

## Health Scrutiny Committee

**Tuesday, 07 September 2021 at 10:30**

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

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### AGENDA

- |   |  |         |
|---|--|---------|
| 1 | Minutes of last meeting held on 13 July 2021   | 3 - 10  |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4 | Bassetlaw Mental Health Engagement and Proposals   | 11 - 20 |
| 5 | Access to Primary Care   | 21 - 32 |
| 6 | Work Programme   | 33 - 38 |

### 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>

**COUNCILLORS**

Sue Saddington (Chairman)  
Matt Barney (Vice-Chairman) **A**

Mike Adams  
Callum Bailey  
Robert Corden  
Eddie Cubley  
Penny Gowland

David Martin  
John 'Maggie' McGrath **A**  
Michelle Welsh  
John Wilmott

**SUBSTITUTE MEMBERS**

Errol Henry  
Jonathan Wheeler.

**Councillors in attendance**

Glynn Gilfoyle  
Nigel Turner

**Officers**

Martin Gately  
Noel McMenamin

Nottinghamshire County Council  
Nottinghamshire County Council

**Also in attendance**

Julie Attfield	-	Nottinghamshire Healthcare Trust
Phil Britt	-	NHS Nottingham & Nottinghamshire CCG
Greg Cox	-	East Midlands Ambulance Service
Lucy Dadge	-	NHS Nottingham & Nottinghamshire CCG
Idris Griffiths	-	Bassetlaw CCG
Richard Henderson	-	East Midlands Ambulance Service
Andy Marshall	-	Nottingham University Hospitals Trust

**1. MINUTES OF LAST MEETING HELD ON 8 JUNE 2021**

The minutes of the last meeting held on 8 June 2021, having been circulated to all Members, were taken as read and were signed by the Chairman.

## **2. APOLOGIES FOR ABSENCE**

Councillor Matt Barney – Medical/illness  
Councillor John ‘Maggie’ McGrath – Other reasons.

The Committee also noted an apology from Ajanta Biswas of Healthwatch Nottingham and Nottinghamshire for medical/illness reasons.

## **3. DECLARATIONS OF INTERESTS**

Councillor Bailey declared a personal interest in agenda item 4 ‘Bassetlaw Mental Health Engagement and Proposals’ as his employer, Brendan Clarke-Smith MP, was one of the consultees on the proposals. This did not preclude him from speaking or voting on the item.

Councillor Saddington declared a personal interest in agenda item 5 ‘Tomorrow’s NUH’ as a family member worked for the NUH Trust, which didn’t preclude her from speaking or voting.

## **4. BASSETLAW MENTAL HEALTH ENGAGEMENT AND PROPOSALS**

The Committee Chairman, Councillor Sue Saddington, introduced the item, welcoming Idris Griffiths, Chief Officer of Bassetlaw Clinical Commissioning Group (CCG) and Julie Attfield, Executive Director of Local Mental Health Services, Nottinghamshire Healthcare Trust, to the meeting.

Councillor Saddington expressed her disappointment that the Committee had not been access to all the material being considered by the Bassetlaw CCG Governing Body in respect of development proposals for mental health services in Bassetlaw, in particular the full analysis of the engagement process and the precise terms of the CCG’s decision-making. A request was made that all relevant information be made available to the Committee for similar significant service changes in future.

In response, Mr Griffiths stated that it was unfortunate but unavoidable that Governing Body papers could not be shared in advance – this was because they had only just been signed off and were not yet available to CCG Governing Body members.

Mr Griffiths and Ms Attfield then gave an update on development proposals for mental health services in Bassetlaw, provided the following information:

- The CCG aims over the next 3-4 years were to provide local community hubs for a range of services, with those services tailored to the needs of individuals. A ‘no wrong door’ approach would be adopted, ensuring patients were appropriately signposted to the services they needed. This approach would also free up additional resource for a range of existing services;
- Current inpatient services comprised a 15-bed B1 ward for older people and a 24-bed B2 unit providing adult mental health services. Though based in

Bassetlaw, this was a very much a Nottinghamshire-wide facility, and a majority of service users were from outside Bassetlaw;

- Maintaining current inpatient provision was not appropriate, given the shortcomings of the current ward environment, which was not being used to capacity, and the need to improve the current care experience of patients accessing the facility;
- the preferred option, involving the transfer of older inpatient capacity to Millbrook, Sutton-in-Ashfield and that for adult mental health to the Sherwood Oaks facility in Mansfield, would provide greater service accessibility for more Nottinghamshire residents, a better built environment, and would help ensure compliance with key national quality standards;
- the CCG had conducted engagement and consultation in line with its statutory duties. Recurring areas of concern within Bassetlaw were that of accessibility and travel, and it was acknowledged there would be an impact locally for those patients and their families using the current inpatient facility;
- once the CCG Governing Body had considered its decision-making Business Case, post-decision feedback and involvement would continue, including with this Committee.

During a wide-ranging discussion, a number of issues were raised and points made:

- there was consensus that Bassetlaw residents had legitimate concerns about the travel and accessibility impact the proposed service changes would have on them, and there was frustration and disappointment that the information before the Committee did not appear to address those concerns;
- both Bassetlaw-based Committee members and Bassetlaw members invited to the meeting by the Committee Chairman spoke of the lack of connectivity between Bassetlaw and Mansfield and Sutton-in-Ashfield, where it was proposed that inpatient care would re-locate, especially for those reliant on public transport. There were no Sunday services on a number of routes. Where transport plans were eventually put in place, these needed to be guaranteed for the long term;
- while acknowledging that current inpatient provision in Bassetlaw needed to change, the view was expressed that retaining a small local inpatient facility would be in the interests of local residents;
- the view was expressed that removing local inpatient provision entirely at a time when there had been an increase in uptake locally appeared counter-intuitive. It was also stated that removing inpatient provision in Bassetlaw removed choice for residents, including those from other parts of Nottinghamshire wishing to receive treatment away from their locality;

- there was a sense that the Committee's consideration of the proposals did not constitute meaningful consultation and that the CCG's preferred option was not open to change.

