

Membership

Councillors

Kate Foale (Chairman)
Colleen Harwood (Vice-Chairman)
Bruce Laughton
John Ogle
A Jacky Williams
John Wilmott

District Members

Trevor Locke - Ashfield District Council
Brian Lohan - Mansfield District Council
David Staples - Newark and Sherwood District Council
A Griff Wynne - Bassetlaw District Council

Officers

Martin Gately - Nottinghamshire County Council
David Ebbage - Nottinghamshire County Council

Also in attendance

Keith Mann - NHS England
Joe Pidgeon - Healthwatch
Dr Amanda Sullivan - Mansfield/Newark & Sherwood CCG
Susan Bowler - Sherwood Forest Hospitals Foundation Trust

MINUTES

The minutes of the last meeting of the Health Scrutiny Committee held on 6 January 2014 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

There were apologies for absence received from Councillor Griff Wynne.

DECLARATIONS OF INTEREST

There were no declarations of interest.

GP PRACTICE STRATEGY – PRESENTATION FROM NHS ENGLAND

Keith Mann from NHS England gave a brief presentation to members on the Nottinghamshire GP Practice Strategy from representatives of NHS England's Derbyshire and Nottinghamshire Area Team.

Within the presentation the following points were made:-

- A call to Action requires each Clinical Commissioning Group and NHS England to engage with the public, health and wellbeing boards and other stakeholders to explain the challenges ahead, and to then develop a 5 year commissioning plan.
- Improving General Practice A Call to Action aims to stimulate a specific debate in local communities – amongst general practice, area teams, CCGs, health and wellbeing boards and other community partners – as to how best to develop general practice services.
- Today, between 1948 and 2010, life expectancy in England for men increased by 13 years to 79. 88% of patients in the UK described the quality of care they received as excellent or very good.
- Over the last 10 years there has been a 50% increase in GP consultations, 35% increase in emergency care admissions, 65% increase in secondary care episodes and poorly joined up services between primary, secondary and social care.
- The consequences of these findings are that hospitals are now under great pressure, too many older people or people with a long term condition admitted to hospital, too many people being admitted too early to long term care. Future generation, primary care move to sustainable buildings, problems in primary care relate to premises.
- The 3-5 year plan covers 5 areas, Patients, People, Processes, Premises and Payments.

Following questions from the committee, the following points were made:-

- Some premises aren't fit for the future anymore, choice is really important for these services. The CQC is expected to find suitable premises for these practices.
- There is a big cluster of GP practices in a certain area of Mansfield, no reason to why this is, it has been in existence for the last 12 months.
- That average ratio for patients to each GP Practice in Nottinghamshire roughly stands at 1850-2250 per GP.

- Healthcare plans are being developed to help tackle the obesity issues in the area.

The Chair thanked Keith Mann for his detailed report.

PROPOSED GP PRACTICE CHANGES – EAST LEAKE MEDICAL GROUP

Dr Neil Fraser from the East Leake Medical Group gave a brief description on the proposed changes.

The context of the changes is the retirement from practice of Dr Gopal Patel, the refurbishment of East Leake Health Centre, the practices ambition to build a new fit for purpose Health Centre in Sutton Bonington and problems with the Soar Valley Surgeries accommodation in East Leake and Hathern. Patients will benefit from a greater range of locally based services, diagnostics, blood tests etc, a wider range of extended hours, modern appropriate accommodation.

They had recently merged with Soar Valley Surgeries. There are 3 converted houses around the Sutton Bonington area which used to be a single handed practice. It will be a close branch surgery in East Leake. It would enable patients from there to the main surgery which will be open 5 days a week.

Following question from members the following points were made:-

- With the surgery moving 500m further away, which is a long distance for the elderly, this decision had been taken into consideration. The transport links have been advertised and other options have been explained regarding transport to residents.
- Patient groups have been involved with the merge as have the drop in centres.
- This change allows GPs and the resources they have to be better used. Longer opening hours in Sutton Bonington will also create a better service.

