Nottinghamshire County Council

Health Scrutiny Committee

Tuesday, 07 May 2019 at 10:30

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 Noel McMenamin (Tel. 0115 977 2670) 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

Tuesday 12 February 2019 at 10.30am

Membership

Councillors

Keith Girling (Chair)
Richard Butler (items 5 to 8 inclusive)
Dr John Doddy
Kevin Greaves
David Martin
Liz Plant
Kevin Rostance
Steve Vickers
Muriel Weisz
Yvonne Woodhead
Martin Wright

Officers

Martin Gately	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council

Also in attendance

Nicole Atkinson	Nottingham West CCG
Angela Cotter	Nottingham West CCG
Sarah Collis	Nottingham and Nottinghamshire Healthwatch
Lucy Dadge	Mansfield and Ashfield CCG
Lisa Dinsdale	Nottinghamshire Healthcare Foundation Trust
James Hopkinson	Greater Nottingham CCG
Duncan Hounslow	Nottingham West CCG
Stuart Newbin	Greater Nottingham CCG
Stuart Poyner	Mid-Nottinghamshire CCG
Keeley Sheldon	Nottinghamshire Healthcare Foundation Trust
Sandy Smith	Nottinghamshire Healthcare Foundation Trust

1. MINUTES

Subject to recording Councillor Wright's attendance at the meeting, the minutes of the last meeting held on 8 January 2019, having been circulated to all Members, were taken as read and were signed by the Chair.

2. APOLOGIES

No apologies for absence were received.

The following temporary change of membership for this meeting only was reported:

- Councillor Yvonne Woodhead had replaced Councillor Michael Payne.

3. DECLARATIONS OF INTEREST

None

4. CLINCIAL COMMISSIONING GROUP FINANCIAL RECOVERY (GREATER NOTTINGHAM AND MID-NOTTINGHAMSHIRE)

Stuart Poyner, Turnaround Director at Mid-Nottinghamshire CCG, provided an update on the financial recovery steps being taken to address the challenging fiscal pressures facing Greater Nottingham and Mid Notts CCGs.

Mr Poyner explained that he had a wealth of NHS senior management experience, had been appointed as Turnaround Director at Mid-Nottinghamshire CCG in September 2018 and from 1 January 2019 was also charged with overseeing Greater Nottingham CCG's Strategy to reduce expenditure to affordable levels.

A number of points were made in Mr Poyner's update:-

- Mr Poyner believed that significant savings could be made through service redesign, and did not believe that service 'cuts' would be required to make the required financial adjustments;
- Mr Poyner expressed confidence that financial control targets for 2018/19 would be achieved, but acknowledged that achieving savings in 2019/2020 of £25 million and £45.6 million in Greater Nottingham and Mid-Nottinghamshire respectively (around 7% of allocations) would be very challenging;
- A Programme Manager had been appointed and projects were being identified to help ensure a range of systems could work better without impacting service delivery. A particular focus was on reducing expenditure in respect of emergency care pathways, where spending remained more than planned;
- Mr Poyner was clear that retaining the status quo was not an option, given the ongoing financial pressures faced by CCGs.

During discussions, a number of issues were raised:-

- The Integrated Care System needed funding to follow patients following discharge into the community, and this didn't seem to be taking place. Mr Poyner acknowledged that there were issues with determining where costs and responsibilities lay within the health and social care sector. He confirmed

that he was strong advocate for early, supported discharge into the community, and held that minimising hospital stays was in patients' best interests.

- Despite the challenging financial situation, Mr Poyner asserted that there was no alternative to identifying new ways of delivering services. He insisted that there were significant opportunities to reduce expenditure through genuine efficiencies and revised ways of working, without compromising patients' needs.
- The most effective reform to make integration work at a practical level was to remove as many boundaries between organisations as possible, as these contributed to inefficiencies and poor patient experience, in Mr Poyner's view.
- Each CCG had robust governance and oversight procedures in respect of commissioning and procurement processes. A complex set of national procedures governed medicines procurement, which was governed a by national contractual arrangements. There was no scope to make savings through pooled medicines procurement at a local level.
- Notwithstanding Mr Poyner's comments, the Chair indicated his intention to write to the Secretary of State for Health on behalf of the Committee to express concerns about the savings projections required by Nottinghamshire CCGs and suggesting that 7% savings be ring-fenced as a transition fund for health and care provision.

The Chair thanked Mr Poyner for his attendance.

5. WHYBURN MEDICAL PRACTICE

Dr James Hopkinson, Clinical Lead, Greater Nottingham CCG and Stuart Newbin, NHS England, provided the Committee with an update on issues and concerns in respect of services provided at the Whyburn Medical Practice. In particular, issues around the Practice's tenancy and subsequent disputes with NHS Property Services had led to the Practice handing back the contract to the commissioners. The following points were made:

- In addition to the tenancy dispute, where significant arrears had built up, the Practice had also experienced recruitment and sickness absence difficulties. The Practice exercised its right to terminate the contract on 30 November 2018, with the contract ceasing on 31 May 2019.
- At a meeting on 12 December 2018, the Primary Care Commissioning Committee considered options to ensure continuity of service. The decision was taken conduct a min-tender for an interim provider for 12 months, with an option for a further 12 month extension.
- This approach was seen to best ensure continuity of service for the Practice's 12,000 patients, while providing an opportunity for full consultation on a longer-term solution. The successful bidder for the interim contract was expected to be announced on 22 March 2019.

During discussions, a number of issues were raised:-

- Several members expressed frustration on behalf of residents in respect of the prolonged uncertainty surrounding the Practice's future. In particular,

members were surprised that the situation had been allowed to escalate to the extent it did, and criticised communication with patients.

- While Practice numbers had held up relatively well, there was a risk that the announcement of an interim provider could spark a migration to other practices. It was also pointed out that a great many patients registered at the practice had limited options to register at another practice.
- Drs Hopkinson and Newbin stated that the protracted tenancy issue with NHS Property Services had been resolved prior to the contract being handed back to commissioners. Nonetheless, members asked that NHS Property Services and NHS England property managers be invited to provide evidence on how the situation had escalated. This was especially important in view of there being other practices potentially in a similar situation, and there was a lack of information on how risk of a similar situation in future was being managed.
- The point was made that the relevant Patient Participation Group was not involved with nor consulted on the notice to hand back the contract. Members asked that the Group also be invited to a future meeting to understand better their involvement.

The Chair thanked Drs Hopkinson and Newbin for their attendance.