Mr Griffiths and Ms Attfield made a number of comments in response:

- Concerns expressed about transport were legitimate and were shared by the CCG Board, which would want to see detailed and sustainable mitigation put in place. The CCG would wish to share those plans with the Committee at the earliest opportunity;
- The CCG and Healthcare Trust were committed to providing the appropriate wrap-around care tailored to individuals' needs. Both organisations were confident that the proposals would deliver better outcomes for service users, with the bolstering of community and crisis services and the improvement in the quality and capacity of inpatient provision;
- Professional opinion was that proposed inpatient provision covered a range of specialist patient care which could not be feasibly replicated in a smaller setting. Significant capital outlay on the current inpatient provision in Bassetlaw had not and would not resolve its basic shortcomings;
- While there was an increase in demand for mental health services nationally and locally, the great majority of service users would not meet the threshold for hospitalisation and, as stated previously, care could be better provided in a community setting.

The Chairman thanked Mr Griffiths and Ms Attfield for their attendance and requested that Bassetlaw CCG and Healthcare Trust representatives come to the Committee's September 2021 meeting with a full Travel Plan. The Committee:

## **RESOLVED 2021/01**

That:

- (1) having considered and commented on the information provided, the determination as to whether the proposed changes to mental health service provision in Bassetlaw is in the interests of the local health service be deferred;
- (2) Detailed information in respect of travel plans be made available for consideration at the Committee's September 2021 meeting.

## **5. TOMORROW'S NUH**

NHS Nottingham and Nottinghamshire CCG representatives Lucy Dadge, Chief Commissioning Officer and Lewis Etoria, Head of Engagement, were joined by Nottingham University Hospitals Trust (NUH) representatives Phil Britt, Programme Director and Andy Marshall, Deputy Medical Director, to introduce the item and presentation, which provided an update on the development of service at NUH

following the award of seed money from the Department of Health and Social Care's Hospital Infrastructure Programme (HIP2).

CCG and NUH representatives made the following points:

- current service pressures arising in part from increased demand were unsustainable, and the Trust needed to move to a more proactive care model focusing more on prevention of lifestyle-related ill-health. Services also needed reconfiguring in respect of providing care closer to residents' homes, while developing specialist health provision in larger hubs;
- The Trust's estate was ageing and increasingly unsuited to delivering care flexibly to current standards. It was essential to create a positive working environment for staff and a safe, clean environment for patients and staff alike;
- Work on developing the Clinical Model continued at pace, driven by a Clinical Advisory Group and driven by 6 clear clinical design principles. These were:
  - All care pathways were to focus on integrated care with partners to deliver appropriate out of hospital care;
  - Emergency secondary care services should be consolidated on one site;
  - All Womens' and Childrens' acute services should be co-located with Adult emergency services;
  - Elective surgery should be delivered separately to emergency surgery to preserve elective capacity;
  - Cancer care acute services should have access to critical care and associated medical specialties; and
  - Ambulatory care pathways should be redesigned to minimise disruption to patients' lives;
- The CCG was responsible for ensuring patient and resident involvement in developing commissioning arrangements in line with best consultation and engagement practice. An initial high-level low-detail consultation had already been conducted on the clinical model, and this would be followed up with more detailed pre-consultation engagement on the proposed way forward in the autumn of 2021;
- Headline findings from phase 1 consultation included general support in principle for the proposals, but concerns were expressed about affordability of the model, accessibility to central emergency services, and more general accessibility of buildings, including parking and transport;
- Significant resource was earmarked for the main consultation event on detailed proposals in early 2022, with a raft of planned activity covering face-to-face and virtual stakeholder events, printed and digital media engagement and advertising and targeted work with protected characteristics' groups.

A number of issues were raised and points made during discussion:

- It was explained that funding for the Programme had been set aside at HM Treasury, and that this was an opportunity to revitalise capital infrastructure. Funding earmarked for capital programmes could not be diverted for increased expenditure on service provision;
- It was confirmed that changes to service provision would take into consideration demographic changes, such as major housing developments;
- The point was made that, while digital technology and outreach had an important role to play in future provision, a hybrid model of remote/virtual care and face-to-face provision would be required. Over-reliance on digital provision could potentially lead to greater health inequalities;
- It was confirmed that targeted engagement through Healthwatch and the North of England commissioning support unit would access the views of hard-to-reach groups, as well as specialist patient groups, such as maternity and cancer support bodies;
- CCG and NUH representatives welcomed the opportunity to share the consultation questionnaire with the Committee when available, to help engage/reach Nottinghamshire residents.

The Chairman thanked Mr Britt, Ms Dadge, Mr Etoria and Mr Marshall for their attendance and requested an update report to come to the Committee's January 2022 meeting.

## **6. EAST MIDLANDS AMBULANCE SERVICE PERFORMANCE**

East Midlands Ambulance Service (EMAS) representatives Richard Henderson, Chief Executive, and Greg Cox, the Operational Lead for Nottinghamshire introduced the report and provided a brief presentation, circulated with the agenda, on the performance of the service over the previous 12 months.

Mr Henderson and Mr Cox made a number of points:

- Both EMA representatives paid tribute to EMAS staff for their handling of the unprecedented challenges arising for the Covid-19 pandemic;
- Proportionately there were fewer patients being conveyed to hospitals, with ambulance staff increasingly 'hearing and treating' or 'seeing and treating' patients in a community setting, in part because enhanced training for ambulance staff meant they were more effective first-responders;
- Nottinghamshire performance for the most serious Category 1 patients at risk of cardiac or respiratory arrest, was consistently above both mean and 90<sup>th</sup> centile performance targets. Performance was less strong, but still close to, performance targets for less acute Category 2 and Category 3 patients;
- Upcoming service improvement areas identified included roll-out of digital technology, post-Covid recovery and winter planning, and the delivery of a leadership restructure within the organisation.



