

Health Scrutiny Committee

Monday, 24 February 2014 at 14:00

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

AGENDA

- | | | |
|----|--|---------|
| 1 | Minutes of the last meeting held on 6th January 2014 | 5 - 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 | GP Practice Strategy - Presentation from NHS England | 11 - 12 |
| 5 | Proposed GP Practice Changes - East Leake Medical Group | 13 - 18 |
| 6 | Proposed GP Practice Changes - Drs Law and Mountcastle and Orchard Medical Practice | 19 - 26 |
| 7 | Proposed GP Practice Changes - Willowbrook Medical Practice and Pantiles Medical Centre | 27 - 48 |
| 8 | Consideration of Quality Account Priorities (Newark and Sherwood Hospitals NHS Foundation Trust and D | 49 - 52 |
| 9 | Mid-Nottinghamshire Better + Together Integrated care Transformation Programme | 53 - 62 |
| 10 | Clinical Commissioning Groups Complaints Procedure | 63 - 70 |
| 11 | Work Programme | 71 - 78 |

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:-

Customer Services Centre 0300 500 80 80

(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.

Members or Officers requiring clarification on whether to make a declaration of interest are invited to contact David Ebbage (Tel. 0115 9773141) or a colleague in Democratic Services prior to the meeting.

(4) Members are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

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Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Martin Gately (Tel. 0115 977 2826) or a colleague in Democratic Services prior to the meeting.

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Membership

Councillors

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

District Members

A	Jim Aspinall	-	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

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 4 November 2013 were confirmed and signed by the Chair.

APOLOGIES FOR ABSENCE

There were apologies for absence received from Councillor Griff Wynne and Councillor Jim Aspinall.

DECLARATIONS OF INTEREST

There were no declarations of interest.

AREAS OF CONCERN - MISDIAGNOSIS

Dr Amanda Sullivan, Chief Operating Officer of the Newark and Sherwood Clinical Commissioning Group (CCG) gave a presentation to Members on Misdiagnosis and by the end of Dr Sullivan's briefing, Members had to decide whether to not this was a suitable subject for a Scrutiny review and following that, decide on the method of review.

Within the presentation the following points were made:-

- If diagnosis is classed as serious and will affect health, this is classified as a serious incident.
- Wrong diagnosis – overcall or undercall, both have different types of harm or impact. An example for undercall being a 20 year old had seen a GP 6-7 times with swollen glands in the neck but also had an itchy rash on the legs, these were typical symptoms for Hodgkin's disease but the patient was not referred for over 6 months. Overcall example being number of CT scans done in ED has doubled over the last 3 years. They quite often do detect small nodes in the abdomen. These are reported by non-lymphoma radiologists. Patients are receiving more scans but GP's or internal consultants are excluding a diagnosis which has only been raised by scan findings.
- Between April – November 2013, 3 serious incidents were recorded in Nottingham. 6 initially reported at Sherwood Forest Hospitals.
- Nottingham University will be releasing their data in the near future so we can analyse their figures when they have been released and compare.
- Delayed/misdiagnosis may occur over a few visits. The Trust and CCG focuses on the way in which results are tracked from the first initial appointment with the GP up until the diagnosis.

Contributory factors to a misdiagnosis may be any of the following:-

1. Lack of knowledge
 2. Rare/unlikely events dismissed from diagnosis.
 3. Lack of competence / experience.
 4. Occasionally negligence, more usually misinterpretation that is only properly understood with the benefit of hindsight.
- Serious incidents are reported on STEIS (Strategic Executive Information System). These incidents are rated from 0-2 (2 being the most serious type of incident or an incident in which a large number of people have been affected).
 - Serious consequences are thankfully small in number, but each case must be thoroughly investigated in order to make improvements.

Members raised concern over patients receiving treatment, being told there is not a problem with the results and then a few days down the line receiving a phone call telling them to come back to hospital to be told there is a break/fracture. Dr Sullivan explained that there is an extra control in the system; all x-rays get looked at again by senior clinical professionals and on some occasions there are recalls.

Dr Sullivan was confident that incidents with serious consequences are receiving attention and being investigated thoroughly. The complaints procedure makes it unlikely that incidents can be conceded

Overcall and Undercall are generally more frequent at GP level where the first stage of diagnosis is more complex.

The suggestion of a Study Group was put forward to Members. Members declined to set up a study group at this time and wanted to wait until data from Nottingham University Hospital became available and then look at bringing it back to the committee to update members before making a final decision.

MORTALITY RATES – INDEPENDENT REVIEW AND SHERWOOD FOREST HOSPITALS FOUNDATION TRUST

Dr Sullivan had a few areas to update Members on from the last meeting. Regarding the concerns in the rising death rates in the NG25 area, NG25 have a higher number of deaths for over 85 age of adults in Nottinghamshire, a working group has been established to look into this which Councillor Laughton is involved with. Their first meeting had already been arranged.

