Nottinghamshire County Council

Health Scrutiny Committee

Monday, 28 April 2014 at 14:00

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

AGENDA

1	Minutes of the last meeting held on 24th February 2014	3 - 10
2	Apologies for Absence	
3	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
4	Care Quality Commission Presentation	11 - 24
5	Hill View Surgery Premises Rainworth	25 - 28
6	Proposed GP Practice Changes - Rosemary Street and Oak Tree Lane Practice Mansfield	29 - 50
7	Work Programme	51 - 58

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:-

(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 David Ebbage (Tel. 0115 977 3141) 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

Nottinghamshire County Council

minutes

HEALTH SCRUTINY COMMITTEE
Monday 24 February 2014 at 2.00 pm

Membership

Councillors

Kate Foale (Chairman)
Colleen Harwood (Vice-Chairman)
Bruce Laughton
John Ogle
A Jacky Williams
John Wilmott

District Members

Trevor Locke	-	Ashfield District Council
Brian Lohan	-	Mansfield District Council
David Staples	-	Newark and Sherwood District Council
A Griff Wynne	-	Bassetlaw District Council

Officers

Martin Gately	-	Nottinghamshire County Council
David Ebbage	-	Nottinghamshire County Council

Also in attendance

Keith Mann	-	NHS England
Joe Pidgeon	-	Healthwatch
Dr Amanda Sullivan	-	Mansfield/Newark & Sherwood CCG
Susan Bowler	-	Sherwood Forest Hospitals Foundation Trust

MINUTES

The minutes of the last meeting of the Health Scrutiny Committee held on 6 January 2014 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

There were apologies for absence received from Councillor Griff Wynne.

DECLARATIONS OF INTEREST

There were no declarations of interest.

GP PRACTICE STRATEGY – PRESENTATION FROM NHS ENGLAND

Keith Mann from NHS England gave a brief presentation to members on the Nottinghamshire GP Practice Strategy from representatives of NHS England's Derbyshire and Nottinghamshire Area Team.

Within the presentation the following points were made:-

- A call to Action requires each Clinical Commissioning Group and NHS England to engage with the public, health and wellbeing boards and other stakeholders to explain the challenges ahead, and to then develop a 5 year commissioning plan.

- Improving General Practice A Call to Action aims to stimulate a specific debate in local communities – amongst general practice, area teams, CCGs, health and wellbeing boards and other community partners – as to how best to develop general practice services.

- Today, between 1948 and 2010, life expectancy in England for men increased by 13 years to 79. 88% of patients in the UK described the quality of care they received as excellent or very good.

- Over the last 10 years there has been a 50% increase in GP consultations, 35% increase in emergency care admissions, 65% increase in secondary care episodes and poorly joined up services between primary, secondary and social care.

- The consequences of these findings are that hospitals are now under great pressure, too many older people or people with a long term condition admitted to hospital, too many people being admitted too early to long term care. Future generation, primary care move to sustainable buildings, problems in primary care relate to premises.

- The 3-5 year plan covers 5 areas, Patients, People, Processes, Premises and Payments.

Following questions from the committee, the following points were made:-

- Some premises aren't fit for the future anymore, choice is really important for these services. The CQC is expected to find suitable premises for these practices.

- There is a big cluster of GP practices in a certain area of Mansfield, no reason to why this is, it has been in existence for the last 12 months.

- That average ratio for patients to each GP Practice in Nottinghamshire roughly stands at 1850-2250 per GP.

- Healthcare plans are being developed to help tackle the obesity issues in the area.

The Chair thanked Keith Mann for his detailed report.

PROPOSED GP PRACTICE CHANGES – EAST LEAKE MEDICAL GROUP

Dr Neil Fraser from the East Leake Medical Group gave a brief description on the proposed changes.

The context of the changes is the retirement from practice of Dr Gopal Patel, the refurbishment of East Leake Health Centre, the practices ambition to build a new fit for purpose Health Centre in Sutton Bonington and problems with the Soar Valley Surgeries accommodation in East Leake and Hathern. Patients will benefit from a greater range of locally based services, diagnostics, blood tests etc, a wider range of extended hours, modern appropriate accommodation.

They had recently merged with Soar Valley Surgeries. There are 3 converted houses around the Sutton Bonington area which used to be a single handed practice. It will be a close branch surgery in East Leake. It would enable patients from there to the main surgery which will be open 5 days a week.

Following question from members the following points were made:-

- With the surgery moving 500m further away, which is a long distance for the elderly, this decision had been taken into consideration. The transport links have been advertised and other options have been explained regarding transport to residents.

- Patient groups have been involved with the merge as have the drop in centres.

- This change allows GPs and the resources they have to be better used. Longer opening hours in Sutton Bonington will also create a better service.

The committee agreed the changes proposed to them.

PROPOSED GP PRECTICE CHANGES – DRS LAW & MOUNTCASTLE AND ORCHARD MEDICAL PRACTICE

Dr James Mills and Dr Dean Temple gave a brief outline to Members on the changes for the Orchard Medical Practice.

Orchard Medical Practice is located at Mansfield Community Hospital having moved there in November 2012. Drs Law & Mountcastle are currently working at Wood Street, Mansfield.

Both practices serve patients in and around Mansfield town centre and districts. Discussions between the two practices have been carried out to consider the benefits of the two practices working more closely together. A complete contractual merger

between the two was put forward to work out of the same premises; this was a more cost effective solution for the area team. Both practices have very similar clinical aims and objectives with excellent patient care. Approval was given and a business case to the area team was submitted.

Following discussions, the following points were made:-

- The impact on the residents in the area should be a positive one, with new services being brought in.

- Recruitment for general practice is very low overall and there will be a mixture between full time and part time staff.

- 7/7 urgent care may stay as outside provider, can offer more appointments to more patients.

- At the beginning of the integrated care teams, need to free up patients and make sure the right patients receive the right appointments.

The chair thanked representatives from the practice for their attendance and the committee agreed the proposed changes.

PROPOSED GP PRACTICE CHANGES – WILLOWBROOK MEDICAL AND PANTILES MEDICAL CENTRE

Dr Jeremy Jenkins attended the meeting and provided Members with a briefing on the proposed changes.

Willowbrook Medical Centre is the largest primary healthcare provider in the area, over the last few months, they have also supported the Pantiles Medical Centre which is a failing practice and by joining the two together, improvements to patient care and significant savings can be made to the health economy.

The merged practice patients will benefit from access to this greater pool of health care professionals.