Several issues were raised and points made during discussion:

- The view was expressed management of hospital handover times, while an issue, was the subject of close collaborative work, and the situation was better in Nottinghamshire than elsewhere in the region. Flexibility at the end of shifts, however, remained a significant and ongoing challenge;
- It was confirmed that assaults on EMAS staff members also remained an issue, and there had been a gradual roll-out of body-worn cameras, both as a deterrent and to gather evidence in order to pursue prosecutions;
- It was confirmed that EMAS would be in a position to provide information on services and response times in rural areas in future performance reports.

The Chairman thanked Mr Henderson and Mr Cox for their attendance and requested a further update to come to the Committee's July 2022 Committee meeting.

## **7. WORK PROGRAMME**

From September 2021 onwards, the Chairman requested a focus on 'Access to Primary Care' and 'Mental Health Crisis Services', in the context of pandemic recovery.

Subject to including:

- an update on Bassetlaw CCG mental health service proposals to the September 2021 meeting, as agreed at item 4 above;
- an update on Tomorrow's NUH to the January 2022 meeting, as agreed at item 5 above, and
- an annual EMAS performance update to the June 2022 meeting, as agreed at item 6 above;

the Committee work programme was approved.

The meeting closed at 1:50pm.

**CHAIRMAN**



**7 September 2021****Agenda Item: 4****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****BASSETLAW MENTAL HEALTH ENGAGEMENT AND PROPOSALS –  
INTERIM UPDATE****Purpose of the Report**

1. To provide a further briefing on the proposals for the development of mental health services in Bassetlaw and the engagement on these proposals.

**Information**

2. This topic was last on the agenda of the Health Scrutiny Committee in July 2021 when Members decided to defer a decision on whether the proposals were in the interests of the local health service due to a lack of timely information, in particular, the full analysis of the engagement on the proposals. Members will recall that the proposals relate to in-patient mental health wards at Bassetlaw Hospital, and improvements to this service to better accommodation and provision in Mansfield.
3. The Committee had previously been advised that a key driver for change was that current provision comprised mixed wards of a size that exceeded guidance of the Royal College of Psychiatrists and featured dormitory accommodation, which breached current quality guidance. Provision also catered for both organic and functional patients, which again countered good practice. In addition, a potential solution identified was the creation of an Adult Mental Health inpatient unit for mid-Notts and Bassetlaw patients at Sherwood Oaks, and for a similar inpatient facility for older people at Millbrook
4. Engagement took place in March and April 2021 and, following independent analysis and verification, the CCG made its decision in relation to the proposals at the Governing Body meeting on 20 July 2021.
5. An update paper from Bassetlaw Clinical Commissioning Group in relation to the proposals is attached as an appendix to this report. The CCG Governing Body papers can be accessed via the links in the background papers section at the end of this covering report.
6. Idris Griffiths, Chief Officer, Bassetlaw Clinical Commissioning Group will attend the Health Scrutiny Committee to brief Members and answer questions.

7. Members are requested to consider and comment on the information provided regarding the engagement and proposals; determine if the proposed change is in the interests of the local health service and schedule further updates and monitoring of the implementation of the proposals, particularly travel mitigation for carers and staff.

## **RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided regarding the engagement and proposals.
- 2) Determine if the proposed change is in the interests of the local health service.
- 3) Schedule further updates and monitoring of the implementation of the proposals, and measures put in place to mitigate travel difficulties for carers and staff.

**Councillor Sue Saddington**  
**Chairman of Health Scrutiny Committee**

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

## **Background Papers**

Specific Mental Health Engagement link - <https://www.bassetlawccg.nhs.uk/get-involved/how-to-get-involved/bassetlaw-mental-health-engagement>

Board papers in totality – <https://www.bassetlawccg.nhs.uk/publication/14701-consideration-of-transformational-change-in-the-provision-of-mental-health-services-in-bassetlaw>  
<https://www.bassetlawccg.nhs.uk/publication/14702-consideration-of-transformational-change-in-the-provision-of-mental-health-services-in-bassetlaw-appendices-1-10>  
<https://www.bassetlawccg.nhs.uk/publication/14703-consideration-of-transformational-change-in-the-provision-of-mental-health-services-in-bassetlaw-appendices-11-12>

## **Electoral Division(s) and Member(s) Affected**

Blyth and Harworth (Councillor Sheila Place)  
Misterton (Councillor Tracey Taylor)  
Retford East (Councillor Mike Introna)  
Retford West (Councillor Mike Quigley)  
Tuxford (Councillor John Ogle)  
Worksop East (Councillor Glynn Gilfoyle)

Workshop North (Councillor Callum Bailey)  
Workshop South (Councillor Nigel Turner)  
Workshop West (Councillor Sybil Fielding)



## **Health Scrutiny Committee Briefing September 2021**

### **Better Mental Health for Bassetlaw Transforming mental health services: including a focus on adults and older people's inpatient services**

#### **1. Introduction**

NHS Bassetlaw Clinical Commissioning Group (CCG) and Nottinghamshire Healthcare NHS Foundation Trust (Trust) have been fully committed to regularly involving the Health Scrutiny Committee (HSC) on their proposed significant transformation programme for mental health services including high quality inpatient mental health services for people in Bassetlaw.

The development of the proposals and plans for engagement were discussed with HSC in both September and December 2020. Wider stakeholder engagement took place during this period and HSC's feedback helped to shape the final design of the public engagement which took place between February and April 2021.

Following the period of public engagement, the CCG produced a Decision Making Business Case (DMBC) for consideration by the CCG Governing Body on 20 July 2021. The DMBC detailed the findings of the engagement, alongside a range of clinical and other considerations, so that the Governing Body could agree a final decision in an informed way. The DMBC and supporting documents can be found [here](#) in the Governing Body papers for July in the right-hand column of the webpage).