The NHS is holding a summit for end of life care in January, in order to review existing services and to develop commissioning plans for future services. A wide range of stakeholders from health, social care and the voluntary sector will be involved.

Hospital mortality rates continue to improve at Sherwood Forest Hospitals NHS Foundation Trust. Progress has been made in deaths from pneumonia and heart attacks. The gaps between weekday and weekend deaths have decreased also. More senior doctors are now on duty out-of-hours and this has had a beneficial effect.

Members wondered if more information was available in the more deprived areas of Nottinghamshire regarding a healthy lifestyle to help improve these figures even more. Dr Sullivan informed members that Public Health consultants hand out a lot of information and local GPs also hold information to help. Smoking comes out as the biggest killer.

Members thanked Dr Sullivan for her update and hard work with the investigation into the NG25 deaths. A verbal report from Councillor Laughton will be brought back to the next meeting informing Members with what came out of the first working group meeting.

SHERWOOD FOREST HOSPITALS FOUNDATION TRUST – UPDATE

Susan Bowler, Executive Director for Nursing at Sherwood Forest Hospitals Foundation Trust attended the meeting on behalf of Paul O'Connor who attended the last meeting in November to update members on the current position of the Trust in relation to the regulatory requirements.

The Trust was in special measures last year. There were inspections from Keogh Rapid Response Review and the Care Quality Commission within a week of each other. The Trust is currently on target as at October 2013, with regard to actions following the reviews. Monitor wants assurance that changes are being made and improvements are starting to begin. Two reports were published in the week of this meeting, one from each (Keogh & CQC). These reports lifted the improvement notice.

The Trust has now been reduced to minor improvements that need to be made. They were totally assured on some actions. There were no actions which they didn't see any assurance. The Trust thought that a future inspection would take place in the Spring. Gives them time to develop and implement those actions.

Members were disappointed that Mr O'Connor could not attend the meeting.

Councillor Laughton wanted to express his sympathy to one of his constituents, Mr Mallelieu whose story has been in the media recently. Mr Mallelieu lost his life to a stroke and an investigation is under way looking at different aspects of his care. Councillor Laughton told the committee that a stroke victim having to wait for 3 hours for an ambulance, then being turned away from Kings Mill to be taken to Nottingham City Hospital is just not good enough. Heart attack and stroke victims need immediate attention.

Dr Sullivan told members that the CQC is co-ordinating investigation with the East Midlands Ambulance Service (EMAS) and the Clinical Commissioning Group (CCG). There are looking at Newark Hospital Category 1 response times for ambulances. The panel have already met and it is being dealt with as a serious incident. An interim report would be published by the end of January.

The Chair wanted to know how many ambulances are being diverted, and this should be looked at as part of the investigation. Dr Sullivan would check if this had been part of the investigation and report back to the committee. The Chair also explained that the committee's role was not to scrutinize the cases of individual patients. We have to look at what improvements can be made from this incident to help then service improve in the future and we can then scrutinize those areas.

Members wanted to know if there were any plans to be extending the hours of the stroke unit. There are 2 sites in Nottinghamshire, which contain a stroke unit, Kings Mill and Nottingham City Hospital. Discussions are still ongoing to provide around the clock stroke care. Commissioner are concerned about the timeline for this, the sooner this is introduced the better it will be for patients.

Members raised concern over patients who are due to go home, not wanting to leave hospital in case of future problems when at home. Knowing the time it takes for ambulances to respond does not give patients any confidence in the service.

Joe Pidgeon from Healthwatch explained to Members that two directors from EMAS and the Chief Officer of Healthwatch look at public performance; the issue with the time it takes for ambulances to arrive at incidents is a regional issue as well, not just in Nottingham. It's much more of a wider level.

In April a further update will be brought to the committee. With regards to Mr Mallelieu case, the Chair sympathies went out to the family. The Committee hoped lessons could be learnt from this tragic case.

QUALITY ACCOUNTS – CONSIDERATION OF PRIORITIES

Due to the length of the meeting, the Chair and members agreed to put this item in the next meeting's agenda in February. This would allow Sherwood Forest Hospitals draft priorities to be considered at the same time as there of Doncaster and Bassetlaw Hospitals NHS Foundation Trust.

WORK PROGRAMME

The work programme was discussed and noted.

The Chair also reminded members about the Health Scrutiny Training which is taking place on Thursday 23rd January 2014 at 2pm in the Council Chamber here at County Hall.

The meeting closed at 3.30pm.

