Nottinghamshire County Council

Health Scrutiny Committee

Monday, 28 November 2016 at 14:00

County Hall, **County Hall, West Bridgford, Nottingham, NG2 7QP**

AGENDA

Notes

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in

the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

(3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Alison Fawley (Tel. 0115 993 2534) or a colleague in Democratic Services prior to the meeting.

(4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE

Monday 11 July 2016 at 2pm

Membership

Councillors

Colleen Harwood (Chairman)
John Allin
Kate Foale
Bruce Laughton
David Martin
John Ogle

District Members

	Helen Hollis	Ashfield District Council
A	Brian Lohan	Mansfield District Council
	David Staples	Newark and Sherwood District Council
	Susan Shaw	Bassetlaw District Council

Officers

Paul Davies	Nottinghamshire County Council

Also in attendance

Hayley Allison	Sherwood Forest Hospitals NHS Foundation Trust
Elaine Jeffers	Sherwood Forest Hospitals NHS Foundation Trust
Michelle Livingston	Healthwatch Nottinghamshire
Ben Owens	Sherwood Forest Hospitals NHS Foundation Trust
Mike Pinkerton	Doncaster & Bassetlaw Hospitals NHS Foundation Trust

MINUTES

The minutes of the last meeting held on 9 May 2016, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

MEMBERSHIP

The Chair welcomed Councillor Hollis as the representative from Ashfield District Council and Michelle Livingston, the new Chair of Healthwatch Nottinghamshire.

DECLARATIONS OF INTEREST

None

DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST

Mike Pinkerton, Chief Executive of the Trust spoke to the committee about changes to the surgical pathway at Bassetlaw Hospital, and about the Trust's financial position. He emphasised that the two issues were not connected.

Surgical Pathway at Bassetlaw Hospital

Mr Pinkerton referred to changes to the surgical pathway at Bassetlaw Hospital, which had been taken to maintain the safety and efficacy of the emergency surgical service at the hospital. All emergency surgical patients presenting at the Emergency Department would be seen by a senior surgical doctor, and GP referrals would continue to be received as normal. The change had been prompted by difficulties in recruiting doctors to fill out-of-hours and in-hours middle grade rotas.

He described the new pathway, under which acutely unwell patients would be transferred to Doncaster Royal Infirmary (DRI) for treatment; patients to be reviewed in the Emergency Department would be seen by the consultant during the week until 6.00 pm, and by the specialist and associate doctors out-of-hours; "hot clinics" would be held twice daily for patients to be reviewed by the consultant; and some patients would be directly discharged with advice. More elective surgery would be taking place at the Bassetlaw Hospital, including bariatric surgery and Crohn's disease. The Trust had recently approved new Advanced Nursing Practitioner posts which would enable more complex surgery to be undertaken at the hospital. He observed that the changes had been well received by patients, and that standard mortality rates had improved to above the national average.

In reply to a question, Mr Pinkerton explained that the pathways for trauma cases remained as set two years previously: Sheffield was the major trauma centre, and DRI, Barnsley and Bassetlaw Hospitals were trauma units. The ambulance services would take patients to the appropriate location. It was possible to seek advice from Sheffield by transmitting scans electronically, and in the rare event that a patient was too ill to transfer, the DRI surgical team would transfer to Bassetlaw Hospital.

In terms of the recruitment difficulties, Mr Pinkerton stated that while the pathway changes were regarded as temporary, there was no immediate prospect of restoring the emergency pathway. He explained that nationally, the number of surgical trainees was not keeping up with demand, and that there were fewer training places at smaller hospitals such as Bassetlaw. Training was overseen by Health Training England. It was pointed out that the Joint Health Scrutiny Committee was currently looking into the recruitment of doctors and nurses.

Asked how capable the ambulance service would be to transfer patients between hospitals, Mr Pinkerton stated that EMAS had assured the Trust that they could provide ambulances as required, as long as some notice was given. He emphasised that the changes did not mean any downgrading of the A&E Department, and indeed A&E staff might feel better supported by the new "hot clinics". He pointed out that last year, Bassetlaw Hospital had been sixth best A&E Department in the country for waiting times.

There was a further question about long term resilience and how it would be measured. Mr Pinkerton relied that currently there was no problem in recruiting to general surgery posts, and proposals being developed under the Sustainability and

Transformation Plan (STP) could enhance the role of DRI, which in turn would attract more surgical recruits. NHS England would be assessing the robustness of the Plan. He added that the Trust would be consulting in September on changes to hyper-acute and children's surgery.

The Chair expressed disappointment that neither the Trust nor Bassetlaw CCG had informed the committee of the changes to the emergency pathway before they appeared in the press. There had been an opportunity to do so in meetings about the Trust's quality account. She assured the Trust that the committee wished to work cooperatively in the best interests of the people of Bassetlaw. Mr Pinkerton apologised, and explained that the changes had been complex and carried out at short notice. He offered to share with the committee the monthly briefing which the Trust provided to partners.

It was agreed that the Chair should write to the Trust to express the committee's disappointment about the lack of notice of the changes, and to ask that in future, any changes be notified to the committee in advance.

Update on Financial Position of Doncaster and Bassetlaw Hospitals NHS Foundation Trust

Mike Pinkerton introduced the briefing on the Trust's financial position, following the discovery in October 2015 of significant misreporting to the Board of Directors. The financial year had ended with a deficit of £46.7m (of which £10.3m related to a revaluation of the Trust's land and buildings). KPMG had undertaken an independent investigation, with recommendations for action. The Trust had appointed a director with responsibility for financial turnaround, supported by a dedicated internal delivery team, and overseen by a Financial Oversight Committee. The regulator, NHS Improvement, supported the Trust's response, and the Trust was already delivering savings.

Mr Pinkerton replied to a question about ensuring that financial information was correctly reported in future. He referred to the KPMG investigation, implementation of its recommendations, replacement of the Trust's internal and external auditors, and a full governance review to be undertaken in the autumn. Asked about how the Trust was measuring the impact of the turnaround on finance and quality, Mr Pinkerton said the Trust was taking a business intelligence approach, and progress being made on almost every measure. He indicated that a new finance director would be appointed in late July, and a new Chair of the Trust would be named shortly.

It was agreed to ask the Trust to provide a further update on its financial position in six months.

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST

Quality Improvement Plan

Elaine Jeffers, Medical Director Assistant at Sherwood Forest Hospitals NHS Foundation Trust (SFHT), updated the committee on the Quality Improvement Plan at Sherwood Forest Hospitals. An overview of the various workstreams had been circulated. She stated that a great deal of progress had been made since March. An example of the Trust's robust approach was the Care Quality Commission's willingness to release the Trust from its notice to improve regarding sepsis. She

said there had been a change in culture and outlook in the Trust. In reply to a question, she explained that a victim attitude had been replaced by a can-do attitude and a sense of everyone working together for the benefit of patients. She was confident that any member of staff would be able to articulate the changes which had taken place.

Ms Jeffers was asked whether the Trust was making progress under the safety culture workstream, where two of the actions were off track. She stated that the Trust had now appointed all five clinical governance leads for safety. In relation to the target for providing Extended Critical Care Support to 2.00 am, the target had been changed to midnight. Benchmarking had shown that no other district general hospital had such a team till 2.00 am, and at SFHT there was no problem after midnight. She assured the committee that the decision to configure the service to midnight rather than 2.00 am had not been taken lightly.

Asked about ambulance turnaround times, Ben Owens explained that there was now better recording by the Emergency Department (ED) and EMAS, and the ED was warned when ambulances were on their way.

Questioned about the risks to maintaining improvement, Ms Jeffers stated that the Trust's focus was on the actions which were outstanding. For actions which were already completed, there was an audit and assurance plan. She expected that the CQC would return soon.

The committee congratulated the Trust on improvements in sepsis rates, and work done to improve mortality rates. It was agree that the committee should visit King's Mill Hospital in the New Year to see the improvements.

Emergency Department

Ben Owens, Clinical Director for Urgent and Emergency Care at SFHT gave a presentation on the achievements and challenges in emergency care at the Trust. He outlined recent performance, with the Trust ranking 19th out of 135 acute trusts for meeting the four hour waiting target in 2015/16 and ambulance handover times being the best in the region. Increasing demand for the emergency service and a complex case mix continued to be challenging. Further challenges included difficulties in recruiting doctors and nurses, and changes in the primary care provider following the failure of Central Nottinghamshire Clinical Services (CNCS). He explained the steps taken to improve the flow of patients through the hospital, and the closer working with primary and social care.