Both practices have open patients list and can offer coverage over a larger geographical area.

There will be the service to order prescriptions online, the services will be located on ground floor which reduces access problems for patients.

A better management of systems overall, better parking facilities, a new booking system for staff to help with appointments.

Following discussions the following point was made:-

- That Pantiles was a single handed practice, they had a higher referral rate. WIllowbrook had a lower referral rate.

The committee agreed the proposed changes.

CONSIDERATION OF QUALITY ACCOUNTS PRIORITIES (NEWARK AND SHERWOOD HOSPITALS NHS FOUNDATION TRUST AND DONCASTER & BASSETLAW HOSPITALS NHS FOUNDATION TRUST)

Amanda Callow, Deputy Director for Nursing and Quality at Sherwood Forest Hospitals NHS Foundation Trust explained the priorities for Sherwood Forest to members.

Three key priorities were set for 2014/15 and they were:-

- Priority 1 – Improving the effectiveness of care we deliver by achieving a reduction in mortality.

- Priority 2 – Reducing hospital acquired falls, including impacting on harm and severity.

- Priority 3 – Whole organisational focus on Dementia Care.

For quarter 2 the number of avoidable grade 2 & 3 pressure ulcers reduced & the Trust received zero grade 4's.

Mortality data was out of date; the data which was being used was 2 quarters behind. There is a 10% difference in weekday to weekend admissions at Sherwood Forest.

98% of patients are screened for dementia and in the past two months, 95% have also been risk assessed for dementia.

In regards to falls, the Trust has a falls group which has identified that the number of times a patient is internally transferred may have an impact on the likelihood of some patients falling.

Following questions from Members, the following points were made:-

- There is a mix of attributes which relate to falls. Care and comfort rounds are in place to monitor patients on a regular basis.

- There are plans in place to extend visiting hours so relatives can visit patients for a longer period which is very important for patients.

- There are good transport links for the elderly to visit the service.

- New pathways are being looked at to look at a patients journey from the door to the end of their treatment, looked at whole range of different aspects.

- Patient experience and complaints is considered as a high priority Healthwatch and they would like to see it as a 4th priority.

The Chair thanked Amanda Callow and the Committee thought the priorities they have provided were reasonable.

Heather Keane from Doncaster & Bassetlaw Hospitals NHS Foundation Trust explained the priorities to Members for the Trust.

Quality Accounts ask for top 3 priorities, the Trust have not chosen their top 3 as yet. The Trust has 5 areas which are:-

- Ward staffing levels in line with National Quality Board Guidance.
- Harm Free Care
- Patient Experience & Engagement
- Implementation of Dementia Strategy
- Data Quality Improvement

In the past 3 years, 108 patients have broken bones whilst receiving treatment in the Trust. This year currently stands at 21. One patient fell 9 times. Doncaster & Bassetlaw have received 2 Grade 4 pressure ulcers.

A new complaints policy is in place, where a 25 day turn around for an outcome has been introduced and also a development of a patient experience committee has started.

Following discussion with members, the following point was raised:-

- Many were concerned on the fall situation, no patients had died as a result of these falls, but 2 patients had suffered broken hips.

The Chair asked if a clearer statement could be presented to the Committee, which showed the priorities more clearly would help Members.

Martin Gately pointed out to Members that the Draft accounts are available for the Committee if they wish to see them.

MID-NOTTINGHAMSHIRE BETTER + TOGETHER INTEGRATED CARE TRANSFORMATION PROGRAMME

Dr Amanda Sullivan, Chief Officer for Mansfield and Ashfield / Newark & Sherwood Clinical Commissioning Groups introduced to Members an initial briefing on the Mid-Nottinghamshire Better + Together Integrated Care Transformation Programme.

The work which was described in the document started over a year ago. She explained to Members that PFI's (Private Finance Initiative). There is a change in ageing population, we have to work with local providers and authorities to get the

best care for our population. There are 3 phases to help with identifying sustainability issues facing the health and social care economy:-

- Phase 1 is base lining the current costs of services provision and developing ideas about what a more sustainable system could look like.

- Phase 2 of the work is currently being presented, further refinements of the initial blueprint. This phase enables them to develop the clinical service models and to validate the initial clinical blueprint assumptions.

- Phase 3 has yet to be developed, will identify the outcome specifications and commissioning /procurements plans will also be developed.

In the initial months of the programme, staff, patients and members of the public were involved in the process through Care Design Groups. During November and December 2013 there was a more intensive phase of engagement. Staff, patients, the public and other stakeholders had the opportunity to comment and give feedback on initial proposals.

The Health and Wellbeing Board has been appraised of the progress of the Better + Together Programme and their advice have fed into the Communications and Engagement activity. The Board supports the proposals and considers them to be in line with the overall strategic direction for Nottinghamshire.

Following discussions the following points were made:-

- Members were concerned what the role of the voluntary sector would be; Dr Sullivan ensured Members that the volunteer contribution is very much built in.

- Developing relationships with District Councils is a crucial part and this is happening more which is a positive sign.

- With the money available, the CCG's are confident that things will be put in place, the last year hasn't been easy, ideas are being developed, have come a huge way since then.

The Chair thanked Dr Sullivan and requested a further update on Phase 3 of the process to be bought to the June meeting.

CLINICAL COMMISSIONING GROUPS – COMPLAINTS PROCEDURE

Elaine Moss, Director of Quality and Governance at Newark & Sherwood Clinical Commissioning Group introduced a briefing on the new complaints procedure.

Following discussions the following points were made:-

- If a patient at Kings Mill wishes to make a complaint, they go to the providers themselves. Complainants can ask the provider or the commissioner of the service to investigate their complaint and there has been no change to this process.

- Complaints are made about a number of providers which can be quite complex, they assured Members that they will co-ordinate this process.

The Chair thanked Elaine Moss for her attendance and Members noted the content of the report.

WORK PROGRAMME

The work programme was discussed and noted with two further reports be added to the work programme. They are:-

NG25 Study Group and a report around Independent Mortality Review.

The meeting closed at 4.25pm.

CHAIRMAN

24 February 2014 - Health Scrutiny

Nottinghamshire County Council

Report to Health Scrutiny Committee

28 April 2014

Agenda Item: 4

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

CARE QUALITY COMMISSION PRESENTATION

Purpose of the Report

1. To introduce a presentation on the work of the care Quality Commission.

Information and Advice

2. The Care Quality Commission (CQC) is the independent regulator for all care and health services in England.

3. The role of the CQC is to make sure that hospitals, care homes, dental and general practices and all other care services in England provide safe, effective, compassionate and high-quality care, and we encourage them to make improvements.