CHAIRMAN

6 January 2014 - Health Scrutiny

24 February 2014**Agenda Item: 4**

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NOTTINGHAMSHIRE GP PRACTICE STRATEGY

Purpose of the Report

1. To introduce a presentation on the Nottinghamshire GP Practice Strategy from representatives of NHS England's Derbyshire and Nottinghamshire Area Team, prior to the consideration of several mergers or re-organisations of GP practices within Nottinghamshire.

Information and Advice

2. Representatives of NHS England will attend the Health Scrutiny Committee to provide a presentation on the overarching strategy that is driving reorganisations and mergers of existing GP practices within Nottinghamshire.
3. Members will wish to have this strategy in mind when considering the changes in arrangements at various GP Practices that are also on the agenda of this meeting.
4. A written briefing from NHS England setting out core elements of the strategy is attached as an Appendix to this report.
5. Members may wish to ask detailed questions seeking clarification about the operation of the strategy.

RECOMMENDATION

That the Health Scrutiny Committee:

- i) receive the presentation on the Nottinghamshire GP Practice Strategy, and ask questions, as necessary
- ii) Schedule further consideration and updates, as required

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

24 February 2014

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

PROPOSED GP PRACTICE CHANGES – EAST LEAKE MEDICAL GROUP

Purpose of the Report

1. To introduce a briefing on the proposed changes to GP practices within the East Leake Medical Group.

Information and Advice

2. Representatives of NHS England and GP Partners from the East Leake Medical Group will attend the Health Scrutiny Committee to provide a briefing on the proposed changes. A written briefing from East Leake Medical Group 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 changes are in the interests of the local Health Service.

RECOMMENDATION

That the Health Scrutiny Committee:

- i) receive the briefing on the proposed changes within the East Leake Medical Group
- ii) determine if the proposed changes are 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

All



East Leake Medical Group

Tony Kelly Stephen Shortt Claudia Petillon Rahul Mohan Neil Fraser Imran Arshad

Associate GP: Oxana Iwanskyj

www.elmgroupsurgeries.co.uk

Briefing for the Overview Scrutiny Committee – 11th February 2014

Background

In March 2013, East Leake Medical Group of Dr Kelly and partners, merged with Soar Valley Surgeries (SVS) who single GP principal was Dr Patel. The practice areas of the two practices largely overlapped, except SVS extended into NW Leicestershire and in particular extended to and included Hathern.

Proposal

The East Leake Medical Group which operates out of East Leake Health Centre and Church House Surgery, Ruddington, and which now incorporates the former Soar Valley Surgeries (SVS) of Sutton Bonington, Hathern and East Leake, is consulting on proposals to reorganise the services offered from East Leake, Sutton Bonington and Hathern.

The context of this is the retirement from practice of Dr Gopal Patel, the refurbishment of East Leake Health Centre, the practice's ambition to build a new fit for purpose Health Centre in Sutton Bonington and problems with the Soar Valley Surgeries (SVS) accommodation in East Leake and Hathern and most importantly, our desire for all our patients to benefit from:

- A greater range of locally based services; diagnostics, blood tests, ECG and spirometry,
- The full range of women's' health and contraceptive services, minor surgery physiotherapy and specialist clinics such as diabetes
- A wider range of extended hours
- Patient-led and community activities such as baby clinics, antenatal classes and support groups
- Services 'under one roof' with good parking
- Modern appropriate accommodation, fully compliant for disability access

Dr Patel

Dr Patel retired from general practice on October 22nd after many years of service.

East Leake Health Centre refurbishment

A major extension and refurbishment to East Leake Health Centre has been completed. The Health Centre now has a much bigger, more comfortable and private reception area, four more consulting rooms and two more health care assistant rooms. This is already making the experience of attending the health centre much more comfortable.

Sutton Bonington Surgery

Sutton Bonington surgery currently operates from a small converted bungalow on a quiet residential road in Sutton Bonington.

The Health Centre, Gotham Road, East Leake, Leics LE12 6JG
Tel: 01509 852181 Fax: 01509 852099

Church House Surgery
Shaw Street, Ruddington
NG11 6HF
Tel 0115 9847101
Fax 0115 9847404

45 Orchard Close
Sutton Bonington
LE12 5NF
Tel 01509 672229
Fax 01509 670426

12-14 Gladstone Street
Hathern
LE12 5LE
Tel 01509 842657

39 Main Street
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The practice has been in discussion with the parish council in Sutton Bonington for some time, together we have been exploring opportunities to develop a modern purpose built surgery in the village. The existing accommodation is not suitable for modern general practice and we hope a new building would allow us to extend the hours of opening and offer the full range of general practice services throughout the week in Sutton Bonington. We are grateful for the support and encouragement given to us by the parish council and we hope to be able to announce our intentions very soon.

All patients of the former Soar Valley Surgeries would have access to this facility.