6. DEVELOPING A CLINICAL SERVICES STRATEGY FOR NOTTINGHAMSHIRE

Dr Nicole Atkinson, Nottingham West CCG Clinical Chair, Duncan Hounslow, Programme Director and Angela Cotter, provided a presentation, updating the Committee on plans to develop a Clinical Services Strategy for Nottinghamshire, highlighting the following points:

- Developing a Strategy was a key priority of the Integrated Care System (ICS), and was required to help justify and sustain long-term capital investment, and to ensure that changes across the ICS were reflected in the Strategy;
- A shift of care into community settings would not in itself make a sufficient difference to ensure sustainable healthcare delivery in Nottinghamshire. Better prevention, self-care and earlier intervention also needed to take place;
- The emerging Strategy was likely to focus on prevention and self-care, maternity and family health, urgent care, long-term conditions, planned operations and treatment and cancer care;
- Draft principles for the Strategy included the provision of care as close to home as possible, prevention and early intervention supported across health and social care, mental health and wellbeing being considered alongside physical wellbeing, strong collaboration between different elements of health and social care provision and rolling out evidence-based and best practice healthcare provision;
- Next steps included meeting and engaging with a wide range of organisations, communities and individuals to help inform the development of the Strategy.

During discussions, a number of issues were raised:-

- Dr Atkinson welcomed the suggestion to engage with the Healthy and Sustainable Places Co-ordination Group, which considered housing, planning, schooling and related matters, and would help engage with district councils;
- Dr Atkinson explained that the Strategy principles were very much 'high end' over-arching principles, and that detailed work to identify best practice and maximise consistency of approach was being undertaken by the Elective Care Team;
- There would be checks and balances in place to ensure that the Strategy would not lead to inconsistencies in the delivery of current services;
- It was confirmed that the Urgent Care Facility at Newark was a key service 'fixed planning point' location for the Strategy. However, there were no plans at present for the urgent care service at Newark to be provided on a 24-hour basis;
- It was acknowledged that there were cost implications in respect of long-term Private Finance Initiative and Local Improvement Finance Trust legacy commitments. It was therefore vital to ensure that facilities worked to their capacity to provide the best return on that investment;
- The Committee welcomed the update and requested an update in six months' time.

The Chair thanked Dr Atkinson, Mr Hounslow and Ms Cotter for their attendance.

7. NEURO-REHABILITATION WARD UPDATE

Lucy Dadge, Chief Commissioning Officer, Mansfield CCG and Keeley Sheldon, Service Manager, Nottinghamshire Healthcare Foundation Trust, accompanied by Lisa Dinsdale and Sandy Smith, provided a presentation, updating the Committee on the Chatsworth Neurological Rehabilitation Service. The following points were made:-

- The Chatsworth Neurological Service would be located in Mansfield Community Hospital and would provide an 8-bed unit solely dedicated to neurological rehabilitation. The unit would be suitable for provision of Level 3b care for those that are medically stable within their condition;
- 100% of TUPE eligible existing workforce had transferred to the Foundation Trust;
- The service would include a Community outreach element not previously in place, working on the principle of supporting patients at home to maintain function, prevent deterioration and achieve maximum health outcomes within the home setting;
- The Foundation Trust was confident that the level of service was now appropriate for the needs of the local population.

The Committee welcomed the progress made in delivering the new model, and during discussion raised the following points:-

- It was acknowledged that the Foundation Trust had only just begun running the service, but patient feedback to date had been very positive;
- While the model had a dedicated 8-bed unit, it was envisaged that the model would be sufficiently flexible to provide fewer beds and greater community-based provision;
- The Committee was satisfied that further consideration at this time was not required, but it would welcome the opportunity to visit the facility once the service had fully bedded in, and before the end of 2019.

The Chair thanked Ms Dadge, Ms Sheldon, Ms Dinsdale and Ms Smith for their attendance.

8 WORK PROGRAMME

The Committee agreed the following amendments to the work programme:-

Whyburn Medical Practice Update
Add to September 2019 meeting

Clinical Services Strategy Update
Add to September 2019 meeting

The meeting closed at 13.05pm.

CHAIRMAN

Nottinghamshire County Council

Report to Health Scrutiny Committee

7 May 2019

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NOTTINGHAM UNIVERSITY HOSPITALS CARE QUALITY INSPECTION AND IMPROVEMENT PLAN

Purpose of the Report

1. To consider outcomes from, and the response to, the Care Quality Commission inspection of Nottingham University Hospitals.

Information

2. The Care Quality Commission (CQC) undertook an inspection of Nottingham University Hospitals (both QMC and City Hospital sites) over the course of 15 days between November 218 and January 2019.

3. The CQC rated NUH as follows: - Caring – outstanding; Effective – Good; Well-led – Good; Responsive – Good; Safe – Requires Improvement.

4. Members will see from NUH's presentation that the 'requires improvement' rating for the Safe domain was due to concerns over consistency of prescribing, giving recording and storing medicines and mandatory training, as well as cleanliness and staffing levels in some areas. A more consistent application of the Mental Capacity Act was also required; as well as improving compliance with medical equipment check and ensuring that clinical bins are kept locked at all times.

5. Members may wish to schedule consideration and monitoring of the Trust's improvement plan response to the inspection.

6. Dr Keith Girling, Medical Director NUH and Anne Crompton, Associate Director of Quality Governance will attend the Health Scrutiny Committee to provide the briefing and answer questions, as necessary.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Considers and comments on the information provided.

2) Schedules consideration of the improvement plan

Councillor Keith Girling
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

Nottingham University Hospitals NHS Trust

NUH response to CQC inspection report & ratings

Dr Keith Girling, Medical Director
Anne Crompton, Associate Director of Quality Governance

April 2019

We Listen We Care

Our inspection

- Team of 30 inspectors, made up of patients, doctors, nurses, other healthcare professionals (eg: specialist leads for Safeguarding, Infection Control & Staffside) visited QMC and City Hospital over 15 days (announced and unannounced) between November 2018 and January 2019

- CQC spoke to patients, carers, staffside leads and staff of all levels

- They also sought views and perceptions of NUH from external partners as part of the inspection

We Listen
We Care

7 pathways & services inspected

- Urgent & Emergency Care
- Medicine (including Healthcare of Older People)
- Critical Care
- Children & Young People
- Maternity
- Neonatal
- End of Life Care

We Listen
We Care

3 parts to our inspection:

- Core service review
- Well-led review (over three days)
- Use of Resources review

