

Health and Adult Care Scrutiny Committee

NHS Inquiry Spotlight Review

January 2018

1. Recommendations

The Task Group ask the Health and Adult Care Scrutiny Committee, Cabinet and the NHS in Devon to endorse the report and recommendations below; with a report on progress against the spotlight review recommendations in six months' time. The spotlight review also calls for this report to be sent to all Devon MPs.

1. The Health and Adult Care Scrutiny Committee does not, at this time, call for a public inquiry but will continue to monitor the impact of the STP and the move to an Accountable Care System. To support effective scrutiny, a report outlining the expectations on how health and social care services will be delivered and improved in Devon is requested for a future meeting.

	Ambition	Specific recommendations	Agency
2	Increase and maintain the Health and Care workforce through effective recruitment and training opportunities and retention of quality staff.	<p>2.1 Ask Sarah Wollaston, as Chair of the Health Select Committee and a Devon MP, to establish a Select Committee inquiry into system wide approaches to recruitment and retention in the NHS and Adult Social Care building on the Nursing workforce inquiry.</p> <p>2.2 All Councillors in their community leadership role to promote the value of health and social care as fantastic, rewarding careers.</p>	DCC
		2.3 Work through the NHS and Local Authority to take a system wide collaborative approach to promoting innovative recruitment and retention ideas. For example, looking at the lessons from East Kent as well as opportunities for apprentices right through to incentives to retain or reintroduce retirees.	All
		<p>2.4 Further work to take place on dual contracts where two providers employ the same member of staff part time each, reducing competition for the same staff pool and offering the most flexibility to staff members.</p> <p>2.5 Identify GP practices in Devon that may be vulnerable if staff were to retire or leave. Work with practices to help improve resilience.</p>	NHS
3	Reduce unnecessary pressure on the system	<p>3.1 Clear communication of where to go in an Emergency. Investigate the opportunities for greater sign posting e.g. through technology such as NHSQuicker app.</p> <p>3.2 Better promotion of pharmacies as places to go for advice and treatment.</p>	CCGs
4	Recognise, Value and equitably support the role of social prescribing, social enterprise and community groups in enabling preventative measures, coping strategies and treatment options.	<p>4.1 Investigate the mechanisms by which GPs could promote alternative treatments to prescription drugs such as physical activity and/or activities for mental wellbeing.</p> <p>4.2 Review the effectiveness of the Integrated Care Exeter project and Community Connectors and embed lessons where appropriate to increase people's access to support.</p> <p>4.3 Write to DFT to ask that the age limit on volunteer drivers for community transport is reviewed and possibly increased to reflect changing demographics.</p>	DCC/ NHS

2. Introduction

2.1 This Spotlight review was conducted to explore some key themes that members of the Health and Adult Care Scrutiny Committee were particularly concerned about. This item began with a Notice of Motion submitted to Cabinet:

NOTICE OF MOTION to Cabinet, full reference here:

<http://democracy.devon.gov.uk/ieListDocuments.aspx?CId=133&MId=2126&Ver=4>

'While applauding the care provided by all our NHS medical staff the County Council is concerned at the current state of the NHS in Devon, the impact the NHS "Success Regime" is having and studies suggesting many GP's will be retiring, being examples of areas for concern.

Accordingly the County Council agrees to establish a local public inquiry to consider the state of the NHS in Devon'.

RESOLVED that the Notice of Motion be noted and the Health and Adult Care Scrutiny Committee be invited to consider with the Cabinet Member for Adult Social Care and Health Services how best to ensure the Council's views on the issues raised by the Notice of Motion and reflected upon in Report CS0/17/19 are represented to Government, acknowledging not only the ability of the Scrutiny Committee to require NHS bodies to attend upon it but also to determine decide how best to take this forward.

2.2 The Health and Adult Care Scrutiny Committee subsequently determined to establish a task group to:

- gather evidence on challenges in Devon against the National picture with particular focus on staffing, and access to care
- consider whether a Public Inquiry is the best way of addressing the concerns of the committee

2.3 The Spotlight review group wanted to understand some of the pressures upon the health and care system to be able to make a judgement about whether an independent inquiry would add value. The first part of the work was to narrow the focus of the review in order to meaningfully engage with the issues. The spotlight review team met twice to discuss the issues that were pertinent and then sense checked their approach with input from the Director of Public Health and the Director of Adult Care and Health for Devon County Council.