Hathern and East Leake branches of Soar Valley Surgeries

Both these buildings have served SVS patients well over many years, but there can be no doubt though that they do not meet the standards expected and required for access to modern general practice. Both premises have been subject to inspection and fall below NHS standards. It is certain that neither building will pass muster when inspected as they will be during the Care Quality Commission programme of general practice inspection.

The NHS aims to achieve Estate Category B (sound, operationally safe, exhibiting minor deterioration) for its estate generally. The three Soar Valley surgeries have been rated below this standard for nearly all of the measures: overall condition, fire, health and safety and DDA compliance. Converted residential premises cannot compete with purpose built accommodation in terms of functionality and space utilisation nor on sustainability which has become a major factor. So whilst investment might be made to improve some of these factors, it is not a long term solution to the inherent problems with the buildings. It is not financially viable to invest further in premises which are simply not fit for purpose for providing 21 century health care services. Moreover, neither building is owned by the practice or NHS property Services. Thus, we are seeking to close both buildings.

SVS East Leake branch

The SVS East Leake branch serves a population of 513 patients. It currently opens on a Monday afternoon and a Friday morning and also for a short session on Tuesday morning. We propose that patients who currently use the SVS East Leake branch should use the refurbished East Leake Health Centre. There are some advantages for patients:

- Patients will be able to consult the same doctors who currently work at the East Leake branch in the same manner as at present, in a more comfortable and better equipped facility, approximately 400 metres along Main Street in the heart of the village
- The Health Centre meets all regulatory standards
- There is an adjoining car park
- The Health Centre is open for 10 sessions a week.
- Patients will have access to all general practice services outlined above throughout the week.

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- Patients will be able to see the same doctors (above) or indeed any of the other (including female) doctors who work at East Leake Health Centre.
- The traditional SVS “open surgery” model is already in operation and will continue
- Other patients who prefer to make an appointment will be able to do so.

SVS Hathern branch

The SVS Hathern branch serves a population of 453 patients. However, after Dr Patel retired, and after consultation with NHS England (the commissioning authority for general practice services) and in line with advice from commissioning and regulatory bodies, the practice is writing to those patients who were registered but who live (in many cases quite a distance) outside of the agreed practice area, asking them to register with a local surgery. This will reduce the number to 311 patients. Surgeries are held on a Tuesday and Friday morning and Wednesday afternoon. There is no opportunity to make the premises at Hathern compliant with the necessary standards of general practice accommodation, and for that reason we propose to close the surgery. The practice very much hopes that patients who currently use Hathern will wish to and be able to use the services at Sutton Bonington.

There is a local hourly bus service for patients who need to use public transport. This service runs between Sutton Bonington and the main A6 which is approximately 500 metres from the present surgery in Hathern and covers all the surgery opening hours. There are also several local community transport schemes for those who need assistance to travel. We respect the fact that a number will not wish to do so and may seek to register with more local practices.

Consultation with patients

To ensure that every patient affected by the proposed changes has had an opportunity to comment, ask questions or indeed influence this proposal, the practice has written to all those affected by the proposed changes.

In addition, details of the proposal have been on display in the SVS East Leake and Hathern surgeries and two open public meetings have taken place. GPs, practice staff, patient group representatives and officers from NHS England were present to speak to anyone with any questions, concerns or comments about the new building at the following events and meetings.

A summary of feedback so far can be found in the stakeholder engagement return to NHS England. There has been no significant disquiet at all. Moreover, the intent to develop the Sutton Bonington site has been received very enthusiastically.

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Feedback to patients

After the consultation, if the closures are approved by NHS England, we will write to those patients affected informing them and ensuring they are given sufficient notice of the closure dates.

We would anticipate that, subject to the approval above, the closures will take place by 30th June 2014.

The practice will also publicise the decision in the surgery and on the East Leake Medical Group website www.elmgroupsurgeries.co.uk and through local media.

Consultation with neighbouring surgeries

Letters have been sent to neighbouring practices in Hathern, Loughborough and Shepshed.

The nearest practice in Hathern has also been contacted by email and by telephone by both a GP and the Practice Manager..

East Leake Practice Manager has also spoken to and discussed any issues with the Practice Manager at the Kegworth Practice.

Distance to alternative providers

The distance between the current East Leake Branch and the Health Centre is about 400 metres, as mentioned above.

For Hathern Branch, for patients who live in Hathern, the nearest local surgery is about 200 metres away in Hathern. For those living further afield, there are surgeries in Shepshed, Kegworth and Loughborough which are all within a radius of approximately 3 miles of the current branch surgery, but in many cases are nearer to the patients' home addresses.

East Leake Medical Group has impressed upon those surgeries that it very much hopes that patients who currently use Hathern will wish to and be able to use the enhanced services at Sutton Bonington.

The practice does not anticipate that the numbers seeking to transfer their registration will be large. In the final analysis though, a number may well exercise their right seek to register with more local practices.