4. The CQC website (www.cqc.org.uk) contains a comprehensive searchable database of checks undertaken by the CQC. A search for 'Nottinghamshire' gives over 250 results, which can be filtered further by related conditions e.g. disability/impairment, dementia/Alzheimers, physical disability, sensory impairment, family planning etc. The website also indicates, for each provider, where improvements are required and what enforcement action is being taken. Members may wish to peruse the website to get a flavour of the sort of inspection activities that the CQC engages in.

5. The CQC inspects most hospitals, care homes and home care agencies at least once a year. Dental services are inspected at least every two years. All inspections are unannounced unless there is a very good reason to give notice to a provider. Inspectors spend most of their time on an inspection directly observing care and talking to patients or people using the service and their families or carers, as well as staff.

6. Inspectors may be accompanied by experts – either subject matter experts or 'experts by experience' (people who have in-depth experience of using services).

7. There are three types of inspection:

- Scheduled – these are inspections carried out on a rolling programme. Providers are not told the date of a scheduled inspection
- Responsive – these are carried out when concerns are raised over a provider's compliance with the standards
- Themed – these are carried out when a particular type of service is reviewed (e.g. learning disability services)or when a specific set of standards is reviewed (e.g. during the CQC's Dignity and Nutrition Inspection Programme).

8. A presentation on the work of the CQC is attached as an appendix to this report. Deanna Westwood, CQC Compliance Manager will attend the Health Scrutiny Committee to present information on the work of the CQC and answer questions.

9. Members may wish to explore how working relations can best be developed between Health Scrutiny and the CQC, and how the information that is gathered by Health Scrutiny can be utilised by the CQC when undertaking inspections.

RECOMMENDATION

That the Health Scrutiny Committee:

1) Receives the presentation

2) Asks questions as necessary

3) Explores improved ways of working with the CQC

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

A fresh start for the regulation and inspection of adult social care

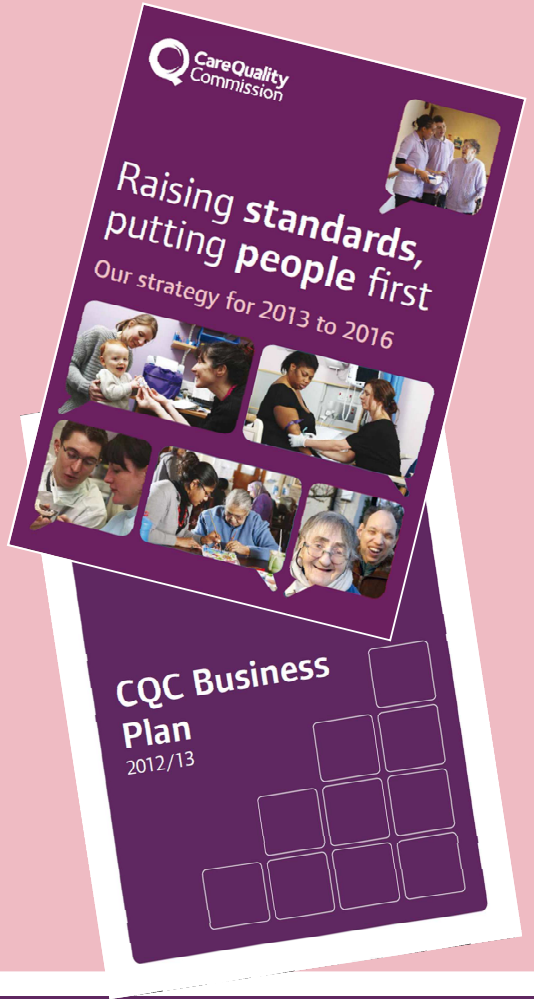
Our purpose and role

Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care



New Operating Model

Asking the right questions about quality and safety

- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led

Characteristics of adult social care services and the people who use them

- **Whole of people's lives, not episodic**
- **Complex and varied needs and aspirations**
- **Personalisation** hugely important
- People are often in very **vulnerable circumstances; care generally provided in people's own homes**
- Role of **unpaid carers** is critical
- **Diverse sector** - large numbers of providers, different sizes and types, strong private and voluntary sector
- Significant numbers of people **fund their own care**
- A lack of consistent, high quality **data** and **fewer standards**

Top 5 priorities for the Chief Inspector

1. **Develop changes to how we monitor, inspect and regulate adult social care services**
2. **Develop a ratings system for adult social care services**
3. **Develop an approach to monitoring the finances of some adult social care providers**
4. **Support our staff to deliver**
5. **Build confidence in CQC**

Our top ten proposed changes

1. More systematic use of people's **views and experiences**, including complaints
2. Inspections by expert inspectors, with **more experts by experience and specialist advisors**
3. **Tougher action in response to breaches of regulation,** particularly services without a registered manager for too long
4. Checking providers who apply to be registered have the **right values and motives**, as well as ability and experience
5. **Ratings** to support people's choice of service and drive improvement

Our top ten proposed changes (2)

6 **Better data and indicators** to help us target our efforts

7 **New standards and guidance** to underpin the five key questions

8 **Avoid duplication of activity** with local authorities

9 **Focus on leadership, culture and governance** with a different approach for larger and smaller providers

10 **Frequency of inspection to be informed by ratings**

Other ideas to discuss

- **Better use of technology** to capture people's views and experiences
- Specific guidance on our expectations for the **induction and training of staff** who work in adult social care services
- How we might encourage services to be **more open and better integrated** with local communities, creating an open culture
- Allowing **providers to pay for additional inspections** if they believe the quality of their service has improved
- Finding a better way of **regulating supported living schemes**
- Potential use of **mystery shoppers and hidden cameras** to monitor care

Engagement with you and others

- **Open and inclusive engagement with** people from October 2013 to Spring 2014 so they **shape and improve the new approach**:
  - Co-production group and smaller working groups on particular aspects of work
  - Six week cycle of development and engagement
  - Round table events and workshops on specific topics and issues
  - On line forums and discussions, surveys and social media
  - Events and workshops on regulatory approach, standards, ratings
  - Public focus groups and engagement through our network of local groups, including Local Healthwatch

Timelines

Oct 2013 – March 2014	Co-production and development to shape consultation proposals
March 2014	Consultation on regulatory approach, ratings and guidance
March – May 2014	Wave 1 pilot inspections
June 2014	Evaluation; guidance and standards refined
July – Sept 2014	Wave 2 pilot inspections and initial ratings of some services
Oct 2014	New approach fully implemented and indicative ratings confirmed
March 2016	Every adult social care service rated

Adult Social Care Vision

The Mum Test

Is it good enough for my Mum?