We Listen
We Care

We've been rated

'good' overall by the Care Quality Commission

Care Quality Commission

Caring	Outstanding 
Effective	Good 
Well-led	Good 
Responsive	Good 
Safe	Requires improvement 

Report reflections

- Reassures patients, relatives, carers and our local community
- Recognises staff are motivated to deliver the best possible care and their pride in NUH
- Commended for delivering outstanding patient care
- Report informs our continuous improvement programme & areas additional attention is required (Safe domain)

We Listen We Care

Outstanding practice (1)

- Our unique Junior Doctor Liaison role (which offers pastoral support to over 1,000 trainees and trust grades across the Trust)
- Our approach to Shared Governance which is the most established programme in the NHS and strengthens staff engagement & empowerment
- Strong local community engagement to drive improvements such as seeking input from patients to develop the Memory Menu
- Strong ethos of learning & training (Emergency Medicine)

We Listen
We Care

Outstanding practice (2)

- Integrated Discharge Team – including training for teams across NUH re: excellence in discharge practice
- ‘Outstanding’ for end of life care for patients and their families (City Hospital)
- At forefront of national best practice in Critical Care, including NHS Blood and Transplant Guidelines
- Praise for making hospital fun for young patients who are cared for in our Nottingham Children’s Hospital (Giggle Doctors, Therapy Dogs and Spiderman)
- Strong digital culture (how the Trust embraces technology to improve safety and quality of care)

We Listen
We Care

"Feedback from people who use the services was continually positive"

"There is a strong, visible person-centered culture"

"Staff were motivated and inspired to deliver care that was kind and promoted dignity"

"Staff were consistently compassionate about patient care and strived to go 'above and beyond' where they could"

"Most managers across the trust promoted a positive culture that supported and valued staff"

"The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively."

"There was a strong culture of continuous improvement, driven through transformation work"

"The service took account of patients' individual needs"

"Concerns and complaints were treated seriously, investigated and lessons learned from the results"

"The Trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish"

"The Trust had a 'Best-of-Breed' Strategy to become a 'Paperless Hospital' by 2020 and had a mission to be a global digital exemplar. The trust was very digital orientated"

"We saw numerous examples of where engagement with the local population had brought a tangible value"

"There was a strong focus on research and innovation which supported local, national and international best practice"

"The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation"

Safe domain: ‘requires improvement’

- Some concerns about consistency of prescribing, giving, recording and storing medicines and compliance with mandatory training as well as cleanliness and staffing levels in some local areas to ensure optimal patient care

- **MUST DOS**

Ensuring we fully, clearly and consistently document Do Not Attempt Resuscitation CPR decisions

We Listen We Care

Improvements needed (2)

Other areas that the CQC advised we make improvements in include:

- More consistent application of the principles of the Mental Capacity Act
- Improving compliance with medical equipment checks
- Keeping clinical bins locked at all times

We Listen
We Care

Monitoring progress

- Oversight from Quality Assurance Committee & NUH Trust Board

We Listen
We Care

Questions & discussion

We Listen
We Care

Nottinghamshire County Council

Report to Health Scrutiny Committee

7 May 2019

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NOTTINGHAM UNIVERSITY HOSPITALS – WINTER PLANS

Purpose of the Report

1. To consider Nottingham University Hospital's winter plans.

Information

2. Over the years, the Health Scrutiny Committee has maintained a strong focus on examining the winter plans of hospital trusts; such plans are typically derived from and informed by the hospital trust's recent experience of coping with winter pressures.

3. A presentation from the Trust "Winter 18/19 – our shared commitment to improving urgent and emergency patient care" is attached as an appendix to this report.

4. Caroline Nolan, System Delivery Director, Urgent Care, Greater Nottingham CCGs and providers and Rachel Eddie, Acting Chief Operating Officer, NUH will attend the Health Scrutiny Committee to present the information and answer questions.

5. Members may wish to schedule further consideration of winter planning by other provider trusts.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Considers and comments on the information provided.

2) Schedules further consideration of winter planning by this or other trusts, as necessary.

Councillor Keith Girling
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

Nottingham University Hospitals NHS Trust

Winter 18/19 - our shared commitment to improving urgent and emergency patient care

Caroline Nolan, System Delivery Director - Urgent Care - Greater Nottingham CCGs and providers
Rachel Eddie, Acting Chief Operating Officer - NUH

April 2019

We Listen We Care

To cover:

- System winter plan – a recap
- Performance
- Increase in demand & record days
- Quality & safety monitoring
- Patient feedback/experience
- System progress
- Ongoing challenges
- Future focus
- New national standards pilot
- Questions

We Listen
We Care

System winter plan: recap (1)

- Extra 113 extra acute beds (NUH) at cost pressure – 1 more ward than previous winter
- Investment in community-based care, including 20 more enhanced care beds (care home)
- 35 community-run beds at St Francis at City Hospital for patients who no longer need acute care (£1.9M national funding for capital)

We Listen
We Care

System winter plan: recap (2)

- QMC front door – redesigning emergency and urgent care pathways and modernising and expanding A Floor (£4.5M national funding for capital works). 30 cubicles in majors (from 20)
- Expanding NUH's nationally-renowned Surgical Triage Unit model to wider specialties
- Focus on reducing long stay patients (LOS >20 days)
- Flu campaign & infection prevention (80% frontline staff vaccinated for flu – a record year)
- Focus on staff health and wellbeing
- Joined-up, system & NHS-wide public-facing comms campaign (including 'Home First' and 'Help us help you')

We Listen
We Care

System performance

- National requirement: at least 95% through ED within 4 hours

- 18/19: 78.5% (17/18: 81.4%)
- March 2019: 72.3%

We Listen We Care

Increase in demand

- Average of 566 A&E attendances to QMC a day, a 4.3% increase on 17/18 (average 543 per day)

- 4.2% overall increase in emergency admissions

We Listen
We Care

Record days for system attends

- **1 April 2019**

- 920 attends QMC and London Road Urgent care Centre, previous highest attendance 878 on 18 March 2019)
- 611 attends for QMC's ED & NEMS (a record)
- 527 attends for QMC's ED (a record)