2.4 The spotlight review challenged each issue against whether it was a concern that all areas nationally were facing or whether some issues are experienced to be more of a concern in Devon or the South West.

2.5 This work was very clear in recognising and valuing the excellent work that is undertaken by staff across the health and social care landscape in Devon. The issue for the spotlight review group was the pace of change in the NHS and local authorities coupled with significant pressure on the whole system largely driven by changing demographics.

3. Pressures on the Health and Care System

- 3.1 The number of people aged 65 and over is projected to increase in all regions of England with corresponding growth in the number of people with chronic conditions such as cancer and heart disease.¹ As is well documented, Devon has an older population profile than nationally. This is particularly seen in those aged 50 to 70 years of age, reflecting significant in-migration in this age group, and those aged 85 years and over, reflecting the ageing population and longer life expectancy. The proportions of those aged under 40 years are below the national average, particularly in those aged 25 to 39, reflecting significant out-migration from Devon.² This means more people needing to use the health and care system, and potentially fewer people to recruit to provide these roles.
- 3.2 The Sustainability and Transformation Partnership in Devon is clear that the system of health and social care needs to evolve to provide a different model of care, and some of the way that care has been provided need to change: *'The services we have inherited were not designed to deliver care for the 21st Century.'*³
- 3.3 The spotlight review worked to ascertain whether these pressures were typical of the national issues with health and social care or whether there were challenges that were felt more in Devon. The table below summarises these findings:

Theme	How does Devon compare to other authorities nationally?
Staff Recruitment, retention and retirement	<p>Staff recruitment is a national problem however there are higher proportions of older people in Devon which in turn increases the need for health and care staff.</p> <p>In addition, there is a net outward migration from Devon of people in their 20s and 30s. Higher housing costs and a higher general cost of living in Devon, given uniform national pay scales for NHS staff can make other areas more appealing for NHS staff.</p> <p>Devon has an older population structure and tends to be a net importer of people aged between about 50 and 75. Coupled with the out-migration pattern, this results in an older NHS workforce and higher levels of staff nearing retirement.</p>
Access to Services	<p>The geographic, demographic and financial pressures in Devon make access to services more of a challenge in a large rural county than in other areas of the Country.</p> <p>A dispersed rural population also creates greater challenges for the delivery of emergency care than an urban population, with distance and accessibility major factors.</p>

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- 3.4 Devon has a significantly older population when compared with the rest of the Country. A population of around 770,000 that has been described as 'ageing' but

¹ *The state of care in general practice 2014 to 2017; Findings from CQC's programme of comprehensive inspections of GP practices*, Care Quality Commission, September 2017, p. 6.

² JSNA pg25 <http://www.devonhealthandwellbeing.org.uk/jsna/>

³ STP: Shaping future care in Devon <http://www.devonstp.org.uk/case-for-change/>

⁴ Based on Information provided by the Public Health Team

'reasonably healthy'.⁵ This ageing population is likely to increase demand for health and care services.⁶

3.5 The spotlight review felt that it was important to stress that whilst there are significant pressures on the system, there is a comprehensive network of services that operate effectively across Devon, this includes:

- **241 pharmacies**
- **137 GP practices**

In any given month:

- **28,000 A&E attendances**
- **26,000 calls to NHS 111**
- **19,000 GP Out of Hours Contacts**
- **18,000 ambulance incidents**
- **13,000 emergency admissions to hospital.**⁷

4. Workforce

4.1 During initial discussions members identified the value of the workforce in providing exceptional services but also the risk inherent in struggling to recruit or retain staff. One of the catalysts for undertaking this work was the report produced by Exeter University which concluded:

*'A substantial majority of GPs in South West England report low morale. Many are considering career intentions which, if implemented, would adversely impact GP workforce capacity within a short time period.'*⁸

4.2 The spotlight review group was also concerned about staff across the NHS as well as in social care and other areas that are sometimes overlooked such as pharmacists and dentists. Members particularly mentioned newspaper headlines decrying the reduction in recruitment of nurses and other healthcare workers, particularly GPs. The Royal College of General Practitioners' Chair Maureen Baker summarised the challenge as follows:

'General practice is currently facing intense resource and workforce pressures caused by years of underinvestment in and undervalue of our service'.