Nottinghamshire County Council

Report to Health Scrutiny Committee

28 April 2014

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

HILL VIEW SURGERY PREMISES, RAINWORTH - BRIEFING

Purpose of the Report

1. To introduce a briefing on the current position with the Hill View Surgery premises in Rainworth.

Information and Advice

2. Further to concerns raised by Members, the Chair of Health Scrutiny Committee requested a briefing on the current position with the Hill View Surgery Premises, which is located on Kirklington Road in Rainworth.

3. A briefing from the NHS England Local Area Team is attached as an appendix to this report. Keith Mann, Contract Manager NHS England will attend this meeting to brief the committee and answer questions as necessary.

4. Members may wish to identify the best time to schedule further consideration of this matter.

RECOMMENDATION

That the Health Scrutiny Committee:

i) receive the briefing on these surgery premises
ii) ask questions about the information received
iii) schedule further consideration, as necessary

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Report to the Health and Scrutiny Committee 28 April 2014

Hill View Surgery premises, Rainworth.

Hill View Surgery is located on Kirklington Road in Rainworth Nottingham. The premises are at the end of a parade of shops and were purpose built in 1960's. The current premises are owned by a GP who previously owned and operated the practice. Hill view Surgery has a registered list of approximately 3,000 patients and the business is owned by Dr I Jairam. Dr Jairam is operating in premises that both in 2008 (by the PCT) and recently reviewed by NHSE's Nottinghamshire and Derbyshire Area Team been identified as having some significant areas of risk that has required the practice to implement a remedial plan. All the significant areas of risk will have been mitigated by completion of the urgent schedule of works. The completion date for those works is 10th April 2014. However there needs to be a longer term action plan to bring the premises to a standard fit for longer term service delivery. The current premises may not be adaptable to future needs for the delivery of quality primary care services.

In 2012 prior to the most recent changes to the NHS Structure Dr Jairam submitted a business case for the development of new premises that would be fully compliant and meet the needs of patients for the longer term. The NHS has an internal process for approval of developments and allocation of the resources required to support developments. Dr Jairam's original proposal has been identified as a "legacy scheme" in the transition from PCT responsibilities to NHSE responsibilities. As a part of this transition the Area Team identified the need to revisit the original business case and option appraisal to ensure that all options have been fully considered. This was deemed important to ensure that any scheme selected or agreed meets the requirements to support the long term delivery of primary care within the Rainworth area and make the best use of all local NHS estate. Schemes must show benefits to patient care and experience and also pass the value for money in the use of NHS resources.

Dr Jairam's original preferred option was a small single storey development that would support services for her registered patients only. The new option appraisal is revisiting this proposal and is also considering the potential of further development on the site of the Rainworth Primary Care Centre. The rationale for considering this option is that whilst it moves the location of the practice it may offer significant advantages in joint working and more sustainable services within the Rainworth area. No decisions have been made at this time; the option appraisal is in the early stages. The practice is engaged in the proposals being put forward for all options and will embark on further engagement and information with patients and the wider community as soon as is practicable.

NHS England
Area Team – Derbyshire & Nottinghamshire

3 April 2014

Nottinghamshire County Council

Report to Health Scrutiny Committee

28 April 2014

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

PROPOSED GP PRACTICE MERGER – ROSEMARY STREET AND OAK TREE LANE PRACTICE, MANSFIELD

Purpose of the Report

1. To introduce a briefing on the merger of the Rosemary Street and Oak Tree Lane Practices in Mansfield.

Information and Advice

2. Representatives from the practices concerned and the NHS England Local Area Team will attend the Health Scrutiny Committee to provide a briefing on the proposed changes. A written briefing from NHS England is attached as an Appendix to this report.

3. Members will wish to undertake detailed questioning regarding the proposed changes and in particular, the planned communication, engagement and consultation; and how the results of consultation will influence service design.

4. Further to receiving the briefing, the Health Scrutiny Committee will need to determine if the proposed merger is in the interests of the local Health Service.

RECOMMENDATION

That the Health Scrutiny Committee:

i) receive the briefing on the proposed merger
ii) determine if the proposed change is in the interests of the local Health Service

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

Mansfield East (Councillors Alan Bell and Colleen Harwood)

Report Regarding the Proposal to Merge Rosemary Street Health Centre and Oak Tree Lane Surgery.

As a merged Practice Oak Tree Lane Surgery will be able to offer all services presently being offered at Rosemary Street Health Centre. It will not therefore be considered to be a branch although Rosemary Street Health Centre will be used for all correspondence and back desk administration.

The number of registered patients is as follows:-

Rosemary Street Health Centre	9983
Oak Tree Lane Surgery	2997
	12980

Patients will benefit immensely from the merger for many reasons:

- Increase in Enhanced Services provided at a choice of sites, for example in addition to the services already provided at Oak Tree Lane Surgery it will now also provide:

  Minor Surgery
  Minor Ailments (walk in service)
  DMARD
  Anti Coagulation
  IUCDs
  Implanon

  In addition to all services already provided by Rosemary Street Health Centre it will also now offer patients TeleHealth by actively using FLO.

- Booking appointments;
  Patients will be able to book appointments at both sites by calling either Oak Tree Lane Surgery or Rosemary Street Health Centre. Combining the two surgeries will give all patients a choice of site and as the practice boundaries overlap this will mean that patients will be able to see their GP of choice closer to their home

- Opening hours;

This will remain the same at Rosemary Street Health Centre, however Oak Tree Lane Surgery presently closes on a Wednesday afternoon and offers on call triage only. Once merged this site will remain open and offer patients a full service of GP and PN consultations and extend opening times from 8:30 am to 8am.

- Extended hours;
  This will remain the same at both sites.

- Home visits;
  These will be shared by all clinicians allocated according to whomever is closest to the patient or requested by the patient.

- Telephone system;
  There are no imminent plans to change any telephone system as it is believed that this will cause unrest to the patients. Should we consider changing the telephone system in the future there will be a full patient consultation preceding it.

- Premises / facilities;
  Resources will be shared ensuring efficient and effective ways of working.
  Patients will be offered a choice of sites to ensure they receive an appointment on their specified day and with their GP of choice.