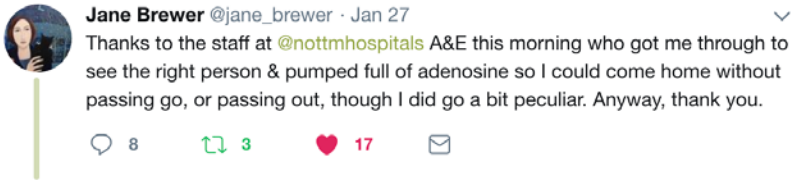
We Listen
We Care

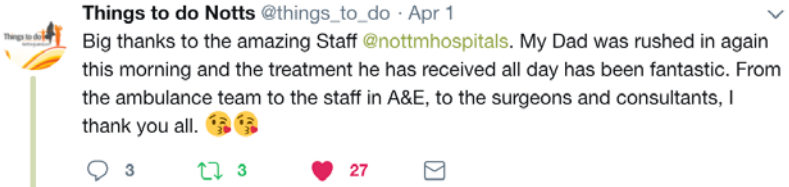
Safety & quality monitoring

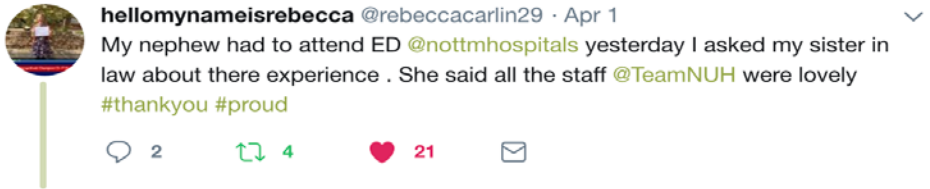
- 12-hour trolley waits: 7 in 18/19 (2 in 17/18) 6 due to mental health waits
- RCA on all waits >8hrs
- Board & Quality Assurance Committee oversight
- Consistently strong patient satisfaction scores re: care
- A&E Delivery Board – oversees system's urgent & emergency care performance

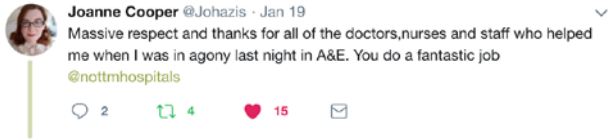
We Listen
We Care

Patient feedback









We Listen We Care

System progress

- Extended GP appointments – evenings and weekends
- Frailty hub with integrated pathways
- Integrated Discharge Team - supporting 280 discharges a week
- Best ambulance handover times in region
- Respiratory service at home - helping patients get home sooner and manage future exacerbations
- Home First developments additional packages of care
- System-wide Discharge Policy implemented

We Listen
We Care

Ongoing challenges

1. System Demand vs Capacity
2. Workforce
3. Internal flow (NUH)
4. Discharge managing to keep pace with admissions and patient acuity/ complex needs

We Listen
We Care

Future focus

- NUH's Trust-wide emergency pathway transformation programme (phase 2 focus):

- Front Door and Assessment
- Internal flow (incl portering, therapies & diagnostics)
- Discharge (incl long stay patients, criteria-led discharge, back to basics (TTOs, Discharge Lounge, Board Rounds etc)

- Additional NUH capacity 19/20 to address bed deficit
- Community offer flexible beds and home care

We Listen
We Care

New national standards for urgent & emergency care

1. **Time to initial clinical assessment in EDs & Urgent Treatment Centres:** Timely clinical assessment to identify those in need of immediate treatment and direct patients to those best able to meet their needs at the earliest opportunity
2. **Treatment within the first hour for critically ill & injured patients:** Rapid treatment for conditions such as stroke, heart attack and suspected sepsis. Also includes those requiring emergency mental health care
3. **Mean total time in ED:** Mean waiting time for all patients will be measured
4. **Increased utilisation of Same Day Emergency Care**: to avoiding unnecessary overnight admissions and improve flow

- Supporting Indicator:

Call response standards for 111 and 999: Rapid response & match patients (including mental health patients) to the service that best meets their needs

We Listen We Care

NUH is one of 14 pilot sites for the revised access standards

WHY NOTTINGHAM?

Trusts have been chosen for size and to ensure a good geographic spread, and to ensure a range of performance levels against the current standard are represented

OTHER TRUSTS

Poole, Imperial, North Tees, Chelsea and Westminster, Frimley, Rotherham, Cambridge, Mid Yorks, Kettering, Luton, Plymouth, Portsmouth, West Suffolk

We Listen We Care

Next steps

- **April** – 14 sites to design the process in which the new standards will be piloted and evaluated
- **May** – field testing starts at pilot sites
- **Summer** – final recommendations for review by NHS England following analysis of data from pilots
- **Later in 19/20** – new standards apply to all Trusts

We Listen
We Care

Questions?

Nottinghamshire County Council

Report to Health Scrutiny Committee

7 May 2019

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

MUSCULAR DYSTROPHY PATHWAY

Purpose of the Report

1. To provide the Health Scrutiny Committee with an initial briefing on the Muscular Dystrophy pathway at Nottingham University Hospital (NUH).

Information

2. Muscular dystrophy is a group of inherited disorders that cause muscle weakness and loss of muscle tissue which worsen over time. Muscular dystrophy occurs when one of the genes responsible for producing proteins which protect muscles fibres from damage is defective.

3. Further to a request from a Member of the Health Scrutiny Committee, senior representatives and clinicians from NUH will attend to provide an initial briefing on patient experience in the Muscular Dystrophy pathway, including the Physiotherapy Service (adults). The attendees are as follows: Dr Saam Sedehizadeh, Consultant Neurologist; Neil Ellis, Pathway General Manager; Kirstie Spencer, Muscular Dystrophy Care Advisor.

4. A briefing from NUH is attached as an appendix to this report.

5. If issues arise from the briefing, Members may wish to schedule further consideration of the Muscular Dystrophy pathway.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Considers and comments on the information provided.

2) Schedules further consideration, as necessary.

Councillor Keith Girling
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

Initial briefing on patient experience in the Muscular Dystrophy pathway, including the Physiotherapy Service (adults) at Nottingham University Hospitals NHS Trust (NUH)

April 2019

The Neuromuscular Service at NUH

NUH is the only specialist provider of Neuro-muscular Services in the East Midlands, providing full diagnostic and clinical care management to patients with muscle-wasting conditions.

The NUH adult Neurology Service provides a service to 485 patients, plus 154 for myasthenia.

Referrals are received from both GPs and the paediatric service and patients are seen in an outpatient setting under the care of Dr Saam Sedehizadeh. Dr Sedehizadeh runs a weekly Thursday clinic and a fortnightly Tuesday clinic. Dr Thanos Papathanasiou is responsible for the myasthenia patient co-hort.

Joining Dr Sedehizadeh in clinic is Kirstie Spencer, Nottinghamshire Muscular Dystrophy Care Advisor (MDCA).

Various investigations will take place in order to make a diagnosis. Following diagnosis follow-up appointments will be arranged on an annual basis.