In response to a question about why there were more sick people at particular times, Mr Owens explained that this could, for example, be caused by frail elderly people becoming more ill because of extreme weather.

Newark Hospital

Hayley Allison, Assistant Chief Operating Officer, SFHT gave a presentation on SFHT's strategy for Newark Hospital. The Trust had looked at how to use the surplus bed space at Newark Hospital, and concluded that there should be less reliance on an in-patient model. There would be a move towards a single front door for patients, who would then be directed to the most appropriate service. Given the proportion of patients presenting with primary care needs, the skills mix at the hospital required change. There were also plans to increase the range of day case

procedures at Newark Hospital, with for example Nottingham University Hospitals offering satellite clinics at the hospital. She offered to return later in the year with more concrete plans.

She was asked about how the Trust was dealing with the CQC's finding that staff at Newark Hospital felt "out of the loop". She explained that the Trust had recruited to her post and the clinical lead's post, and services at Newark had been aligned with departments at King's Mill Hospital. She believed that the staff felt stronger than a year ago.

In reply to other questions, Ms Allison stated that the Trust was working closely with community providers, and that the hospital's urgent care facilities could cope with future demand from Newark's expanding population.

End of Life Care

This item was deferred as no information had been circulated. Paul Davies apologised for the slides for the two previous presentations not being available at the meeting. They would be published on the committee's web page for this meeting.

WORK PROGRAMME

The work programme was discussed. It was agreed to add to the programme

- promoting best practice on improved services
- six month update on Doncaster and Bassetlaw Hospitals.

The meeting closed at 4.20 pm

CHAIRMAN

Nottinghamshire County Council

Report to Health Scrutiny Committee

28 November 2016

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

FINANCIAL CHALLENGES – CLINICAL COMMISSIONING GROUP

Purpose of the Report

1. To introduce briefing on the financial challenges facing Newark and Sherwood and Mansfield and Ashfield Clinical Commissioning Groups, including the reprioritisation of how NHS resources are deployed.

Information and Advice

2. Dr Amanda Sullivan will attend the Health Scrutiny Committee to brief Members on the financial challenges faced by the CCGs and how they will be addressed.

3. A written briefing from the CCG is attached as an appendix to this report.

4. Members will see that the briefing contains a list of services identified as low priority by members of the public. One service identified is IVF. Members will receive further briefing on proposed changes to IVF services and how these will be consulted on at this meeting.

RECOMMENDATION

1) That the Health Scrutiny Committee considers and comments on the information provided.

2) That the Health Scrutiny Committee identifies requirements for further information.

3) That the Health Scrutiny Committee schedule further consideration as necessary

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Report to Health Scrutiny Committee

28 November 2016

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

IN-VITRO FERTILISATION – VARIATION OF SERVICE

Purpose of the Report

1. To allow the Health Scrutiny Committee to respond to and give views on the consultation on variations in the In-Vitro Fertilisation (IVF) Service.

Information and Advice

2. Members will be aware from other briefing within these papers that IVF has been identified as a low priority service. The Clinical Commissioning Group are currently consulting on changes to IVF services. An initial round of IVF treatment is provided free by the NHS, further rounds of treatment may be paid for privately. IVF services within Newark and Sherwood/Mansfield Ashfield cost £300,000 per year.

3. A copy of the consultation document is attached as an appendix to this report. The document clearly sets out a number of options in relation to IVF treatment. The consultation runs from 14 November 2016-13 January.

4. Health Scrutiny Committees have a particular role in examining how health service changes are consulted on and if the proposed changes are in the interests of the local health service. Members are invited to give their views on how this change is being consulted on, and to schedule further consideration of the consultation response, with a view to determining if the proposed change is in the interests of the local health service.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the IVF treatment consultation

2) Schedule further consideration of the results of the consultation.

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

NHS

You Are Invited

to a Public Consultation Event on IVF Services

NHS Mansfield and Ashfield and Newark and Sherwood CCGs are seeking the views of the local population regarding NHS funding for IVF services.

You are invited to attend one of the consultation events below or call **01623 673591** If you would like a paper survey.

Alternatively, complete the online survey available on either email address below.

www.mansfieldandashfieldccg.nhs.uk
www.newarkandsherwood.nhs.uk

To book a place please call 01623 673591

Consultation opens 14th November 2016 and closes on 13th January 2017

Date	Time	Venue
Monday 5th December 2016	2 - 4pm	Mansfield Library, Four Seasons Centre, West Gate, Mansfield, Nottinghamshire, NG18 1NH
Thursday 8th December 2016	6 - 8pm	New Cross Community Centre, 25 Downing Street, Sutton-in-Ashfield, NG17 4EF
Wednesday 14th December 2016	1 - 3pm	Holy Trinity Community Centre, Boundary Road, Newark, Nottinghamshire, NG24 4AU
Thursday 15th December 2016	6 - 8pm	Sherwood Forest Community Church. Main Street, Blidworth, Mansfield, Notts NG21 0PX

NHS

Newark and Sherwood
Clinical Commissioning Group

Mansfield and Ashfield
Clinical Commissioning Group

IVF (In-vitro fertilisation) Fertility Treatment Consultation

Consultation
14 November 2016 - 13 January 2017

Contents

What is this consultation document about?

The local NHS has been very successful in treating more conditions and in helping people to live longer. Additional funding has been made available to the NHS, but new treatments, growing levels of long-term conditions and increasing expectations mean that we now have to re-prioritise how our precious NHS resources are deployed. As the health needs of our population change, we need to review how best to allocate the considerable resources available to us, so that maximum health benefits can be achieved overall.

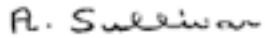
As commissioners (Mansfield & Ashfield Clinical Commissioning Group (CCG) Newark and Sherwood CCG) we plan and buy health care services for our local population. We have a legal duty to live within our means and we need to save around £20 million this year, roughly twice our normal savings requirement. This is likely to increase over the next few years. We need to ensure that there is enough money to maintain high quality and safe services.

We are asking the people of Mansfield, Ashfield, Newark and Sherwood to consider our proposals about eligibility for IVF on the NHS.

Responses received during the consultation period will be considered alongside the local health priorities of the CCGs and our duties concerning discrimination, quality and equality.

Consultation in the NHS is a process of dialogue, which influences formal decisions made by the NHS. The NHS has a legal duty to consult with people when considering proposals for substantial changes in healthcare provision.

The results of this consultation will be shared with the Governing Body in January 2017. A decision will be made by the Governing Body in February 2017. The outcome and decisions will be shared with stakeholders and the public in February 2017.



Dr Amanda Sullivan
Chief Officer
Mansfield and Ashfield
Newark and Sherwood CCGs

Dr Gavin Lunn
Clinical Chair
Mansfield and Ashfield CCG

Dr Thilan Bartholomuez
Clinical Chair
Newark and Sherwood CCG

Introduction

We recently asked local people to let us know their views about priorities for NHS funding. We ran 8 eight public engagement sessions and a survey. The aim was to take initial soundings about NHS priorities for funding. IVF was one of the areas that we identified for further review. We are now consulting with you about eligibility for IVF treatment on the NHS.

This document explains the context and reasons for this consultation, as well as outlining the process and steps which will follow. We hope to receive as many responses as possible from local people, including people from a variety of different ages and backgrounds.

The CCG Governing Bodies have agreed to consult on IVF treatment. The consultation period runs from 14 November 2016 until 13 January 2017. A decision will be made by the CCG Governing Bodies in February 2017.

What is IVF?

IVF is a fertility treatment. It involves drug treatments to stimulate the ovaries, ultrasound-guided egg collection from the woman and sperm collection from the male. Eggs are mixed with sperm in the laboratory and fertilisation takes place outside of the body (in vitro). Healthy embryos are then inserted into the womb. Any viable embryo(s) not used in the initial treatment, can also be frozen for future use.

Fertility problems are relatively common in the UK and it is estimated that they affect one in seven couples. 84% of couples in the general population will conceive within one year if they do not use contraception and have regular sexual intercourse. Of those who do not conceive in the first year, about half will do so in the second year (cumulative pregnancy rate 92%). In 30% of infertility cases, the cause cannot be identified.