⁵ Devon County Council, 'Public Health Annual Report 2016-17; placed based public health', 2017, p. 16.

⁶ Joint Strategic Needs Assessment, 'Devon Overview', <http://www.devonhealthandwellbeing.org.uk/jsna/overview/>, (last accessed 17 October 2017).

⁷ Data provided by Devon CCGs

⁸ Quitting patient care and career break intentions among general practitioners in South West England: findings of a census survey of general practitioners
<http://bmjopen.bmj.com/content/7/4/e015853>

Recruitment Concerns in general

The number of people in the NHS workforce increased by 2% in the year to April 2017. But growth has been uneven. The staff groups with the highest rates of growth were those who provide support to clinical staff (2.5%), medical consultants (3.5%), and managers and senior managers (4.3%).

While there has been continued growth in hospital-based doctors, the number of full-time equivalent (FTE) GPs has fallen. This comes amid increasing demand pressures in primary care and despite the Government's commitment to grow the number of GPs by 5,000.

The number of FTE nurses employed in the NHS in England fell between April 2016 and April 2017. There were 460 fewer nurses and health visitors in April 2017 compared to a year before, despite rising activity pressures.

The number of nurses per 100,000 people in England is not keeping pace with population growth and declined from 604 in 2009 to 576 by 2016. There has also been a reduction in the number of EU nurses joining the NHS since the EU Referendum. In 2016, nurses were placed on the Shortage Occupation List.

There has been more than 14% increase in nationwide emergency admissions measured from 2010, but the nursing workforce of 2017 is only 0.7 per cent higher than it was in 2010.

Box information sources: ⁹ ¹⁰ ¹¹

GPs

- 4.3 General practice accounts for around 90 per cent of all patient contacts in the NHS.¹² It is currently facing serious challenges in other parts of the Country¹³. Rural Services Network Chief Executive Graham Biggs: '*some rural patients have to wait the best part of a month to see a doctor*'. The GP shortage means patients in part of rural Lincolnshire must wait four weeks to see a GP.¹⁴ However the Spotlight Review did not uncover evidence of waiting times of this duration in Devon.

⁹ The Health Foundation@ Rising Pressure: the NHS workforce challenge, workforce profile and trends of the NHS in England Oct 2017 http://reader.health.org.uk/rising-pressure-nhs-workforce-challenge?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=8824742_NEWSL_HMP%202017-10-31&dm_i=21A8,5957Q,OZZ6MJ,K9D8J,1

¹⁰ The Royal College of Nursing, *RCN Labour Market Review. Unheeded warnings: health care in crisis The UK nursing labour market review 2016*, 21 October 2016, pp. 3-4.

¹¹ The King's Fund, 'Falling number of nurses in the NHS paints a worrying picture', https://www.kingsfund.org.uk/blog/2017/10/falling-number-nurses-nhs-paints-worrying-picture?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=8773922_NEWSL_HMP%202017-10-17&dm_i=21A8,58202,OZZ6MJ,K3SPT, 12 October 2017 (last accessed 17 October 2017).

¹² *South Devon and Torbay Proactive case management using the community virtual ward and the Devon Predictive Model*, The King's Fund, 2013, p. 6.

¹³ 'Map: GP shortages across England', <http://www.gponline.com/map-gp-shortages-across-england/article/1334024>, 17 February 2015 (last accessed 17 October 2017).

¹⁴ 'Shortage of rural doctors puts patients' health at risk', <http://www.rsnonline.org.uk/press-releases/shortage-of-rural-doctors-puts-patients-health-at-risk>, 17 February 2017 (last accessed 17 October 2017).