Links to other services

The Neurology Service often refers patients to other services within NUH to support their ongoing care. These services include respiratory, lung function, cardiology, wheelchair services, orthotics, spinal and orthopaedic teams and neurorehabilitation.

NUH also employ a Home Ventilation Lead Nurse (Neurology) based at NUH who also provides home visits within the East Midlands for this group of patients and motor neuron disease.

Referrals are also made to social care and continuing health care for equipment and care packages to help maintain the patients in the community.

Emergency admissions

Patients with neuro-muscular conditions who are admitted as an emergency are seen in various specialties across the trust for example Respiratory, Neurology, Healthcare of Older People, General Medicine, Cardiology, Cardiac Surgery.

Physiotherapy is provided for inpatient stays and Respiratory have a dedicated respiratory physiotherapist on the Advanced Respiratory Care Unit.

Care provided in the community

NUH's Muscular Dystrophy Care Advisor provides Home Visits on an ad hoc basis to patients in Nottinghamshire. There are also ongoing telephone consultations for patients who require support. There are also two further MDCAs, not employed by NUH, who provide home visits in Derbyshire and Leicestershire.

The Physiotherapy Service

The service specification for neuro-muscular conditions developed as part of the national work programme is annexed in the 2013/14 MHS Standard Contract for Neurosciences (Specialised Neurology – Adult) Service Specification, as an example of good practice. Within this it states "specific diagnostic evaluation at the initial neuromuscular clinic will include full neuro-muscular examination and/or evaluation by a neuromuscular physiotherapist."

Currently there is no neuro-muscular physiotherapist available to join the specialist neurology clinic. This patient group requires a specialist physio therapist who can oversee their care during disease progression. Currently the service has access to the following physiotherapy services:

- The community neuro team, for Nottingham city residents only, who offer a block of six sessions
- The Therapy Services based at Nottingham City Hospital's Linden Lodge offer blocks of treatment followed by discharge.

Neither of the above services offers treatment to patients who are outside the Nottinghamshire area.

During 2018, the Surgical Division agreed to fund a 0.4 whole time equivalent Band 7 physiotherapist. NUH approached the NHS Greater Nottingham Clinical Commissioning Partnership to discuss whether they would be interested in extending this to a full-time position and be based in both primary and secondary care. Unfortunately they were unable to support the post at that time.

NUH have therefore continued to pursue this post on a part-time basis. There has been a delay in this process due to a vacancy 'pause' and tightened controls that were put in place to scrutinise all spend as a result of the Trust's financial challenge. We can confirm that authorisation has now been given to progress with this post so it will be going out to advert within the next few weeks.

Nottinghamshire County Council

Report to Health Scrutiny Committee

7 May 2019

Agenda Item: 7

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

DENTISTRY IN NOTTINGHAMSHIRE

Purpose of the Report

1. To introduce an initial briefing on dentistry services in Nottinghamshire.

Information

2. NHS England is responsible for commissioning dental services. NHS England aims to achieve excellence and consistency in the commissioning of dental specialties in order to reduce inequalities, improve care for patients to ensure they are receiving the highest quality dental care in the most appropriate setting, delivered by professionals with the required skill set, resulting in improved outcomes and ensuring value for money for the taxpayer.

3. A briefing from NHS England is attached as an appendix to this report.

4. Laura Burns, Contracts Manager, Dental and Optometry, NHS England and NHS Improvement – Midlands will attend the Health Scrutiny Committee to brief Members and answer questions, as necessary.

5. Members may wish to schedule further consideration for future meetings following this initial briefing.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Consider and comment on the information provided.

Councillor Keith Girling
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 Dental Services in Nottinghamshire

NHS England and NHS Improvement

NHS Dental Services in Nottinghamshire

Prepared by:

Laura Burns

Contracts Manager (Dental & Optometry) for Derbyshire & Nottinghamshire

Report to Nottinghamshire's Health Scrutiny Committee

NHS Dental Services in Nottinghamshire

1 Background to NHS Dentistry:

Prior to the introduction of the new dental contract in 2006, any dentist (who was qualified to do so) could set up a practice and provide NHS dentistry. They could treat as many patients as presented themselves and claimed for each element of the treatment carried out under the old 'Items of Service' contracting arrangements; e.g. if a patient had two fillings, the dentist was paid twice the unit cost of a filling etc. However, due to NHS budget constraints, it became necessary to limit the national spend on NHS dentistry. Therefore, there was a reference period in 2005 which determined how many Units of Dental Activity (UDAs) each *existing* NHS dental practice would be allocated per annum and it was no longer possible for dentists to set themselves up as an NHS provider on an ad hoc basis. Any new services had to be specifically commissioned by the PCT, within their capped financial envelope.

In effect, the PCTs, and subsequently NHS England, 'inherited' those practices that were already in existence and who wished to continue to carry out NHS dentistry under the new contracting arrangements. Sadly, a number of practices opted to become fully private at this time as they did not feel that the new UDA system would adequately recompense them for their work. This had a significant impact on the number of NHS appointments available. The PCT had no control over where these 'inherited' services were situated, or over the number of UDAs commissioned in each geographical area. Hence capacity did not, and in some areas continues to not, necessarily meet demand. There have been significant population changes across Nottinghamshire in subsequent years, but the number of UDAs commissioned (which is set contractually and cannot be amended without the agreement of both parties) has not always increased/decreased accordingly to meet the changing demand.

Unlike with some other healthcare funding streams, such as general practice, funding does not follow a dental patient from their previous place of residence should they relocate to another area. Nor do the existing dental contracting arrangements/budgets allow for population growth. More and more people are keeping their own teeth into old age, many of whom have heavily restored teeth, which creates extra pressure on the historic dental budgets. It is estimated that around 57% of the population regularly attend an NHS dentist. The remaining 43% comprises of those who have a private dentist, those who only access services when they have a need, those who have been unable to find an NHS dentist and those who do not wish to attend the dentist.

NHS England currently has a statutory duty to commission and manage all NHS dental services, excluding services provided in a prison setting. This includes general dentistry, orthodontics, Community Dental Services and secondary care dentistry e.g. oral surgery, restorative dentistry and more complex orthodontics.

