

**HEALTH SCRUTINY COMMITTEE**

**Tuesday 7 September 2021 at  
10.30am**

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**COUNCILLORS**

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

Mike Adams  
Callum Bailey **A**  
Robert Corden  
Eddie Cubley  
Penny Gowland

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

**SUBSTITUTE MEMBERS**

Pauline Allan  
Gordon Wheeler.

**Councillors in attendance**

Richard Butler  
Glynn Gilfoyle

**Officers**

Martin Gately  
Noel McMenamin

Nottinghamshire County Council  
Nottinghamshire County Council

**Also in attendance**

Lucy Dadge	-	NHS Nottingham & Nottinghamshire CCG
Idris Griffiths	-	Bassetlaw CCG
Joe Lunn	-	NHS Nottingham and Nottinghamshire CCG
Dr Ian Trimble	-	NHS Nottingham & Nottinghamshire CCG

**1. MINUTES OF LAST MEETING HELD ON 13 JULY 2021**

The minutes of the last meeting held on 13 July 2021, having been circulated to all Members, were taken as read and were signed by the Chairman.

## **2. APOLOGIES FOR ABSENCE**

Councillor Callum Bailey – Other reasons  
Councillor John ‘Maggie’ McGrath – Other reasons.

## **3. DECLARATIONS OF INTERESTS**

None.

## **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) to the meeting.

Councillor Saddington reiterated the Committee’s position at its July 2021 meeting in respect of Bassetlaw CCG’s proposals, noted the Governing Body’s decision in principle to approve the proposals and expressed disappointment that individual travel plans were still not available to the Committee.

In response, Mr Griffiths explained that significant progress had been made since the previous meeting, making the following points:

- A Task and Finish Group had been established to address the acknowledged travel concerns of Bassetlaw residents. With physical movement of patients not expected until the Spring of 2022, there was sufficient time to get appropriate travel plans in place;
- The Governing Body decision was part of a wider decision on a suite of services, unlocking £4 million of funding for community support, suicide intervention and young people’s services. The decision had not been taken to save money, and overall there would more available beds in Nottinghamshire as a whole;
- A further report was to be considered by the Governing Body at it’s meeting on 19 October 2021, and it was anxious to consider this in the context of the Committee’s concerns.

A wide-ranging discussion then followed, with a number of issues raised and points made:

- In response to the assertion that patients from elsewhere in Nottinghamshire chose mental health facilities at Bassetlaw so that they could receive treatment where they were not known, Mr Griffiths expressed the view that it was unlikely that this was a key factor for the majority of patients receiving treatment there;
- The current facility could not cater for complex needs, meaning that specialist intervention needed delivering outside Bassetlaw;

- It was confirmed that preparatory works at Sherwood Oaks and Millbrook would be carried out sequentially from Spring 2022, providing time for travel plans to be drawn up. A clear statement in respect of the overall project schedule would be made available to the Committee. The suggestion that the CCG engage with County Council transport colleagues to inform travel plans was welcomed;
- It was confirmed that travel plans would be permanent, but would also be kept under review;
- The point was made that national standards for mental health facilities had changed over time, and that what had been considered acceptable in the past, for example dormitory-style accommodation, was no longer deemed so. The planned new facilities would provide improved physical indoor and outdoor space for patients;
- In response to the assertion that ‘crash bed’ facilities were needed in Bassetlaw on an ongoing basis, Mr Griffiths advised that these were being actively considered by the CCG;
- It was accepted that there was a national desire to support older people more generally within the community and to minimise hospital admissions, but this was primarily a social care issue rather than a health one;
- Councillor Glynn Gilfoyle, a Bassetlaw councillor who had recently visited the current facility, was invited to address the Committee. He expressed the view that the conditions for current patients were unacceptable and had deteriorated. While the need for change was not in question, his preference was for a retained service in Bassetlaw, particularly for elderly patients.
- The Chairman concurred with the views expressed by Councillor Gilfoyle, and requested an update – to include travel plans and consideration of an alternative physical presence in Bassetlaw – at the Committee’s October 2021 meeting;

The Committee then unanimously:

## **RESOLVED 2021/002**

Not to endorse Bassetlaw Clinical Commissioning Group’s proposals for mental health service provision, pending receipt of assurances on travel provision and further consideration of service provision at a physical location within Bassetlaw.