- 4.4 The spotlight review heard that in the South West:
- 1 in 3 practices have permanently unfilled posts
 - 80% of GPs state that workloads are unmanageable
- 4.5 The discussion in the review was clear that uniform national pay scales for NHS staff, higher housing costs and a higher general cost of living can make Devon less attractive for NHS staff. Net out-migration of Devonians in their 20s and 30s adds to recruitment pressures in Devon.¹⁵ However, The Royal College of General Practitioners (RCGP) has estimated that Devon needs less than a 10% increase in GP numbers by 2020 in order to meet patient demand.¹⁶ The spotlight review heard that if these vacancies are in rural practices they may have a disproportional impact. The spotlight review also heard from witnesses on this issue that the challenges were not in the future but now:
- 'Overall, 7 out of every 10 GPs in this region (The South West) reported a career intention which, if implemented, would adversely impact the GP workforce capacity in South West England through GPs leaving direct patient care, reducing hours spent in direct patient care or by taking a career break within the next 5 years'.¹⁷*
- 4.6 On the whole GP recruitment would seem to be less pressing in Devon than in some other areas as Members were informed that Devon has not been included in a national incentive scheme for GP training because it has not been identified as a particularly severe area for GP shortages. Whilst there is the opportunity to study medicine in the South West, spotlight review participants underlined how there is strong competition from medical schools throughout the country. Young people may be attracted to more urbanised regions of the UK to study. However, the spotlight review heard that 60% of GPs trained in Devon stay locally (typical of other regions in the UK).

Nurses, Paramedics and other staff groups

- 4.7 Pressure on recruitment and retention of staff is mirrored in other staff areas across the Country as well. Last year The British Medical Association highlighted: *'69% of UK trusts were recruiting abroad for doctors or nurses. Staff numbers have not kept up with number of new posts and increases in population'.¹⁸*
- 4.8 The move to degree level training for paramedics means that the talent pool only increases substantially in October.¹⁹ This move happened some time ago for Nursing, but now bursaries are no longer available for Student Nurses to complete training, and Nurses training now are liable for their tuition fees. The spotlight review heard that this has had a significant impact on students starting nursing, particularly mature students. This is likely to be because it is difficult for those people that start a nursing career later in life, to give up paid work to start an unpaid university training course and find the money for tuition fees. The members of the spotlight review felt that the Country should be encouraging nurses to train, not increasing the barriers for them to do so.

¹⁵ Public Health, Devon County Council, 19 October 2017.

¹⁶ <http://www.gponline.com/map-gp-shortages-across-england/article/1334024>

¹⁷ 'Quitting patient care and career break intentions among general practitioners in South West England: findings of a census survey of general practitioners'
<http://bmjopen.bmj.com/content/7/4/e015853>

¹⁸ The British Medical Association, 'GP Recruitment Problems Increase', <https://www.bma.org.uk/news/2016/june/gp-recruitment-problems-increase>, 2 June 2016, (last accessed 17 October 2017); BBC News, 'Thousands of NHS nursing and doctor posts lie vacant', <http://www.bbc.co.uk/news/health-35667939>, 29 Feb 2016 (last accessed 17 October 2017).

¹⁹ South Western Ambulance Service, 'Integrated Corporate Performance Report, November 2014', 23 December 2014, p. 10.

- 4.9 The Devon General Practice Nurse Workforce Strategy has recommended that more support opportunities (such as mentoring) should be provided to support General Practice Nurse trainees on placements.²⁰
- 4.10 In 2016, the South Devon Clinical Commissioning Group reported that 90% of the additional staff needed for enhanced intermediate care had been recruited. The only area that has seen difficulty recruiting to was band 6 physiotherapists.²¹

Dentists

- 4.11 The British Dental Association (BDA) has reported that recruitment of dentists is a significant problem across all UK countries.²² A study across 600 UK dental practices in 2016 reported that Devon was one of 14 counties experiencing dentist vacancy gaps of more than three months.²³

Morale and leaving Concerns

75% of GP partners who responded to a survey by the British Medical Association in 2016 believe that the current responsibilities of being a partner are too heavy. The number of staff leaving the NHS for work-life balance and ill-health issues has risen sharply since 2010.

Almost a quarter of Devon GPs plan to leave the NHS in 5 years. Smaller rural practices with fewer GPs may be hit harder by retirement than larger practices if one of their GPs retires. It is also harder for practices in more remote rural areas to merge together and combine GPs.

Nearly two in five of private/NHS dental practice owners interviewed by the British Dental Association (BDA) in 2016 said they were somewhat, mostly, or completely dissatisfied with their current job.

Nationwide, there are many challenges to the morale of nurses including workload pressures, the public sector pay cap, and public perceptions of nursing. In 2012 there was a public sector pay freeze for those earning above £21,000 per year.