The CCG and Trust attended the HSC meeting on 13 July 2021 to update the Committee on the engagement and decision-making process relating to the improvement of inpatient mental health services for adults and older people in Bassetlaw. The CCG fed back that the over-riding concern consistently raised about the proposals is the additional length and / or cost of travel that is likely to be incurred by local Bassetlaw patients, their families and carers if the current inpatient services are relocated. The CCG also explained that the majority of patients using the inpatient beds come from elsewhere in the County and for the majority of patients this would mean an improvement in the accessibility of the service. At this meeting the HSC requested that the CCG and Trust provide more detail on how they would address the concerns of Bassetlaw residents, which would then allow the HSC to reach its final opinion.

This paper provides an update for the HSC on how these concerns are being addressed and the next steps following the Governing Body meeting.

## **2. Background**

The proposed changes to inpatient mental healthcare in Bassetlaw are being explored in the context of new investment in community mental health services as part of the Mental Health Long Term Plan and Bassetlaw CCG's commitment to improving the quality and sustainability of local services.

The CCG plans to invest more than £4 million in local mental health services over the next four years. Strengthening community services in this way will provide greater access to 24-hour crisis and urgent care at Bassetlaw Hospital and home treatment services as well as bringing together new community services to offer physical, mental and social support as close to people's homes as possible. It will deliver improvements to existing services, improving access and quality, as well as bringing new services to the people of Bassetlaw helping to improve health and wellbeing across our district.

There is a recognition that mental health inpatient services currently provided at Bassetlaw Hospital are specialist mental health services that serve patients across the whole of Nottinghamshire. These patients require intensive support provided in a secure setting which conforms to the standards of modern mental health care.

The proposal to improve local inpatient mental health services focuses on ensuring that, for those small number of patients who need hospital-based mental healthcare in Bassetlaw, it is the best that it can be, delivered in the highest quality environments. To that end, a programme of engagement was undertaken to hear local views on proposals for significant transformation of community based services and to relocate inpatient services for adults and older people's mental health care to state of the art refurbished sites in Mansfield (at Sherwood Oaks and Millbrook respectively). This potential solution would move services away from the old, isolated wards with dormitory accommodation and offer specialist inpatient mental health services in modern, purpose-designed wards which meet national guidelines. These new facilities would also be linked to other on-site mental health services and offer access to a wider range of specialist clinical staff as well as offer safe, en-suite single rooms for patients. It has been fully acknowledged by the CCG and Trust that whilst a relocation would improve access for the majority of patients it could place a significant additional burden on some Bassetlaw patients and their carers to travel to services outside Worksop. This was therefore a central consideration of the engagement programme.

The significant investment in local mental health services will mean that the vast majority of services will continue to remain within Bassetlaw, will provide more care and support for people to remain within the community setting close to home and will still continue to offer urgent and emergency mental health care at Bassetlaw Hospital.



### 3. Addressing patient and public feedback

NHS Bassetlaw CCG's Governing Body (GB) considered the DMBC at its meeting on 20 July 2021. Discussion focussed on the impact of the relocation of mental health inpatient services and the concern that GB members had on the impact of travel for Bassetlaw patients, carers and families affected. The discussion and feedback from HSC at their meeting on 13 July 2021 was also considered.

The outcomes of this discussion were as follows:

- the significant investment in mental health services was supported
- the preferred option for mental health inpatient beds to move inpatient care to Millbrook and Sherwood Oaks was approved in principle
- it was noted that implementing the preferred option was predicated on addressing transport concerns for Bassetlaw patients and receiving more information on digital support and 'crash' beds.

It was also noted that no move of services will take place this calendar year which will therefore provide further opportunity to continue a dialogue with HSC and other key stakeholders about travel plans.

#### 3.1 ***Developing a Mental Health Inpatient Travel policy***

In recognition of the concerns raised by Bassetlaw patients, carers and other key stakeholders around travel assistance that might be needed for inpatients and their families/carers who may be impacted by these changes, the Governing Body agreed that: *a specific Task and Finish Group, led by Bassetlaw CCG and supported by the Peer Support Manager and including representatives from service users and carers, be established.* This group would ensure that a fully considered and engaged approach is undertaken to develop a Bassetlaw Mental Health Inpatient Travel Policy.

This Task and Finish Group, consisting of key stakeholders, including carers, across the CCG and Trust has been convened. Terms of Reference for the Group are included in Appendix 1.

The purpose of the Group is to:

- Design a process by which Individual Family Travel Plans could be developed for each individual patient and their family/carers that would be tailored to their specific needs thus meeting the concerns expressed by Bassetlaw stakeholders, patients and carers during the Engagement period.
- Recommend criteria for access to support and the nature of the support options.
- Involve service users of Bassetlaw and Mansfield based inpatient facilities and carers to ensure co-design of the policy and ensure this works effectively in practice for them. This programme of involvement will also include involving carer support groups based in Bassetlaw;

patient and public participation groups; and carers, patients and their representative groups who have been involved in the engagement to date.

Final recommendations from the Task and Finish Group will be presented to the CCG Governing Body in October 2021.

### **3.2 *Using digital technology to support virtual visiting***

Initial work has been undertaken to consider the issues of technology to support patient/family/carer relationships.

The Trust has been fully supportive of using digital solutions to help maintain contact between patients and their family and friends. This has been especially significant over the last 18 months throughout the COVID pandemic where use of applications such as Microsoft teams, Skype and Zoom have been installed not only for staff, but for use by patients as well.

The new Sherwood Oaks Hospital refurbishment has enhanced digital IT in the specifications, including the provision of portable tablets for patients use on the wards and other equipment.