- IT system;
  We intend to liaise with NHIS to ensure access to both shared drives, intranets and a merged SystmOne clinical system.
  There are future plans to create a single website however at present, especially due to the introduction of online appointments we will operate two separate sites with links included to the other.

- Training Practice;
  Following a formal visit from the Deanery we are confident that Oak Tree Lane Surgery will be accredited as a Training Practice. This measure of excellence will increase patient confidence in the practice and patients' expectations of a high quality service provision, which will be met.

  An increase in the availability of GP partners, salaried GPs and registrars will also eliminate the need for locum cover at Oak Tree Lane Surgery ensuring continuity of care for the patients.

  This increase in clinicians across the board will also enable all patients to have a choice of gender of their GP. At present, Rosemary Street Health centre is

male dominated whereas Oak Tree Lane Surgery is the opposite. This issue has been brought up in Patient Surveys and ad hoc comments in the Suggestion Boxes and will obviously be solved by the merger.

Both practices have consulted and engaged with registered patients about this proposal to ensure patient choice throughout:

Both sites have agreed to uniform communication to ensure all patients receive the same information despite where they are presently registered.

This information has been disseminated through –

Patient Participation Group
Surgery websites
Prescription notes
Practice Newsletters
Posters in local pharmacies
Practice Twitter account
Patient Call Screen

The PPG has been actively involved in the discussions with the merger. The surgeries of both PPGs have met as one group and endorsed the merger of the two practices. They have consulted with patients and informed them of the new services that will be available and a positive response has been received.

The merger proposed will bring about benefits to the Council, the CCG and LAT in line with the current Primary Care Strategy.

Two practices working as one in the same area will reduce the meetings needed for MDTs which is becoming an essential part of Health and Social Care.

Combining Social Workers, Housing Officers and other local agencies in to one caseload would reduce demand and increase the quality.

We are confident that following the merger we will see a marked reduction in referrals, not only due to the increase in Enhanced Services being provided to an additional 3000 patients, but also due to the increase in available GP appointments and the wider variety of clinical skills. Being seen in practice rather than secondary care is preferable for the majority of patients as it reduces waiting time; travel expenses and improves the continuity of care.

Oak Tree Lane Surgery is presently a single handed practice challenged by the increasing demands of patients; increasing external scrutiny; and increasing financial pressures. Merging with Rosemary Street Health Centre will eliminate the pressures felt by a single handed practice by providing clinical peer support; flexibility of duties; and financial stability.

The catchment areas covered by Rosemary Street Health Centre and Oak Tree Lane Surgery are seeing many present and planned housing developments e.g. Berry Hill; Sandlands; and Peafield Lane. Hence we are seeing and will continue to see an increasing population and subsequent increase in patient need for clinical services. Merging the two practices and providing the benefits mentioned previously such as the increase in GP availability; increase in clinical skills; and increase in enhanced

services, the CCG and local council will not need to consider the need to for an additional Primary Care Provider.

NHS England has approved the merger through its Area Team and is confident that its organisation will provide efficiencies and a wider range of service for its patients.

OAK TREE LANE SURGERY

PATIENT PARTICIPATION REPORT
2013/14

Practice Code: C84675

Practice Name: OAK TREE LANE SURGERY

An introduction to our practice and our Patient Reference Group (PRG)
Oak Tree Lane Patient Participation Group meet bi monthly at the practice and discuss various topics such as any issues raised by patients found in the comments box, seasonal health issues, issues in the community that could effect health and could benefit from some practice input, health promotion. We also produce a quarterly newsletter and annual patient survey. **In the summer we encourage patients to join us on a weekly walk along the heath in order to to improve health and combat isolation and loneliness for some patients.**

Establishing the Patient Representative Group

This shows how the practice has tried to ensure that the PRG is representative of the wider practice population. Information is provided here on the practice and PRG profile.

2929	Practice population profile	PRG profile	Difference
Age			
% under 18	23	0	23
% 18 – 34	26	0	26
% 35 – 54	28	20	8
% 55 – 74	19	80	61
% 75 and over	5	0	5
Gender			
% Male	51	40	11
% Female	49	60	11

Ethnicity			
% White British	91	100	8
% Mixed white/black Caribbean/African/Asian	3.5	0	3.5
% Black African/Caribbean	0.8	0	0.8
% Asian – Indian/Pakistani/Bangladeshi	1	0	1
% Chinese	0.3	0	0.3
% Other	3.3	0	3.3

These are the reasons for any differences between the above PRG and Practice profiles:

The Patient Participation Group is open to all nationalities sex and ages and would benefit from input from a wide range of members. There is not a great deal of difference in sex and ethnicity considering the small numbers in our group.

In addition to the above demographic factors this is how the practice has also taken account of other social factors such as working patterns of patients, levels of unemployment in the area, the number of carers:

Working Patterns: Late night appointments and early morning blood tests. EPS so that patients do not have to make so many visits to the practice to pick up prescriptions.
Carers: presently 58 registered at the practice. Carers are encouraged to register, especially young carers, in order to get the support they need.
High unemployment and deprivation can lead to dependencies and aggression. The practice is a pilot for domestic abuse and runs regular MDT's to get the help needed.

This is what we have tried to do to reach groups that are under-represented:

Advertised in the newsletter for the older generation
Advertised on the website for the younger generation
Advertise on the Patient Call Screen for all patients

Setting the priorities for the annual patient survey
This is how the PRG and practice agreed the key priorities for the annual patient survey

After consultation around our previous Patient Survey and action plan and discussions around other surveys we have seen and Best Practice.