What is the national guidance?

In 2013 national guidance was updated (National Institute of Clinical Excellence CG 156, February 2013). This guidance is advisory and offers best practice advice on assisting people of reproductive age who have problems conceiving.

NICE states that the term 'full cycle' is used to define a full IVF treatment, which should include 1 episode of ovarian stimulation and the transfer of any resultant fresh and frozen embryo(s). CCGs are advised to consider offering up to three IVF cycles and levels of provision vary across the country. Many CCGs are currently looking at how much IVF should be offered on the NHS.

What is our current policy?

We currently fund one cycle of IVF. People sometimes pay privately for additional cycles as required.

The current policy defines that the fertility assessment and treatment service is restricted to women aged 42 and under at the time of referral into the services. There is currently no age limit for men. Where a woman is of reproductive age and having regular unprotected vaginal intercourse, two to three times per week, failure to conceive within 12 months should be taken as an indication for further assessment and possible treatment.

If the woman is aged 36 or over, then such assessment should be considered after six months of unprotected regular intercourse since her chances of successful conception are lower and the window of opportunity for intervention is less.

For women aged up to 42 years who have not conceived after two years of regular unprotected intercourse or a course of artificial insemination (inserting sperm directly into a woman's womb), this should be taken as an indication for consideration of IVF.

National and local issues

The commissioning of fertility assessment and treatment services has a direct and significant impact on people who need IVF in order to conceive. Infertility can be caused by a wide range of medical and lifestyle factors. It can have a significant emotional impact on people who are unable to conceive.

People (both the public and clinicians themselves) have very diverse views about fertility treatment. Some people think that all fertility treatment should be funded, whilst others believe that this should not be available on the NHS. Some people believe that some level of funding should be offered.

There are a number of potential treatments for infertility in heterosexual and same sex couples, including medical and surgical interventions. However, some couples can only conceive with the help of complex treatments such as in-vitro fertilisation (IVF), Intracytoplasmic sperm injections (ICSI) or Intra-uterine insemination (IUI) – assisted conception.

What is the effectiveness of IVF?

The clinical and cost-effectiveness, of IVF falls rapidly as age increases and female fertility declines.

The Human Fertilisation Embryology Authority (HFEA) publishes evidence of effectiveness of assisted conception; the latest published evidence is set out below.

This shows how many women had a live birth out of all the women who began a treatment cycle. A treatment cycle starts when a woman begins taking fertility drugs to stimulate egg production.

http://guide.hfea.gov.uk/guide/HeadlineData.aspx?code=101&s=p&pv=NG197EP&d=12.1&nav=2&rate=i&rate_sub=FSO

	Year of Treatment	2014
Age	18-34	33.7%
	35-37	29.8%
	38-39	21.9%
	40-42	13.8%
	43-44	4.8%
	45+	1.2%

Live births per treatment cycle started in the year ending 2nd quarter 2014 reported by HFEA 2014

What are the financial considerations?

The demand pressures facing the NHS mean that health and social care services must change. Continuing with the current model of care will result in the NHS nationally facing a funding gap of around £30 billion between 2013 and 2021.

In mid-Nottinghamshire, health and social care services are facing the same pressures locally. Making small changes to the current system will not be enough. The funding gap in mid-Nottinghamshire for the same period is calculated at around £200 million. Fundamental change is therefore required and we have to prioritise resources in the areas that have the biggest benefit for the health of the population as a whole.

Local data shows that during the last year, 106 people received IVF with 35 resulting in a pregnancy, 34 resulting in no pregnancy, 7 cancelled and 30 still awaiting results.

How much does IVF cost?

The current annual value, across mid Nottinghamshire is £300,000, based on funding one cycle of IVF.

Options for IVF eligibility on the NHS

We are seeking your views on a range of options for IVF funding eligibility. These are shown below.

Option	Rationale	Impacts
Reduce the female age from 42 to 40 years old	The chances of IVF resulting in a live birth diminish with age. This would save an average of £15,000 per year	Women over 40 would not be eligible for IVF
Develop an age limit for men (There is currently no age range in the policy)	For couples having IVF, the risk of not having a baby is higher if the male partner is older. www.yourfertility.org.au/for-men/age (Unable to calculate saving as there is no age limit at present)	There would be an age limit for men
Stop offering IVF on the NHS	There would be an annual saving of approximately £300,000	No new patients would be offered IVF on the NHS
Continue to fund 1 cycle of IVF for a very limited number of exceptional situations	This would involve a strict criteria and would save up to £240,000 A year	Only people with exceptional circumstances, would be eligible for IVF. This would be determined by a panel, with information from clinicians

In conducting a thorough consultation within mid-Nottinghamshire on the future commissioning practice of fertility assessment and treatment, we are seeking to ensure that commissioning is evidence-based and informed by the views of local people.

The consultation process – how to take part

The consultation process is in line with www.england.nhs.uk/wp-content/uploads/2015/11/ppp-policy-statement.pdf 2015 (NHS England's guidance for commissioners on involving the public in commissioning in line with the legal duty under section 13Q of the NHS act 2016, as amended)

The consultation process will include all mid-Nottinghamshire GP practices and Patient Participation Groups (PPGs). We will also communicate directly with health forums, HealthWatch, maternity services, parent / carer forums, voluntary sector partners, fertility service providers, the media, councils and lay members of the CCGs.

This document supports a consultation, which is open to all mid Nottinghamshire residents, people registered with a mid Nottinghamshire GP and other interested stakeholders for a period from 14 November 2016 through to 13 January 2017. The results will be shared with the Governing Body in January 2017. A decision will be made by the Governing Body in February 2017. Consultation results and decisions will be shared with stakeholders and the public in February 2017.

We aim to reach a comprehensive audience, to ensure that a full range of stakeholders, including seldom heard or vulnerable groups are given the opportunity to provide their views in a variety of ways. This has also been informed by an equality impact assessment.

Listed on the following pages are a series of questions relating to the information provided within this consultation document.

You can respond to the questions online by using this link www.mansfieldandashfieldccg.nhs.uk and completing the questionnaire on survey monkey

Alternatively, you can reply by post, by sending the questionnaire to:

Consultation
FREEPOST RTGE-CRAT-BABH
NHS Mansfield & Ashfield CCG
Hawthorn House
Mansfield
Notts
NG21 0HJ

The report will be made available on the CCGs websites or on request, using the contact details above or by calling **01623 673591**

Consultation events

Why not come along to one of our public sessions to discuss your views with us and get your questions answered to allow you to make a decision.

Date	Time	Venue
5th December 2016	2-4pm	Mansfield Library Four Seasons Centre West Gate Mansfield Nottinghamshire NG18 1NH
8th December 2016	6-8pm	New Cross Community Centre 25 Downing Street Sutton-in-Ashfield NG17 4EF
14th December 2016	1-3pm	Holy Trinity Community Centre Boundary Road Newark Notts NG24 4AU
15th December 2016	6-8pm	Sherwood Forest Community Church Main Street Blidworth Mansfield Notts NG21 0PX

Questions for consideration

Question 1: Please tell us whether you are: (please tick one box):

- ☐ Member of the general public living in Mansfield or Ashfield
- ☐ Member of the general public living in Newark or Sherwood
- ☐ An NHS provider
- ☐ A social care provider
- ☐ A private provider
- ☐ A representative from the voluntary sector
- ☐ Other (please specify)

.....

Question 2: Having read the information provided above please indicate your preference below. You may choose more than one option.

☐ Reduce the female age from 42 to 40 years old.

Comments

☐ Develop an age limit for men

Comments - What do you think the age limit should be?

☐ Stop offering IVF on the NHS

Comments

☐ Continue to fund 1 cycle of IVF for a very limited number of exceptional situations

Comments and any ideas to what exceptional situations should be?

Any other comments

Please add extra sheets for comments if required.