There is also a process in place whereby support in the form of loaned equipment can be offered to the relatives and carers who may be digitally deprived so that they may remain in contact.

The IT environment is continually evolving at a rapid pace and any further technologies that may be assist patients and carers will be explored as they progress.

Further work to support consideration of these options by Bassetlaw CCG's Governing Body will be undertaken through the Task and Finish Group.

### **3.3 *Enhanced local crisis services***

Provision of a 'crash bed' or crisis house service is already available and used by Bassetlaw patients. This is located in Nottingham and provided by Turning Point. Over the last two years this has been used by 7 patients from Bassetlaw. This facility will continue to be available to Bassetlaw patients.

Bassetlaw CCG Governing Body will consider this option further as part of its discussion in October.

## **4. Next steps and recommendations**

This paper provides HSC with an update and an opportunity to feed into the plans to address travel concerns raised during the engagement process. These will continue to be reviewed by the CCG's Governing Body in October 2021.

## Appendix 1

### Draft Terms of Reference Bassetlaw Mental Health Inpatient Travel Task and Finish Group

#### Background

NHS Bassetlaw CCG's Governing Body (GB) agreed in July 2021 to support the plans for transformational changes regarding mental health priorities. This also included supporting the proposed relocation of adult and older people's mental health inpatient services currently based at the Bassetlaw Hospital site to Mansfield but with the proviso that local concerns regarding transport for Bassetlaw residents should be further considered before progressing to implementation.

In recognition of the concerns raised by patients, carers and other key stakeholders around travel assistance that might be needed for inpatients and their families/carers who may be impacted by these changes, the Governing Body agreed that: *a specific Task and Finish Group, led by Bassetlaw CCG and supported by the Peer Support Manager and including representatives from service users and carers, be established.* This group would ensure that a fully considered and engaged approach is undertaken to develop a comprehensive Mental Health Inpatient Travel Policy.

The programme of involvement will include engaging with the following in the first instance:

- Bassetlaw Carers Support Group
- Bassetlaw Patient and Participation Group Chairs'
- Sherwood Oaks Steering Involvement Group
- Mental Health Services for Older People Group
- Carers and patients who have used B1 and B2 wards

The Bassetlaw Mental Health Inpatient Travel Task and Finish Group (T&F Group) has been convened to take this work forward.

#### Membership of the T&F Group

The following stakeholders have agreed to be part of the Steering Group:

*Carer, Patient and Volunteer representatives*

Volunteer and carers (x4)

Nottinghamshire MIND

Age UK Nottingham and Nottinghamshire

*NHS Bassetlaw CCG stakeholders*

Director of Strategy, Deputy Chief Officer

Mental Health Transformation Lead

Financial Manager (Transport)

Lay member for Patient and Public Engagement (Bassetlaw CCG Governing Body)

*Nottinghamshire Healthcare Trust stakeholders*

Peer Support Manager

Head of Involvement, Experience and Volunteering

Inpatient Services Programme Manager

### **Scope of the T&F Group**

The purpose of the Group is to:

- Design a process by which Individual Family Travel Plans could be developed for each individual patient and their family/carers that would be tailored to their specific needs thus meeting the concerns expressed by stakeholders, patients and carers throughout the Engagement period.
- Recommend criteria for access to support and the nature of the support options.
- Involve patients and carers to ensure co-design of the policy and ensure this works effectively in practice for them.

### **Timeline**

The work of the T&F Group will be completed by 24 September 2021 and its recommendations will be considered at the CCG's Governing Body meeting on 19th October 2021.

**7 September 2021****Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****ACCESS TO PRIMARY CARE****Purpose of the Report**

1. To provide an initial briefing on issues of concern to Members in relation to access to primary care services.

**Information**

2. Lucy Dadge, Chief Commissioning Officer and Joe Lunn, Associate Director of Primary Care, Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) will attend the Health Scrutiny Committee to provide an initial briefing on access to primary care issues to cover:-
  - Background (General Practice Contracts) – General Medical Services (GMS) Requirements, Online Booking, General Practice Appointment Data (GPAD), Extended Access, Out of Hours (OOH)
  - Monitoring - Annual Patient Survey, Complaints, Quality Monitoring
  - Regulatory Roles and Assurance – Clinical Commissioning Group (CCG), Care Quality Commission (CQC), NHS England & Improvement (NHSE/I), Healthwatch
  - Booking a Routine Appointment - How this has changed due to COVID
3. A briefing from the Clinical Commissioning Group on access to primary care is attached as an appendix to this report.
4. Members are requested to consider and comment on the information provided and identify requirements for information for future consideration as part of this ongoing review.

**RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Identifies requirements for information for future consideration.

**Councillor Sue Saddington**  
**Chairman of Health Scrutiny Committee**

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

**Background Papers**

Nil

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

All

**Nottinghamshire County Health Scrutiny Committee**

**Meeting 7 September 2021**

**Access to Primary Care**

Dear Colleagues,

Nottinghamshire County Council Health Scrutiny Committee have asked NHS Nottingham and Nottinghamshire CCG to provide an update for Members at the September 2021 meeting in relation to:-

- Access to Primary Care

The brief below provides the update requested.

Joe Lunn

Associate Director of Primary Care

[Joe.lunn@nhs.net](mailto:Joe.lunn@nhs.net)

## Nottinghamshire County Council Health Scrutiny Committee – Access to Primary Care

### 1. Introduction

Across Nottingham and Nottinghamshire there are 125 GP practices and these vary from single handed GP practices to large practices with multiple branch sites.

This brief is to provide the Nottinghamshire County Council Health Scrutiny Committee with a background to primary care contracts and access to primary care services.

### 2. Background

#### 2.1. Contract

Contracts to deliver primary care services are offered using three different contract types:

**General Medical Services (GMS) contract:** The GMS contract is the national standard GP contract and is negotiated nationally between NHS England and the British Medical Association (BMA). GMS contracts can only be held by a partnership and at least one partner must be a general medical practitioner.

