

Membership

Keith Girling (Chairman)
Martin Wright (Vice-Chairman)

Richard Butler
John Doddy
Kevin Greaves
David Martin
Liz Plant

Kevin Rostance
Stuart Wallace
Muriel Weisz
Yvonne Woodhead

Substitute Members

None.

Other County Councillors in Attendance

John Longdon
Sue Saddington

Officers

Martin Gately
Noel McMenamin

Nottinghamshire County Council
Nottinghamshire County Council

Also in attendance

David Ainsworth
Hazel Buchanan
Lucy Dadge
Lewis Etoria
Dr Keith Girling
Paul Sillandy

Mid-Nottinghamshire CCG
Regional Rehabilitation Centre
Greater Nottingham CCG
Nottingham City CCG
Nottingham University Hospitals (NUH) Trust
Nottingham University Hospitals (NUH) Trust

1. MINUTES

The minutes of the meetings held on 3 December 2020, having been circulated to all Members, were taken as read and were signed by the Chair

2. APOLOGIES

None.

3. DECLARATIONS OF INTEREST

Councillor John Doddy declared a private interest in the item on Access to GP Appointments, as a GP practicing in Nottinghamshire, which did not preclude him from speaking or voting on that item.

4. NOTTINGHAM TREATMENT CENTRE

NUH representatives Dr Keith Girling, Medical Director and Paul Sillandy introduced the item, providing an update on the performance and management transition of the Nottingham Treatment Centre, following the NUH taking over the operation of the Centre from the Circle Group in July 2019.

NUH representatives made the following points:

- Over 500 Circle staff had successfully transferred to NUH, and the energy and passion of all NUH staff in securing quick and successful staff integration was considered exceptional by those project-managing the process;
- The transfer of 40,000 appointments from Circle systems to those of NUH had been completed successfully and ahead of schedule. There had been an increase in complaints in the early part of the transfer, primarily in respect of the time lag between appointment cancellation on the Circle system and the reissuing of the appointment via NUH, but complaints volume had returned to pre-transfer levels;
- Multi million-pound capital investment in state-of-the-art scanning equipment was being rolled out over the coming months, with interim measures being put in place;
- In-patient bed arrangements had been suspended during the early part of the transfer, but these were now up and running.

The Committee expressed its appreciation of the amount of transformative work achieved since July 2019, and during discussion, a number of issues were raised and points made:

- NUH staff were working very hard to reduce the 62-day wait for a cancer referral, but there were difficulties with lung and urology-related cancers. There were particular challenges with achieving a 14-day diagnostic in particular, in part because of national shortages in expertise;
- NUH had recently addressed shortages in respect of throat and neck cancer specialisms;

- 50% of the 88 ad-hoc staff previously employed by Circle had been transferred to NUH, but the point was emphasised that no delays to patient care had been caused by continued retention of ad-hoc staff. Again, there were ongoing difficulties in recruiting to certain specialisms, including dermatology;
- The current CT scanner was expected to be replaced in April 2020. Replacement of the MRI scanner would take longer, but the current quality of imaging was not a cause for concern;
- It was acknowledged that there had been wider implications for certain orthopaedic procedures, with hip operations transferring to the City Hospital site, and hand operations transferred in the opposite direction;
- The point was made that just over 100 of the 40,000 appointments transferred across from Circle to NUH did not quite match up. An added complication was the need to retain the order in which appointments had been made;
- Taking back control of services previously provided by Circle meant that more joined-up, flexible systems could be implemented, ensuring appropriate interventions and post-operation care for both emergency trauma and planned elective procedures;
- It was confirmed that there was a shared PALS facility, and NUH representatives undertook to ensure proper signposting for the facility;
- It was confirmed that the Infusion Centre was now fully operational for day patients.

The Chair thanked Dr Girling and Dr Sillandy for their attendance at the meeting, and requested a further update at the Committee's January 2021 meeting.

5. ACCESS TO GP APPOINTMENTS

Councillor John Doddy declared a private interest in the item on Access to GP Appointments, as a GP practicing in Nottinghamshire, which did not preclude him from speaking or voting on that item.

Lucy Dodge, Chief Commissioning Officer Greater Nottingham CCGs and David Ainsworth, Mid-Nottinghamshire CCG, introduced the item, providing an update on the publication of the NHS England national review of access to GP practice services in England, and explaining the implications for Nottinghamshire.

