

## Cross Party Group on Health Inequalities

### Minutes of the Eleventh Meeting (Parliamentary session 2016-2021) and the 2019 AGM

Tuesday 1st October 2019

Committee Room 3, The Scottish Parliament

#### General Business

**MSPs present:** Brian Whittle MSP (chairing), Donald Cameron MSP, Emma Harper MSP, Richard Lyle MSP, Murdo Fraser MSP, Anas Sarwar MSP

#### Other CPG members present:

John	Anderson	NSH Health Scotland
Mike	Andrews	RCGP Scotland
Lauren	Blair	Voluntary Health Scotland
Christine	Carlin	Salvesen Mindroom Centre
Elaine	Carnegie	Edinburgh Napier University
Emma	Chu	NHS Health Scotland
Jess	Davidson	RCN
Cath	Denholm	NHS Health Scotland
Penny	Dunn	NHS Health Scotland
Mark	Ferris	Audit Scotland
Jennifer	Hunter	Culture Counts
Linda	Irvine Fitzpatrick	NHS Lothian
Colwyn	Jones	University of Edinburgh
Daniel	Kelly	NHS Health Scotland The Global Health Policy Unit, The University of Edinburgh
Giulia	Loffreda	The Royal Pharmaceutical Society (RPS)
Alex	Mackinnon	Energy Saving Trust
Mark	Macleod	Marie Curie
Richard	Meade	Paths for All
Helen	Morrison	The Royal Pharmaceutical Society (RPS)
<u>Helen</u>	Reiley	Care Inspectorate
Arvind	Salwan,	deafscotland
Sally	Shaw	QNIS
Jonathan	Sher	Royal College of Paediatrics and Child Health
Louise	Slorance	Waverley Care
Jonathan	Ssentamu	RCN
Niki	Stark	Voluntary Health Scotland
Claire	Stevens	CHSS
Joanna	Teece	Befriending Networks
Sarah	Van Putten	NHS Health Scotland
Sam	Whitmore	Pasda
Tom	Wightman	Voluntary Health Scotland
Kiren	Zubairi	

## **Non-members present:**

Catherine	Bromley	Office for Statistics Regulation
Damian	Crombie	AstraZeneca
David	Cullum	Scottish Parliament
Christine	Farquhar	Carer on Edinburgh Integrated Joint Board
Deirdre	Henderson	Inclusion Scotland
Anne	Mullin	GPs at the Deep End group
Maureen	ONeill	Faith in Older People
Cassie	Paterson	MS Society Scotland
Helga	Rhein	Retired GP
Keith	Robson	MS Society Scotland
Vicky	Stone	Office for Statistics Regulation

## **Welcome and apologies**

Brian Whittle MSP (CPG member) welcomed everyone and explained that he would chair the meeting, as Anas Sarwar MSP (Co-Convenor) had had to attend a Members' Debate at short notice so would be delayed. He explained the business meeting would take place first, followed by the AGM. He noted that VHS records and keeps a record of apologies received.

## **BUSINESS MEETING**

### **1. Minutes of last meeting**

The minutes of the meetings held on 30<sup>th</sup> April 2019 and the draft minutes of the joint meeting with CPG on Lung health on 18<sup>th</sup> June 2019 were duly approved without amendment.

### **2. Matters Arising**

There were no matters arising.

### **3. Proposed new members**

The CPG had received an application from Energy Savings Trust wishing to join the CPG, which was approved.

The CPG discussed a request by a journalist to attend CPG meetings. The Standards Clerk had advised VHS that decisions about who could attend CPG meetings were a matter for its members. After discussion, led by the MSPs present, it was agreed that the presence of journalists could impede the group's normal frank and open discussion, that discussion is a matter of public record already (through publication of the minutes) and that there was no benefit in allowing journalists to attend. The decision of the group was that its meetings are not open to journalists

either as attendees or as members. Accordingly, VHS will advise the journalist concerned of this decision.

#### **4. Topics for discussion: The Future of Primary Care**

**David Cullum, Clerk to the Scottish Parliament Health and Sport Committee** - discussed the Committee's recent inquiry exploring what [primary care should look like for the next generation](#).