The committee agreed the changes proposed to them.

PROPOSED GP PRACTICE CHANGES – DRS LAW & MOUNTCASTLE AND ORCHARD MEDICAL PRACTICE

Dr James Mills and Dr Dean Temple gave a brief outline to Members on the changes for the Orchard Medical Practice.

Orchard Medical Practice is located at Mansfield Community Hospital having moved there in November 2012. Drs Law & Mountcastle are currently working at Wood Street, Mansfield.

Both practices serve patients in and around Mansfield town centre and districts. Discussions between the two practices have been carried out to consider the benefits of the two practices working more closely together. A complete contractual merger

between the two was put forward to work out of the same premises; this was a more cost effective solution for the area team. Both practices have very similar clinical aims and objectives with excellent patient care. Approval was given and a business case to the area team was submitted.

Following discussions, the following points were made:-

- The impact on the residents in the area should be a positive one, with new services being brought in.
- Recruitment for general practice is very low overall and there will be a mixture between full time and part time staff.
- 7/7 urgent care may stay as outside provider, can offer more appointments to more patients.
- At the beginning of the integrated care teams, need to free up patients and make sure the right patients receive the right appointments.

The chair thanked representatives from the practice for their attendance and the committee agreed the proposed changes.

PROPOSED GP PRACTICE CHANGES – WILLOWBROOK MEDICAL AND PANTILES MEDICAL CENTRE

Dr Jeremy Jenkins attended the meeting and provided Members with a briefing on the proposed changes.

Willowbrook Medical Centre is the largest primary healthcare provider in the area, over the last few months, they have also supported the Pantiles Medical Centre which is a failing practice and by joining the two together, improvements to patient care and significant savings can be made to the health economy.

The merged practice patients will benefit from access to this greater pool of health care professionals.

Both practices have open patients list and can offer coverage over a larger geographical area.

There will be the service to order prescriptions online, the services will be located on ground floor which reduces access problems for patients.

A better management of systems overall, better parking facilities, a new booking system for staff to help with appointments.

Following discussions the following point was made:-

- That Pantiles was a single handed practice, they had a higher referral rate. Willowbrook had a lower referral rate.

The committee agreed the proposed changes.

CONSIDERATION OF QUALITY ACCOUNTS PRIORITIES (NEWARK AND SHERWOOD HOSPITALS NHS FOUNDATION TRUST AND DONCASTER & BASSETLAW HOSPITALS NHS FOUNDATION TRUST)

Amanda Callow, Deputy Director for Nursing and Quality at Sherwood Forest Hospitals NHS Foundation Trust explained the priorities for Sherwood Forest to members.

Three key priorities were set for 2014/15 and they were:-

- Priority 1 – Improving the effectiveness of care we deliver by achieving a reduction in mortality.
- Priority 2 – Reducing hospital acquired falls, including impacting on harm and severity.
- Priority 3 – Whole organisational focus on Dementia Care.

For quarter 2 the number of avoidable grade 2 & 3 pressure ulcers reduced & the Trust received zero grade 4's.

Mortality data was out of date; the data which was being used was 2 quarters behind. There is a 10% difference in weekday to weekend admissions at Sherwood Forest.

98% of patients are screened for dementia and in the past two months, 95% have also been risk assessed for dementia.

In regards to falls, the Trust has a falls group which has identified that the number of times a patient is internally transferred may have an impact on the likelihood of some patients falling.

Following questions from Members, the following points were made:-

- There is a mix of attributes which relate to falls. Care and comfort rounds are in place to monitor patients on a regular basis.
- There are plans in place to extend visiting hours so relatives can visit patients for a longer period which is very important for patients.
- There are good transport links for the elderly to visit the service.
- New pathways are being looked at to look at a patients journey from the door to the end of their treatment, looked at whole range of different aspects.
- Patient experience and complaints is considered as a high priority Healthwatch and they would like to see it as a 4th priority.

The Chair thanked Amanda Callow and the Committee thought the priorities they have provided were reasonable.