Box information sources: ^{24 25 26 27 28 29}

²⁰ Devon Community Education Provider Network, 'Devon General Practice Nurse Workforce Strategy', 23 May 2017, pp. 13,19.

²¹ South West Clinical Senate, *Stage Two Clinical Review Report: Clinical Review of South Devon and Torbay CCG Community Services Transformation*, 14 October 2016, p. 11.

²² The British Dental Association, 'Evidence to the Review Body on Doctors' and Dentists' Remuneration for 2017/18', September 2016, p. 23.

²³ The British Dental Association, 'Evidence to the Review Body on Doctors' and Dentists' Remuneration for 2017/18', September 2016, p. 23.

²⁴ The British Medical Association, 'Health service faces GPs exodus', <https://www.bma.org.uk/news/2015/april/health-service-faces-gps-exodus>, 30 June 2016 (last accessed 17 October 2017).

²⁵ 'RCN Labour Market Review 2016', p. 26.

²⁶ 'House of Lords Select Committee on the Long-term Sustainability of the NHS', p. 175.

²⁷ NHS NEW Devon CCG, 'Sustainability & Transformation Plan (STP) Wider Devon', 4 November 2016, p. 5.

²⁸ BBC News, 'Villages face GP shortage', <http://news.bbc.co.uk/1/hi/england/2336807.stm>, 17 October 2002 (last accessed 17 October 2017).

- 4.12 The spotlight review considered morale and leaving the health and care profession as separate conversations. However, to recognise their interrelated nature they are put together in this report. There are significant concerns about morale across the system, which of course is conflated if posts are unfilled either through recruitment challenges or retirement. Devon's age demographics give a workforce that has a significant portion of people nearing retirement age.
- 4.13 The health profession is also seeing many people take early retirement. The spotlight review considered this and discussed reasons for GPs, in particular, to retire:
- heavy workloads and long hours causing pressure and stress;
 - fear of risk of complaints and court action;
 - poor public perception caused in part by constant criticism by the press;
 - pay cap and increase in pension contributions;
 - the Government's reduction of the Lifetime Allowance 'pension pot' to £1m;
 - a move to Agency work for better pay;
 - a move to Locum work where sessions/workloads can be personally controlled; and
 - Australia offering golden handshakes to attract UK GPs.
- 4.14 Devon has a practice nursing workforce comparable to the rest of the UK, with approximately a third eligible to retire by 2022.³⁰

Current good practice

- 4.15 There are initiatives attempting to address the national concern in these areas. For example, from 2018, GP surgeries in hard-to-recruit-to areas will benefit from a new government scheme that will offer a one-off payment to work in areas of the country where training places have been unfilled for many years. Many of these areas are rural or coastal.³¹
- 4.16 Regarding staffing it is important to balance concern with the challenges with positive steps that are being taken. As outlined in this paper there are significant challenges in Devon over and above those typically faced in other areas. However, the spotlight review also uncovered some excellent and innovative practice (see box below). In 2016, the South Devon Clinical Commissioning Group reported that 90% of the additional staff needed for enhanced intermediate care had been recruited. The only area that has seen difficulty recruiting to was band 6 physiotherapists.³²
- 4.17 The spotlight review also heard that staff satisfaction surveys within CCGs in Devon recorded positive results.

Devon Innovations: staffing

➤ The Devon GP, Audits & Care Campaigning, been recognised by the Guardian among general practitioners in South West England, findings of a census survey of general practitioners', *BMJ Open*, p. 9.

➤ 'Devon General Practice Nurse Workforce Strategy', p. 9.

➤ Rural Services Network, '£20,000 'Golden hello' for rural GPs', <https://www.proudtocaredevon.org.uk/>
<http://www.rshonline.org.uk/services/£20000-golden-hello-for-rural-gps>, 12 October 2017. (last accessed 17 October 2017).

➤ In recognition of the work taking place to attract young people into choosing a caring profession, the Devon 'Proud to Care Campaign' has been mentioned as innovative practice in the *National News*.

➤ South Western Ambulance Service Trust (SWAST) runs national recruitment campaigns aimed at recent graduates to encourage paramedics to move to Devon.

➤ Health Education England South West, *South West Health Workforce Strategy*, p. 11.