David explained that inquiry was split into two phases: the first heard from service users across Scotland and the second focused on responses from health professionals to what the public had said. The Committee had taken a different approach to engagement by talking to service users and members of the public first.

The first phase of the inquiry was conducted through an online survey which received 5,549 responses. This was combined with data from the Scottish Youth Parliament survey of 12-35 year olds which asked two questions on the use of technology and which health professionals young people would like to be seen by/consult. The survey received 1,136 responses. Finally, three public panels took place over two days in each of Dunfermline, Cambuslang and Inverurie. There was a total of 35 people taking part in the panels, which subsequently led to concern on the part of some health professionals who felt this was a low response rate of around 2-3%. The preponderance of white, middle class people (especially women) with degree level education on the panels raised concerns regarding a lack of diversity.

The [key findings from phase 1](#) include: little or no public resistance to the use of technology; support for a community wide approach to wellbeing, and support for patient centred approaches to services. There was unanimous and strong support for a focus on prevention, and participants also recognised the need for support for health professionals. Participants raised concerns about the need for more services and support in the face of shrinking budgets.

The second phase of the inquiry will continue until 19<sup>th</sup> October and will include written evidence from health professionals and organisations and four oral evidence sessions. The Cabinet Secretary for Health and Sport will appear in Committee on 5<sup>th</sup> November. On 19<sup>th</sup> of November three members from each of the public panels will be invited to discuss the evidence presented to the Committee in phase 2. The aim of the inquiry is to give the public the last word. The report on the findings of the inquiry is due to be released in January 2020.

#### **Discussion**

A number of questions focused on prevention. How is prevention understood by health professionals and what can be done to develop primary care's involvement in prevention? David explained that learning from the Committee's earlier preventative health inquiry showed that prevention means something different to health professionals than it does to other people. Findings showed that non-professionals understand prevention as stopping something from happening in the first place, whereas health professionals often see prevention as stopping something from getting worse.

Anne Mullin GP (Govan) highlighted how difficult it is to measure savings derived from primary prevention. David spoke about the work of Audit Scotland to try and establish an evaluation of the outputs of health professionals in primary care and how they are spending their budget and the impact this is having.

Questions also focused on the accessibility of the engagement that took place in phase 1 of the inquiry. David explained that people had the option of filling out the survey in other formats. Brian Whittle, who is a member of the Health and Sport Committee, explained that the Committee is looking into who has not participated in the process and will cross reference this with those who traditionally don't engage with primary care, in order to identify trends. The Committee will then make a conscious effort to try to engage with those demographics that are falling through the net.

**Mark Ferris, Senior Audit Manager at Audit Scotland -**

discussed Audit Scotland's recent report: [NHS workforce planning part 2 – the clinical workforce in General Practice](#). The aim of the audit was to examine how effectively the Scottish Government is planning and developing the primary care clinical workforce to meet the needs of the Scottish population. Part 1 focused on the secondary care workforce.

The Scottish Government has made a number of policy commitments including:

- Training and recruiting a range of professionals to increase the primary care and wider NHS workforce
- Training additional paramedics, mental health workers, nurses and midwives are on track, but it is not clear how many of these will go on to work in primary care in Scotland
- Recruiting an additional 800 GPs by 2027

The Scottish Government has not set out the basis for their commitment to recruit an additional 800 GPs, how this was calculated or how it anticipates it will reach this target.

The audit found that there is a lack of accurate data on workforce numbers, costs, activity and demand, which are not based on estimates. This makes workforce planning difficult and it becomes harder to assess the impact of new policy changes. While there are improvements underway such as the new NES data platform SPIRE, these are not fully in place with around 93% of practices using the platform.

In support of the 2018 General Medical Service (GMS) contract, all 31 integration authorities were asked to develop the first versions of their Primary Care Improvement Plans (PCIP) by 1 July 2018 and give projections for their local staff requirement. Analysis of these plans shows that for some staff groups the PCIP projections would require the workforce to grow at a much faster rate than it has in previous years. This indicates that local projections will be difficult to achieve, regardless of available funding, without a substantial increase in workforce supply across the country over the next three years.