We are committed to providing equal access to healthcare services to all members of the community. To achieve this, gathering the following information is essential and will help us ensure that we deliver the most effective and appropriate healthcare. There are some guidance notes on the next page. **Responding to these questions is entirely voluntary and any information provided will remain anonymous.**

What is your age? please write in the box below							☐ **Prefer not to state**
☐ 18 or under	☐ 19-25	☐ 26-35	☐ 36-45	☐ 46-55	☐ 56-65	☐ 66 or over	
What is your gender?							☐ **Prefer not to state**
☐ Male			☐ Female				
Do you/have you ever identified yourself as trans or transgender?							☐ **Prefer not to state**
☐ Yes			☐ No				
What is your status?							☐ **Prefer not to state**
☐ Single			☐ Married/Civil partnership				
☐ Widow(er)			☐ With partner				
☐ Separated			☐ Divorced/Dissolved				
Have you received NHS funded IVF?							☐ **Prefer not to state**
☐ Yes			☐ No				
Have you received privately funded IVF?							☐ **Prefer not to state**
☐ Yes			☐ No				
Are you pregnant or have you had a baby in the last six months?							☐ **Prefer not to state**
☐ Yes		☐ No			☐ Not applicable		
Have you any other children over 6 months old?							☐ **Prefer not to state**
☐ Yes		☐ No			☐ Not applicable		
Which of the following best describes how you think of yourself?							☐ **Prefer not to state**
☐ Heterosexual (attracted to the opposite sex)			☐ Bisexual (attracted to both sexes)				
☐ Lesbian/Gay (attracted to the same sex)			☐ Other				
Do you consider that you have a disability?							☐ **Prefer not to state**
☐ Yes		☐ No			☐ I don't know		
If yes, how would you describe your disability?							☐ **Prefer not to state**
☐ Sensory	☐ Learning		☐ Mental Health		☐ Physical		
☐ Other							
Do you have a religion or belief?							☐ **Prefer not to state**
☐ Buddhism	☐ Christianity		☐ Hinduism		☐ Islam		
☐ Judaism	☐ Sikhism		☐ No Religion		☐ Other		
Religion/Belief							
What is your first language? please write in the box below							☐ **Prefer not to state**

Please tell us your ethnic group			☐ Prefer not to state
☐ African	☐ Arab	☐ Indian	☐ Irish
☐ Bangladeshi	☐ Caribbean	☐ Pakistani	☐ Polish
☐ Chinese	☐ Gypsy/ Traveler	☐ Russian	☐ White British
☐ Other Please state			

How satisfied are you with the way this consultation is being run?			☐ Prefer not to state
☐ Very satisfied	☐ Satisfied	☐ Neither satisfied or dissatisfied	☐ Very dissatisfied
Comments:			

Guidance notes to help you complete the form

If there is any information that you do not want to provide just tick the box Prefer not to state

Do you/have you ever identified yourself as trans or transgender?

The process of transitioning from one gender to another. A person who is transgender is someone who expresses themselves in a different gender to the gender they were assigned at birth. Although legislation covers gender reassignment, for the purposes of analysis we adopt the term 'trans' to encompass the wider community.

What is your status?

Marriage is defined as a legally or formally recognised union between 'a man and a woman' or 'two people of the same sex'. Same-sex couples can also have their relationship legally recognised as a 'civil partnership'. Civil partners must be treated the same as married couples on a wide range of legal matters.

Which of the following best describes how you think of yourself?

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

Do you consider that you have a disability?

The Equality Act 2010 states that a person has a disability if they have a physical or mental impairment which has a long term and substantial adverse effect on their ability to carry out normal day to day activities. Physical or mental impairment includes sensory impairments such as those affecting sight or hearing.

Do you have a religion or belief?

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of believe (such as atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Please tell us your ethnic group

Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour and nationality (including citizenship), ethnic or national origins.

If you are hard of hearing, have sight impairment, English is not your first language or you require this in an easy read format please contact the Engagement and Communications Team via e-mail at NHSCCG@bettertogether@nhs.net or telephone **01623 673591**

Once completed please send pages 9-12 to;

Consultation
FREEPOST RTGE-CRAT-BABH
NHS Mansfield & Ashfield CCG
Hawthorn House
Mansfield
Notts
NG21 0HJ

Thank you for your time completing this questionnaire

Nottinghamshire County Council

Report to Health Scrutiny Committee

28 November 2016

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST

Purpose of the Report

1. To update Members on the current position at Sherwood Forest Hospitals Trust further to the Care Quality Commission (CQC) inspection.

Information and Advice

2. Andy Haynes, Medical Director and Victoria Bagshawe, Deputy Chief Nurse will attend the Health Scrutiny Committee to brief Members on the significant improvements that have been made further to the CQC inspection. In addition to providing information on quality and operational performance, the presentation will also contain briefing on End of Life Care.

3. The Health Scrutiny Committee may wish to ask the attendees how this level of improvement will be maintained – particularly in the areas of mortality and sepsis. Is this compliance with sepsis management and compliance with governance systems now fully embedded within the Trust?

4. A presentation from Sherwood Forest Hospitals Trust is attached as an appendix to this report.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Receives the briefing on the latest position at Sherwood Forest Hospitals, and asks questions, as necessary

2) Schedules further monitoring of Sherwood Forest Hospitals improvement, as required

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Sherwood Forest Hospitals NHS Foundation Trust Quality Report

Kings Mill Hospital Quality Report

Mansfield Community Hospital Quality Report

Newark Hospital Quality Report

Electoral Division(s) and Member(s) Affected
All

Quality for all

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Health Scrutiny Committee

28th November 2016

CQC Update and Quality Performance

Update on operational performance

End of Life Care

Presenters: **Andy Haynes, Medical Director**

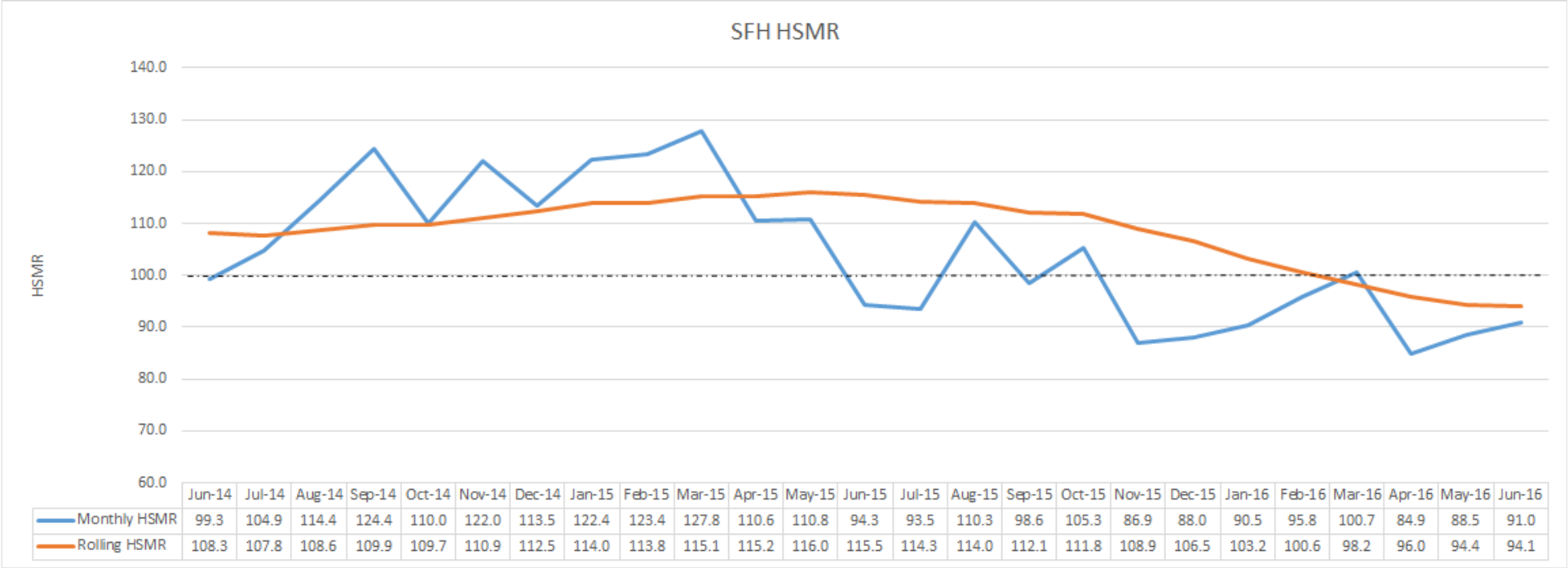
Victoria Bagshaw, Deputy Chief Nurse

Update on CQC inspection and report

- The significant improvements made at SFH were acknowledged by the CQC during their recent inspection.
- All section notices lifted by September 2016
  - Section 10 re: medical assessment/mental health act
  - Section 31 re: sepsis management
  - Section 29 re: governance systems
- CQC report should be published soon and they/NHSI will consider position of Special Measures
- These changes were driven by the leadership team still in place at SFH and we will continue to drive forward improvements.