Further work to be done

- 4.18 The Royal College of Nursing has claimed that the approach to training qualified nurses is uncoordinated, with poor workforce planning structures, reductions in the number of training places, and a move away from nursing bursaries to student loans: *'Insufficient numbers of nurses have been trained to meet demand for nurses in the care and independent sectors, creating an undersupply in these areas'*.³⁶
- 4.19 Clinical pharmacists work as part of the general practice team to resolve day-to-day medicine issues and treat patients directly. Relative to GPs, the UK has an overproduction of pharmacists. Clinical pharmacists can be used to ease pressure on GPs.³⁷ However this necessitates trust, visibility and confidence about when the best option is speaking to the local pharmacist.
- 4.20 The spotlight review heard that in Devon there are two pinch points at which personal care workers leave, this is typically at 8 months and 18 months. It is important to need to ensure staff feel valued in the team and society, feel supported in their role and have the opportunity for reflective practice (also reference article from East Kent at <http://www.nhsemployers.org/~media/Employers/Publications/EAST%20KENT%20retention%20case%20study%20FINAL.pdf>)
- 4.21 East Kent Hospitals University Foundation Trust has worked to improve retention of new starters by understanding why many personal care workers left within a year.

³³ The Guardian, 'why it's difficult to attract younger people into the social care sector: <https://www.theguardian.com/careers/2017/dec/20/why-its-difficult-to-attract-younger-people-into-the-social-care-sector>

³⁴ Health Education England South West, 'High satisfaction levels for medical training in the south west', <https://www.hee.nhs.uk/hee-your-area/south-west/news-events/news/high-satisfaction-levels-medical-training-south-west>, 7 August 2017 (last accessed 17 October 2017).

³⁵ Health Education England, 'Education and training: Dentists', <https://www.hee.nhs.uk/hee-your-area/south-west/education-training/dentists>, 29 October 2015 (last accessed 17 October 2017).

³⁶ *Ibid.*, p. 4.

³⁷ The British Medical Journal, 'How pharmacists could help save the NHS', http://careers.bmj.com/careers/advice/How_pharmacists_could_help_save_the_NHS, 3 December 2014 (last accessed 17 October 2017).

40 % of staff leavers were those who left in their first year. They worked to change the culture and make their staff feel:

- cared for as individuals
- safe, reassured and involved
- teamwork trust and respect at the heart of everything they do
- content that they are making an effort

This included having the right approach to recruitment and induction, good training for recruiting managers and improving organisational culture. In one year the trust went from 40% of leavers being in the first year to 18%³⁸.

- 4.22 The spotlight review heard from many providers who have been competing for staff. Where one provider may train a paramedic or a nurse, another may lure them away with less anti-social hours or more pay. What was refreshing to hear in the spotlight review was that some providers were collaborating to retain staff between them. In particular SWAST were developing dual contracts and split shifts to enable talented staff to be employed by two organisations e.g. SWAST and the Fire and Rescue Service. More work clearly needs to be done between agencies to collaborate on shared solutions.
- 4.23 The spotlight review would like to see a collaborative approach taken to encouraging and supporting staff across the local system. From more apprentices to enable young people to have a realistic view of some of the challenges and rewards right through to incentives to retain or reintroduce retirees.

5. Prevention

- 5.1 The role of prevention in keeping people well and reducing strain on the system is very important. Much work has been done in Devon by Public Health on preventive initiatives and measures to improve the population's health. However, witnesses at the spotlight review underlined that Devon is the third lowest local authority in terms of public health funding per head or population.
- 5.2 The spotlight review determined that the factors that promote unhealthy lifestyles need to be confronted at a local level to reduce the number of preventable health problems. Poverty (food poverty, fuel poverty) and poor-quality housing (with mould and inadequate heating) were identified as the main factors contributing to preventable health problems. Food poverty might lead to diets that are unhealthy or nutrient deficient, encouraging problems such as diabetes. Exposure to mould can trigger respiratory illness.
- 5.3 Smoking was also identified as a cause of preventable health problems. It was suggested that the culture that encourages smoking and unhealthy eating needs to be confronted. Individuals may be more likely to smoke if their parents smoked or if they come from socially deprived backgrounds.
- 5.4 Although good cycle networks exist in Exeter and parts of Devon, a culture and infrastructure that promotes healthy living (e.g. cycle paths, shops that sell fresh fruit, exercise groups) should continue to be encouraged in Devon.
- 5.5 The spotlight review would like to see more technology (such as smartphone apps) to enable individuals to monitor their health and take more control for their wellbeing.
- 5.6 There are also community solutions such as local walking groups, which can encourage individuals to exercise and take control of their own physical and mental