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24 February 2014**Agenda Item: 6****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****PROPOSED GP PRACTICE MERGER – DRS LAW & MOUNTCASTLE AND
ORCHARD MEDICAL PRACTICE****Purpose of the Report**

1. To introduce a briefing on the merger of Drs Law and Mountcastle (Churchside Medical Practice) and Orchard Medical Practice.

Information and Advice

2. Representatives from the practices concerned will attend the Health Scrutiny Committee to provide a briefing on the proposed changes. A written briefing from Orchard Medical Practice 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

All

Business Proposal for the merger of Orchard Medical Practice and Drs Law & Mountcastle (Churchside Medical Practice)

Author **Orchard Medical Practice (for both practices)**

1. Background / context

Orchard Medical Practice (PMS Contract) is located at Mansfield Community Hospital having moved there in November 2012. The current list size is 12,154. The practice is committed to developing care closer to home. The practice is situated close to the town centre and is on a main bus route from the bus station. Orchard has its own barrier controlled free car park for patients, which also provides dedicated disabled spaces.

On site facilities include an x-ray department and physiotherapy services as well as a pharmacy next door to the practice and these services are welcomed by the patients. The practice is also involved with a number of community based patient pathways. It continues to achieve high QOF scores and patient surveys reflect a high level of satisfaction for services offered. The practice is committed to training and education and will be taking its first GP Registrar in August 2013. The practice is committed to collaborative working with primary care providers, recognising the changing landscape of the NHS and the need to consolidate and enhance the range of primary care services offered to the population served.

Drs Law & Mountcastle (GMS Practice) is currently working at Wood Street, Mansfield, having undergone a partnership split in April 2010 from the remaining GPs still working out of this surgery. The practice has consolidated and expanded its list size since April 2010 by being proactive in accommodating timely access for patients and offering a quality service. The list size has increased significantly in that time from 3200 to 5040. The practice has also achieved high QOF scores and patient surveys reflect a high level of satisfaction for services offered.

The on-going arrangements for Drs Law & Mountcastle in the shared accommodation is unsustainable, as the original partnership had effectively broken down there have been a number of relationship issues between both the practices over recent years affecting GPs and staff particularly. Both practices are unable to expand as their respective list sizes increase and Drs Law and Mountcastle are unable to pursue their wish to become a training practice or develop as they would like additional patient care pathways. Conditions for staff are also extremely cramped, stressful and maintaining confidentiality is difficult as both practices share a reception desk. Because of limited rooms it makes it extremely difficult for Drs Law and Mountcastle to increase their clinical capacity. It is placing a considerable amount of pressure on the two GPs trying to offer their patients a continued high standard of care and at the same time they have limited time for their own individual development and training.

As a benchmark for patient experience, the results of the national GP Patient Survey are extracted below:

Practice Name	Q28: Overall experience of GP surgery	Q29: Recommend surgery to people new to the area
ORCHARD MEDICAL PRACTICE	93%	94%
DRS LAW & MOUNTCASTLE	92%	89%

Churchside Practice

This practice also suffers from the repercussions of the partnership split in terms of limited accommodation and practice development.

The difficulties experienced by both practices working out of the Churchside practice have been recognised by the Area Team and its predecessor the PCT who had given Drs Law and Mountcastle high priority in terms of finding alternative premises and currently agreement had been reached for them to move into a new build on the site of the old Health Centre in Mansfield.

Geography/ Access

Both practices serve patients in and around the Mansfield town centre and districts. Drs Law and Mountcastle and Orchard Medical Practice do appreciate that should the merger of the two practices be approved a number of patients will choose to re-register with one of the other local practices situated within a few hundred yards of Churchside but consider this to be a short term consequence of the move.

2. The Proposal

Options Considered

In line with previous stated commitments around collaboration Orchard entered into discussions with Drs Law & Mountcastle to consider the benefits of the two practices working more closely together. It was apparent from the outset that it was not an option for Drs Law and Mountcastle to remain working out of the Churchside surgery. However the following alternative options were discussed between the two practices.

Not to merge but to develop closer working relationships

Consideration was given to the two practices working more closely together with Drs Law and Mountcastle working from the site of the old Health Centre. There would obviously be a significant lead-in time for this initiative to work effectively as the new surgery for Drs Law and Mountcastle would need to be built. Although this option would enable both practices to retain their own identities the lack of any formal contractual relationship would make the development of services, and the achievement of a more integrated clinical/ staffing structure, even more responsive to patient needs, more difficult to achieve.

