Nottinghamshire County Council

Health Scrutiny Committee

Monday, 15 July 2013 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 Martin Gately (Tel. 0115 977 2826) 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.

Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE
Monday 3 June at 2.00 pm

Membership

Councillors

Kate Foale (Chairman)
Steve Carroll (Acting Vice-Chairman)
A Colleen Harwood
Roger Jackson
Bruce Laughton
A John Ogle
Jacky Williams
John Wilmott

District Members

A	Trevor Locke	-	Ashfield District Council
A	Paul Henshaw	-	Mansfield District Council
	Tony Roberts	-	Newark and Sherwood District Council
A	June Evans	-	Bassetlaw District Council

Officers

Martin Gately	-	Nottinghamshire County Council
Christine Marson	-	Nottinghamshire County Council

Also in attendance

Joe Pidgeon	-	Healthwatch Nottinghamshire

APPOINTMENT OF CHAIRMAN AND VICE-CHAIRMAN

It was noted that at the Annual Meeting of Council Councillor Kate Foale was appointed Chairman and Councillor Colleen Harwood was appointed as Vice-Chairman of the Committee.

MINUTES

The minutes of the last meeting of the Health Scrutiny Committee held on 18 March 2013 were confirmed and signed by the Chair.

MEMBERSHIP AND TERMS OF REFERENCE

The Committee membership and terms of reference were noted. Councillor Tony Roberts informed the Committee that this would be his last meeting with David Staples being appointed as the Newark and Sherwood District Council member.

APOLOGIES FOR ABSENCE

Apologies for absence were received from:-

Councillor Colleen Harwood
Councillor John Ogle

DECLARATIONS OF INTEREST

There were no declarations of interest.

INTRODUCTION TO HEALTH SCRUTINY

Martin Gately from Policy, Planning and Corporate Services gave a brief introduction to Health Scrutiny. He informed the Committee that the function of Health Scrutiny was included in the Local Government Act 2000, as amended by the Health and Social Care Act 2012. He outlined the principles of effective scrutiny as:-

- Provides "critical friend challenge"* to executive policy-makers and decision-makers
- Enables the voice and concerns of the public and its communities to be heard
- Is carried out by "independent minded" councillors who lead and own the scrutiny process
- Drives improvement in public services

Mr Gately informed the Committee that they can review possible topics that they have concern over, gather evidence via public forums or study groups and then formulate a report with a view to presenting the report to organisations concerned.

The Committee noted the presentation.

HEALTHWATCH

Joe Pidgeon, Healthwatch Nottinghamshire gave the Committee an introduction to Healthwatch. He explained that three bodies had preceeded Healthwatch which were the Community Health Councils, the Patient and Public Involvement Forums and the Local Involvement Link. He stated that Healthwatch would cover issues relating to both adults and children and it had been commissioned by Nottinghamshire County Council. It is a small registered, non profit making organisation based in central Hucknall. He reported that a web page had been developed so members of the public could have access to the work of Healthwatch.

The aims of Healthwatch are:-

- Gather first-hand experiences of local residents and make recommendations to local providers
- Consult with the public about proposed changes and influence future designs
- Work in partnership with local statutory and voluntary groups to represent the views of the wider community and minority groups
- Ensure proper representation of Nottinghamshire's diversity
- Act as a hub for information at local and national level

It was felt that it was important that different organisations do not scrutinise the same topics and Mr Gately was asked to bring a report to the next meeting explaining how the Committee will relate to other organisations to ensure topics are not replicated.

Mr Pidgeon stated that there was a separate Healthwatch for the City of Nottingham but that he was working closely with them as they share some functions and work areas.

The Committee thanked Mr Pidgeon for his presentation.

AREAS OF CONCERN

Martin Gately explained to the Committee that they have a right to review on issues which are of concern.

It was agreed that over the coming months the areas of "Never Events" and misdiagnosis should be scrutinised. Other topics which were suggested were Newark Hospital Accident and Emergency Unit – mortality rates, patient transfer transport and end of life care issues.

WORK PROGRAMME

The work programme was discussed and noted.

The meeting closed at 3.05pm.

