

## **MINUTES**

**JOINT HEALTH SCRUTINY COMMITTEE**  
**10<sup>th</sup> March 2015 at 10.15am**

### **Nottinghamshire County Councillors**

Councillor P Tsimbiridis (Chair)  
Councillor P Allan  
Councillor R Butler  
Councillor J Clarke  
A Councillor Dr J Doddy  
Councillor C Harwood  
Councillor J Handley  
Councillor J Williams

### **Nottingham City Councillors**

Councillor G Klein (Vice- Chair)  
Councillor E Campbell  
Councillor C Jones  
Councillor T Molife  
A Councillor E Morley  
Councillor T Neal  
Councillor B Parbutt  
Councillor A Peach

### **Other Members in Attendance**

Councillor Mrs K Cutts MBE

### **Officers**

Julie Brailsford - Nottinghamshire County Council  
Alison Fawley - Nottinghamshire County Council  
Martin Gately - Nottinghamshire County Council  
Claire Routledge - Nottingham City Council

### **Also In Attendance**

Vicky Bailey - Rushcliffe CCG  
Donna Clarke - Healthwatch Nottinghamshire  
Councillor K Cutts - Nottinghamshire County Council  
Dr Fowlie - Nottingham University Hospitals  
Martin Gawith - Healthwatch Nottingham.  
Claire Grainger - Healthwatch Nottinghamshire

Pauline Hand	- NHS 111
Dr Manning	- Nottingham University Hospitals
Guy Mansford	- Nottingham West CCG
Joathan May	- Arriva
Neil Moore	- Arriva
Stewart Newman	- NHS 111
Jane Ravenscroft	- Consultant Dermatologist
Amanda Roberts	- Dermatology Patient
Helen Tait	- Treatment Centre
Paul Willetts	- Arriva

## **MEMBERSHIP CHANGE**

It was reported that Councillor Toby Neale and Councillor Anne Peach had been permanently appointed to the committee in place of Councillor Mohammad Aslam and Councillor Azad Choudhry.

## **MINUTES**

The minutes of the last meeting held on 10<sup>th</sup> February 2015, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair except for the following:

Councillor C A Jones had sent apologies for the meeting.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor E Morley and Councillor Dr J Doddy.

## **DECLARATIONS OF INTERESTS**

There were no declarations of interest.

## **DERMATOLOGY CONTRACT**

Vicky Bailey, Chief Officer of NHS Rushcliffe Clinical Commissioning Group (CCG) (and lead officer for dermatology commissioning) and Guy Mansford, Clinical Lead Nottingham West CCG, gave a presentation on the operation of the Dermatology Contract at Nottingham University Hospitals NHS Trust (NUH) and other associated issues.

(During the committee meeting, members of the committee received a letter emailed directly to them from the British Association of Dermatologists in response to the 'Nottingham Dermatology Service Crisis'; this letter was shared with the CCG representatives).

The Treatment Centre contract covered core and non-core services, including dermatology; this was broadly replicated in terms to what was currently in place and then commissioned. The Terms and Conditions were decided 7 to 8 years ago by the Department of Health. Following the TUPE of staff to Circle a letter dated 11th March

2013 made the CCG aware of the Dermatologists concerns over transferring their employment.

Helen Tait, General Manager of the Treatment Centre, stated that a dermatology service had been successfully provided for six and a half years. An offer had been made to forego the sole provider contract terms in an effort to secure the service.

Lessons had been learnt, there was a flawed split of adults and paediatrics and this had been a 'novel' experience in terms of procurement resulting in valued colleagues leaving. In 2013 there had been 11 dermatology consultants but from May 2015 there would be 3. With over 200 dermatology vacancies nationally this was not an easy situation to resolve.

Following the briefing the following comments and additional information was provided in response to questions:-

- The CCG had commissioned an independent review of dermatology starting in April 2015.
- Concern was expressed regarding the commissioning body only discovering the views of the dermatologists when it was too late, suggesting a lack of proper consultation.
- This was a commercial contract under European legislation and the awarding of a contract could only be based on the criteria set down. During the procurement period the commissioners' role was not to undermine the procurement process. Notice had been given on the current contract as they did not have the consultants to provide the service.
- The publicity surrounding the situation had not helped with recruitment of new dermatologists.
- Dr Manning stated that the use of locums was fully integrated into the structure and training sessions for all staff within the Treatment Centre. There was a high demand nationally for locums.
- Dr Fowlie, Medical Director NUH stated that the Service Model they currently had was not sustainable. In addition, the Employment Model (recruitment and retention) offered was not attractive to those who had left or who may come to work here. These two areas had been fractured and needed changing and rebuilding to attract consultants back to work in Nottingham/Nottinghamshire.
- The Dermatologists who had remained would prefer to have NHS type contracts.
- Circle did not know the feelings of the Dermatology Consultants when they took the contract on and not all of the current situation could have been foreseen. Dermatology was part of the overall contract and the majority of staff had been happy to TUPE to Circle. No risk assessment had been done on whether staff would be willing to TUPE.