**Personal Medical Services (PMS) contract:** PMS contracts offered local flexibility compared to the nationally negotiated GMS contract but the historical financial premium attached to a PMS contract has now been eroded and GPs are moving to a GMS contract.

Both the GMS and PMS contracts are contracts in perpetuity i.e. the 'holders' of those contracts can continue as long as they wish and have control over who they add to that contract as additional partners.

**Alternative Provider Medical Services (APMS):** The APMS contract offers commissioners a route to procure primary medical services locally to meet the needs of the population. These contracts can be awarded to any provider and have a contract term, i.e. not a contract in perpetuity.

The GMS contract offers a nationally negotiated price (global sum) and is a contract for providing 'usual care' on the basis of £ per registered patient. The capitation fee is adjusted according to varying workload due to age, sex and deprivation using the Carr-Hill formula. Further information about GP contracts is set out via the below link:

<https://www.kingsfund.org.uk/publications/gp-funding-and-contracts-explained>



## **2.2. The Quality and Outcomes Framework**

The Quality and Outcomes Framework (QOF) is a voluntary reward and incentive programme offered to every GP contractor. It affords increased payments to GP practices for the quality of care they provide to their patients and helps standardise improvements in the delivery of primary care. The QOF contains four main components, known as domains. These are:

- Clinical
- Public Health
- Public Health – Additional Services
- Quality Improvement

The QOF is based on delivering a range of clinical targets, there is no specific target relating to access. Further information about QOF can be found via the below link:

<https://www.england.nhs.uk/wp-content/uploads/2020/09/C0713-202021-General-Medical-Services-GMS-contract-Quality-and-Outcomes-Framework-QOF-Guidance.pdf>

## **2.3. Enhanced Services**

There are also nationally and locally commissioned enhanced services which provide an extended range of services that practices can choose to provide, with an enhanced payment to the global sum. The Enhanced Services locally commissioned by Nottingham and Nottinghamshire CCG are:

- Enhanced Services Delivery Scheme (ESDS)
- Primary Care Monitoring of Amber 1 Shared Care Protocols and Patients with Stable Prostate Cancer
- Anticoagulation Monitoring Enhanced Service (Level 2, 3 & 4)
- Asylum Seekers & Syrian Resettlement Programme Service
- Homeless Enhanced Service
- Interpreter Assisted Appointments
- Homeless LES and Severe Multiple Disadvantage (SMD)
- Safeguarding Reports & Summaries
- Physical Health Checks for Patients with SMI

In 2019 a significant change occurred to GP contracts with the introduction of a new Directed Enhanced Service (DES) called the Network Contract DES, which is the basis for the Primary Care Networks. Primary Care Networks (PCNs) are a key part of the NHS Long Term Plan, with GP practices being a part of a network. The networks provide the structure and funding for services to be developed locally, in response to the needs of the patients they serve. They benefit patients by offering improved access and extending the range of services available to them, and by helping to integrate primary care with wider health and community services.

<https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf>

Members' may wish to read Section 5, page 33, which sets out detail relating to going 'digital-first' and 'improving access'. This sets out intended improvements in relation to digital services and access and specific requirements include:

- Patient access to online records
- Patients' right to online and video consultation
- Ability to book appointments and order prescriptions online
- Provision of extended hours access (outside core contracted hours of 8:00am-6:30pm, Monday to Friday)
- Provision of GP appointments directly bookable by the 111 service

## **2.4. Workforce**

Practices have a contractual requirement to report each month on their workforce numbers, full-time equivalent (FTE) and headcount figures, with breakdowns of individual job roles. This is for the following staff groups: GPs, Nurses, Direct Patient Care (DPC), and Administrative staff.

Further information about the National Workforce Reporting System (NWRS) can be found via the below link:

<https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services#summary>

## **2.5. Access**

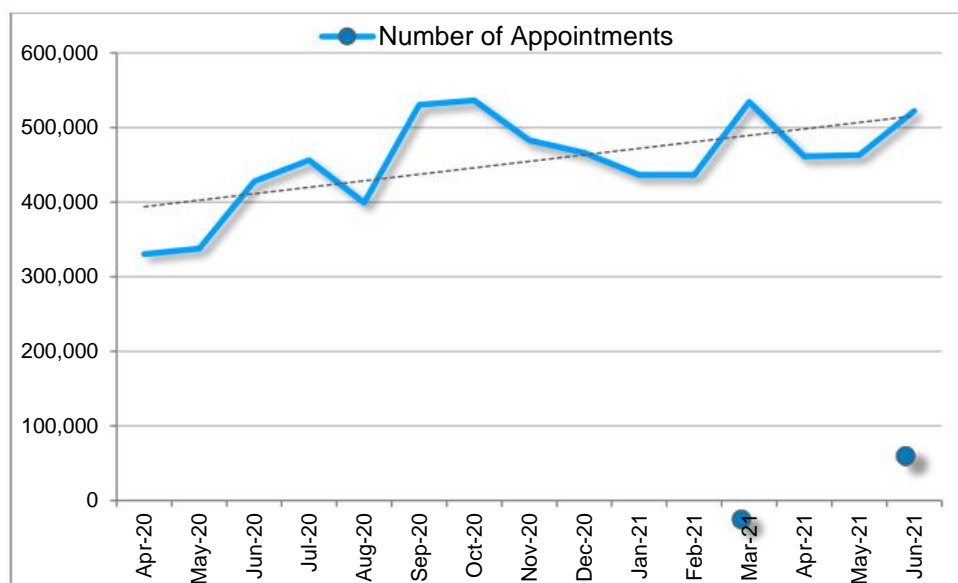
Practices also have a contractual requirement to allow the extraction of anonymised and aggregated data about appointments offered.

