

## **COUNCILLORS**

Mrs. Sue Saddington (Chairman)  
Bethan Eddy (Vice-Chairman)

Mike Adams  
Sinead Anderson  
Callum Bailey  
Steve Carr – **Apologies**  
Dave Martin

John 'Maggie' McGrath  
Nigel Turner  
Michelle Welsh  
John Wilmott

## **SUBSTITUTE MEMBERS**

Councillor Purdue-Horan for Councillor Carr

## **OFFICERS**

Martin Elliott - Senior Scrutiny Officer  
Kate Morris - Democratic Services Officer

## **ALSO IN ATTENDANCE**

Alex Ball	-	Nottingham and Nottinghamshire ICB
Dr Thulani Bartholomeuz	-	Mid-Nottinghamshire Place Based Partnership
Sarah Collis	-	Nottingham and Nottinghamshire Healthwatch
Dr Dave Briggs	-	Nottingham and Nottinghamshire ICB
Lucy Dadge	-	Nottingham and Nottinghamshire ICB
Dr Ben Owens	-	Sherwood Forest Hospitals Trust

## **1 APOLOGIES FOR ABSENCE**

Councillor Steve Carr – Other reasons

## **2 DECLARATIONS OF INTEREST**

Councillor Mrs Saddington declared a personal interest in agenda item four (Newark Urgent Treatment Centre), in that a family member worked for Nottingham University Hospitals NHS Trust, which did not preclude her from speaking or voting.

Councillor Eddy declared a personal interest in agenda item four (Newark Urgent Treatment Centre), in that her husband was a Community Staff Nurse who had previously worked for Sherwood Forest Hospitals NHS Trust, which did not preclude her from speaking or voting.

Councillor McGrath declared a personal interest in agenda item four (Newark Urgent Treatment Centre), in that a family member worked for Nottingham University Hospitals NHS Trust, which did not preclude him from speaking or voting.

### **3 MINUTES OF THE LAST MEETING HELD ON 9 MAY 2023**

The minutes of the last meeting held on 20 June 2023, having been circulated to all members, were taken as read and signed by the Chairman.

### **4 NEWARK URGENT TREATMENT CENTRE**

The Chairman described a trip she had made along with the Vice Chairman to Newark Hospital to see the new modular operating theatre and the additional recovery areas created. The Chairman described the warm welcome they had received and the tour of the Hospital, focusing on the new theatre facilities. The Chairman advised how they had spoken with staff and senior leaders at the hospital reiterated that all members of the Health Scrutiny Committee would be welcome to visit.

Lucy Dadge, Director of Integration, Integrated Care Board introduced the item on proposals around the opening hours for Newark Urgent Treatment Centre. Along with Lucy Dadge, Alex Ball Director of Communications and Engagement, Integrated Care Board, Dr Dave Briggs Medical Director Integrated Care Board, Dr Robert Owen Consultant in Emergency Medicine, Sherwood Forest Hospitals Trust and Dr Thulani Bartholomeuz, Clinical Director Mid-Nottinghamshire Place Based Partnership were in attendance to provide additional information and answer questions. A presentation was given, a summary is given below:

- The Integrated Care Board along with Sherwood Forest Hospitals (SFH) NHS Trust were committed to ensuring the provision of a safe, high quality and sustainable Urgent Treatment Centre at Newark Hospital that operated at least in line with the statutory opening times.
- A listening event around suitable hours for the Urgent Treatment Centre had started in early September and was due to run through to mid-October, with a number of public events both in person and online, along with a survey being in place to hear from residents around the suitability of the hours, or whether there was a better and more fitting way to spread the hours the centre was open. Targeted engagement activities were planned with community groups, media briefs and other interested parties.
- There had been recent investment in a number of new and improved services that were now available at Newark hospital, including breast cancer care, hip and knee surgeries and a new endoscopy suite. The SFH NHS Trust and the Integrated Care Board reiterated their commitment to continued investment in Newark Hospital.