Mortality

Sherwood Forest Hospitals NHS
NHS Foundation Trust



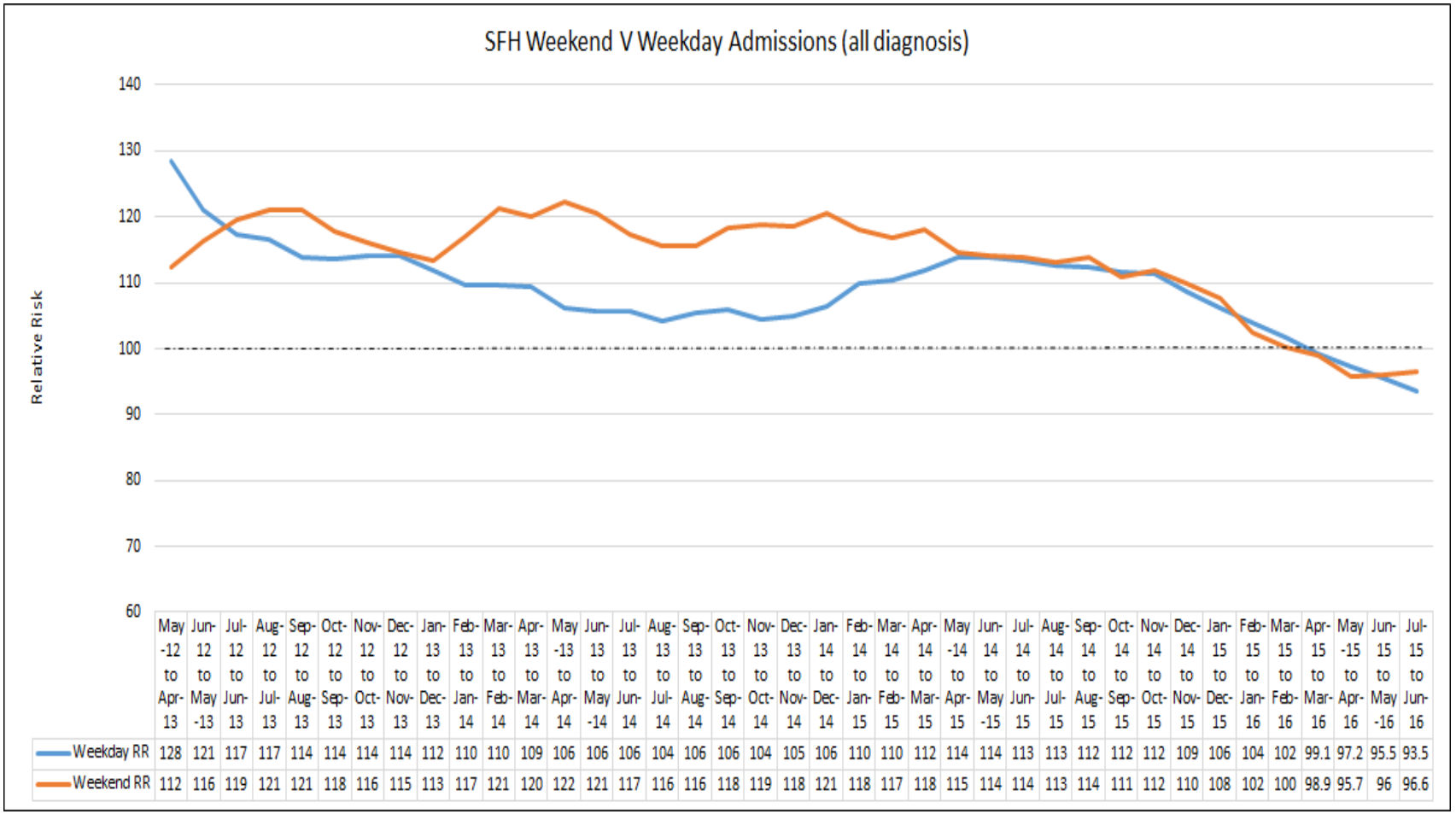
	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Monthly HSMR	99.3	104.9	114.4	124.4	110.0	122.0	113.5	122.4	123.4	127.8	110.6	110.8	94.3	93.5	110.3	98.6	105.3	86.9	88.0	90.5	95.8	100.7	84.9	88.5	91.0
Rolling HSMR	108.3	107.8	108.6	109.9	109.7	110.9	112.5	114.0	113.8	115.1	115.2	116.0	115.5	114.3	114.0	112.1	111.8	108.9	106.5	103.2	100.6	98.2	96.0	94.4	94.1

Mortality rates continue to improve – SFH performance well above national average

Mortality

Sherwood Forest Hospitals NHS
NHS Foundation Trust

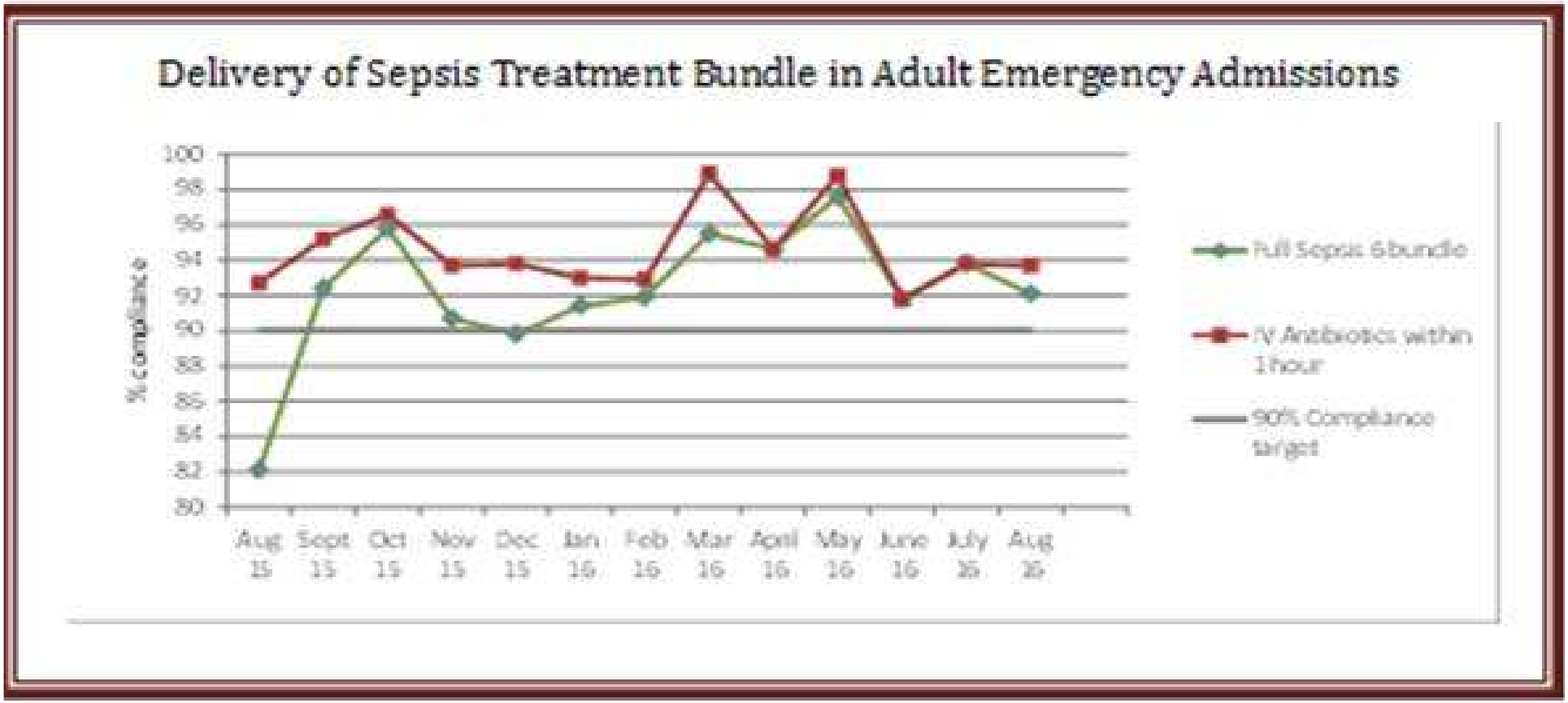
SFH is in the top third of Trusts (best performing) in the country for mortality performance