Ms Dodge and Mr Ainsworth highlighted the following points:

- There had been a significant increase in volume of GP appointments in the past 12 months, with an increasingly complex array of conditions, reflecting an increasingly elderly demographic. Pressures were relatively constant throughout the year;

- A lot of potential solutions to patients' needs lay outside the health sector, for example through social care, housing or environmental interventions;
- A number of innovative approaches were being explored in order to help address appointment pressures. These included extended surgery opening times, pre-bookable GP appointments where the appointments might not be in patients' usual surgery, group appointments for helping manage long-term conditions;
- Almost one fifth of all GPs were approaching retirement, and this would bring even more pressure to bear on the service. Service delivery in GP practices needed to change substantially;
- It was intended that having expertise such as clinical pharmacists and physiotherapists on-site would help alleviate pressures on GPs, while the locating of citizens' advice, debt-counselling and similar services within surgeries would provide additional sources of support for patients. The roll-out of the social prescribing link worker network would also help identify alternative interventions for patients.

A number of points were made during discussion:

- Ms Dadge and Mr Ainsworth acknowledged that effective triage and signposting to the appropriate level of intervention was key to ensuring a positive patient experience and outcome, and that increased use of technology was a powerful tool in addressing current pressures;
- The point was made that statistics on GP services did not reflect the commitment and dedication of those working in challenging conditions. It was confirmed that work was being carried out with Health England to recruit new GPs in areas of need, but GP shortages were a national issue;
- Ms Dadge expressed the view that the issue of workforce was a significant topic in itself and could merit further specific consideration by the Committee in due course;
- A Committee member expressed surprise that 40% of GP appointments were same-day appointments, and expressed frustration at the difficulties she had encountered in trying to get an on-the-day appointment at her GP practice;
- Ms Dadge agreed with the assertion that residents did not always understand the most appropriate route to access health services, and expressed the view that having a single CCG for Nottinghamshire would help in this respect;
- It was explained that the Clinical Commissioning Group commissioned services and then had oversight of quality of service delivery. The Care Quality Commission (CQC) carried out regulatory inspections. While the CQC should receive patient feedback on the performance of individual GP surgeries, Ms

Dadge undertook to accept information from Committee members via the Health Scrutiny Lead Mr Gately where issues of concern had been raised;

- with the Chair's permission, a councillor recounted in detail the inadequate levels of service provision at a GP surgery attended by constituents and family members, and Ms Dodge undertook to have a further discussion with the councillor outside the meeting to gain more information

The Chair thanked Ms Dodge and Mr Ainsworth for their attendance at the meeting and requested a further update at the Health Scrutiny Committee's June 2020 meeting.

6. NATIONAL REHABILITATION CENTRE

Hazel Buchanan, Director of Operations, Nottingham North and East CCG and Lewis Etoria, and Lewis Etoria, Nottingham City CCG, provided an update on arrangements for consultation on the roll-out of the National Rehabilitation Centre (NRC), as well as elaborating on the NRC's Business Plan.

Ms Buchanan and Mr Etoria made the following points:

- a six-week single-option consultation was scheduled to commence on 9 March 2020, with the findings available by mid-May 2020. Proposals had been amended so that there was now a 64-bed facility (previously 63 beds), with a wider range of single- and multiple- occupancy available;
- the civilian element of the NRC would be referred to in the consultation documentation as the Regional Rehabilitation Centre, with the ambition for this to develop as a national centre of excellence in due course;
- Healthwatch was conducting separate targeted engagement work to inform the development of the NRC, and further advice on outreach to residents would be welcomed;
- The Committee was reminded that the Linden Lodge rehabilitation facility on the NUH City Hospital site would close as part of these proposals.

The following points were made during discussion:

The Committee requested that it be given the opportunity to have early sight of the consultation documentation at its February 2020 meeting to inform the final consultation process;

It was confirmed that the proposals would have no impact on the Chatsworth rehabilitation facility in Mansfield, but specialists from that facility would be involved in engagement work on the proposals;

It was explained that case managers would be employed within the NRC to ensure that patients' housing, social, physical and related needs were addressed when adapting to life outside the facility post-rehabilitation;

Opportunities to provide transport to the NRC via the voluntary sector were being explored. Ms Buchanan reiterated a point made previously that connectivity between Greater Nottingham and the facility was relatively straightforward, but that transport links from smaller centres of population involving East-West travel was currently a more significant issue.

The Committee thanked Ms Buchanan and Mr Etoria for their attendance and requested their further attendance at the Committee's February 2020 meeting.

7. WORK PROGRAMME

Subject to agreeing to consider the following:

National Rehabilitation Centre Consultation Arrangements – February 2020;
Nottingham Treatment Centre – January 2021;

the Committee's Work Programme was approved.

It was also agreed to add the following the list of potential topics for scrutiny:

- EMAS Waiting Times,
- Delays in breaching 4-hour Accident and Emergency targets,
- Dentistry in Nottinghamshire and
- Cosmetic Surgery

The meeting closed at 13:05pm.

CHAIRMAN