services safe, and while it is not business as usual for the NHS, the NHS is still very much open for business"*. Working differently had become the new normal, with extensive innovation and increased virtual consultations.

The Autumn saw focus reverted back to managing Covid-19 and our local joined-up response whilst learning from the initial wave. Some services were adjusted/reduced to maintain essential services (these were kept to a minimum) however significant pressures were experienced with demand on services and an increase in staff absence, despite flexibility and compassion being experienced.

Derbyshire's COVID-19 vaccination programme was now underway, with DCHS providing support to local Primary Care Networks (PCNs) in establishing and delivering 15 local vaccination service centres in Derby and Derbyshire hospitals, community pharmacies, care homes and housebound patients. It was expected that 90% of frontline health and social care workers would be vaccinated by the end of Jan.

Committee members asked questions predominantly around the storage and availability of vaccines and the supply and availability of equipment and received assurances that targets were being met.

RESOLVED – that the report be noted.

The Chairman thanked Mr Jones for attending the meeting and looked forward to hearing from him in the near future.

04/21 **EXPERIENCES OF VIRTUAL APPOINTMENTS DURING COVID-19** Ms Henderson-Spoors from Healthwatch Derbyshire briefed the Committee on the report.

There had been a significant rise in the use of digital services rather than face-to-face services during the COVID-19 pandemic. The report outlined the findings of the study which was conducted to help provide an understanding of where virtual appointments may not have met the needs of patients and highlight the reasons why people may not have engaged with appointments virtually. The report also included information on where the needs of patients and the key areas in which virtual appointments met people's healthcare needs.

From August to September 2020, telephone interviews were held with residents from both Derbyshire and Derby city who had undergone virtual appointments, as well as those who hadn't accessed this type of appointment. People were asked about their access to and confidence with technology, their experiences of booking a virtual appointment and if the method of appointment suited their needs. Individual experiences through social media, virtual engagements and via health professionals were also considered.

The findings were shared with stakeholders across Derbyshire including Joined Up Care Derbyshire, the NHS Derby and Derbyshire Clinical Commissioning Group, Derbyshire County Council, NHS services and voluntary

sector colleagues. The information collated was used to help inform the decision-making process on how best to operate services in the future.

The conclusions and recommendations of the study were:

- Virtual appointments did not work for many participants for a variety of reasons and at times were inaccessible to participants in specific groups who were digitally excluded. Careful consideration would need to be given and actions taken to ensure that these groups could access services and were not disadvantaged.
- Participants who faced barriers during their attempt to access an appointment were less likely to have a positive perception of virtual appointments, even if the method of appointment was suitable for their needs. A seamless process for patients booking virtual appointments was vital to meeting people's healthcare needs.
- Effective communication amongst professionals and services as well as external communications to patients were key factors in virtual appointments meeting patients' healthcare needs. Health providers should provide a clear explanation of their appointment process via their website, reception teams, and written communications.
- Whilst there were some important considerations for people who might receive lesser-quality care because they don't have access to technology, for others there were benefits of virtual appointments. For many, it was far more convenient to access services virtually than having to attend in person and was felt to be the safest way to access services during the pandemic.
- The option of patient choice regarding the type and method of appointment would have been desirable for many participants. Assessing a patient's capability to access different types of virtual appointments would be a positive step in helping find an appointment format that suited their needs.
- Services to acknowledge receipt of data submitted by patients, especially for receipt of photographic images with information of where the images would be stored and how the patient would be contacted in the future.
- Services to allow for patient feedback to enable patients to suggest continual and ongoing improvements to the software and technology involved in virtual appointments. Online booking systems were seen as an effective way to book an appointment by many participants but there were areas for improvement that the option for patient feedback would help address.

The committee welcomed the report and posed a number of questions based on the information presented. The Chairman thanked Ms Henderson-Spoors for her presentation.

RESOLVED – that the contents of the report be noted.