³⁸ NHS Employers, East Kent University Hospitals Foundation Trust: Improving new starter turnover August 2017
<http://www.nhsemployers.org/~media/Employers/Publications/EAST%20KENT%20retention%20case%20study%20FINAL.pdf>

- health within friendly and motivating environments. However, witnesses to the spotlight review expressed frustration around the fact that there are not currently routes through which GPs can prescribe exercise services or walking groups. There are initiatives promoting access to groups, for example the Active Devon website.³⁹
- 5.7 Health Champions are members of pharmacy teams. They provide individuals with advice on health and wellbeing and direct the public to services that will help them to adopt healthier lifestyles. Staff in some pharmacies have been able to build strong relationships with regular customers. It was suggested that Health Champions could have huge potential in encouraging healthy living within communities.
- 5.8 Attention was drawn to the very high number of elderly people in parts of Devon such as Sidmouth. It was identified that loneliness and bereavement are serious problems among elderly populations. There was the concern that many elderly people experiencing loneliness request support from social workers to have company. This ties up resources and adds to the pressures that social workers face. The needs of these elderly people should be met through different channels such as support from friends/volunteers and community organisations such as Age UK.
- 5.9 The spotlight review stressed that loneliness among elderly people is a societal issue. Participants were keen to highlight how it is a misconception that loneliness is a rural problem only. Loneliness is also an urban problem. Changing attitudes towards ageing and raising public awareness of loneliness among the elderly through community organisations is essential. Illfracombe, which includes some of the highest areas of social deprivation in Devon, was praised for having established a supportive community network.

6. Access to Services

- 6.1 It was clear in the discussions in the spotlight review that there was some confusion around definitions of what constituted an emergency and access to services. The spotlight review found that this is symptomatic of access to healthcare services where there is often confusion over the best place to go when a person has worrying symptoms. The review group heard that there are many instances where people turn up to A&E when they could have gone to their GP or pharmacy. This is of course a draw on valuable resources and could lead to a reduction in service for true emergencies.
- 6.2 The spotlight review talked about the need for better mental health services before a person was in crisis as well as when they are in crisis. This is particularly an issue for homeless people, who may be homeless because they have a mental health condition. The spotlight review discussed whether there were options for better mental health training for paramedics and other first line responders.

Access to Emergency Services

- 6.3 Between April and October 2014, the national averages for ambulance trusts in England were all below national target levels.⁴⁰
- 6.4 The King's Fund has argued that national targets and monitoring systems within the NHS remain focused on A&E and the acute sector – greater focus is needed on moving care into the community to reduce pressure on NHS services.⁴¹
- 6.5 Demand pressures facing the South Western Ambulance Services Foundation Trust (SWASFT) have been replicated nationally. In 2014, all ambulance services reported

³⁹ <https://activedevon.org/>

⁴⁰ 'Integrated Corporate Performance Report, November 2014', p. 5.

⁴¹ The King's Fund – Written Evidence, Select Committee on the Long-term Sustainability of the NHS, p. 655.

- increases in incident numbers.⁴² Ambulance trusts have limited ability to scale up resource levels quickly due to the longer term nature of training and recruitment of additional qualified clinicians. The performances of SWASFT have compared well nationally against other ambulance services - performance for the period April to October 2014 was above the national average for all three performance metrics.⁴³
- 6.6 The chair of the Fire and Rescue Service attended the spotlight review and spoke about how the Fire and Rescue Service are often the first responders on a scene, and have to treat emergencies.
- 6.7 In Devon, 80% of the out of hours service is provided by GPs, not blue light services. The use of the 111 service is intended to be a single point of entry to emergency services. However, some people are unaware of the service, or believe that they will go to A&E anyway. This preference is affected by geography, having an easily accessible hospital will promote attendance, where in more rural areas the out of hours GP service may be more likely to be used.
- 6.8 The spotlight review did raise questions about isolated people's ability to access services if they need to travel in an emergency and are unable to do so due to rurality or personal circumstances.