Dentistry is one of the few NHS services where patients pay a contribution towards the cost of their care. Any treatment that a dentist believes is clinically necessary to

achieve and maintain and individual's good oral health should be made available to patients on the NHS. Dental treatments are split into one of the following four treatment Bands:

- **Emergency dental treatment – £22.70.** This covers emergency care in a primary care NHS dental practice such as pain relief or a temporary filling.
- **Band 1 course of treatment – £22.70**. This covers an examination, diagnosis (including X-rays), advice on how to prevent future problems, a scale and polish if clinically needed, and preventative care such as the application of fluoride varnish or fissure sealant if appropriate.
- **Band 2 course of treatment – £62.10.** This covers everything listed in Band 1 above, plus any further treatment such as fillings, root canal work or removal of teeth but not more complex items covered by Band 3.
- **Band 3 course of treatment – £269.30.** This covers everything listed in Bands 1 and 2 above, plus crowns, dentures, bridges and other laboratory work.

Fee paying adults contribute the above charges towards the cost of NHS dental treatment. Charges are not incurred for individual items within an NHS course of treatment. Depending on what treatment is required, a patient will only be asked to pay one charge for each completed course of treatment, even if more than one appointment is required to finish it.

1.1 General dental practices accepting new patients

Dental practice registration was abolished with the introduction of the new contract in 2006, however most practices continue to hold practice lists and recall their regular cohort of patients.

Patients wishing to find an NHS dentist can visit the NHS Choices website (www.nhs.uk). It is the responsibility of each individual dental practice to ensure that their entry is kept up-to-date, however as this is not a contractual requirement many practices neglect to do so. Therefore, NHS England North Midlands – Derbyshire & Nottinghamshire, conduct a monthly Dental Access Survey to establish which practices are currently taking on new NHS patients. At the time the last survey was conducted (April 2019), 62 general dental practices in Nottinghamshire were accepting new NHS patients.

2 Local Picture

2.1 General Dental Contracts

In Nottinghamshire, there are 78 NHS dental contracts with 1,070,954 UDAs commissioned worth around £27 million. This is split between general dental services and general dental services that also have an orthodontic element to their contract.

The average price per UDA in Nottinghamshire is £25.10 compared to the Derbyshire and Nottinghamshire average of £27.83. The average UDA per head of population in Nottinghamshire is 1.31 compared to the Derbyshire and Nottinghamshire average of 1.49. However, please note that many patients prefer to attend dental practices in the city, close to where they work or shop etc.

2.2 Orthodontics

Orthodontic services are commissioned under a Personal Dental Services Agreement with Units of Orthodontic Activity (UOAs) – this is a time limited agreement.

There are currently two fully orthodontic providers in Nottinghamshire who deliver a total of 35,500 UOAs per annum, but there is also some orthodontic provision delivered from seven general dental services practices amounting to a further 5,053 UOAs. A full case of orthodontic treatment generally equates to 21 UOAs.

2.3 Unscheduled/Urgent Dental Care

There are currently several dental practices that offer local urgent care slots during the week, over weekends and at bank holidays across mid-Nottinghamshire. Patients can also access two services based in Nottingham City; Nottingham Emergency Dental Services (NEDS) and the Integrated Dental Unit (IDU).

The Urgent and Emergency Care Review and Five Year Forward View; Next Steps emphasise the need to change the way unscheduled care is offered, in order that everyone can receive the most appropriate care, in the most appropriate place, first time around. This includes equitable access to access to high quality unscheduled dental services that are integrated with the wider urgent care system. Therefore, the Dental Team is in the process of procuring a new and consistent Unscheduled Dental Services model across the whole of Derbyshire and Nottinghamshire.

The aims of the new Unscheduled Dental Service (UDS) will be:

• To deliver unscheduled dental care services providing assessment and treatment for patients with a variety of non-life-threatening dental conditions to the population of Derbyshire & Nottinghamshire (excluding Bassetlaw).

• To reduce inappropriate attendances at A&E.

• To ensure services are provided in a safe, caring, appropriate and accessible environment.

The Unscheduled Dental Service will complement the services provided by other primary dental care services and work in parallel with rather than duplicating existing services. The UDS will be flexible and responsive, adapting to the individual needs of patients.

2.4 Community Dental Services

Nottinghamshire Healthcare NHS Foundation Trust delivers a broad range of community and special care dentistry services at a number of sites across Nottinghamshire including, but not exclusively, IV and inhalation sedation services, domiciliary provision, out of hours and unscheduled dental care, referral advice, continuing care for patients who meet the acceptance criteria, Oral Health Promotion and outreach services for homeless and substance misuse.

NHS England recently conducted a review of the Community Dental Services across Derbyshire and Nottinghamshire and are in the process of procuring them. The new Community Dental Services will be expected to provide patient centred clinical services in a primary care setting for patients who are unable to access and obtain routine dental care in a general dental practice setting because of some impairment, disability and/or complex medical condition.

The aim of the service will be to improve oral health and reduce the oral health inequalities of people in Derbyshire and Nottinghamshire who have a physical, sensory, intellectual, mental, medical, psychological and/or emotional or social impairment or disability or more often a combination of these through:

• Providing high quality consultant-led paediatric and special care dentistry to children and adults. This will include children with more complex dental needs.

• Providing high quality dental care to people from vulnerable groups whose needs may not be accommodated in NHS general dental services.

In addition the service will:

• Deliver the fieldwork for Public Health England's Dental Public Health Epidemiology Programme where commissioned for local authorities

2.5 Secondary Care Dental Services

In Nottinghamshire, there is one acute trust; King's Mill Hospitals provided by Sherwood Forest Hospitals NHS Foundation Trust. The Trust undertakes a variety of treatments including orthodontics and oral & maxillofacial surgery. Many Nottinghamshire patients also attend Nottingham University Hospitals, based in Nottingham City.

3 Epidemiology

3.1 Oral disease

There has been a significant decline in tooth decay and improvements in oral health over the past 40 years. However, a substantial proportion of the population experiences high levels of oral disease, particularly within disadvantaged and vulnerable groups. The following describes the common oral diseases in children, adults and vulnerable people using national and local oral health survey data.

The level of dental decay in five-year-old children is a useful indicator of the success of a range of programmes and services that aim to improve the general health and wellbeing of young children. In the public health outcomes framework one of the indicators is the proportion of children aged five-years free from dental decay. In the 2015 National Dental Epidemiology Programme survey, 2,160 children were sampled in Nottinghamshire of whom 1,413 (66.9%) parental consent was provided to take part in the survey and were clinically examined at school by trained and calibrated examiners, who used the national standard method.

3.2 Dental decay affecting Nottinghamshire's children

Tooth decay is the main oral disease affecting children. It has significant impacts on the daily lives of children and their families including pain, sleepless nights and time missed from school and work. The main risk factors for tooth decay are diets high in sugars and lack of exposure to fluoride therefore **tooth decay is almost always preventable**.