This appointment information is published but only gives CCG aggregated data, not practice specific data. This can be viewed via the below link:

<https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>

The latest access data available is for June 2021. The figures for Nottingham and Nottinghamshire are provided below:

Number of appointments:	522,336
Appointment type:	
Face to face	298,001
Home visit	1,677
Telephone	191,704
Video/online	3,071
From booking to appointment:	
Same Day	231,702
1 Day	33,567
2 to 7 Days	92,595
8 to 14 Days	68,753
15 to 21 Days	42,522
22 to 28 Days	26,153
More Than 28 Days	26,906



There has been a national initiative on improving access to general practice for the past five years, but this has focused principally on the development of extended hours access. Further information can be found via the below link:

<https://www.england.nhs.uk/wp-content/uploads/2017/11/improving-access-general-practice-national-slidedeck.pdf>

### 3. Monitoring

The CCG does not routinely monitor the number of appointments offered or the average waiting time for an appointment as there is no contractual requirement to offer an appointment in a specific amount of time. However, patients' views on access to GP appointments are captured annually via the national GP Patient survey. The latest results were published on 8 July and are available via the below link:

<https://www.england.nhs.uk/statistics/2021/07/08/gp-patient-survey-2021>

It is possible to view and compare practice level data. In terms of access the data for Nottinghamshire is slightly better than the national average but this masks considerable variation between practices.

#### GP Survey Results 2021

	CCG Average	National Average	Best Practice	Worst Practice
Easy to get through to GP practice on the phone	72%	68%	98%	30%
Usually get to see or speak to preferred GP	45%	45%	64%	24%
Describe experience of making an appointment as good	73%	71%	95%	35%
Describe overall experience of GP practice as good	84%	83%	99%	58%

Practices are monitored using multiple sources of information to ensure they are delivering their contractual requirements and providing high quality services to their patient population.

Whilst practices have a GMS, PMS or APMS contract the CCG also has a Primary Care Quality Dashboard, which includes the following information for each GP practice:

- CQC: rating for each domain (safe, effective, caring, responsiveness, well-led) and overall rating
- Clinical outcomes: immunisations, flu vaccinations, screening
- Patient experience: friends & family test, national survey, patient feedback, health checks, and registers
- Patient safety: safeguarding, policies and named leads

This information is regularly monitored by the CCG Primary Care Commissioning Team and the Primary Care Quality Team at monthly at quarterly review meetings. The dashboard uses a RAG (red, amber, green) system. If a practice is rated amber or red a meeting is organised with the practice to consider the challenges the practice has and how the CCG can support the practice. This process takes into consideration a number of other factors, for example, challenges with workforce (recruitment, retention, and retirements), the estate (capacity, condition, compliance) etc.

Nottingham and Nottinghamshire ICS also conducted a piece of public research with residents to understand their experience of care during the pandemic including how they feel about appointments being conducted remotely.

This is accessible here: <https://healthandcarenotts.co.uk/listening-to-our-citizens-and-patients-during-the-coronavirus-pandemic/>

#### **4. Regulatory Roles and Assurance**

NHS England is responsible for high quality primary care services for the population of England. Nottingham and Nottinghamshire CCG has delegated commissioning arrangements for primary medical services. This means the CCG has full responsibility for the commissioning of general practice services for the local population, on behalf of NHS England.

NHS England retains responsibility for commissioning dental, optometry and community pharmacy services.

Other organisations have a role in monitoring primary care, as follows:

##### **4.1. Care Quality Commission**

GP practices are regularly reviewed by the independent regulator, the Care Quality Commission (CQC). One of their five Key Lines of Enquiry concerns responsiveness and, in particular, access to appointments:

<https://www.cqc.org.uk/help-advice/what-expect-good-care-services/what-can-you-expect-good-gp-practice>

All GP practices are inspected by CQC and following a visit a report is published which includes a rating for each of the Key Lines or Enquiry and an overall rating for the practice (Outstanding, Good, Requires improvement, or Inadequate).

##### **4.2. Healthwatch**

Healthwatch is an independent organisation to ensure that people's voices are heard and they are involved in decisions that affect them. Healthwatch takes a keen and independent interest in access to GP services

<https://hwnn.co.uk/gp-access-review-must-be-part-of-nhs-covid-19-recovery/>

The Healthwatch report highlights a major concern at the present time, which is that the move to remote consultations necessitated by the pandemic has not suited all patients, with a higher number of patients expressing dissatisfaction with GP services compared with pre-pandemic. Practices are now endeavoring to 'open up' and offer more face to face appointments, but are having to do so at the same time as mitigating the ongoing risks of COVID infection (see below).

## 5. Booking a Routine Appointment

The way patients book appointments has changed as a result of COVID. During COVID face to face appointments were based on clinical need so triage and remote consultations became the primary way to see and treat patients. As we are returning to 'business as usual' practices are now offering more face to face appointments: practices do still operate a triage system but will arrange a face to face appointment if there is a clinical need. Currently, data indicates that there has been an increase in the number of appointments provided by practices (higher demand than before COVID) and 50% of appointments are same day.

The CCG has received correspondences from local MPs and councillors stating that access continues to be a concern with their constituents, particularly the ability to secure a face to face consultation. The latest NHS figures show GP practices in England carried out 31.1 million recorded patient appointments in June 2021, including 3.6 million more non-vaccination appointments compared with June 2019. The findings from May, calculated by a mid-point analysis, reveal the average waiting time for a non-urgent in-person appointment following triage is down to 8.7 days, while the average wait for a phone or video consultation is 7.4 days. This compares with an average waiting time of more than two weeks pre-pandemic and before Covid forced practices to switch to a 'total triage' approach in which all patients are expected to contact their surgery remotely to book an appointment.

How long is the average waiting time for a non-urgent in-person appointment at your practice, following initial triage?

