**Minutes of the Meeting of the Greater Manchester Joint Health Scrutiny Committee held on 18 February 2025**

**GMCA, Boardroom, 56 Oxford Street, Manchester, M1 6EU**

**Present:**

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| Councillor George Devlin | Trafford Council (in the Chair) |
| Councillor Zahid Hussain | Manchester Council |
| Councillor Eddie Moores | Oldham Council |
| Councillor Peter Joinson | Rochdale Council |
| Councillor Paul Molyneux | Wigan Council |

**Officers in Attendance:**

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| Sandy Bering | Strategic Lead Clinical Commissioner/ Consultant (Mental Health & Disabilities), NHS GM |
| Jane Case | Assistant Director of Mental Health Strategic Commissioning, NHS GM |
| Jenny Hollamby | Senior Governance & Scrutiny Officer, GMCA |
| Alexia Mitton | Assistant Director, Communications & Engagement, NHS GM |
| Ben Squires | Director of Primary Care, NHS GM |
| Nicola Ward | GMCA Statutory Scrutiny Officer & Deputy Head of Governance |

**JHSC/92/25 Welcome & Apologies**

**Resolved/**

That it be noted Councillor George Devlin was appointed Chair for this meeting only.

Apologies for absence were received and noted from Councillor Ron Conway, Councillor Elizabeth FitzGerald, Councillor Debbie Newall (Substitute), Councillor Irfan Syed and Councillor Wendy Wild (Substitute).

An apology was also received from Claire Connor, Director of Communications and Engagement, NHS GM.

**JHSC/93/25 Chair's Announcements and Urgent Business**

There were no Chair's announcements or urgent business.

The Chair reported that the Safety of Women and Girls Task and Finish Group, which met on 20 January 2025 focused on addressing women's safety in GM (GM) through a holistic approach, would reconvene in person next week. The Group would review transport policies and best practices, including a site visit to Stockport Interchange in April 2025, with findings to be reported to the Committee.

**JHSC/94/25 Declarations of Interest**

No declarations of interest were received in relation to any item on the agenda.

**JHSC/95/25 Minutes of the Meeting held on 21 January 2025**

**Resolved/-**

That the minutes of the meeting held on 21 January 2025 be approved as a correct record.

**JHSC/96/25 General Practitioner (GP) Access**

Members considered a report presented by Ben Squires, Director of Primary Care, NHS Greater Manchester, which provided an overview on access to GP services across GM. GP access had been a significant focus of the NHSE Primary Care Access Recovery Plan (PCARP) released in May 2023, which sat as part of the overall GM Primary Care Blueprint (the GM Primary Care strategic vision for GM). It was noted that GP access had been measured as part of the NHS System Oversight Framework for many years in different ways, at present, it was viewed mainly through the lens of GP appointment access within 14 days (face to face or remote).

Acknowledged were the lingering effects of the pandemic. While data indicated record appointment numbers and timely availability, a persistent public perception of difficulty remained. Regional variations were noted, particularly in Tameside, Salford, and Bolton. Efforts were underway to understand the situation telephone appointments continued to be prevalent, while face-to-face appointments had returned to and surpassed pre-pandemic levels.

It was reported that quality measures, such as Care Quality Commission ratings, were generally strong, though some practices required improvement. National GP collective action had influenced appointment availability. Modernisation efforts focused on enhancing telephony systems, expanding online services through the NHS app, and improving care navigation. Community pharmacies, especially through the Pharmacy First programme, played a significant role in managing demand and relieving pressure on GP services.

A  Member raised the issue of GP consistency, specifically concerning turnover, recruitment, and retention. It was explained that despite a perceived national shortage of GP positions, reports indicated GPs were available for recruitment. The Additional Roles Reimbursement Scheme, part of Primary Care Network (PCN) developments, was highlighted, with 56 PNCs having recruited or planning to recruit GPs through this scheme. Efforts were underway to support the remaining nine PCNs. The GM Training Hub was also noted for its work in supporting GP retention and recruitment. Continuity of care was recognised as a crucial aspect for patients, and support was provided to GPs to maintain this.

A Member asked how would NHS GM ensure equitable GP access for all GM residents, acknowledging diverse needs and potential disparities. This was acknowledged this as a challenge and work was ongoing to address variability in access and quality. Mention was made of the review of interpreting services and programmes aimed at supporting practices in understanding diversity, such as the Black Health Improvement Programme and Pride in Practice. The importance of embedding primary care services within neighbourhoods to better reflect community needs was emphasised. Further input from the Committee was welcomed, and the value of patient participation groups in providing local feedback was highlighted.