Merger

Consideration was then given to, perhaps, the more unusual option of a complete contractual merger between Drs Law and Mountcastle and Orchard Medical Practice with both practices working out of the same premises. Scoping exercises were undertaken regarding whether there was sufficient capacity at the Mansfield Community Hospital to accommodate the additional clinicians and staff. Subject to minor alterations to the current accommodation, this showed that this was a viable option and a more cost effective solution for the Area Team. This solution would allow the Area Team to save the significant costs of building a new surgery on the site of the old Health Centre releasing the capital costs. It avoids the need to seek NHS England central approval for a capital project and a subsequent process to acquire this capital.

Both practices have very similar clinical aims and objectives with excellent patient care at the top of their agendas. Both practices share a desire to bring more patient care out of secondary and community care closer to patient's homes and support the CCGs primary care strategy. Discussions regarding present staffing structures also suggested that both practices could dovetail together relatively easily. A merger would also enable Drs Law and Mountcastle to become a Training practice and at the same time help them develop their own training and development needs.

After long and hard consideration both practices agreed that a full contractual merger was the way forward and approval was given by the Partners of both practices to submit a business case to the Area Team.

3. Benefits

To patients

- Equality Act (DDA) & CQC compliant refurbished building
- Dedicated patient car park with ample spaces to include disabled parking
- On site pharmacy next door to the practice
- On site access to physiotherapy & x-ray services
- More flexibility around extended opening hours
- Opportunity to extend inner & outer practice boundaries
- Optimisation of the appointment system with more clinicians able to offer an increased number of both on the day and pre-bookable appointments than is currently offered by both practices in isolation.
- Increased number of clinicians to engage with more enhanced services such as anti-coagulation monitoring and family planning services
- Increased levels of reception staff to allow improvement to telephony services – capacity will be monitored and if there is a need for increased phone lines the current telephone system can be upgraded to cope with this.

To practice

- Increased training opportunities for foundation doctors and GP registrars due to flexible workforce
- Enhancement of HCA/nurses services by minor alterations to existing building to increase number of clinical rooms
- Merger acts as a pre-cursor for enhanced federated practice working across CCG
- Improved working conditions for clinicians & staff

- Opportunity to increase patient list size
- Improved WTE GP numbers for registered population
- Provides a greater opportunity to develop, in collaboration with CCG, a range of community care services due to greater critical mass

To other practices (Churchside)

- Increased training opportunities, i.e. training practice development due to increased room availability
- Improved working conditions for staff
- Opportunity to further increase patient list size

To Area Team

- Current issue of two practices working under one roof in acrimonious circumstances resolved
- Issue of capital spend on demolition and re-build of St Johns Street subject to DH approval – not required
- Benefit of capital receipt through sale of St Johns Street Health Centre
- Recurrent notional rent and reimbursable costs at St Johns Street - not required
- Opportunities to pilot innovative ways of working with a large practice committed to bringing care closer to patients
- Reduced number of practices to performance manage
- Training opportunities for Churchside Medical Practice due to increased room availability.
- Both practices are on same medical system (SYSTMONE)- simple integration of patients records achievable with no detriment to patient care through risk of record transfers and allows for smooth transition of clinical pathways/protocols in line with Q&OF

To CCG

- Alignment with forthcoming Primary Care Strategy
- Opportunity to pilot innovative ways of working with a large practice committed to bringing care closer to patients in a quality focused, outcome driven, cost effective manner
- Template for enhanced collaborative working across a number of practices

Longer term benefits of collaborative working

- Further provision of services previously commissioned from secondary and community care with associated cost savings
- Further development of clinicians' skills in different specialities
- Development and integration of a multi-skilled, multi-disciplinary primary/community care team to meet the evolving needs of patients bringing care closer to home.
- The CCG is developing proactive integrated care teams across Mansfield and Ashfield. Practices are encouraged to work more closely with community teams and their peers to risk stratify patients and to support patients in their homes. This will help to prevent exacerbations and admissions to hospital.
- The CCG is encouraging peer review of referrals and multi-disciplinary team discussions. Larger practices will be more able to develop these areas of working and will maintain resilience in service provision

4. Risks

- Patient choice- patients may not wish to move premises – *acknowledged and taken into consideration.*
- Patient's that previously de-registered from Orchard & registered with Dr Law & Dr Mountcastle or the other way around may wish to move - *acknowledged and taken into consideration*
- Local politicians involvement – potential lobbying from patients - *there will be a formal engagement period agreed with the Area Team and a defined timeline described for the proposed merger, open events will be held to encourage the patients voice to be heard and inform the process*
- Logistical risks – IT transfer issues – *close liaison with NHIS to ensure smooth transition of patient records into one system*
 - Failure to cope with increased phone demand – *increased staffing levels allows for expansion of incoming telephone lines – transfer of patients through Patient Registration (SBS) will also be a factor requiring forward planning.*
 - Premises – inadequate room availability – *flexible working to maximise room usage throughout the day and increased number of consulting rooms (2) through minor alterations*

5. Partnership support

Both Orchard Medical Practice and Drs Law and Mountcastle would expect to work closely with the CCG in its endeavours to develop future models of primary care services and in its continued attempts to commission services in a better more cost effective way with major emphasis being placed on urgent care. *There is CCG support for this merger* because it is in line with the strategic direction for primary care. CCG support for other potential primary care developments / mergers will also be considered with reference to the ability to deliver more proactive long-term conditions care, access to services, high quality and sustainable care and peer review of clinical decision making (such as referrals to secondary care).