Designing and undertaking the patient survey This describes how the questions for the patient survey were chosen, how the survey was conducted with our patients and includes a summary of the results of the survey (full results can be viewed as a separate document)
How the practice and the Patient Reference Group worked together to select the survey questions: Regular meetings and discussions
How our patient survey was undertaken: Manually on paper by PPG members
Summary of our patient survey results:  Oak Tree Lane Surgery Patient Surv‹

Analysis of the patient survey and discussion of survey results with the PRG This describe how the patient survey results were analysed and discussed with PRG, how the practice and PRG agreed the improvement areas identified from the patient survey results and how the action plan was developed:
How the practice analysed the patient survey results and how these results were discussed with the PRG: Full analysis by discussion in PPG meeting 3.12.2013 Responded to all queries and comments and created an Action Plan
The key improvement areas which we agreed with the PRG for inclusion in our action plan were: Recruitment Clearer information on opening times and services Privacy Poster
We agreed on all issues and actions

ACTION PLAN

How the practice worked with the PRG to agree the action plan:

Through discussion and implementation

We identified that there were the following contractual considerations to the agreed actions:

N/A

Copy of agreed action plan is as follows:

Priority improvement area Eg: Appointments, car park, waiting room, opening hours	**Proposed action**	**Responsible person**	**Timescale**	**Date completed (for future use)**
Privacy	Poster in reception informing patients that they can ask to be taken to a private room to discuss their needs with the receionist	PM	immediate	3.12.2013
Recruitment	More advertising in surgery; Seasonal cards	PM	Ongoing	
Clearer Information	Opening times and information about services to be put on Patient Call system	PM	immediate	3.12.2013

Review of previous year's actions and achievement

We have summarised below the actions that were agreed following the patient survey 2012/13 and whether these were successfully completed or are still on-going and (if appropriate) how any have fed into the current year's survey and action plan:

"You said …….. We did …… The outcome was ……"

Overhaul of notice boards has been successful however we aim to improve on our display techniques to make the current Health Promotion campaigns bolder.

Newsletters have been successful

Not a great deal has been put in the Suggestion Box

Where there were any disagreements between the practice and the PRG on changes implemented or not implemented from last year's action plan these are detailed below:

No

Publication of this report and our opening hours

This is how this report and our practice opening hours have been advertised and circulated:

Front door
Website
Practice Newsletter
Patient Leaflet
Practice telephone answer machine message
Patient Call

Opening times
These are the practice's current opening times (including details of our extended hours arrangements)

MONDAY – FRIDAY 8.30AM UNTIL 6.30PM

HALF DAY CLOSURE WEDNESDAY 1.00PM

EXTENDED HOURS :	**MON PM**	**18:30-19:30 GP AND NURSE**
	WED AND FRI AM	**07:30-08:30 PHLEBOTOMY**

4 appointments per session are available to book up to 3 months in advance; the remaining appointments are released on the day.

Patients can be seen by appointment made in advance either by telephoning or by calling in at the reception, from 8:30am.

If you need advice more urgently for an emergency such as chest pain, collapse or it is a child under 5 please telephone the surgery at 8:00am.

PATIENT PARTICIPATION REPORT
2013/14

Practice Code: C84036

Practice Name: Rosemary Street Health Centre

An introduction to our practice and our Patient Reference Group (PRG)
The practice has continued to work towards improving patient care increasing the training and number of GP Registrars to an average of 6-7 registrars at any one time. The PRG works with the surgery on all topics raised at the meetings. They are responsible for producing the newsletter and fund raising. The PRG fully support the practice.

Establishing the Patient Representative Group

This shows how the practice has tried to ensure that the PRG is representative of the wider practice population. Information is provided here on the practice and PRG profile.

	Practice population profile	PRG profile	Difference
Age			
% under 18	20%	0	20%
% 18 – 34	22%	17%	5%
% 35 – 54	27%	0	27%
% 55 – 74	23%	67%	(44%)
% 75 and over	8%	16%	(8%)
Gender			
% Male	50%	33%	17%
% Female	50%	67%	(17%)

Ethnicity - To the best of our knowledge, there are no specific minority groups within the practice population We don't have this information as it was not historically recorded			
% White British			
% Mixed white/black Caribbean/African/Asian			
% Black African/Caribbean			
% Asian – Indian/Pakistani/Bangladeshi			
% Chinese			
% Other			

These are the reasons for any differences between the above PRG and Practice profiles:

As in previous years, in comparison to our practice profile, we are more heavily represented by the older sector.

We are continually trying to engage with the cohort that are not represented well via our quarterly newsletters (see latest newsletter on website) , the website as well as having posters in the surgery. The young and the working are hard to get on board but perseverance will prevail.

We (the surgery team and the PPG) are disappointed that we have not been able to form a proper virtual group as yet but will continue to promote this until we do!

At the suggestion of a PPG Member, we have mutually agreed to change the name of the "Virtual Group" to the "Online Patient Group" and promote it as such this coming year. We feel this much more representative of the role and we hope, may be seen as more friendly and inviting to others.

In addition to the above demographic factors this is how the practice has also taken account of other social factors such as working patterns of patients, levels of unemployment in the area, the number of carers:

Nearly everyone has access to the web regardless of age and irrespective of employment status

The website has had over 15,000 hits this year already and it's only 6th March!

The newsletter can be accessed by PC, laptop, ipad or phone, is free and easily obtained via the newly introduced QR code. It is also available in hard copy form in both surgery waiting rooms.

48 more people have signed up to receive it electronically this year, making a total of **333** subscribers.

This is what we have tried to do to reach groups that are under-represented:

As previously mentioned we are continually trying to engage with the cohort that is not represented well by using our quarterly newsletters, the website and posters in the surgery.

We have updated our approach by introducing the QR code to our communications and this year and we have set up a twitter account!

We are promoting "the twitter way" of communication via the four LCD boards in our waiting rooms and our newsletter and it is hoped that this will engage the younger and generally wider cohort.

We already have 31 followers! ☺

Setting the priorities for the annual patient survey

This is how the PRG and practice agreed the key priorities for the annual patient survey

We felt that our patients were put off taking our survey last year because of the size; we also had many incomplete surveys that we couldn't use and felt again that this was because it was too large so we all agreed to reduce the number of questions from 19 to 11 (keeping it to one A4 page on hard copy) and focus on the pertinent issues.

From a non clinical aspect, we agreed that the waiting time for doctors and nurses is one of the main issues for patients and the quality of reception service (over the telephone and face to face).

Clinically, to have feedback on the services we provide and if our patients feel satisfied with their care.

Designing and undertaking the patient survey

This describes how the questions for the patient survey were chosen, how the survey was conducted with our patients and includes a summary of the results of the survey (full results can be viewed as a separate document)

How the practice and the Patient Reference Group worked together to select the survey questions:

Having decided on the priority areas, we all contributed towards the makeup of the 11 questions to be used in this year's survey and agreed them before the meeting on 30th October 2013 was over.

The full results are available on our website for everyone's information.

How our patient survey was undertaken:

The survey was open on the website from November 2013 until 20th Jan 2014. We were disappointed that only 20 were completed though, despite advertising it.

The PRG pointed out that it wasn't in a prominent enough place on the website, you had to scroll to get to it. Our PRG feel that the survey is important and that the feedback we receive intrinsic to their role and purpose and therefore it was agreed that we would still continue with the patient survey even though it is not part of the DES requirement going forward and we will place it in a better place on the website next year ☺

It was also noted that the PRG do not consider the Friends & Family replacement to be of any value.