The Member further enquired about the focus of community engagement and funding, noting the support given to Caribbean and African communities. It was highlighted that the Pakistani community, a significant portion of the population, appeared to receive less focus than other demographic groups of a similar proportion. NHS GM Officers acknowledged the observation and stressed the importance of both local and strategic-level engagement.

A Member reported residents were being denied advance GP appointments, forcing daily 8.00 am calls and being directed to A&E for urgent issues. The Member emphasised the need for flexible booking, particularly for shift workers. NHS GM Officers acknowledged the issue, stating a "one size fits all" approach was unsuitable and would address practice variations and ensure flexibility beyond the 14-day target as part of the work.

A Member highlighted the expansion of GP services in surgeries, including nurse and physiotherapy appointments, which demonstrably enhanced patient access. While acknowledging the convenience of app-based appointment booking, the Member emphasised the importance of maintaining telephone access to ensure inclusivity for individuals with limited technological proficiency.

A Member inquired about the training given to GP staff determining patient care levels, specifically administrative staff. Members were reassured that while practices managed this internally, clinical decisions were be made by clinicians. Telephone triage, where patients spoke directly to clinicians, was often used. The perception of receptionists as gatekeepers was highlighted but it was emphasised that clinical arrangements dictated patient pathways. Administrative staff received care navigation training to guide patients to appropriate services, which could include community resources beyond clinical care.

A Member questioned the adequacy of GP surgery buildings to support expanded services. It was acknowledged some facilities were aging and inadequate, despite some modern practices. While a review of needs was conducted, funding limitations meant estate development prioritised urgent repairs and lease issues. The significant gap between available funds and the necessary upgrades were noted, making it an ongoing challenge.

It was stated that the report's core message was a positive, good news story that contrasted sharply with prevailing local and national perceptions. Careful consideration should be given to how to effectively disseminate this information, ensuring the positive elements of GP access and practice were made readily available to the public. This represented a significant opportunity to align public understanding with the documented reality. In terms of additional indicators, the Committee suggested they should provide a more comprehensive view of GP access and quality should include a focus on patient health outcomes, using a holistic view of all services provided, and considered the impact on individual patients, their families, and the wider community.

**Resolved/-**

1. That it be noted that the update be received.
2. That it be noted that the Committee recognised the ongoing work to support patient access to GP services in GM.
3. That it be noted that the Committee asked that positive improvements made to GP access and practice be made available to the public.
4. That it be noted that the Committee suggested that additional indicators considered should be to provide a more comprehensive view of GP access and quality should include a focus on patient health outcomes, using a holistic view of all services provided, and considered the impact on individual patients, their families, and the wider community.

**JHSC/97/25 Reconfiguration Progress Report and Forward Look**

Members considered a report presented by Alexia Mitton, Assistant Director of Communications and Engagement, NHS GM that provided the Committee with the service reconfigurations planned or undertaking engagement and/or consultation. The report also included additional information on any engagement that was going.

The following update was noted:

- Adult Attention-Deficit/Hyperactivity Disorder (ADHD) - service assurance neared completion, with an NHS England outcome expected in weeks, allowing for a March 2025 NHS GM Board decision and a potential late March/early April 2025 consultation launch, pending approval, a Member briefing would be provided.
- In Vitro Fertilisation (IVF) Cycles (as above) - completed final NHS England assurance, with an outcome expected soon. This would allow a March 2025 Board decision for consultation, tentatively set for late March/early April 2025, pending approval, the Committee would receive a Member briefing after the Board's decision.
- Diabetes Structured Education - engagement was ongoing, with approximately two and a half weeks remaining. To enhance engagement, particularly with the Southeast Asian community, face-to-face and focus group sessions were being increased, as this community experienced diabetes at an earlier age compared to the general population.
- Procedures of Limited Clinical Value - engagement was scheduled to commence within the next couple of weeks. The finalisation of informational materials, was underway, with efforts focused on simplification and accessibility. The Committee would receive advanced notification, one week prior to the engagement launch, with all pertinent information, expected within the following one to two weeks.

**Resolved/-**

1. That it be noted that Alexia Mitton, Assistant Director of Communications and Engagement, NHS GM would provide the Committee with:
    - A Briefing Note on the Improving Adult Attention Deficit Hyperactivity Disorder (ADHD) consultation.
    - A written Briefing on the planned IVF Cycles consultation.
    - Information on the Procedures of Limited Clinical Value engagement.

2. That it be noted that the Committee reviewed the report.

**JHSC/98/25 ADHD Services for Children and Young People: Prioritising those Most In Need**

Consideration was given to a report presented by Sandy Bering, Strategic Lead Clinical Commissioner/Consultant (Mental Health and Disabilities) and Jane Case, Assistant Director of Mental Health Strategic Commissioning, NHS GM that updated the Committee on the work to date and next steps in the plans to improve children and young people's ADHD services.

