

## **MINUTES**

**JOINT HEALTH SCRUTINY COMMITTEE**  
**13<sup>th</sup> January 2015 at 10.15am**

### **Nottinghamshire County Councillors**

Councillor P Tsimbiridis (Chair)  
Councillor N Brooks  
Councillor R Butler  
Councillor J Clarke  
A Councillor Dr J Doddy  
Councillor C Harwood  
Councillor J Handley  
Councillor J Williams

### **Nottingham City Councillors**

Councillor G Klein (Vice- Chair)  
A Councillor M Aslam  
A Councillor A Choudhry  
Councillor E Campbell  
Councillor C Jones  
Councillor T Molife  
A Councillor E Morley  
Councillor B Parbutt

### **Also In Attendance**

Julie Brailsford	- Nottinghamshire County Council
Tanith Davis	- Nottingham City Council
Gerrard Ellis	- NHS England
Stephen Firman	- EMAS
Martin Gawith	- Healthwatch
Martin Gately	- Nottinghamshire County Council
Ian Matthews	- NHS England
Annie Palmer	- East Midlands Ambulance Service (EMAS)
Kim Pocock	- Nottingham City Council
Sam Walters	- CCG
Paul St Clair	- EMAS
Mel Wright	- EMAS

## **MINUTES**

The minutes of the last meeting held on 9<sup>th</sup> December 2014, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor M Aslam, Councillor Dr J Doddy (other), Councillor T Molife (sick), Councillor E Morley and Councillor A Choudry.

## **DECLARATIONS OF INTERESTS**

There were no declarations of interest.

## **OUTCOMES OF PRIMARY CARE ACCESS CHALLENGE FUND PILOTS**

Ms Sam Walters, Chief Officer for Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) gave a presentation on the Outcomes of the Primary Care Access Challenge Fund Pilots on behalf of the seven CCG's in Nottingham and Nottinghamshire.

Following the briefing the additional information was provided in response to questions:-

- The National Challenge had only filled 65% of General Practitioner (GP) posts in the East Midlands. GP's could choose where they worked and this was causing disparities between practices. The portfolio of jobs currently being undertaken by GP's was being considered and looking to back up with nursing staff. The CCG was working with local Authorities to attract medical professionals to work in Nottingham and Nottinghamshire.
- IT systems in GP practices had been ring fenced for information governance reasons, and this was stopping the sharing of records across practices.
- Due to the changes GP's now had more time to see the patients who required more complex care and this prevented a lot of patients being admitted to hospital unnecessarily.
- Educating and helping people to understand the correct pathways for medical care was crucial. The City Council had been working with schools to educate young people about accessing emergency/critical care, The CCG were looking to extend this work in to the County schools. The introduction of the use of social media, Facebook, Twitter and texting patients had all helped with educating people. There were active national and local campaigns alerting people to the fact that some people were unable to access emergency care due to misuse of the emergency services.
- The CCG's were working in collaboration; they had the second largest bid outside of London and would not have been so successful with individual bids.
- The 111 service had been set up to direct patients to the correct service for their needs. There were now more GP's at Accident and Emergency (A&E) department to stream patients on arrival, there had been an increase of 5% to 15% of patients being streamed.

- Funding for the 12 month project for the Mansfield, Ashfield and Newark & Sherwood area had been delayed by central Government for 3 months. A consequence of the delay was that a lot of learning had been done. Evaluation of the pilot scheme would run until the end of June 2015 but looking to extend the pilot at the Government's request.

The committee requested that Ms Walters returned in September with the evaluation results.

## **NOTTINGHAM UNIVERSITY HOSPITALS ENVIRONMENT AND WASTE**

Dr Stephen Fowlie, Medical Director, Nottingham University Hospitals (NUH) gave a presentation on the environmental and waste issues at Nottingham University Hospitals, in particular focusing on cleanliness, smoking and noise at night.

Following the briefing the additional information was provided in response to questions:-

- Smoking on the NUH premises would no longer be tolerated. Security challenges to smokers at the entrance to the Queens Medical Centre (QMC) and the removal of some seating had resulted in a decrease of smokers in that area. Nurses no longer assisted patients to smoking areas and smoking cessation schemes were offered to patients, visitors and staff.
- There were response times in place with Carillion between patient change over. The Ward Manager had responsibility for checking that wards, beds and rooms were ready for new patients. They had the power to inform Carillion if the room was not acceptable.
- When the survey was conducted on the food service, there was a particular problem on one ward with the way that the food was served, this had now been addressed. There was also an improved internal audit and tracking process, the majority of the assessors were patients or members of the public.
- The QMC frontage was a concern and let down the professionalism inside the building. It needed cleaning up, painting and better lighting. A cycle park area had been introduced to take up some of the frontage and replace the seating area removed to discourage smokers.
- The use of headphones on wards was encouraged to help reduce noise from televisions and music. The soundproofing on the macerator doors would be looked at.
- The Trust Board had made the decision to offer the 5 year contract to Carillion. The Union had been consulted regarding the 1200 staff transferred over to Carillion under TUPE. There would be a formal annual review of the delivery and performance.

The committee requested that Dr Fowlie returned late autumn for an update on this matter.

## **EAST MIDLANDS AMBULANCE SERVICE – NEW STRATEGIES**

Mr Paul St Clair, Mr Stephen Firman and Mel Wright from East Midlands Ambulance Service (EMAS) gave a presentation on the new and wide-ranging strategies to be implemented by EMAS.

Prior to the presentation, a short film featuring 'A Day in the Life of an EMAS Crew' was shown, in addition a summary of the Integrated Business Plan 2014-2019 was handed out.

The presentation covered the historical challenges faced by EMAS relating to quality, performance and finance. The Better Care Patient Plan had helped them move from being one of the worst performing ambulance services, to one of the stronger performing services, delivering faster, quality care to more patients. The longer term ambition was for EMAS to act as the co-ordinating NHS organisation at the centre of the emergency and urgent care system, referring patients to the best service to support them in their homes and in the community, reducing admission to hospital where appropriate. The proposed future operating model was designed to ensure the most appropriate and effective response to patients and there had been engagement with commissioners and other healthcare providers to develop this. The Clinical and Quality Strategy would go before their Board in March.

Following the briefing the additional information was provided in response to questions:-

- The Board had decided to employ an additional 80 members of Band 5 staff, there would be a cost implication to this decision.
- Local intelligence had been used to identify suitable sites to locate community ambulance stations which would be shared with other emergency services staff. The staff feedback regarding this proposal was very positive as they had previously been at the roadside.
- A Capacity Management System acted as the point of contact to alert to pressures building within the service, ambulances queuing were patients waiting to be seen.
- Going forward they would be able to provide more roles with responsibility, it would be more cost effective to have advanced trained medical staff than GP's.
- The eight minute response time had been easier to meet with the introduction of First Responders. Areas where this had not worked so well were being looked at to discover why. Adjusting the response time by a couple of minutes would not make much difference to meeting the target, an 8 minute 45 second response time across EMAS is where they would like to be but this does not measure patient care.
- EMAS were looking to get hospitals to change their admission procedures so that some patients could be taken straight to the wards, especially the elderly and frail.

The committee requested that EMAS returned in the autumn for an update on this matter.

### **WORK PROGRAMME**

Kim Pocock informed the committee that representatives from HWB 3 (3<sup>rd</sup> sector) would be attending the February meeting to talk about their perceptions of healthcare in the City and County.

The contents of the Work Programme were noted.

Members were reminded to contact Martin Gately if they wanted to visit EMAs or go out in a paramedic fast response car.

The meeting closed at 12.45pm.

Chairman