We also gave out some paper questionnaires at the surgery, on different days and at different times of the day during Nov, Dec & Jan 2014. 95 of these were handed in but not all were complete.

The total completed number of surveys came to 103

Summary of our patient survey results:

Nearly half our patients are employed and a third retired.

Booking a nurse or a doctor's appointment doesn't seem to be a problem however nearly 44% are waiting more than 15 minutes to be seen by a doctor.

Still a large proportion of patients are not finding it easy to get through to the surgery by telephone.

Analysis of the patient survey and discussion of survey results with the PRG
This describe how the patient survey results were analysed and discussed with PRG, how the practice and PRG agreed the improvement areas identified from the patient survey results and how the action plan was developed:

How the practice analysed the patient survey results and how these results were discussed with the PRG:

The manually completed paper results were fed into the website survey by a member of the PPG so that all the results were amalgamated and automatically shown on the website in graph form.

These were printed off and discussed at the PPG Meeting on 21st January 2014

The key improvement areas which we agreed with the PRG for inclusion in our action plan were:

Doctors waiting time and telephone access

We agreed/disagreed about:

We all agreed the objectives / priorities, there were no disagreements.

ACTION PLAN

How the practice worked with the PRG to agree the action plan:

The Practice Manager, a Doctor, the Lead Nurse and five PRG Members agreed the action plan at the meeting on the 21st January 2014. We deliberated each point individually and put those aside for action that we felt needed our attention as priority.

We identified that there were the following contractual considerations to the agreed actions:

There were no contractual considerations to take into account.

Copy of agreed action plan is as follows:

Priority improvement area	Proposed action	Responsible person	Timescale	Date completed
Doctors waiting time 44% said they had to wait over 15 minutes.	Rosemary Street Health Centre has plans to recruit a full time salaried doctor in April 2014 and another in August 2014	The Partners	1 – 6 months	
Telephone access 34% of patients said they didn't find it easy getting through by telephone	We believe that some of this could be because of the 8am rush when lots of patients are trying to get through at the same time. We have tried to assure everyone that if they need to be seen today, then they will be, the improvement is evident from the fact that we don't get a line of patients waiting for us to open anymore ☺ We also feel that our newly installed GP Online booking system will help with this issue. We have made this a head liner on our website and also in this quarters newsletter as well as the posters already up in the surgery and the advert on the LCD boards. Our PRG members have tried it and feel it's a big asset for the future and will reduce the number of telephone enquiries.	Practice Manager	Imminent System on Trial, Feb 14	

Review of previous year's actions and achievement

We have summarised below the actions that were agreed following the patient survey 2012/13 and whether these were successfully completed or are still on-going and (if appropriate) how any have fed into the current year's survey and action plan:

Doctor availability and waiting time

Doctors availability was not highlighted as an issue this last year so hopefully the decline in the pharmacy work and the improvement in registrar sickness has improved this area.

You (patients) also said that the doctor waiting time was an issue and this is still highlighted in this latest survey. We have realised that there is a need to increase the doctor hours here and so the outcome is that we plan to recruit a full time salaried doctor in April and another in August of this year.

Getting through by telephone

This was also highlighted again this year. The telephone options do seem to direct the calls better but do not give us anymore actual resource and therefore haven't really helped as much as we would have liked. It is hoped that the Online GP Appointment Booking system will take some of the strain off the reception desk going forward.

We will monitor the number of appointments and increase availability as necessary.

Health Management following Nurse Appointments

This has definitely improved as hoped.

Text Appointment Reminders

Our apologies, unfortunately this has not yet progressed. We will keep this on our action plan and endeavour to progress it this coming year.

Where there were any disagreements between the practice and the PRG on changes implemented or not implemented from last year's action plan these are detailed below:

The PRG would have liked text reminders to be instigated but except that the practice has to be satisfied that the system will meet the necessary legal requirements.

Publication of this report and our opening hours

This is how this report and our practice opening hours have been advertised and circulated:

The results of the survey are on the practice website www.rosemarystreethealthcentre.co.uk and are displayed in our waiting room. The PRG members were all sent a copy of the report prior to publication.

The website also displays our opening hours as does a large sign at the entrance of the surgery. They are also on our practice leaflet.

Opening times

These are the practice's current opening times (including details of our extended hours arrangements)

0800 – 1915 Monday – Thursday

0800 – 1830 Friday

Access by telephone, in person or website

Nottinghamshire County Council

Report to Health Scrutiny Committee

28 April 2014

Agenda Item: 7

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 and Advice

2. The Health Scrutiny Committee is responsible for scrutinising decisions made by NHS organisations and reviewing other issues which impact on services provided by trusts which are accessed by County residents – specifically, those located in the Northern part of the County.

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 will recall that at the last meeting, the considered the Quality Account priorities from Sherwood Forest Hospitals NHS Foundation Trust and Doncaster & Bassetlaw NHS Foundation Trust.. The draft Quality Accounts for these Trusts were not submitted in time for inclusion in the papers for this meeting. It is suggested that Members with a particular interest in commenting on these draft Quality Accounts form a study group for the purpose. The comments developed by the study group can be circulated to all Members of the committee for agreement.

6. Members may also wish to suggest and consider subjects which might be appropriate for scrutiny review by way of a study group.

RECOMMENDATION

1) That the Health Scrutiny Committee considers and agrees the content of the draft work programme.

2) That Health Scrutiny Committee Members Indicate interest in membership of the Sherwood Forest Hospitals Trust Quality Account study group.

3) That the Health Scrutiny Committee suggests and considers possible subjects for review.