Non-emergency access to Services

- 6.9 A lower percentage of children in Devon are receiving dental assessments they are entitled to. In 2014/15, 89% of children nationally aged under five were up-to-date with child health surveillance/health promotion checks compared with 63% in Devon (Public Health Devon, 2017).
- 6.10 Approximately 65% of the 151,000 journeys per annum that Community Car Schemes provide in Devon are to and from non-emergency health appointments. This eases pressure on NHS services by reducing the number of missed appointments and helping people stay well and living in their own communities for longer. The schemes rely on volunteers with passenger paying for the drivers vehicle expenses. Schemes receive some DCC funding to help with legal/admin costs. Many of these schemes faced a deficit in 2014-15, a situation that is not helped as the NHS withdraws much of its funding to small charities.

7. Conclusion

This spotlight review has taken a snapshot view of some of the challenges in the health and care system that local politicians are concerned about. These circumstances are not unique to Devon and are experienced across the Country. The spotlight review understands that some of the unique characteristics that Devon enjoys contribute to the pressure that the local system is under. The influx of people retiring to Devon and the comparative high house prices combined with national pay scales for NHS staff and low local wages give a higher than average need for services with a lower than average pool of potential staff to draw upon.

A system-wide focus on early intervention and prevention is present within the Sustainability and Transformation Partnership. Financial pressures coupled with a growing and ageing population creates significant pressure on health and care services. This makes the development of new models of care, integrating and a greater focus on early intervention and prevention to reduce future demands on services an absolute necessity.

⁴² *Ibid.*, p. 9.

⁴³ SWAST 'Integrated Corporate Performance Report, November 2014', p. 9.

<http://www.swast.nhs.uk/Downloads/SWASFT%20downloads/SWASFT%20Corporate%20Performanc e%20Reports/ICPRFebruary2017.pdf>

The spotlight review understands that the pinch points discussed in this report impact upon the whole system of health and care in complex and multifaceted ways. There are rays of hope however with a great deal of innovation coming from the South West. The spotlight review anticipates that conversations about these prominent challenges will continue through scrutiny as well as through the whole of Devon.

8. Sources of evidence

Witnesses

The Task Group heard testimony from a number of sources and would like to express sincere thanks to the following for their involvement and the information that they have shared as well as to express a desire of continuation of joint work towards the fulfilment of the recommendations in this document.

Organisation	Role	In attendance
DCC	Assistant Director of Public Health	Tracey Polak
DCC	Chief Officer for Adult Care and Health	Jennie Stephens
NEW Devon CCG	Chief Operating Officer	Rob Sainsbury
South Devon and Torbay CCG	Chief Operating Officer	Simon Tapley
South West Ambulance Service NHS Foundation Trust	Head of Resourcing and Organisational Development for Operations Head of Operations (West)	Vicky Evans (am) Steve Boucher (pm)
Devon Local Pharmaceutical Committee	Chair	David Bearman
University of Exeter	Professor of Medical Practice & Primary Care	Professor John Campbell
Livewell South West	Chief Executive	Steve Waite
DCC	Head of the Transport Co-ordination Service	Damien Jones
North Devon Voluntary Services	Devon Access to Services (DASP) Project Manager	Tim Lamerton
Healthwatch	Trustee (Board Member)	John Rom
Sidmouth PPI Group	Chair	Di Fuller
Devon Health and Social Care Forum	Secretary	Elli Pang
Devon & Somerset Fire and Rescue Service	Safeguarding Manager	Mandy Davies
Devon Local Medical Committee	Medical Secretary	Dr Mark Sanford-Wood
Hospiscare	Chief Executive	Glynis Atherton

Organisation	Role	In attendance
Exeter Patient Participation Group / Exeter Primary Care	Chair (Exeter PPG) Chief Executive Officer (Exeter PMC)	Elizabeth Deasy
DCC	Cabinet Member	Cllr Andrew Leadbetter
DCC	Cabinet Member	Cllr Roger Croad

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9. Task Group Membership

The Task Group review was chaired by Councillor Brian Greenslade and membership of the Spotlight Review was as follows:

Councillors Sara Randall-Johnson, Claire Wright, Carol Whitton and Rufus Gilbert

10. Contact

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