CHAIRMAN

Nottinghamshire County Council

Report to Health Scrutiny Committee

15 July 2013

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

BASSETLAW HEALTH SERVICES

Purpose of the Report

1. To introduce an initial briefing on the work of Bassetlaw Clinical Commissioning Group.

Information and Advice

2. Representatives of the Bassetlaw CCG Governing Body will attend Health Scrutiny Committee to update on the following issues;

Bassetlaw Hospital
- The Assessment and Treatment Centre
- Surgical Pathway
- Improvements in quality and outcomes

Mental Health Services
- Dementia
- Crisis Pathways

Ambulance Services
- Quality of Services
- Community Paramedic Pilot

Improvements to Community Provision

Other Pathway and Service Improvements

Plans for the Future
- Integration of care
- Urgent Care
- Primary Care

The impact of commissioning changes on local services such as weight management, and drug and alcohol misuse service.

CCG's Commitment to partnership and the County Council

RECOMMENDATION

That the Health Scrutiny Committee:

i) receive the briefing from the Bassetlaw CCG and ask questions, as necessary

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Report to Health Scrutiny Committee

15 July 2013

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NEWARK AND SHERWOOD HEALTH SERVICES

Purpose of the Report

1. To introduce an initial briefing on the work of Newark and Sherwood Health Services.

Information and Advice

2. Doctor Amanda Sullivan, Chief Operating Officer of the Care Commissioning Group will attend the Health Scrutiny Committee to provide a briefing on the work of the CCG. A briefing on the CCG's Commissioning Plan is attached as an appendix to this report.

3. The briefing will include information on:-

- Improving Health Outcomes
- The Origins of the CCG and Design Principles
- The Vision and Objectives for the next 3 years
- Transformation of Services
- PRISM – Profiling Risk Integrated Care Self-Management
- Governance Arrangements

RECOMMENDATION

That the Health Scrutiny Committee:

i) receive the briefing from the Newark and Sherwood CCG and ask questions, as necessary

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

COMMISSIONING PLAN ON A PAGE 2013/14

VISION:

Residents are PROUD of their NHS:
Personalised care
Robust safety
Ownership and control for patients and citizens
Unified, joined up services
Dignity at all times

Newark and Sherwood Clinical Commissioning Group

OVERALL AIMS:

Best quality within available resources (incorporating safety, effectiveness and patient experience)

Best service design

Partnership working to achieve the safest and most effective services within overall available resources

MAIN RISKS:

Rising demand for healthcare, causing pressures on emergency care system – High risk

Financial sustainability of local hospital – High risk

Non-delivery of financial balance – Medium risk

Quality failure as a result of poor monitoring or financial challenge – Medium risk

FINANCIAL PLAN:

Recurrent allocation:
Healthcare - £141,733,000
Running Costs - £3,150,000

Improving quality and efficiency requirement: £4,525,000 (3.1%)

TRANSFORMATIONAL CHANGE:

National planning requirements will be met. Additional local ambitions are:

BUILDING THE SYSTEM TO MANAGE THE RISING DEMAND FOR HEALTHCARE

- Develop joined up care for people at home, with a focus on early detection and help for people at risk of hospital admission, increased confidence to self-manage on-going conditions, increased use of technology to monitor conditions at home
- Develop the workforce for new joined up ways of working across different settings
- Develop information sharing between professionals to improve care
- Make services more joined up when people have more than one health condition
- Review community support, recuperation and rehabilitation services and ensure these are adequate to prevent unnecessary acute hospital admissions – retain capacity that was added for winter pressures

LOCAL PRIORITY OUTCOMES FOR QUALITY PREMIUM

Rationale: to increase the coordination and quality of care, improve support at home, improve value for money and prevent ill health where possible:

- 10% reduction in emergency admissions for chronic obstructive pulmonary disease, heart failure and diabetes, 12.5% reduction in length of hospital stay
- 10% reduction in mental health admissions to hospital, 5% reduction in length of stay
- 10% reduction in children's admissions with lower respiratory tract infection, 80% children and young people (<16 years) with asthma have review and care plan

JOINING UP SERVICES TO IMPROVE CARE

- Develop clinical navigator services to ensure that patients are signposted appropriately. This service should be accessible to GPs, ambulance crews, community and hospital staff to ensure patients are treated in the most appropriate location first time
- Expand consultant-led community-based services
- Review diagnostic pathways and implement direct access where appropriate
- Ensure ambulance services meet performance targets and enable timely access to care

TACKLING THE MAJOR CAUSES OF ILL HEALTH AND DISEASE

- Embed care pathway for respiratory disease. Maintain 20% reduction in non-elective admissions
- Cardiovascular disease – 10% reduction in non-elective admissions. Increase community cardiac rehabilitation
- Diabetes – 10% reduction in non-elective admissions
- Mental illness – Improve diagnosis rates to national average
- Dementia – 10% reduction in non-elective admissions
- End of life – 85% deaths in chosen place
- Early years – 1% reduction in smoking rates in pregnancy