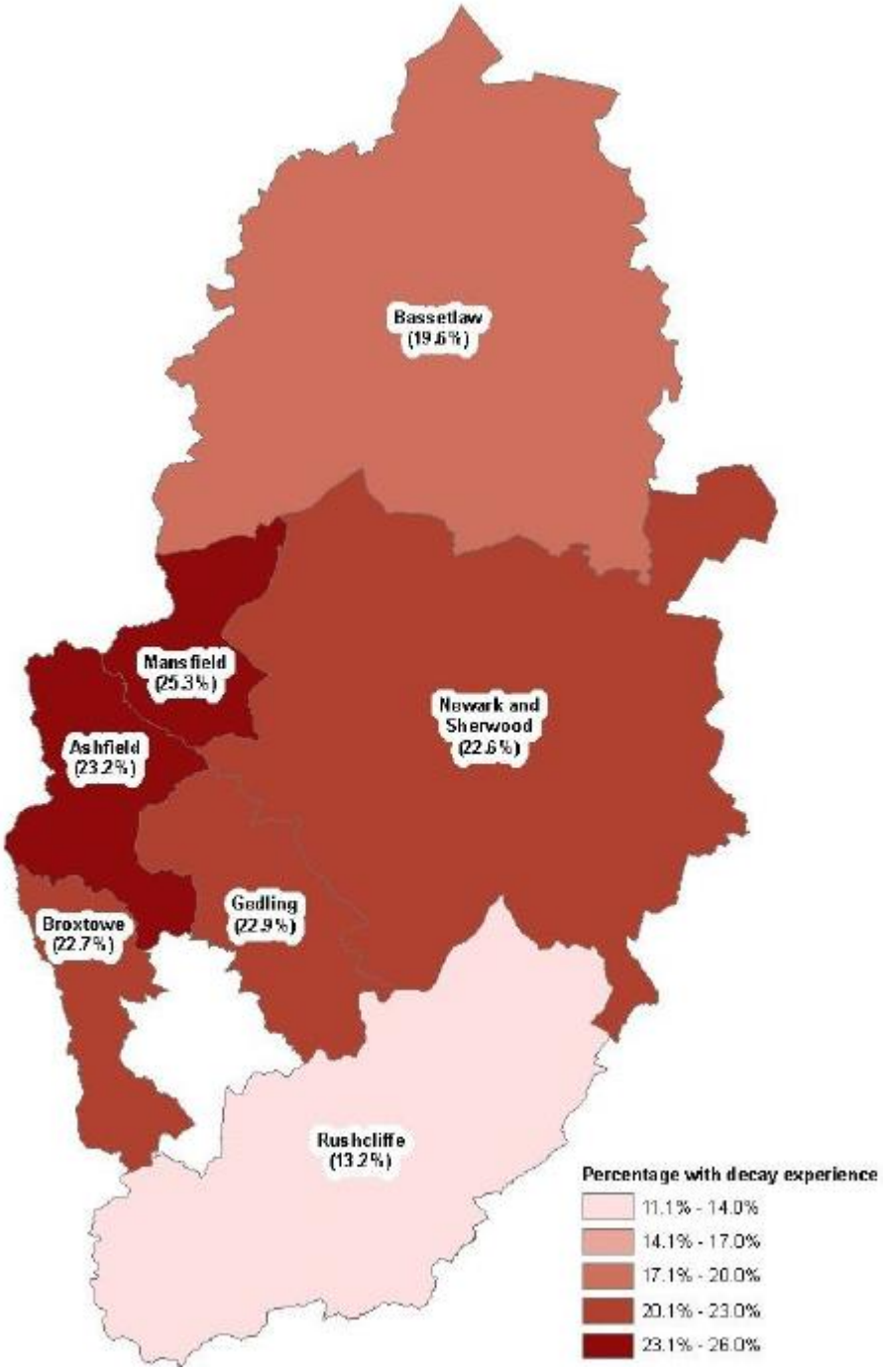
A commonly used indicator of tooth decay and treatment experience, the 'dmft index', is obtained by calculating the average number of decayed (d), missing due to decay (m) and filled due to decay (f) teeth (t) in a population. In five-year-old children, this score will be for the first (primary) teeth and is recorded as dmft. In 12-year-old children it reports the adult teeth in upper case (DMFT). The average (mean) dmft/DMFT is a measure of the severity of tooth decay experience.

3.3 Summary of findings:

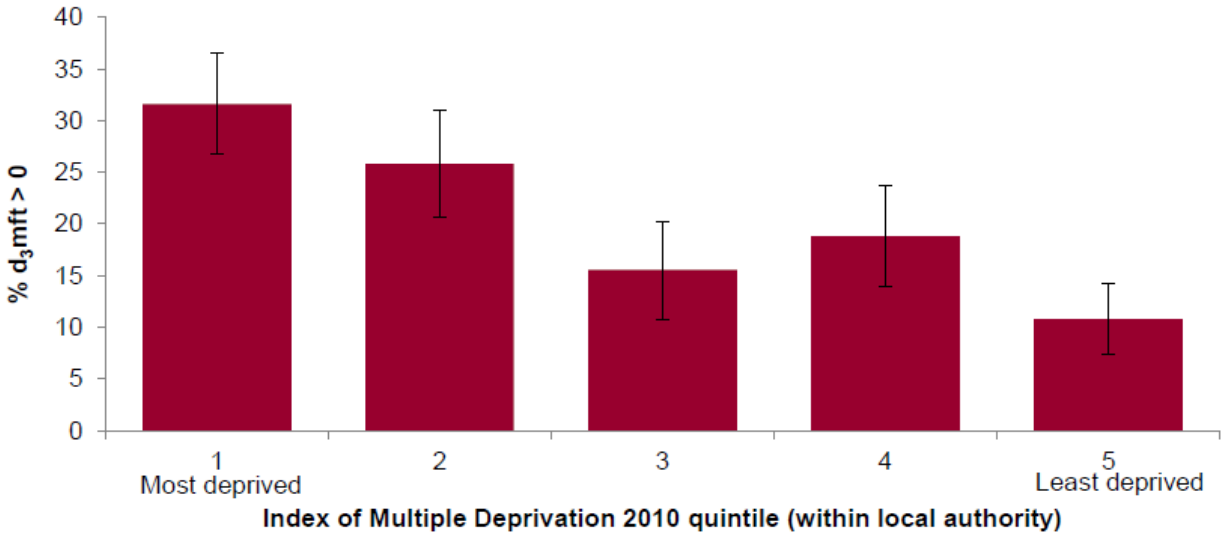
Nottinghamshire local authority has levels of decay that are lower than the average for England.