	May -12 to Apr-13	Jun-12 to May-13	Jul-12 to Jun-13	Aug-12 to Jul-13	Sep-12 to Aug-13	Oct-12 to Sep-13	Nov-12 to Oct-13	Dec-12 to Nov-13	Jan-13 to Dec-13	Feb-13 to Jan-14	Mar-13 to Feb-14	Apr-13 to Mar-14	May -13 to Apr-14	Jun-13 to May -14	Jul-13 to Jun-14	Aug-13 to Jul-14	Sep-13 to Aug-14	Oct-13 to Sep-14	Nov-13 to Oct-14	Dec-13 to Nov-14	Jan-14 to Dec-14	Feb-14 to Jan-15	Mar-14 to Feb-15	Apr-14 to Mar-15	May -14 to Apr-15	Jun-14 to May -15	Jul-14 to Jun-15	Aug-14 to Jul-15	Sep-14 to Aug-15	Oct-14 to Sep-15	Nov-14 to Oct-15	Dec-14 to Nov-15	Jan-15 to Dec-15	Feb-15 to Jan-16	Mar-15 to Feb-16	Apr-15 to Mar-16	May -15 to Apr-16	Jun-15 to May -16	Jul-15 to Jun-16
Weekday RR	128	121	117	117	114	114	114	114	112	110	110	109	106	106	106	104	106	106	104	105	106	110	110	112	114	114	113	113	112	112	112	109	106	104	102	99.1	97.2	95.5	93.5
Weekend RR	112	116	119	121	121	118	116	115	113	117	121	120	122	121	117	116	116	118	119	118	121	118	117	118	115	114	114	113	114	111	112	110	108	102	100	98.9	95.7	96	96.6

Sepsis

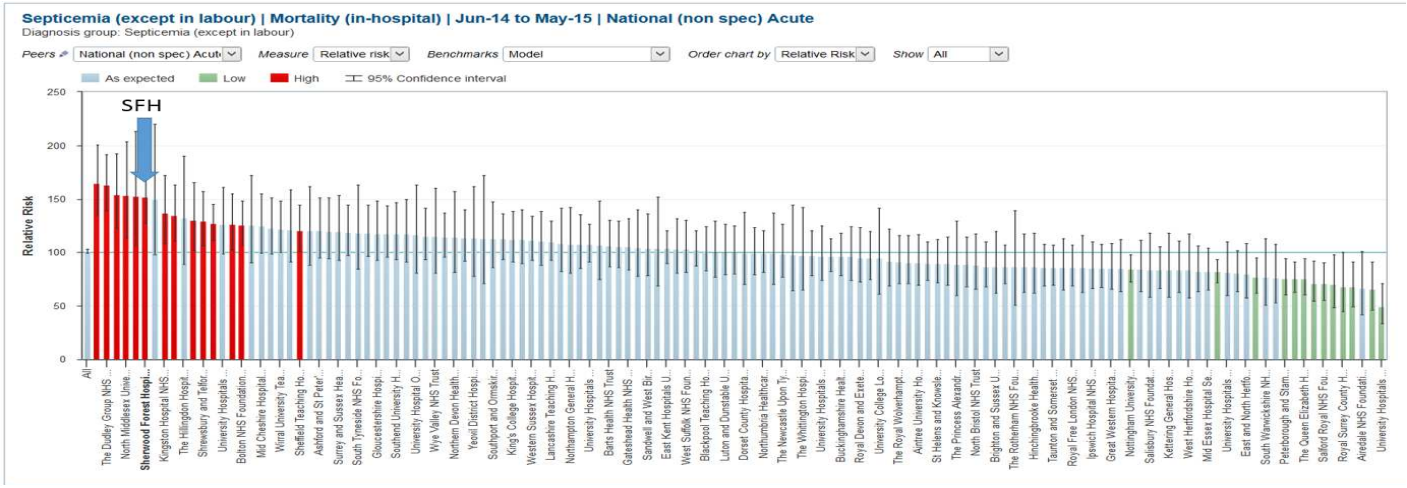
Sherwood Forest Hospitals NHS
NHS Foundation Trust

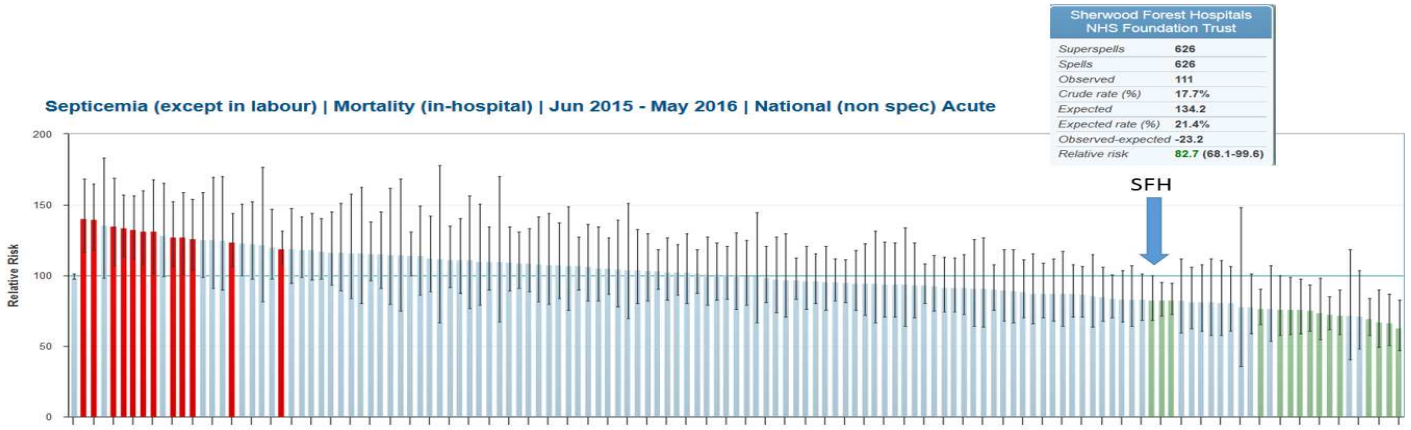


SFH is consistently above target for sepsis treatment

Sepsis (cont.)

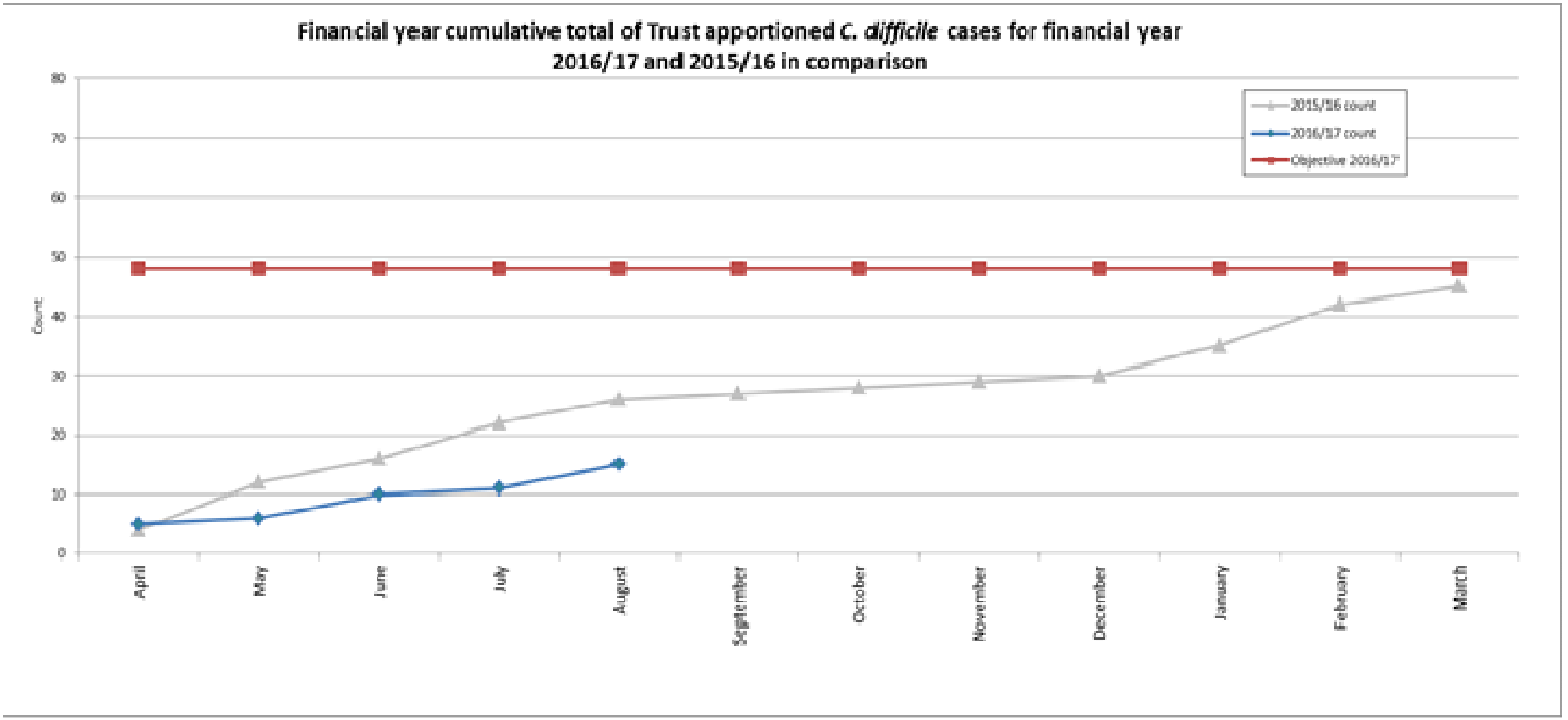
Sherwood Forest Hospitals NHS
NHS Foundation Trust