PROMOTING WELLBEING, IN LINE WITH THE HEALTH AND WELLBEING STRATEGY

- Ensure appropriate health checks (12,500 by April 2015) to reduce cardiovascular morbidity
- Ensure appropriate IAPT coverage for the population (12.5% target coverage)
- Work with local authorities to reduce smoking
- Joint commissioning for learning disability services to meet Winterbourne View serious case review recommendations

ENABLERS:
Clinical work streams for disease priority areas
Asset utilisation – Newark Hospital provides scope for development as a healthcare hub in Newark
Transformation Partnership Board and transformation of services across Mid-Nottinghamshire
Robust contracting and quality monitoring across services
Organisational Development Plan, Procurement Strategy – to be developed in 2013/14, Communications and Engagement Plan

Nottinghamshire County Council

Report to Health Scrutiny Committee

15 July 2013

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

MORTALITY RATES AT SHERWOOD FOREST HOSPITALS

Purpose of the Report

1. To introduce a briefing on mortality rates at Sherwood Forest Hospitals as a potential subject for a Scrutiny Review.

Information and Advice

2. Dr Amanda Sullivan, Chief Operating Officer for the Mansfield/Newark and Sherwood Clinical Commissioning Group, previously attended the Health Scrutiny Committee on 18 March 2013 when she provided a briefing on the numbers of people being treated at Newark Hospital's minor injuries unit, set against the numbers of those who transfer to the Kings Mill and other hospitals; mortality rates and transfer figures of those treated in Newark and the surrounding areas and a list of the clinics provided at the Newark Hospital.

3. Dr Sullivan will attend this meeting of the Health Scrutiny meeting to provide a briefing to the new membership of the Committee on mortality rates within the Sherwood Forest Hospitals Trust and to answer questions. A written briefing from Dr Sullivan is attached to this report as an appendix. Members are requested to receive the briefing and then undertake detailed questioning of Dr Sullivan.

4. Following this briefing, Members will determine if the issue warrants raises concern to warrant a full Scrutiny Review. A Scrutiny Review would involve gathering substantial evidence on this subject and ultimately producing a final report with evidence-based recommendations.

5. If this subject is to be proceeded with as a Scrutiny Review, Members will wish to decide how the review will be undertaken. Reviews may typically be undertaken a) as part of the normal agenda of the committee b) by way of sub-committee (a politically proportionate group of Members meeting in public) c) by way of a study group (a small group of interested Members meeting and taking evidence in private). However the review is conducted, all Members of the Committee will have the opportunity to comment on and amend the final report and to agree the recommendations.

6. Members may already be aware that Sir Bruce Keogh, the medical director of the NHS, is currently conducting an investigation into mortality rates at 14 trusts,

including Sherwood Forest Hospitals NHS Foundation Trust. The Chairman has written to Sir Bruce Keogh highlighting the committee's concerns regarding mortality rates.

RECOMMENDATION

That the Health Scrutiny Committee:

i) receive the briefing on mortality rates and ask questions as necessary
ii) determine if this matter should be the subject of a Scrutiny Review
iii) indicate how the review will be undertaken

Councillor Kate Foale
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
Newark and Sherwood
Clinical Commissioning Group