Councillor Kate Foale
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 9772826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME

Subject Title	**Brief Summary of agenda item**	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
3 June 2013				
Healthwatch Nottinghamshire Presentation	Introduction to the work of the new organisation which replaces LINks (Local Involvement Networks).	Briefing	Martin Gately	Joe Pidgeon and Claire Grainger, Healthwatch
Diamond Avenue Surgery Changes (TBC)	Members will hear about the recent changes to arrangements at a surgery in Kirkby-in-Ashfield as an example of the sort of issue that will come before the committee	Briefing/Development	Martin Gately	TBC
Areas of Concern	The Committee will identify areas or themes on which to receive an initial briefing – these areas may go on to be the subject of a thematic review undertaken by the committee itself or a sub-committee/study group.	Briefing	Martin Gately	N/A
15 July 2013				
Bassetlaw Health Services	An initial briefing on the work of Bassetlaw Clinical Commissioning Group from the Chief Operating officer, Mr Phil Mettam.	Briefing	Martin Gately	Mr Phil Mettam Bassetlaw CCG
Mansfield/Newark and Sherwood Health Services	An Initial briefing on the work of the Mansfield/Newark and Sherwood CCGs from Chief Operating Officer, Dr Amanda Sullivan.	Briefing	Martin Gately	Dr Amanda Sullivan Mansfield/Newark and Sherwood CCG
Mortality Rates	An initial briefing on a possible area for scrutiny	Scrutiny	Martin Gately	Dr Amanda Sullivan Mansfield/Newark CCG
Ashfield Health Village GP Practice Procurement/Kirkby	An initial briefing on a procurement exercise relating to Ashfield Health Village	Scrutiny	Martin Gately	Keith Mann NHS England

Community Primary Care Centre: Planned Procurement				
9 September 2013 – Meeting Cancelled				
Sherwood Forest Hospitals Foundation Trust	Briefing on the work of the Sherwood Forest Hospitals Foundation Trust	Briefing	Martin Gately	Paul O'Connor, Chief Executive
Integrated Care Teams	Implementation Update - Changes in Newark and Sherwood	Briefing	Martin Gately	Zoe Butler, Newark and Sherwood CCG
4 November 2013				
Misdiagnosis	Initial briefing on an area of concern identified by the committee (likely topic for review)	Briefing	Martin Gately	Clinician TBC
Outcomes of Keogh Report, including mortality rates at Sherwood Forest Hospitals	Feedback on the recent national report undertaken by Professor Bruce Keogh addressing concerns around mortality rates at various hospitals, including Sherwood Forest Hospitals.	Scrutiny	Martin Gately	Dr Amanda Sullivan
Sherwood Forest Hospitals Foundation Trust	Briefing on the work of the Sherwood Forest Hospitals Foundation Trust	Briefing	Martin Gately	Paul O'Connor, Chief Executive
Health Scrutiny Member Training and Development	Discussion regarding the provision of Health Scrutiny Training and Development	For decision	Martin Gately	-
6 January 2014				
Misdiagnosis	Initial briefing on an area of concern identified by the committee (likely topic for review)	Scrutiny	Martin Gately	Clinician TBC
Sherwood Forest	Briefing on the work of the Sherwood Forest	Scrutiny	Martin	Paul O'Connor,

Hospitals Foundation Trust	Hospitals Foundation Trust - Update		Gately	Chief Executive of Trust
Mortality Rates at Sherwood Forest Hospital Trust	Update on mortality rates further to the Keogh Review and independent review	Scrutiny	Martin Gately	Dr Amanda Sullivan, Chief Executive Newark and Sherwood CCG
Quality Accounts	Consideration of the priorities for provider trusts' Quality Accounts	Scrutiny	Martin Gately	Representative of Sherwood Forest Hospitals Foundation Trust
24 February 2014				
Presentation – GP Practice Strategy	Briefing/presentation on the strategy for GP Practices in Nottinghamshire by Nottinghamshire GP Team, NHS England	Scrutiny	Martin Gately	(contact Liz Gundel, NHS England)
Proposed GP Surgery Changes – East Leake Medical Group	Consideration of proposals to reorganise services from East Leake, Sutton Bonnington and Hathern.	Scrutiny	Martin Gately	GP Partner Representatives (contact: Nicky Tyler, Practice Manager)
Proposed GP Surgery Merger – Drs Law & Mountcastle and Orchard Medical Practice	Consideration of proposals to merge the practice of Drs Law & Mountcastle with Orchard Medical Practice, which is based at Mansfield Community Hospital.	Scrutiny	Martin Gately	(contact Kerrie Woods, Assistant Contracts Manager)
Proposed GP Surgery Merger – Willowbrook Medical, Sutton-in-Ashfield and Pantiles Medical Centre	Consideration of proposals to merge Willowbrook Medical Practice with Pantiles Medical Centre	Scrutiny	Martin Gately	(contact Liz Gundel)
Clinical	Initial briefing on updated complaints	Briefing	Martin	Elaine Moss,

Commissioning Groups Complaints Procedures	procedures.		Gately	Director of Quality and Governance, Newark and Sherwood CCG
Mid-Notts Transformation	Consideration of the changes proposed within the Mid-Notts Transformation programme	Scrutiny	Martin Gately	Dr Amanda Sullivan, Chief Executive Newark and Sherwood CCG
Quality Accounts – Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Consideration of the priorities for provider trusts' Quality Accounts	Scrutiny	Martin Gately	TBC
28 April 2014				
Consideration of Draft Quality Accounts – Doncaster and Bassetlaw	The committee will consider the draft quality accounts of Doncaster and Bassetlaw NHS Hospital Foundation Trust.	Scrutiny	Martin Gately	Heather Keane, Assistant Director of Nursing – Patient Experience & Quality
CQC Presentation	An introductory presentation on the work of the Care Quality Commission – the independent regulator for all care and health services in England	Briefing		Deanna Westwood, CQC Compliance Manager
Increase in Mortality Rates NG25	Councillor Bruce Laughton will provide a verbal update on the work of the scrutiny panel set up by the NHS	Scrutiny	Martin Gately	Councillor Bruce Laughton
Hill View Surgery	Briefing on the current position with Hill View Surgery premises	Briefing	Martin Gately	Keith Mann, NHS England
Rosemary Street and Oak Tree Lane Practice, Mansfield	Consideration of a general practice merger in Mansfield	Scrutiny	Martin Gately	Keith Mann, NHS England

23 June 2014				
Mid-Nottinghamshire Better + Together Integrated Care Transformation Programme	Further to the initial briefing by Dr Amanda Sullivan, consideration of 'Phase 3' of this transformation programme which will identify the outcome specifications and commissioning/procurement plans.	Scrutiny	Martin Gately	Dr Amanda Sulllivan Newark and Sherwood CCG

Potential Topics for Scrutiny – either in main committee or by way of a study group (for agreement by committee)

Never Events
Misdiagnosis

Liverpool Care Pathway / End of Life Care

Health Inequalities

To be scheduled

Stroke Pathway (TBC)	Scrutiny of potential stroke services reconfiguration proposals/consultation	Consultation	Martin Gately	Dr Amanda Sullivan, Newark and Sherwood/Mansfield and Ashfield CCG