C-Diff infections

Sherwood Forest Hospitals NHS
NHS Foundation Trust



Last year, SFH reduced C-Diff infections by 33%

Areas of best practice

- National stoke sentinel audit - Grade A
- One of the top improving sites in the 2015 National Emergency Laparotomy Audit
- In top 5 nationally for post operative geriatric assessment in the over 70s
- Performance against ED 4-hour target among best in country

Financial and Operational Performance

Sherwood Forest Hospitals NHS
NHS Foundation Trust

	Target	Q1 2016	Q2 2016
Cancer 62 day urgent (all other cancers met)	85%	85.30%	76.80%
ED 4-hour wait	95%	93.70%	95.16%
RTT	92%	93.30%	92.40%

- Making inroads into £41.1m deficit
- £12.6m cost saving programme
- On track to meet financial control targets for 2016/17 and deliver cost saving plan

End of Life Care - Update

Current position

- Significant progress on EoL since 2015 CQC visit
- Clear and effective governance in place
- EoL Annual Report produced
- Good progress with mandatory training and 2-day foundation training
- Various regular audits undertaken
- Hampshire NHS external peer review
- Remaining issue with Specialist Care provision

EoL targets 2016/17

1. Embed role of EoL champions and ensure they have the right skills and knowledge
2. Work collaboratively to increase the number of patients dying in preferred place of care (PPC)
3. Ensure patients discharged safely and effectively with good communication and care planning principles
4. Evidence of specific EoL training in place

Q1 Performance

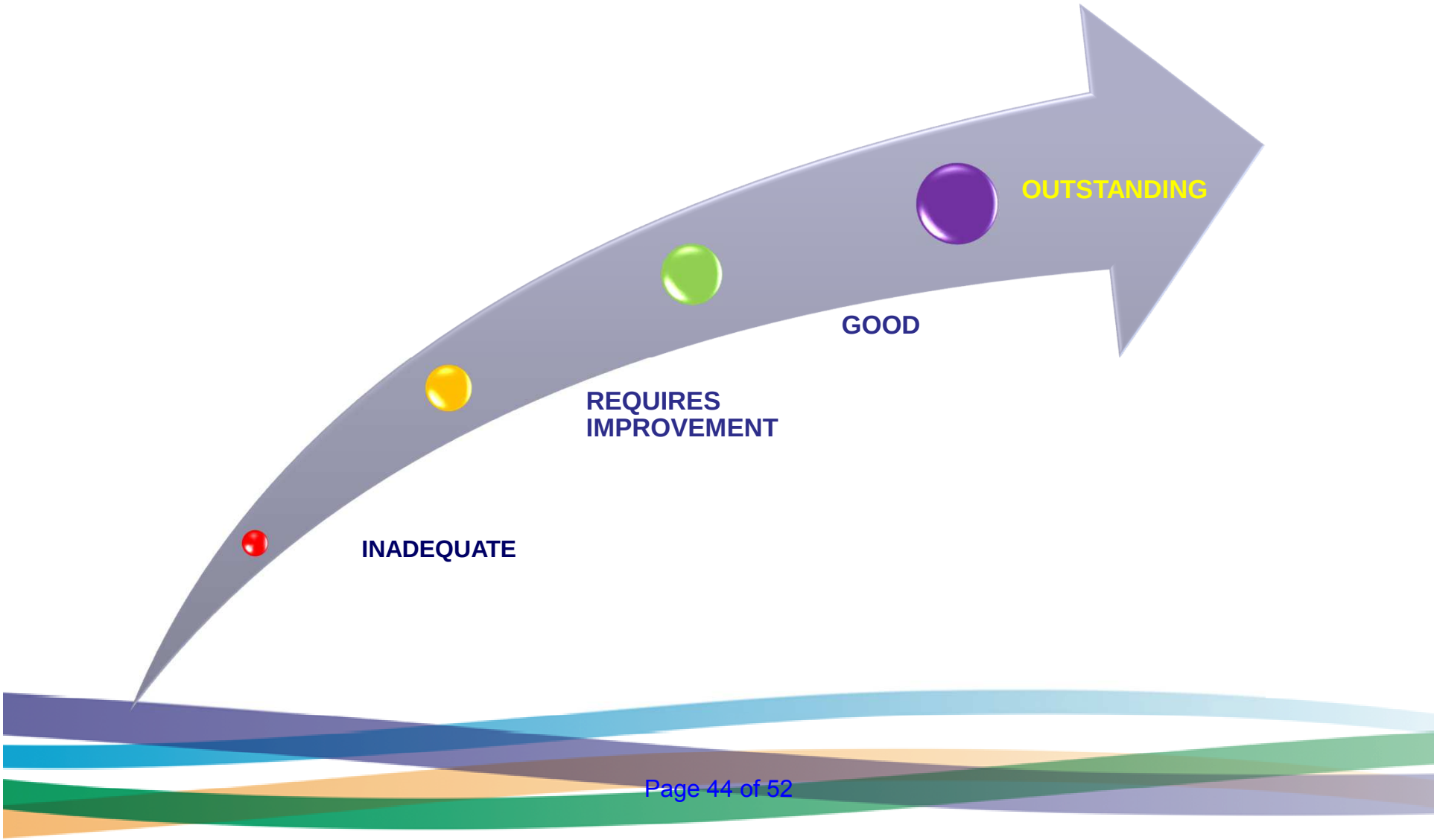
- 275 deaths in total
- Preferred place of care (PPC) target of 90%
  - PPC Fast track: 87%
  - PPC Out of hospital: 80%

  (remaining 20% - rapid deterioration/patient choice)
- AND audit – minimum standard of 80%
  - Completed forms with consultant signature: 87%
  - Documented patient/family involvement: 92%
  - MDT Discussion in place: 78%

Other Performance

- 73 EoL champions/specialists in place
  - 83% 2-day foundation programme training
- Junior Doctors – induction & follow on programme
- Mandatory EoL training for medical staff – target of 90% compliance by Q4
- Lower levels of Specialist & General Palliative Care codings
- Low levels of Specialist Palliative Care Team Assessment compared with national average

The Journey



Nottinghamshire County Council

Report to Health Scrutiny Committee

28 November 2016

Agenda Item: 7

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

COMMUNITY PHARMACY BRIEFING

Purpose of the Report

1. To introduce briefing on community pharmacy issues from NHS England.

Information and Advice

2. Members will recall requesting briefing on the following areas relating to community pharmacies:

   a. How pharmacies are commissioned
   b. How contracts are monitored
   c. How complaints are dealt with

3. Community pharmacies are recognised as key frontline service that can provide healthcare and advice as an effective alternative to many over-subscribed primary care services, particularly those of local GP practices. A written briefing from NHS England is attached as an appendix to this report.