- There was concern that Circle did not have access to the NUH teaching and research facilities.

Jane Ravenscroft, one of the remaining Consultant Dermatologists spoke to the committee about her concerns and points of view. The TUPE was not accepted by some and there was no obligation to provide an out of hour's service for patients. The lack of acceptance of TUPE to Circle was nothing to do with a private company, acute dermatology and children's dermatology had not been commissioned to Circle. The Service Model was flawed and needed to be remodelled for a sustainable service. The service could not be sustained without any colleagues. Most locums were not qualified to be a permanent dermatologist under the NUH.

Amanda Roberts, a dermatology patient spoke to the committee about her concerns and points of view. Amanda, an eczema patient, told the committee that the treatment for dermatology patients was 'world class' prior to commissioning, since then the department had declined and it was the patients who were having to live with the consequences from this. It was important for patients living with a chronic illness to have a long term relationship with consultants to gain understanding. There was a concern that locums were not fully qualified dermatologists. Patients did not have a choice and had to accept what was offered, even if the service provided was unsuitable. Tele dermatology was good for patients with moles and skin cancers but not for eczema. Amanda requested that a dermatology patient be included on the review team so that the needs of the patients were not forgotten

The committee requested an update on the Dermatology Service in 3 months.

### **HEALTHWATCH – RENAL PATIENT TRANSPORT REVIEW**

Claire Grainger and Donna Clarke from Healthwatch Nottinghamshire gave a presentation to the committee on the findings from the review of 'Renal Patients' Experience of the Patient Transport Service'. The information had been compiled by a panel of volunteers who had looked at the comments, diaries and experiences of renal patients. This was the first time that the findings had been made public.

Paul Willets, Director of Governance & Quality, Arriva transport solutions, responded on behalf of Arriva.

Following the briefing the additional information was provided in response to questions:-

- Voluntary drivers had not been included in the survey.
- This was a draft report and Arriva had until the 23<sup>rd</sup> March 2015 to address the issues raised in it. Healthwatch would be helping Arriva with the actions recommended in the report.
- Safeguards were put in place and they tried to use the same driver for patients so that a relationship could be formed.

- Arriva monitored Service Level Agreements and would be challenging some of the findings in the report.

The committee requested that Healthwatch and Arriva returned to the committee in 4 months' time with an updated report.

### **PATIENT TRANSPORT SERVICE – PERFORMANCE UPDATE**

Neil Moore, Director of Procurement and Market Development, Mansfield & Ashfield CCG and Jonathan May, UK Managing Director, Arriva, gave a presentation on Non-Emergency Patient Transport Service. The presentation showed that as of January 2015 the Key Performance Indicators (KPI's) were still not being met and some parts of the plan had not been as effective as they should have been.

Following the briefing the additional information was provided in response to questions:-

- Communication was made with wards if a pre-arranged time slot was not going to be met. Wards were being asked to give prior notice of patients being discharged as part of the discharge pathway.
- All staff had been issued with a Personal Digital Assistant (PDA) to assist with the eight and a half thousand journeys planned every day in Nottingham and Nottinghamshire. Pressure was put on the system with 'same day' bookings.
- There was assurance that patients being returned to Care Homes were not being left until later in the day for convenience reasons.
- There were more wheelchair users than had originally been planned for.
- There would be investment in more vehicles, staff training and an 'on line booking system'.
- The committee, whilst acknowledging that the patient experience was important, were not happy that the KPI's were still not being met.

The committee requested that Arriva returned in 6 months' time with an updated performance report.

### **NHS 111 PERFORMANCE UPDATE**

Stewart Newman, Head of Urgent Care and Pauline Hand, NHS 111 Programme and Operations Director (Derbyshire Health United) gave a presentation on the NHS 111 performance. December 2014 had been a difficult month with a 35% increase in the number of calls compared to December 2013 resulting in an increase in the number of abandoned calls for that month.

Following the briefing the additional information was provided in response to questions:-

- The 'Triage System' used by 111 was agreed with every service provider who were also invited to attend 111 meetings. There was a form for health professionals to feedback when patients had been advised incorrectly by 111 and a 'data warehouse' was being built to monitor if 111 were sending people to the correct service/place.
- The average call back time to patients was 30-40minutes over the past two months. All calls were monitored for an appropriate call back time; this could take up to 72 hours.
- Staff recruitment would commence in June, with a 3 to 4 month training period to prepare them for the peak time. It was difficult to predict when the flu season would start.
- A HR advisor was helping to tackle staff absences and deal with them appropriately.

The committee requested that NHS 111 returned in 6 months' time for an update.

### **WORK PROGRAMME**

The contents of the Work Programme were noted.

The meeting closed at 13.35pm.

Chairman