Health Scrutiny Committee

Mortality Rates Briefing

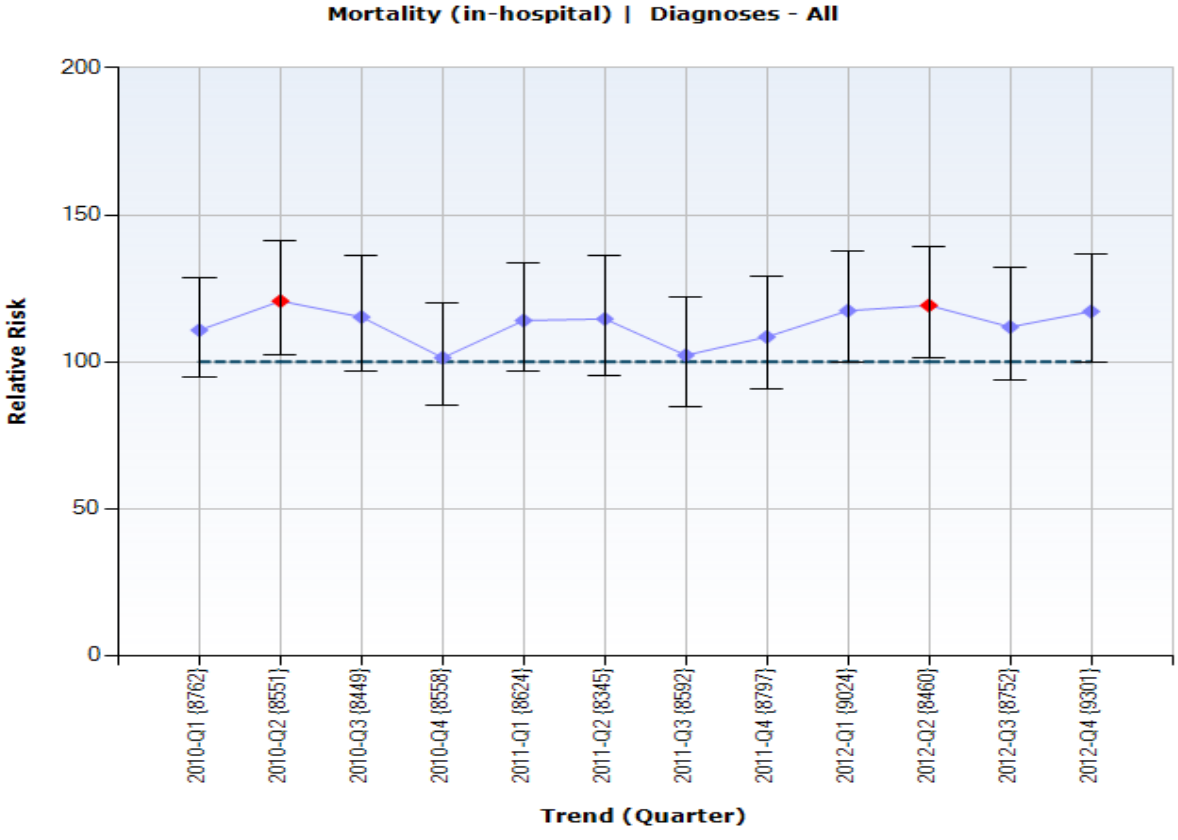
July 2013

1. Mortality rates are a cause for concern across Mid-Nottinghamshire

Unfortunately, Sherwood Forest Hospitals and United Lincolnshire Hospitals both have comparatively high hospital mortality rates (Hospital Standardised Mortality Rates, HSMRs) when compared to other hospitals across the country. A key focus for us is to improve our mortality rates to be level with the best in the country. This will be achieved by having the best clinical practice in place within our hospitals, as well as excellent primary care, community and ambulance services.

Average hospital death rates have fallen year on year across the country, but progress has been comparatively slower in some of our local hospitals. This means that the HSMR has appeared to deteriorate when compared to other hospitals around the country. The average rate is 100.

The HSMR for Newark and Sherwood CCG is shown below:



The other national measure of death rates (Summary Hospital-level Mortality Indicator, SHMI) measures all deaths within 30 days of admission, regardless of where the death occurs. This is the Department of Health approved measure and does not show such worrying trends locally. The reasons for these differing findings are not clear, but have also occurred in other hospitals.

This table shows the SHMI rates by hospital trust. SHMI data are published at provider level and are not published by postcode or CCG.

Hospital Provider	SHMI Rating (April 2010 to March 2011)	SHMI Rating (April 2011 to March 2012)	SHMI Rating (Oct 2011 to Sept 2012
Sherwood Forest Hospitals	1.030	1.028	1.079
United Lincolnshire Hospitals	1.058	1.093	1.099
Nottingham University Hospitals	0.967	0.927	0.938

14 hospitals are now subject to the national Keogh review because they have either had high HSMR or SHMI levels over the last two years. This took place in June at Sherwood Forest Hospitals and United Lincolnshire Hospitals. We worked with the review team at Sherwood Forest Hospitals and attended the public listening events. The report is due to be published soon.

The CCG is working closely with Sherwood Forest Hospitals to improve the HSMR. This will benefit all patients who are admitted to the hospital and not just people who live in Newark and Sherwood. Considerable work has been undertaken over the last 6 months to improve the position, particularly in relation to sepsis, early detection of deterioration within hospital ward environments and renal care. The stroke and heart attack pathways for patients once they arrive at the hospital have also been reviewed.