- The Urgent Treatment Centre would be a key element of urgent care for citizens in Newark and the surrounding areas along with GP surgeries, out of hours access, the 111 system and pharmacy care.
- On occasion, prior to the pandemic, the UTC would sometimes have to close with little notice as it was not possible to staff the UTC safely. It was challenging to ensure sustainable staffing overnight. To avoid this, over the pandemic the hours were reduced to 9am to 10pm which ensured safe and sustainable staffing. The challenge of sustainable staffing overnight had unfortunately remained post pandemic.
- Since the hours reduced there had been no evidence of harm to patients, and despite the increase in patients attending during the daytime hours, waiting times had improved. Establishing the best fit of those daytime hours for opening was the main thrust of the listening events.
- Along with the opening hours of the Treatment Centre the listening events wanted to hear from residents about their experience with the extended urgent care system described earlier.

In the discussion that followed, members raised the following points and questions:

- There were a number of housing developments recently approved in the Newark area, meaning that the number of households in the area would increase by 9,000 over the coming years. Members sought assurance that the addition to existing household numbers had been taken into account when considering the proposals for the Newark Urgent Treatment Centre's opening hours.
- It was highlighted that the proposed questions on the consultation were closed and appeared to lead to specific outcomes rather than being open. Members expressed concerns that this would not lead to a true representation of what the community wanted and highlighted that an effective listening event used open and clear language. Concerns were also raised that the survey was not designed for organisations to respond to and that this could lead to less effective engagement with groups and organisations, such as Healthwatch.
- The Chairman highlighted that she had been in touch with local residents and Parish Councils with details of the public and online meetings to encourage them to attend meetings and to engage with the consultation.
- Members noted the plan that had been released by NHS England in 2019 where success had been measured by reducing the number of overnight admissions to hospitals. Members asked whether the proposed reduction in opening hours was being proposed as a result of this plan.
- Members expressed concerns about the efficacy of 111, noting that in conversations with residents there was a recurring theme of not receiving

calls back until much later. This raised concerns around access to treatment, particularly overnight, when the Urgent Treatment Centre was closed.

- Members acknowledged that although in an ideal world the Urgent Treatment Centre would be open 24hours, that sustainable and safe staffing was essential. They queried when the final report on proposed opening hours going forward would be available for the committee to consider.
- Members enquired about the additional parking facilities at the Newark Urgent Treatment Centre that had been planned and when they would be available for use.
- Members asked about how different GP practices collaborated with resources to support the wider primary care system.
- An important element of the system working as it should was residents making the right choices about accessing treatment, and only accessing emergency treatment in an emergency. Members noted that communication about the choices with residents was key to ensuring the whole system ran smoothly.
- Members asked about the transfer of patients from the Urgent Treatment Centre to an emergency department should the need arise.
- Members enquired whether there was data available that showed the number of Newark residents attending the emergency departments at Kings Mill and Queens Medical Centre overnight when the Urgent Treatment Centre was closed.

In the response to the points raised, Alex Ball, Dr Thulani Bartholomeuz, Dr Dave Briggs, Lucy Dadge and Dr Ben Owens provided the following responses:

- The ICB had a duty to consider a number of elements when formulating proposals for services, including populations, both at the time of the proposals but also moving forward, as well as population demographics and predicted future need. Nationally A&E services were centred in populations of 300,000 and over and included a whole range of additional services and supporting specialities. The Newark area did not meet the population number criteria to support and sustain an accident and emergency department. However the Newark Hospital had high patient satisfaction, reduced waiting times for walk in treatment and for elective procedures.
- ICB representatives confirmed that they would take away feedback around the suitability of the survey for groups and would seek to find appropriate ways for groups to contribute. Free text in the survey would be difficult to analyse, but residents had the opportunity to feedback on the proposals in a number of different ways that did allow that freeform communication.
- The current opening hours for the Urgent Treatment Centre were 9am – 10pm, with the last patients being accepted at 9.30pm. The minimum opening

hours for Urgent Treatment Centres, as set by NHS England were 12 hours a day. From 10pm access for urgent treatment would be through the 111 service and included out of hours GP service. 111 services were also able to directly book GP appointments with one appointment per 3,000 patients in each surgery being kept available for that service each day.