The practice will be looking to work closely with the Area Team on contractual issues particularly in light of the pending new GP contract and opportunities to inform national debate around its format. *There is AT support for this merger.*

Both Orchard Medical Practice and Drs Law and Mountcastle will also be looking to work closely with the remaining surgery at Churchside to ensure a smooth transition to the new structure.

6. Implementation

Subject to approval by the Area Team Primary Care Panel

- Overall timescale - Subject to a satisfactory consultation period it is planned that the merger will take effect from 1st April. After discussion with the area team they wished to draw our attention to the fact that there is currently a

national stocktake of PMS contracts to inform a central decision in relation to a PMS contract review which could potentially apply to the 2014/15 contract year. Should this PMS review go ahead then the Area Team would have to treat the newly merged practice PMS contract the same as all other PMS contracts in the area team with effect from 1 April 2014.

- Consultation with patients/public-Ideally this would take place as soon as practicable to enable any issues/ concerns identified during the process to be resolved.
- Liaison with Churchside- It is recognised that early dialogue with the other practice at Churchside will help make the transition to the merger as smooth as possible. There will need to be agreement on issues such as furniture and fittings. It might also be possible to agree with the practice an agreement not to accept any patients wishing to re-register with them at the time of the merger because of the benefits that they will receive from the merger.
- Premises- Although the alterations identified at Orchard are not significant building works invariably take longer than first envisaged and the sooner the changes can be made the better

IT- Although both practices are using the same computer system the practices will need to work closely with SYSTMONE to ensure that the two patients lists are integrated as near as possible to the merger date and to ensure that there is no degradation in respect of respective QOF performances.

By 1 st September 2013	Area Team approval for merger
1 st September – 1 st December	Consultation process with Area Team support
1 st December – 1 st February 2014	Review of consultation process and actions agreed
1 st February – 31 st March 2014	Implementation of plan
1 st April 2014	Formal merger of practice

24 February 2014**Agenda Item: 7****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****PROPOSED GP PRACTICE MERGER – WILLOWBROOK MEDICAL
PRACTICE AND PANTILES MEDICAL CENTRE****Purpose of the Report**

1. To introduce a briefing on the merger of Willowbrook Medical Practice and Pantiles Medical Centre.

Information and Advice

2. Representatives from Willowbrook Medical Practice (Dr Jeremy Jenkins and Dr Shan Hussein) will attend the Health Scrutiny Committee to provide a briefing on the proposed changes. A written briefing from Willowbrook Medical Practice 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

All



Martin Gately
Democratic Services
Policy, Planning and Corporate Services Department
County Hall, West Bridgeford
Nottingham
NG2 7QP

10th February 2014

Dear Martin

Re: Merger of Willowbrook Medical Practice and Pantiles Medical Centre

We have been instructed by NHS England to inform you in respect to the proposed merger of two Sutton-in-Ashfield GP practices.

Willowbrook Medical Practice, as the largest primary healthcare provider in the area, have built a team which is committed to patient care. Over the last few months, we have provided support to Pantiles Medical Centre, and believe, by joining the two practices, improvements to patient care and significant savings can be made to our local health economy.

On behalf of Dr Chandran of Pantiles Medical Centre, 6 partners of Willowbrook Medical Practice, work colleagues, staff, PPG members, NHS stakeholder and most importantly our patients, we seek support for the joining of the two practices. The merger is proposed for April 2014 subject to finalisation of legal documents, NHS England contract transfer, patient data transmission and other logistical matters.

I have enclosed a briefing paper which describes the changes and benefits the merger brings to patients and the local community. Both practices have undertaken various consultation exercises with the Patient Participation Group, Practice Staff and a sample of Registered Patients. Both practices will continue with patient and wider stakeholder engagement during February and March 2014 in accordance to the attached plan.

We would like to confirm that Dr Jeremy Jenkins will attend the Committee on 24th February 2014 to represent both practices, present the business case for the merger, and answer any questions.