2. **Newark mortality rates have been in the headlines recently, following the Sunday Mail publication of campaign group figures.**

The Sunday Mail published allegations about rising mortality rates as a consequence of the change from an A&E to an MIU. The figures were from FOI requests from 6 hospitals. The way the figures were put together and the conclusions that were drawn have not been validated.

NHS analysts have monitored mortality over time and have not found any evidence that the changes in Newark resulted in increased death rates. The Mail on Sunday analysis was replicated as far as possible, based on the information available to us, but the Mail figures could not be calculated despite several different methods of reviewing the data sets. The CCG analysis and response are included for ease of reference in Appendix 1.

Queries have been raised about why the NHS figures do not match the Mail on Sunday published figures. Death rates can be calculated in a number of ways, with a number of factors taken into consideration. NHS data sets are very large and complex, so conclusions should be validated in a scientific manner before drawing any conclusions. It is possible that there are duplicated cases in the Mail on Sunday article, since cases are reported separately by hospitals and people often move between sites during their episode of care.

Following the changes at Newark Hospital, total deaths (across all settings) do not appear to have changed significantly. There appears to have been a temporary increase in deaths over the summer of 2012 in a number of areas, including Newark. However, these rates have since fallen and the causes for this are not clear. Fluctuations in death rates do occur, hence the need to monitor trends over extended time periods.

Definitive analysis for all deaths by postcode would require the linking of hospital activity data sets with Office of National Statistics data. The Health and Social Care Information Centre do not routinely provide such analysis to the NHS except in relation to each hospital provider.

3. **The CCG previously submitted data to the Health Scrutiny Committee that showed no association between travel times to A&E and mortality rates.**

Despite this analysis, there is debate about whether travel times to A&E contribute to increased mortality rates across Mid-Nottinghamshire. Postcode areas with the longest travel times do not appear to have the highest mortality rates and it is thought that other significant factors come into play.

A paper was written by Professor Nicholl that appeared to demonstrate an association. However, public health advice is that the Nicholl paper cannot be applied to our local situation. The figures were from 1997-2001, before developments in ambulance and paramedic care on route to hospital. Travel times or road distance were also not assessed. There is no further reference to this issue in the NHS England urgent care evidence base that was published in June 2013.

The ‘golden hour’ concept has also been referred to in the local media. This refers to the first minutes / hours following a traumatic injury. It is well established that outcomes are best if treatment is received within a short period of time following a serious injury. However, there

is no evidence that survival rates decrease after one hour. The major trauma unit is Queen's Medical Centre, which has a wide catchment area for major trauma. Significant treatment at the scene is now also commonplace, so that patients are stabilised as quickly as possible.

4. **The CCG is committed to developing the best possible services for local people, so long as these meet national standards and are affordable.**

The changes at Newark Hospital were made for compelling safety reasons. The latest requirements for emergency care cannot be delivered within the infrastructure of the hospital, but there are many other services that can be delivered to an excellent standard there.

The CCG will continue to work closely with Sherwood Forest Hospitals and with the coordinating commissioners for United Lincolnshire Hospitals and the ambulance service to improve care. This will have great potential benefit for the people of Newark and others who rely on our hospitals.

5. **It is also proposed that we commission a wider review of determinants of local mortality rates across Mid-Nottinghamshire, so that we can best understand how to target our commissioning resources.**

This review would be completed over the summer and would inform the wider Mid-Nottinghamshire transformation programme. **We invite ideas about the scope and remit of the review from the Health Scrutiny Committee and wider public.**