- The guidance issued by NHS England was around urgent care and admission to hospitals rather than around Urgent Treatment Centres, and aimed to establish a system where the extreme pressures on Accident and Emergency centres would be reduced. The policy was set nationally and aimed to provide a choice of treatment options of citizens, diverting them from Emergency Care where appropriate. It aimed to reduce overnight admissions through accident and emergency departments in order to improve long term outcomes for patients.
- The Urgent Treatment Centre was part of a network of Urgent care available to residents. Out of hours treatment and advice was also available through the 111 system, and out of hours GP appointments could also be made through the system if criteria were met. The ICB acknowledged that there was more work to be done to ensure pathways for the whole system of urgent care were easier to navigate particularly for vulnerable patients but highlighted that a recent Healthwatch survey had found that three quarters of patients were happy with their experience of using the 111 system.
- ICB representative advised that the process of finalising any proposals would take a little time. The consultation event would run through to mid-October and it was important to hear from as many people and partners as possible. Work was also taking place with the Clinical Senate to ensure that the system provided the best possible care and treatment both currently and looking forward into the future. It was noted that final proposals should be available early in the new year.
- The Chairman commented that on her visit to the Urgent Treatment Centre in Newark that a plot of land had been allocated at the front of the site for parking. ICB representatives confirmed that the intention was for staff to park to the side of the site with patient parking at the front. The new parking provision would open early in the new year.
- In the rare event that a patient needed to be transferred from the Urgent Treatment Centre to an emergency department an ambulance would be summoned, and the dispatch would prioritise the case in the same way as any other call. In some cases some patients would be able to make their way to an emergency department themselves. Transfer to emergency care would be necessary in cases such as a fracture that needed manipulation, or surgery, or a complex condition that needed specialist assessment.
- The five GP practices in the Newark area had formed a Primary Care Network. They remained individual practises but collaborated with resources such as clinical and non-clinical staff, this ensured flexibility of service for patients and particularly supported the initial triage of patients. This

collaboration along with improvements in software and the NHS app had allowed GPs to focus their work where needed and for patients to see the correct clinical practitioner at the right time.

- The data around Newark residents attending emergency departments elsewhere in the county was available along with how it impacted ambulance transfer statistics and mortality rates and had concluded that the safest place to go in an emergency was an accident and emergency department where all of the specialist skills, treatment and interdisciplinary support were available to give the best possible outcomes for patients. Ambulance transfers from the Newark area to the emergency departments elsewhere in the County had not significantly changed since the Urgent Treatment Centre hours were reduced overnight.

The Chairman thanked Lucy Dadge, Alex Ball, Dr Dave Briggs, Dr Ben Owens and Dr Thulani Bartholomeuz for attending and for answering the questions put to them by the Committee.

#### **RESOLVED 2023/16**

- 1) That the report be noted.
- 2) That the comments and considerations of the Health Scrutiny Committee in respect of the proposals for the operation of the Newark Urgent Treatment Centre, be noted.
- 3) That the members of the Health Scrutiny Committee work with local residents and stakeholders to publicise and ensure full participation in the engagement process running between 4 September and 17 October 2023.
- 4) That a report on the outcomes of the engagement process and on the next steps for the Newark Urgent Treatment Centre be considered at a future meeting of the Health Scrutiny Committee.

#### **5 WORK PROGRAMME**

The Committee considered its Work Programme.

#### **RESOLVED 2023/17**

That the Work Programme be noted.

The meeting closed at 12:49pm

**CHAIRMAN**