The Chairman thanked Mr Griffiths for his attendance at the meeting.

## **5. ACCESS TO PRIMARY CARE**

NHS Nottingham and Nottinghamshire CCG representatives Lucy Dadge, Chief Commissioning Officer and Joe Lunn, Associate Director of Primary Care, were joined by Sherwood GP Dr Ian Trimble, to provide an initial briefing on access to

primary care. The briefing addressed the NHS contractual and Quality and Outcomes Framework context of primary care access, along with headline data on access, the outcomes of the latest nationwide GP Survey, and an update on how booking a routine appointment has changed during the pandemic.

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

- The accuracy of GP access data provided was questioned. Numbers of face-to-face and telephone consultations appeared at odds with feedback received by councillors from residents;
- It was explained that the data was extracted from clinical data systems. It did not capture initial triage, but rather how many consultations were ultimately delivered. It also captured the totality of appointments at GP practices, not just those with GPs. The local trends reflected those at national level;
- It was acknowledged that there was an issue with the categorisation of access data – this was under review and changes were expected later in 2021;
- The point was made that there was a major variation in performance between the best – and worst – performing GP practices. It was explained that information on the performance of individual GP practices was already currently available and downloadable, but was published once a year. Waiting times were not currently included, but were expected to be an indicator by 2022-2023;
- Standardised GP performance data was extracted directly from GP systems and aggregated by NHS Digital. The data was currently only scrutinised at national level, but this was likely to change post-pandemic;
- The point was made that GP practices dealt with a wide variation in health inequalities, data needed contextualising to reflect those inequalities;
- CCG representatives asked to be made aware of areas of specific concern in respect of GP practice performance so that these could be followed up;
- Several councillors reported resident concerns about issues getting face-to-face GP appointments. In response, it was explained that telephone triaging had been introduced as a national requirement to restrict the spread of Covid-19. While triaging was still in place, more and more face to face appointments would be offered in future. There was a 'crisis of perception' that face to face consultation wasn't available – it remained the 'gold standard' in respect of GP consultation;
- Primary care was configured under a single national contract, where practices were paid a sum of money to address changing needs at any given time. GP contractual arrangements did not make a material difference to the level and type of services provided;

- It was acknowledged that GP practice boundaries were reviewed and changed from time to time, particularly within areas experiencing dynamic demographic changes;
- It was confirmed that responsibility for monitoring and reviewing the issue of repeat prescriptions lay with GP practices, while NHS England held responsibility for the preparation of blister pack delivered by pharmacies;
- GP best practice was disseminated through a programme of postgraduate-level protected learning events, and was available to nurses and practice staff as well;
- CCG representatives undertook to look into the opening-up rates of GP practices post-pandemic, but cautioned that there could be a range of issues at play, including the configuration of the estate, practice size and physical access restrictions;
- CCG representatives advised that responsibility for elective waiting lists for hip, knee and related surgery lay with acute hospitals, and that any future discussion on onward referral from GPs to hospitals would benefit from their involvement;
- CCG representatives advised that it was important for the Committee to understand how GP funding was managed at Primary Care Network level, and undertook to provide further details. A request was made for information on funding levels per patient received by GP practices, along with numbers of appointments delivered. CCG representatives undertook to liaise with the Health Scrutiny Lead, Martin Gately, to provide the information;
- The view was expressed that the role of and approach taken by GP receptionists as 'gatekeepers' to GP services was seen as a barrier to access by residents.

Arising from discussions, the Committee Chairman requested that CCG representatives return in November 2021 with a breakdown/league table of best- to worst- performing GP practices by District, providing details in respect of patient numbers, GP numbers, and nurse numbers for each.

## **6. WORK PROGRAMME**

Subject to including:

- an update on Bassetlaw CCG mental health service proposals to the October 2021 meeting, as agreed at item 4 above;
- an update on Access to Primary Care to the November 2021 meeting, as agreed at item 5 above, and
- timetabling consideration of Dentistry Services to a future meeting: a the Committee work programme was approved.

The meeting closed at 1:30pm.

**CHAIRMAN**