Dr Amanda Sullivan

Chief Officer

Appendix 1

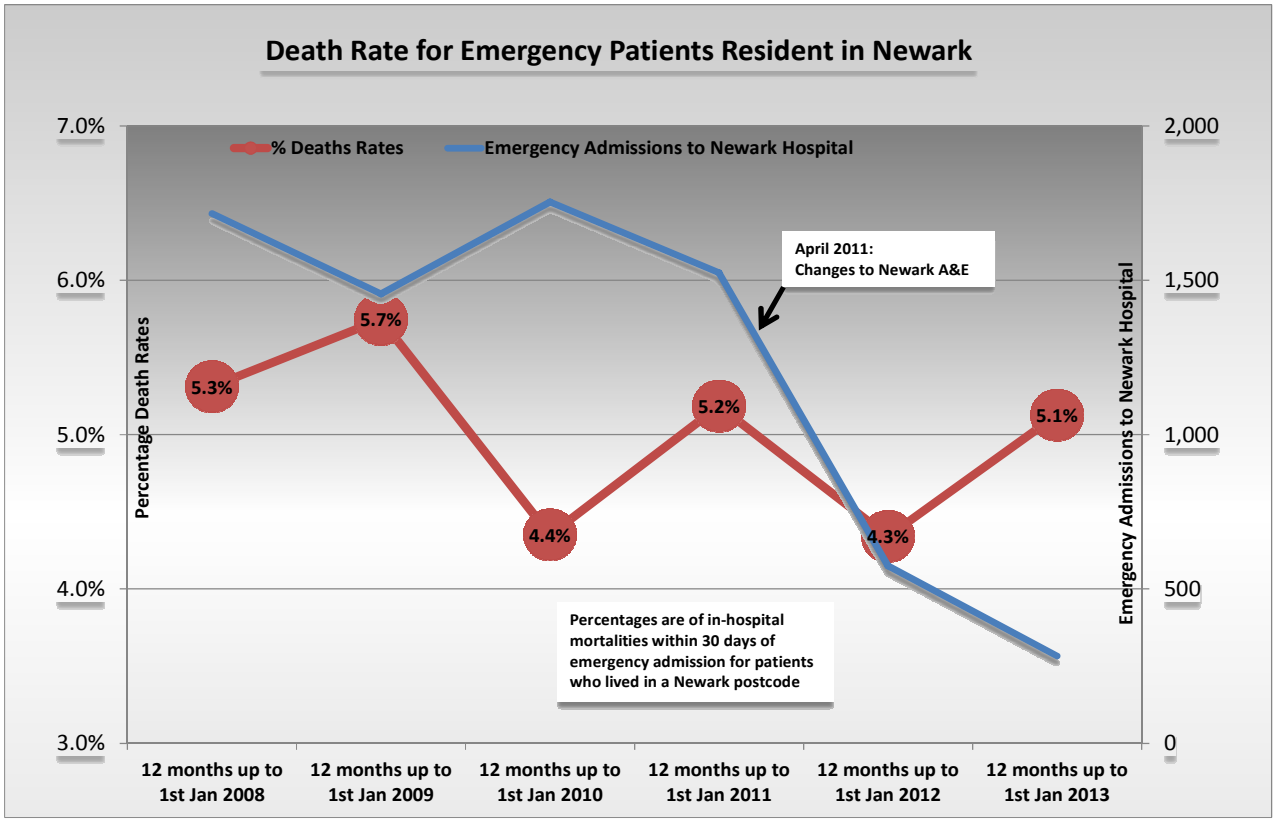
Mortality rates in Newark area

13th May 2013

The chief officer of Newark and Sherwood Clinical Commissioning Group is re-assuring patients following the publication of figures relating to mortality (death) rates in the area.

Amanda Sullivan said: "Figures published in the tabloid press which suggest a sharp increase in mortality rates are misleading and were not validated before they were published. This may have caused unnecessary alarm and I would like to reassure Newark residents that the emergency services they receive from the NHS are safe.

Deaths of patients from the Newark and Sherwood area following admission via A&E are not on the rise. Official CCG figures show that the changes at Newark Hospital in 2011 have not had a negative impact on patient care. We have repeated the analysis carried out by the Mail on Sunday from our official data sources and have validated the results. These clearly show no increase in death rates.



It is also important to recognise the changing mix of patients being admitted to hospital. Overall admissions from A&E are rising across the whole country, partly due to an increasing frail elderly population. Healthcare changed considerably from 2008 to 2012with more patients being treated in

their homes, so that only the very poorly are taken to hospital resulting in a higher proportion of major cases being seen there.

The reclassification of Newark A&E to an MIU in April 2011 was for compelling safety reasons. Newark is a very small hospital (less than 60 beds) and has never had the infrastructure to support a modern A&E service (for example intensive care services and emergency surgery).There is clear evidence that people who have heart attacks and strokes need prompt treatment at a specialist centre, where the specialist staff and facilities are best placed to treat people. Mortality from these causes is on the decline locally. Delaying arrival at a main centre by going to a small hospital for assessment results in poorer outcomes. Furthermore, patients are increasingly treated by ambulance crews at the scene and on route to a main hospital, so time prior to arrival at a main centre is not lost time.