Heather Keane from Doncaster & Bassetlaw Hospitals NHS Foundation Trust explained the priorities to Members for the Trust.

Quality Accounts ask for top 3 priorities, the Trust have not chosen their top 3 as yet. The Trust has 5 areas which are:-

- Ward staffing levels in line with National Quality Board Guidance.
- Harm Free Care
- Patient Experience & Engagement
- Implementation of Dementia Strategy
- Data Quality Improvement

In the past 3 years, 108 patients have broken bones whilst receiving treatment in the Trust. This year currently stands at 21. One patient fell 9 times. Doncaster & Bassetlaw have received 2 Grade 4 pressure ulcers.

A new complaints policy is in place, where a 25 day turn around for an outcome has been introduced and also a development of a patient experience committee has started.

Following discussion with members, the following point was raised:-

- Many were concerned on the fall situation, no patients had died as a result of these falls, but 2 patients had suffered broken hips.

The Chair asked if a clearer statement could be presented to the Committee, which showed the priorities more clearly would help Members.

Martin Gately pointed out to Members that the Draft accounts are available for the Committee if they wish to see them.

MID-NOTTINGHAMSHIRE BETTER + TOGETHER INTEGRATED CARE TRANSFORMATION PROGRAMME

Dr Amanda Sullivan, Chief Officer for Mansfield and Ashfield / Newark & Sherwood Clinical Commissioning Groups introduced to Members an initial briefing on the Mid-Nottinghamshire Better + Together Integrated Care Transformation Programme.

The work which was described in the document started over a year ago. She explained to Members that PFI's (Private Finance Initiative). There is a change in ageing population, we have to work with local providers and authorities to get the

best care for our population. There are 3 phases to help with identifying sustainability issues facing the health and social care economy:-

- Phase 1 is base lining the current costs of services provision and developing ideas about what a more sustainable system could look like.
- Phase 2 of the work is currently being presented, further refinements of the initial blueprint. This phase enables them to develop the clinical service models and to validate the initial clinical blueprint assumptions.
- Phase 3 has yet to be developed, will identify the outcome specifications and commissioning /procurements plans will also be developed.

In the initial months of the programme, staff, patients and members of the public were involved in the process through Care Design Groups. During November and December 2013 there was a more intensive phase of engagement. Staff, patients, the public and other stakeholders had the opportunity to comment and give feedback on initial proposals.

The Health and Wellbeing Board has been appraised of the progress of the Better + Together Programme and their advice have fed into the Communications and Engagement activity. The Board supports the proposals and considers them to be in line with the overall strategic direction for Nottinghamshire.

Following discussions the following points were made:-

- Members were concerned what the role of the voluntary sector would be; Dr Sullivan ensured Members that the volunteer contribution is very much built in.
- Developing relationships with District Councils is a crucial part and this is happening more which is a positive sign.
- With the money available, the CCG's are confident that things will be put in place, the last year hasn't been easy, ideas are being developed, have come a huge way since then.

The Chair thanked Dr Sullivan and requested a further update on Phase 3 of the process to be brought to the June meeting.

CLINICAL COMMISSIONING GROUPS – COMPLAINTS PROCEDURE

Elaine Moss, Director of Quality and Governance at Newark & Sherwood Clinical Commissioning Group introduced a briefing on the new complaints procedure.

Following discussions the following points were made:-

- If a patient at Kings Mill wishes to make a complaint, they go to the providers themselves. Complainants can ask the provider or the commissioner of the service to investigate their complaint and there has been no change to this process.

- Complaints are made about a number of providers which can be quite complex, they assured Members that they will co-ordinate this process.

The Chair thanked Elaine Moss for her attendance and Members noted the content of the report.

WORK PROGRAMME

The work programme was discussed and noted with two further reports be added to the work programme. They are:-

NG25 Study Group and a report around Independent Mortality Review.

The meeting closed at 4.25pm.

CHAIRMAN

24 February 2014 - Health Scrutiny