However, there are some marked inequalities within the county with higher levels of decay experience are spread across Mansfield and Ashfield lower-tier local authorities, where around a quarter of all children have experienced tooth decay (see map below). This indicates that efforts to improve oral health and reduce inequalities should be targeted at these areas.

The prevalence of decay that is related to long term bottle use is lower than the national level.



Prevalence of decay by Index of Multiple Deprivation 2015 quintiles for Nottinghamshire local authority (including 95% confidence limits shown as black bars).



3.4 Epidemiology of oral diseases in adults

Information on the oral health of adults has been collected nationally through the Office for National Statistics co-ordinated socio-dental surveys on a decennial basis since 1968. The survey consists of an interview schedule and a dental examination performed by trained and calibrated dental examiners. The most recent survey was undertaken in 2009. No local clinical surveys of adult oral health have been undertaken therefore much of the following summary is national or presented for the county as a whole.

Summary of adults' oral health

• the oral health of adults has improved significantly over the last 40 years with more of the population retaining their natural teeth throughout life
• in Nottinghamshire 27% of adults had tooth decay and 2% had severe gum disease
• men from materially deprived backgrounds were more likely to experience higher levels of tooth decay and gum diseases but least likely to visit a dentist

3.5 Epidemiology of oral diseases in vulnerable groups

Vulnerable groups are those people whose economic, social, environmental circumstances or lifestyle place them at high risk of poor oral health or make it difficult for them to access dental services. This includes people who are old and frail, have physical or mental disabilities, homeless, children who are, or who have been in care.
These groups often require special treatment or treatment in a special setting to accommodate their needs. The 2015/16 Oral Health Survey of Older People presented the results of a questionnaire and standardised dental examination of older people (aged 65 years and older) with mild dependency who live in "extra care" housing establishments. This is the first oral health survey of this population group and the method was implemented as a pilot. There is therefore no directly comparable data to use which could help to show trends.

Summary of vulnerable groups' oral health

• 34% of those older vulnerable adults surveyed in Nottinghamshire reported having not visited a dentist in the last two years, with 19% saying they have difficulty getting travelling to and from a dentist compared with 13% nationally.
• children with learning disabilities are more likely to have teeth extracted than filled and have poorer gum health
• adults with learning disabilities are more likely to have poorer oral health than the general population
• adults with learning disabilities living in the community are more likely to have poorer oral health than their counterparts living in care
• homeless people are more likely to have greater need for oral healthcare than the general population

Nottinghamshire County Council

Report to Health Scrutiny Committee

7 May 2019

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

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting 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

That the Health Scrutiny Committee:

1) Considers and agrees the content of the draft work programme.

2) Suggests and considers possible subjects for review.

Councillor Keith Girling
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

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2018/19

Subject Title	**Brief Summary of agenda item**	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
07 May 2019				
NUH CQC Inspection and Improvement Plan	Initial briefing on outcomes and planning following the CQC inspection	Scrutiny	Martin Gately	NUH
NUH Winter Plans	Briefing on lessons learnt from last winter and future plans	Scrutiny	Martin Gately	NUH
Muscular Dystrophy Pathway	Initial briefing on patient experience in the muscular dystrophy pathway, including the physiotherapy service	Scrutiny	Martin Gately	NUH
Dentistry in Nottinghamshire	An initial briefing on the commissioning of dental services in Nottinghamshire.	Scrutiny	Martin Gately	Laura Burns, NHS England
18 June 2019				
Integrated Care System – Ten Year Plan (TBC)	An initial briefing on the ICS – ten year plan.	Scrutiny	Martin Gately	TBC
Defence National Rehabilitation Centre	Further briefing from Greater Nottingham Clinical Commissioning Partnership	Scrutiny	Martin Gately	Hazel Buchanan, Clinical Commissioning Partnership
Nottinghamshire Healthcare Trust – Adult Services Update	An update on a range of issues in Adult Mental Services, including feedback on additional bed spaces at the Highbury Hospital site.	Scrutiny	Martin Gately	Kazia Foster/Sandra Crawford, Healthcare Trust
East Midlands Ambulance Service – Performance and Recruitment Update	An update on the progress by EMAS in filling vacant posts and against key performance indicators.	Scrutiny	Martin Gately	Annette McFarlane, Service Delivery Manager and Keith Underwood, Ambulance Operations Manager

				for EMAS
Patient Transport Service	The latest performance information on patient transport from the commissioners and Arriva.	Scrutiny	Martin Gately	Neil Moore and Lucy Dadge, Greater Nottingham CCG
23 July 2019				
NHS Property Services TBC	An initial briefing on NHS Property Services and its interaction with tenant/providers.	Scrutiny	Martin Gately	TBC
Wheelchair Services (TBC)	An initial consideration of issues concerned with wheelchair repairs.	Scrutiny	Martin Gately	NUH/Greater Nottingham CCG/Ross Care TBC
Treatment Centre Procurement (TBC)	An update on the latest position with the procurement of the Treatment Centre.	Scrutiny	Martin Gately	Greater Nottingham CCG
Social Prescribing (TBC)	An initial briefing on the benefits of social prescribing.	Scrutiny	Martin Gately	Greater Nottingham CCG
Healthwatch (TBC)	Briefing on the recent work of Healthwatch (including reviews).	Scrutiny	Martin Gately	Sarah Collis, Healthwatch
15 October 2019				
Whyburn Medical Practice Update	Update on contract and service provision.	Scrutiny	Martin Gately	Greater Nottingham CCG
Clinical Services Strategy Update	Further briefing on the strategy.	Scrutiny	Martin Gately	Greater Nottingham CCG
3 December 2019				

14 January 2020				
25 February 2020				
31 March 2020				
19 May 2020				
18 June 2019				

To be scheduled				
Public Health Issues				
Ratio of Doctors to Residents in Rushcliffe				
Dementia Care in Hospital				
The administration of GP referrals				

Potential Topics for Scrutiny:

Recruitment (especially GPs)

Allergies and epi-pens

Diabetes services

Air Quality (NCC Public Health Dept)

Overview Sessions (To be confirmed)

Nottingham University Hospitals (NUH) – July/September 2019

East Midlands Ambulance Service (EMAS) – autumn 2019

VISITS

Urgent Care Pathway (QMC visit) – summer 2019

Medium secure mental hospitals – TBC