We want to assure our local residents that we continually review information relating to services we commission and take early action to investigate any issues identified. We are working closely with local hospital Trusts on the national Keogh review into mortality rates. “

Nottinghamshire County Council

Report to Health Scrutiny Committee

15 July 2013

Agenda Item: 7

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

KIRKBY COMMUNITY PRIMARY CARE CENTRE: PLANNED PROCUREMENT

Purpose of the Report

1. To introduce a briefing on the planned tender for a replacement contract for primary medical service at Kirkby Community Primary Care Centre.

Information and Advice

2. Keith Mann, Derbyshire & Nottinghamshire Team, NHS England will attend the Health Scrutiny Committee to provide a briefing on the Kirkby Community Primary Care Centre procurement exercise. A written briefing from Mr Mann is attached as an Appendix to this report.

3. Members will wish to undertake detailed questioning regarding the procurement exercise, and in particular, the planned communication, engagement and consultation; and how the results of consultation will influence service design.

4. Members may wish to request further information and schedule updates in relation to this procurement exercise at future meetings. Ultimately, the Health Scrutiny Committee will need to determine if any changes that result from this procurement exercise are in the interests of the local Health Service.

RECOMMENDATION

That the Health Scrutiny Committee:

i) receive the briefing on the Kirkby Community Primary Care Centre: Planned Procurement and ask questions, as necessary
ii) Schedule consideration of further information and updates, as required

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

REPORT TO:	Nottinghamshire County Health Overview and Scrutiny Committee
REPORT FROM:	Keith Mann, Derbyshire & Nottinghamshire Area Team, NHS England
REPORT TITLE:	Kirkby Community Primary Care Centre: Planned Procurement
DATE	1 July 2013

Background

NHS England is now responsible for commissioning primary medical services across England following the NHS Health & Social Care Act 2012. The Derbyshire and Nottinghamshire Area Team represent NHS England locally and are the successor of Nottinghamshire County PCT within the local area. At the core of NHS England's values is the ambition to place the patients and the public at the heart of everything we do.

The purpose of this report is to provide information on the planned tender for a replacement contract for primary medical service within the local area. The contract for services at Kirkby Community Primary Care Centre will come to an end in March 2014; it is the intention of NHS England to undertake a procurement process to find and appoint a provider for the new contract in line with procurement requirements of The Public Contracts Regulations 2006.

The current contract commenced on 01 April 2008 as a brand new service with 0 patients registered; the service now has 5,034 patients registered. The service was commissioned by Nottinghamshire County PCT and awarded to Central Notts Clinical Services (CNCS). Nottinghamshire County PCT consulted with the Nottinghamshire Overview and Scrutiny during the procurement process for this contract in 2007.

Kirkby Community Primary Care Centre

The practice is located near the centre of Kirkby-In-Ashfield within Ashfield Health Village (previously known as Ashfield Community Hospital) on Portland Street.

Patients can choose to register with the practice if they live in Kirkby in Ashfield, Annesley Woodhouse or Kirkby Woodhouse Area. The practice is open from 8am to 6.30pm Monday to Friday; the practice also provides Extended Hours opening from 6.30pm to 8pm each Monday and Friday.

The practice provides core medical services including general illness, long term

condition management, health promotion and advice. The practice is also able to offer a range of Enhanced Services to patients including Influenza vaccinations, Anti-Coagulation Monitoring, Sexual Health Services, and Health Checks for patients with Learning Disabilities. The practice also takes part in the Patient Participation Enhanced Service which requires the practice to actively engage with patients within the practice to better understand patient perspectives and to improve services offered to patient

Patient satisfaction levels within the practice are currently high; between July 2012 and March 2013 the national GP Patient Survey reported 88% of patients their overall experience of the practice to be 'good' or 'very good'. Additionally 84% of patients said they would either 'probably' or 'definitely' recommend this service.

The area is well serviced by public transport and there are car parking spaces located throughout Ashfield Health Village for patients to use.

Communication & Engagement

As part of the plan for procuring a new contract, Derbyshire and Nottinghamshire Area Team will shortly be writing to patients registered at the practice to raise awareness of the planned procurement and also invite patients to attend a local open session with representatives. NHS England has sought the views of patients on the letter content and is committed to continuing engagement with patients through the procurement process.

The Area Team will be running an open meeting towards the end of July at Ashwood Community Centre, Portland Street, Kirkby**.** The meeting is being called to provide patients with details about the procurement process, answer any questions that they may have and to seek patient views on services to help us shape the way health care is provided at the Centre. The date\time of the meeting once arranged will be communicated in the patient letter and will also be displayed at the practice.