It was explained that the report outlined a new strategy to enhance ADHD services for children and young people. The initiative arose from the recognition of a significant increase in ADHD prevalence, attributed to improved understanding and broader diagnostic criteria, rather than a physical change in the population. It was highlighted there was a critical need to shift from the unsustainable "first come, first served" model, exemplified by long waiting lists, towards a system that prioritised those with the most severe needs. Faced with a lack of clear national guidance, GM sought to develop its own solution, focusing on providing both timely diagnostic services and broader support for individuals experiencing related symptoms, regardless of formal diagnosis.

The proposed approach involved establishing single, clear points of access in each locality, creating hubs for comprehensive support, and delivering tailored interventions. Officers emphasised the importance of prioritising those with the most severe needs, acknowledging resource limitations and the necessity for face-to-face assessments. Extensive engagement with families and young people revealed a strong desire for practical support, rather than solely a diagnosis. The report detailed significant engagement efforts, ongoing collaboration with lived experience representatives, and alignment with national reports advocating for early intervention.

Officers stressed that this was an initial step in an ongoing process, with plans to adapt and expand the hubs based on experience and evolving needs. Underscored was the importance of integrating this initiative with wider developments in autism, speech therapy, and school-based support, citing successful programmes like Neurodiversity in Schools. Recognising the diverse needs across the region, the strategy aimed to implement tailored solutions in each locality, while also learning from best practices.

A Member noted that the report's strength lay in the detailed account of engagement activities. This detail, provided the necessary foundation for the proposed changes, particularly given the scale of the challenge being addressed.

A Member expressed concern over the backlog in children's ADHD diagnoses, questioning how NHS GM could effectively address the issue without a dedicated budget, especially given the reported surge in cases and the strain on schools. The Member asked if resolution was possible within three years, or if the problem would persist without significant funding. An NHS GM Officer, acknowledged the funding challenges but emphasised that the issue was also about cultural change and increased recognition, not just a surge in cases. Detailed were the efforts to reallocate existing resources, estimating £3.6 million, and stressed was the importance of societal understanding and support, arguing that most individuals with neurodevelopmental required different support. Highlighted was the need for broader societal changes and that the problem extended beyond health services, requiring collaboration with social care and education, and acknowledging the stress faced by families.

A Member proposed a vision similar to the approach taken with dyslexia, suggesting that primary schools become ADHD-friendly environments where support was readily available, minimising the need for formal diagnoses and the associated distress for children. NHS GM Officers fully agreed, emphasising the importance of early intervention and support within primary care, while also acknowledging the challenges of misdiagnosis following COVID-related social isolation. Highlighted was the need to consider teenagers and those already in the system, ensuring continuity of support, particularly regarding medication, through educational stages. The Officer stressed that medication should be a small part of a broader support system, rather than the primary or sole intervention offered.

The Chair expressed that the presented vision was aspirational and, requested information on managing the current waiting list, locality-level partnership work, and a summary of each locality's timescales and actions. The Committee voiced support for the approach. In response, an NHS GM Officers agreed to provide the requested information, and committed to providing updates and acknowledged the priority of addressing the waiting list.

**Resolved/-**

1. That it be noted that the Committee reviewed and endorsed the approach to improving ADHD services for children and young people across GM.
2. That it be noted that the Committee approved the plans to proceed with implementation based on the outlined model, with a commitment to ongoing engagement with stakeholders including professionals, across health, social care, as well as parents, carers, and young people.
3. That it be noted that NHS GM Officers provide information on managing the current waiting list, locality-level partnership work, and a summary of each locality's timescales and actions.
4. That it be noted that the Committee be provided with regular updates at appropriate opportunities.

**JHSC/99/25 Work Programme for the 2024/25 Municipal Year**

Consideration was given to the report of the GMCA Statutory Scrutiny Officer and Deputy Head of Governance, which provided Members with a draft Committee Work Programme for the 2024/25 Municipal Year.

Members were reminded that the Work Programme was a working document that would be updated throughout the year to reflect changing priorities and emerging issues.

**Resolved/-**

That it be noted that the Committee at the next meeting on 18 March 2025 would consider the Reconfiguration Progress report and Forward Look, an Elective Care Wait Times report and a report on the Wider Issue of Access.

**JHSC/100/25 Dates and Times of Future Meetings**

**Resolved/-**

That it be noted that the next meeting was scheduled to take place on 18 March 2024 at 10.00 am, Boardroom, GMCA.