When you take into consideration factors such as changing working patterns and past trends in GP joiners and leavers this indicates that GP numbers are likely to remain fairly stable, resulting in a potential shortfall in the Scottish Government's 2027 target.

The report includes recommendations for the Scottish Government:

- undertake scenario planning for all staff groups
- work with NHS boards and integration authorities to model how training and recruitment numbers will meet future demand
- improve data collection and use data to underpin workforce planning
- monitor the impact of the GP contract on both staff and patients
- develop a national approach to engaging with the public about changes to primary care
- simplify the workforce planning governance structure

**Richard Meade, Head of Policy and Public Affairs at Marie Curie** - gave a short presentation on their [response](#) to the primary care inquiry.

Over 14,000 people died at home last year and this is set to increase to 20,000 by 2040, resulting in an increased demand on primary care. There are significant demographic challenges in Scotland with an ageing population, a rise in people with dementia and multi-morbidities. This means that the need for palliative care will also increase as well as the length of time support is needed for which is between 14 months to two years.

In order to tackle these challenges there needs to be a greater role for the third sector in designing and delivering primary care services. The third and community sector is a valuable support but is substantially under resourced, which needs to be tackled. It is also important to upskill social care staff and others working within communities to support the changing demographics. Data availability and sharing in primary care also need to be tackled so that all staff involved in the care of a patient, including appropriate third sector service providers, can access information, in particular the patient's Key Information Summary which is held by the GP.

## **Discussion**

Retired GP (Sighthill, Edinburgh) Helga Rhein offered her advice for effective primary care:

1. Monthly GP support groups
2. Continuity of care: small personalised lists
3. 15 minute appointments
4. Regular Vitamin D prescriptions on repeat
5. Get out the silos: meet with neighbouring agencies

Another issue that was discussed was the retention of GPs and whether this needed to be rectified before recruiting 800 more GPs. Anne Mullin GP spoke of her involvement in the Govan SHIP Project and explained that in her own practice there is no issue with GP retention, but that this is an exception. She explained that this is

because older GPs are given the incentive of becoming partners in the practice and new GPs are properly supported and mentored. CPG participants also mentioned the importance of utilising out of hours GPs, who have experience of issues such as palliative care and can provide flexible support.

Someone else asked whether a points based immigration system would attract more GPs from Commonwealth countries? Mark Ferris responded that the audit did not go into this level of detail as the focus was GP retention and changing demographics. The data they have gathered through the audit shows that the GP numbers will remain stable and not increase over time, even with the addition of 800 new GPs.

## **5. Any other business and date of next meetings**

Members were advised they will be invited to the group's Parliamentary reception, organised by VHS each year to celebrate the work of the CPG. This year's guest speaker is Christine Wood, Head of European Office of the World Health Organisation. The reception will take place from 6.00 pm on Tuesday 5<sup>th</sup> November and Anas Sarwar is the sponsoring MSP.

The next business meeting of the CPG will take place on 21<sup>st</sup> January 2020, Committee Room 4 from 5.30 pm, on the topic of men's health inequalities and will be chaired by Richard Lyle MSP.

## **ANNUAL GENERAL MEETING**

### **1. Welcome and apologies**

Brian Whittle welcomed group members and others present to the AGM. It was noted that this is the third AGM of the CPG since it was reconstituted in October 2016. VHS keeps a separate list of apologies.

### **2. Minutes of the previous AGM**

The draft minutes of the AGM held on 30<sup>th</sup> October 2018 were approved by a show of hands.

### **3. Appointment of Convenors**

Convenors for the next 12 months were confirmed by a show of hands. The three existing Convenors, Donald Cameron MSP, Anas Sarwar MSP and Richard Lyle MSP will continue in their role. No other nominations had been received.

### **4. Appointment of Secretary**

The group's Secretary for the next 12 months was confirmed, with Voluntary Health Scotland (VHS) being reappointed by a show of hands.

## **5. The Annual Return**

It was noted that the Annual Return has been prepared by VHS as required by the Scottish Parliament, will be submitted once signed by one of the Convenors, and will be publically available via the CPG web page.

## **6. Any other business.**

There was no other business, so Brian Whittle thanked everyone and closed the meeting.