The Area Team also plan to facilitate a drop in session at the practice and enable patients to complete a patient survey of questions pertinent to the procurement exercise and to have a say in the services that they would like to see offered. This will ensure that patients who may not be able to attend the open meeting have the chance to comment.

NHS England will also work closely with Mansfield & Ashfield Clinical Commissioning Group to ensure that services are aligned to those commissioned by Mansfield & Ashfield Clinical Commissioning Group and fit into the strategic plan for the local health economy as a whole.

Engagement will also take place with a range of other stakeholders including local voluntary and charitable organisations and Nottinghamshire Health Watch to ensure all interested parties are fully informed and given the opportunity to express any views that they may seem relevant to the procurement exercise.

Conclusion

We would like to take this opportunity to assure you that GP services will continue as normal throughout this procurement period. It is the intention of NHS England to continue to offer these services from the existing premises in the future. Due to the significant expansion of the list size, the demand for this service to continue is clear. Engagement with patients will be maintained at all stages of this process.

Nottinghamshire County Council

Report to Health Scrutiny Committee

15 July 2013

Agenda Item: 8

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To introduce the Health Scrutiny Committee work programme.

Information and Advice

2. The Health Scrutiny Committee is responsible for scrutinising decisions made by NHS organisations, and reviewing other issues which impact on services provided by trusts which are accessed by County residents – specifically, those located in the Northern part of the County.

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

4. The work programme of the committee is currently under development. Emerging health service changes (such as substantial variations and developments of service) will be placed on the work programme as they arise. One area of work that is likely to feature on the agenda is the scrutiny of potential stroke services reconfiguration proposals and consultation.

5. Introductory briefings from appropriate NHS organisations will also be programmed into the work programme.

RECOMMENDATION

1) That the Health Scrutiny Committee consider and agree the content of the draft work programme.

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME

Subject Title	**Brief Summary of agenda item**	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
3 June 2013				
Healthwatch Nottinghamshire Presentation	Introduction to the work of the new organisation which replaces LINks (Local Involvement Networks).	Briefing	Martin Gately	Joe Pidgeon and Claire Grainger, Healthwatch
Diamond Avenue Surgery Changes (TBC)	Members will hear about the recent changes to arrangements at a surgery in Kirkby-in-Ashfield as an example of the sort of issue that will come before the committee	Briefing/Development	Martin Gately	TBC
Areas of Concern	The Committee will identify areas or themes on which to receive an initial briefing – these areas may go on to be the subject of a thematic review undertaken by the committee itself or a sub-committee/study group.	Briefing	Martin Gately	N/A
15 July 2013				
Bassetlaw Health Services	An initial briefing on the work of Bassetlaw Clinical Commissioning Group from the Chief Operating officer, Mr Phil Mettam.	Briefing	Martin Gately	Mr Phil Mettam Bassetlaw CCG
Mansfield/Newark and Sherwood Health Services	An Initial briefing on the work of the Mansfield/Newark and Sherwood CCGs from Chief Operating Officer, Dr Amanda Sullivan.	Briefing	Martin Gately	Dr Amanda Sullivan Mansfield/Newark and Sherwood CCG
Mortality Rates	An initial briefing on a possible area for scrutiny	Scrutiny	Martin Gately	Dr Amanda Sullivan Mansfield/Newark CCG
Ashfield Health Village GP Practice Procurement/Kirkby	An initial briefing on a procurement exercise relating to Ashfield Health Village	Scrutiny	Martin Gately	Keith Mann NHS England

Community Primary Care Centre: Planned Procurement				
9 September 2013				
Sherwood Forest Hospitals Foundation Trust [TBC]	Briefing on the work of the Sherwood Forest Hospitals Foundation Trust	Briefing	Martin Gately	TBC
Integrated Care Teams	Implementation Update - Changes in Newark and Sherwood	Briefing	Martin Gately	Zoe Butler, Newark and Sherwood CCG
4 November 2013				
Areas of Concern	Initial briefing on an area of concern identified by the committee	Briefing	Martin Gately	TBC
6 January 2014				
TBC				
24 February 2014				
TBC				
28 April 2014				
TBC				
23 June 2014				

Potential Topics for Scrutiny – either in main committee or by way of a study group (for agreement by committee)

Liverpool Care Pathway

Never Events
Misdiagnosis

To be scheduled

Stroke Pathway (TBC)	Scrutiny of potential stroke services reconfiguration proposals/consultation	Consultation	Martin Gately	Dr Amanda Sullivan, Newark and Sherwood/Mansfield and Ashfield CCG