4. Liz Gundel, Contracts Manager (Pharmacy Dental and Optometry) will attend the Health Scrutiny Committee to provide the briefing and answer questions, accompanied by Samantha Travis, Chair of the Pharmacy Local Professional Network. The network is intended to provide clinical input into the operation of the local team and local commissioning decisions. Local Professional Networks are also the focus of NHS England's work on quality improvement.

5. Members may wish to identify what further information they require regarding pharmacies. Members will see from the briefing that pharmacies face a considerable reduction in funding. The briefing emphasises that the local impact of the changes cannot be anticipated at present, but that there may be closure of some pharmacies, particularly in areas where there are pharmacies in close proximity. This may, therefore, be an issue for the Health Scrutiny Committee to retain on its work programme, and consider again when any prospective changes are being consulted on.

RECOMMENDATIONS

1) That the Health Scrutiny Committee considers and comments on the information provided.

2) That the Health Scrutiny Committee identifies any further information required.

3) That the Health Scrutiny Committee schedule further consideration, if necessary.

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Briefing on Community Pharmacy

Nottinghamshire County Health Scrutiny Committee

25th October 2016

How Pharmacies are commissioned

From 1 April 2013, NHS England became responsible for the commissioning of NHS pharmaceutical services in England, and the development of Pharmaceutical Needs Assessments (PNA's) became the responsibility of local authority Health and Well-being Boards (HWB's). PNA's became the future commissioning tool to identify the pharmaceutical needs of its population, support the decision making process for pharmacy applications (subject to Regulation) and support the commissioning decisions in relation to pharmacy services.

New pharmacy applications are considered in line with The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Applications are submitted to the Pharmaceutical Services Regulations Committee (PSRC) and each application is considered against the appropriate test as outlined in the Regulations. Applicants and certain interested parties are permitted to appeal any of NHS England's decisions by submitting a formal appeal to the NHS Litigation Authority (NHSLA).

NHS England, North Midlands commissions 150 community pharmacy contracts in Nottinghamshire County Local Authorities geography and a further 68 contracts within Nottingham City Councils boundary.

Contract Monitoring

The Community Pharmacy Contractual Framework (CPCF) is made up of three different service types:

Essential Services – must be provided by all pharmacy contractors and consist of the following elements:

- Dispensing of medicines or appliances
- Management of repeat medication for up to one year in partnership with the patient and prescriber
- Disposal of unwanted medicines from households or individuals
- Promotion of healthy lifestyles
- Signposting to other health care providers where appropriate
- Support for self-care to assist people to look after themselves or their families
- Compliance with clinical governance requirements

Advanced Services – these are undertaken voluntarily by some pharmacies and require accreditation of the pharmacy and pharmacist providing the service. Current Advanced Services are Medicines Use Reviews (MUR's), New Medicines Service (NMS) and Flu vaccination.

Local Enhanced Services – these are services commissioned locally by either NHS England, the Local Authority or CCG's.

NHS England currently commissions the following services in Nottinghamshire:

- Pharmacy First minor ailments service (excluding Rushcliffe)
- Christmas Day and Easter Sunday bank holiday rota
- Palliative Care
- Emergency Supply Service
- Domiciliary Medicines Use Review

Community Pharmacy Assurance Framework (CPAF)

All pharmacies are subject to yearly contract monitoring via a national process agreed between NHS England and the Pharmaceutical Services Negotiating Committee (PSNC). Pharmacies complete screening questions and dependent on their responses may be requested to complete a comprehensive questionnaire or be selected for a contract review visit by NHS England. In addition pharmacies may be identified for a contract review visit due to various other sources of information including complaints.

Where non-compliance is identified at a contract review, an action plan is developed with appropriate timescales. If a pharmacy fails to complete the actions, a referral is made to the PSRC who have the authority to issue breach or remedial notices against a pharmacy.

Regulation

Pharmacists and pharmacy technicians are registered healthcare professionals. The General Pharmaceutical Council is the regulatory body for all pharmacy professionals and pharmacy premises.

The principle functions of the GPhC include:

- approving qualifications for pharmacists and pharmacy technicians and accrediting education and training providers;
- maintaining a register of pharmacists, pharmacy technicians and pharmacy premises;
- setting standards for conduct, ethics, proficiency, education and training, and continuing professional development (CPD);
- establishing and promoting standards for the safe and effective practice of pharmacy at registered pharmacies;

- establishing fitness to practise requirements, monitoring pharmacy professionals' fitness to practise and dealing fairly and proportionately with complaints and concerns

Complaints

In comparison to other primary care contractor groups, only a small number of complaints relate to community pharmacy. For 2015-16 the breakdown in relation to pharmacy complaints received for NHS England, North Midlands (Derbyshire/Nottinghamshire/Staffordshire/Shropshire) is as follows:

Details	Numbers
Number of complaints received	25 (out of 932 received)
Number of complaints upheld	8
Number relating to Communication/Attitude	10 (of which 3 were upheld)
Number relating to Medication/Dispensing error	7 (of which 3 were upheld)

There are two pathways for formal NHS complaints. Patients (or their representatives) can either complain to the contractor *or* the commissioner but not both. All complaints to the commissioner are processed via the NHS England Customer Contact Centre. The complaint is recorded and attempts are made to resolve the complaint informally however if this is not possible, complaints are passed to the regional teams where the contractor is based.

Once consent is obtained, an investigation is undertaken and where appropriate contractors are asked to provide an apology and an outline of the measures they plan to put in place to achieve appropriate service improvements. Independent clinical review is also undertaken and a formal response is sent to the complainant. If the clinical advisor considers it appropriate, the complaint would also be brought to the attention of the Fitness to Practise team for review by the Performance Advisory Group (PAG) within NHS England, North Midlands.

If the complainant has already complained to the contractor, NHS England are not permitted to re-investigate the complaint and complainants are advised to approach the Ombudsman should they wish an independent review of the investigation undertaken by the contractor. The Ombudsman is also the second stage for any complaints NHS England investigates.

Changes to pharmacy funding

On 20th October 2016 the Government imposed a two-year funding package on community pharmacy, with a £113 million reduction in funding in 2016/17.

This is a reduction of 4% compared with last year, but it will mean that contractors will see their funding for December 2016 to March 2017 fall by an average of 12% compared with current levels.

This will be followed by a reduction in 2017/18 to £2.592 billion for the financial year, which will see funding levels from April 2017, drop by around 7.5% compared with current levels.

The local impact of these changes cannot be anticipated at present but may result in the closure of some pharmacies, particularly in areas where there are clusters or groups of pharmacies located close to each other.

Recent developments

NHS England recently announced a £42m Pharmacy Integration Fund (PhIF) to support pharmacy to transform how it operates across the NHS for the benefit of patients over the next two years.

The Pharmacy Integration Fund will support community pharmacy as it develops new clinical pharmacy services, working practices and digital platforms to meet the public's expectations for a modern NHS community pharmacy service.

Community pharmacy initiatives under the Pharmacy Integration Fund (PhIF) include:

- Two work streams aimed at integrating community pharmacy into the NHS' national urgent care system, to run in parallel from December 2016 to April 2018: the urgent medicines supply service and the urgent minor illness care work with NHS 111

- Educational grants for community pharmacists to access postgraduate clinical pharmacy education and training courses up to diploma level

Nottinghamshire County Council

Report to Health Scrutiny Committee

28 November 2016

Agenda Item: 8

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To consider the Health Scrutiny Committee's work programme.

Information and Advice

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations and reviewing other issues which impact on services provided by trusts which are accessed by County residents.

3. The work programme is attached at Appendix 1 for the Committee to consider, amend if necessary and agree.

4. The work programme of the Committee continues to be developed. Emerging health service changes (such as substantial variations and developments of service) will be included as they arise.

5. Members may also wish to suggest and consider subjects which might be appropriate for scrutiny review by way of a study group or for inclusion on the agenda of the committee.

RECOMMENDATION

1) That the Health Scrutiny Committee considers and agrees the content of the draft work programme.

2) That the Health Scrutiny Committee suggests and considers possible subjects for review.

Councillor Colleen Harwood
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All