Less than a week	405
1-2 weeks	190
2-3 weeks	113
3-4 weeks	28
4-5 weeks	7
More than 5 weeks	5
<i>Total number of GPs responding</i>	<i>748</i>



How long is the average waiting time for a non-urgent remote consultation appointment – video or phone – at your practice, following initial triage?

Less than a week	492
1-2 weeks	154
2-3 weeks	82
3-4 weeks	19
4-5 weeks	9
More than 5 weeks	2
<i>Total number of GPs responding</i>	<i>758</i>

We note that this is national data and that there is considerable variation between practices, so not all patients' experience will be the same. Although we do not have a contractual mechanism for monitoring waiting times at practice level we do feedback any concerns received and offer to support practices to improve access. Support takes the form of staff training and also, when practices are struggling, additional temporary staff. Since October practices have received additional funding in the form of a 'COVID Capacity Expansion Fund' which is explicitly intended to fund additional staff to improve access and enable practices to cope with the backlog of work which has accumulated over the pandemic period, such as check-ups for long-term conditions like diabetes.

## 6. Summary

The CCG is responsible for the commissioning of general practice medical services, on behalf of NHS England, and monitors delivery of services through the nationally negotiated GP contract. There are no contractual requirements around access to these services, but access and quality is monitored through both national and local resources.

Whilst public satisfaction with general practice remains high, it is recognised that patients have reported difficulty in accessing services, particularly during the pandemic. This isn't unique to Nottingham and Nottinghamshire; this is the same challenge being presented across the UK. As well as monitoring practices the CCG has offered resources specifically intended to increase workforce capacity and improve practice resilience during the recovery from COVID.

Good access is not just about getting an appointment when patients need it. It is also about access to the right person, providing the right care, in the right place at the right time. As well as a focus on access, the national Network Contract DES also enables PCNs to recruit additional roles to create bespoke multi-disciplinary teams to meet the needs of their local population.

The CCG is committed to ensuring the population of Nottingham and Nottinghamshire has access to high quality primary care services and is supporting GP practices through local and national initiatives to achieve this.



**7 September 2021****Agenda Item: 6****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 Sue Saddington**  
**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 2021/22

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	External Contact/Organisation
<b>8 June 2021</b>			
NUH Maternity Services Improvement Plan	Further briefing on NUH's improvement plan for maternity	Scrutiny	Dr Keith Girling and Sarah Moppett (NUH)
Diabetes Services/Public Health	Initial briefing on diabetes and public health services	Scrutiny	Lewis Etoria & Laura Stokes, Nottingham & Nottinghamshire CCG
<b>13 July 2021</b>			
East Midlands Ambulance Service Performance	The latest information on key performance indicators from EMAS.	Scrutiny	Richard Henderson, Chief Executive, Greg Cox, Operations Manager (Nottinghamshire)
Bassetlaw Mental Health Proposals	The latest position on engagement and decision making in relation to mental health in Bassetlaw	Scrutiny	Idris Griffiths, Chief Officer, Bassetlaw CCG and Julie Attfield, Executive Director, Local Mental Health Services,
Tomorrow's NUH	Further briefing on development of services at NUH	Scrutiny	Lucy Dadge, Chief Commissioning Officer, Lewis Etoria, Head of Insights and Engagement Nottinghamshire CCG (and other senior officers TBC).
<b>7 September 2021</b>			

Access to Primary Care	An initial briefing on patient access to primary care as part of an ongoing review.	Scrutiny	Lucy Dadge, Chief Commissioning Officer, Joe Lunn, Associate Director of Primary Care and other senior Nottinghamshire CCG officers
Bassetlaw Mental Health Proposals	The latest position on engagement and decision making in relation to mental health in Bassetlaw	Scrutiny	Idris Griffiths, Chief Officer, Bassetlaw CCG and Julie Attfield, Executive Director, Local Mental Health Services,
<b>12 October 2021</b>			
Mental Health Crisis Services	An initial briefing on the state of mental health crisis services as part of an ongoing review	Scrutiny	Lucy Dadge, Chief Commissioning Officer, Nottinghamshire Clinical Commissioning Group and senior officers of Nottinghamshire Healthcare Trust
Nottingham University Hospitals Maternity Improvement Plan	Update on NUH's actions in relation to its CQC inspection improvement plan	Scrutiny	Dr Keith Girling, Medical Director and other senior NUH officers.
Public Health and Commissioner Maternity Improvement	An initial briefing on wider maternity improvement issues.	Scrutiny	Rosa Waddingham, Chief Nurse, Nottinghamshire

			CCG, Louise Lester, Public Health Nottinghamshire County Council
<b>23 November 2021</b>			
Health and Social Care Bill	An initial briefing on the implications of the Health and Social Care Bill	Scrutiny	Alex Ball, Director Communications and Engagement, Nottinghamshire ICS/CCG TBC
Access to Primary Care	Further consideration of information as part of an ongoing review	Scrutiny	Lucy Dadge, Chief Commissioning Officer and other senior Nottinghamshire CCG officers TBC
<b>To be scheduled</b>			
Public Health Issues			
Integrated Care System – Ten Year Plan (TBC)	An initial briefing on the ICS – ten-year plan.	Scrutiny	TBC
NHS Property Services	Update on NHS property issues in Nottinghamshire	Scrutiny	TBC
Operation of the Multi-agency Safeguarding Hub	Initial briefing on the	Scrutiny	TBC
Frail Elderly at Home and Isolation (TBC)	TBC	Scrutiny	TBC
Winter Planning (NUH)	Lessons learned from experiences of last winter	Scrutiny	TBC
Tomorrow's NUH (January 2022)	Further briefing on development of services at NUH	Scrutiny	TBC
EMAS (July 2022)	Key Performance Indicators	Scrutiny	TBC

**Potential Topics for Scrutiny:**

Recruitment (especially GPs)

Air Quality (NCC Public Health Dept)

CAMHS – Mental Health Support

Mental Health – Young People and COVID