Yours sincerely

Anisa Laher

*Healthcare Consultant
Willowbrook Medical Practice Management and Services Department
Email: anisalaher@gp-C84012.nhs.uk*

On Behalf of :

Dr's Jenkins, Watts, Woods, Hussain, Freeman & Singh from Willowbrook Medical Practice

Dr Chandran from Pantiles Medical Centre

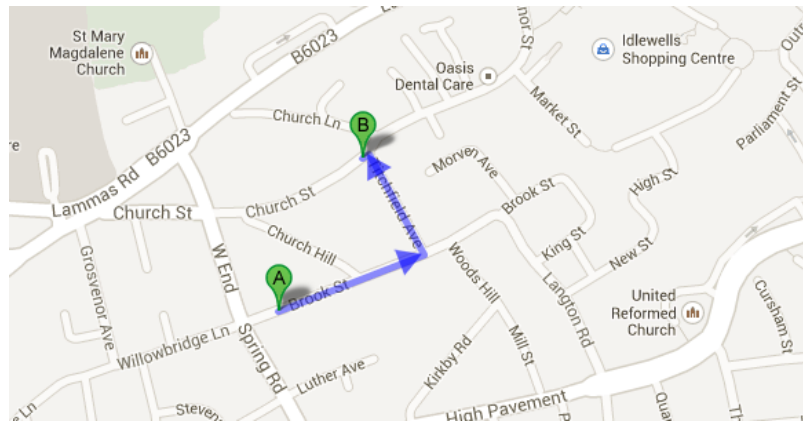
MERGER BRIEFING PAPER

WILLOWBROOK MEDICAL PRACTICE AND PANTILES MEDICAL CENTRE

1. Willowbrook Medical Practice (WMP) and Pantiles Medical Centre (PMC) are both situated in Sutton-in-Ashfield. WMP have a registered list of 13,099 and PMC of 2,4012 patients.
2. WMP Background
 - a. WMP is an East Midlands Healthcare Deanery teaching and training Practice with 6 GP Partners, 4 of which are Trainers providing support to 4 GP Registrars. The practice is an active member of the Mansfield and Ashfield Clinical Commissioning Group (CCG) with one partner standing as a CCG Board Member.
 - b. The current building which was originally opened in 1994 and has since been extended is centrally located in a residential area which is easily accessible for the local patient population of Sutton in Ashfield. From the current building the Practice provides services to 13,099 patients (14,932 equivalent patient list based on Person Based Resource Allocation Weighted Population using an index multiplier of 1.14 taken from NHIC Indicator Portal).
 - c. WMP sits on a site offering 22 parking spaces for patients and a further 23 for dedicated for staff use. The grounds are partly shared with Manor Pharmacy, which has a building sited at the rear. If these are in full use, additional on-street car parking is available. The site is also easily accessible via public transport with bus stops adjacent to the Practice on Spring Road.
3. PMC Background
 - a. PMC is operated by a single-handed GP, Dr Q Chandran together with a salaried GP providing services to 2,412 patients (2,749 equivalent patient list based on Person Based Resource Allocation Weighted Population using an index multiplier of 1.14 taken from NHIC Indicator Portal).
 - b. The current building, which was converted to a medical centre in 1986, is three hundred years old. Although centrally located and of some historic interest, the building falls far short of current CQC standards required for modern primary care service delivery.
 - c. PMC is owned by Dr Chandran, and it is accepted that when the merger is approved, an application for change of use to residential / semi commercial will be made to the Council. The property may be disposed on the open market with a covenant that it may not be used as a medical practice or any other healthcare related entity.
4. The proposal to merge the two practices would create a larger list of approximately 15,000 patients. The staff or posts would be deployed to transfer to WMP under TUPE forming a larger primary care team that would deliver its services to the newly merged list under one roof at the WMP site.

5. The practices currently operate from two independent sites, a distance of 0.2 miles apart namely:

- A Willowbrook**
Brook Street
Sutton in Ashfield
NG17 1ES
- B Pantiles**
Church Street
Sutton in Ashfield
NG17 1EX

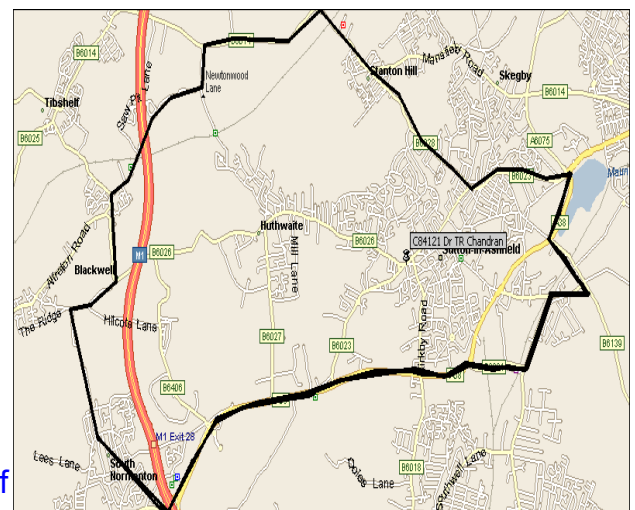
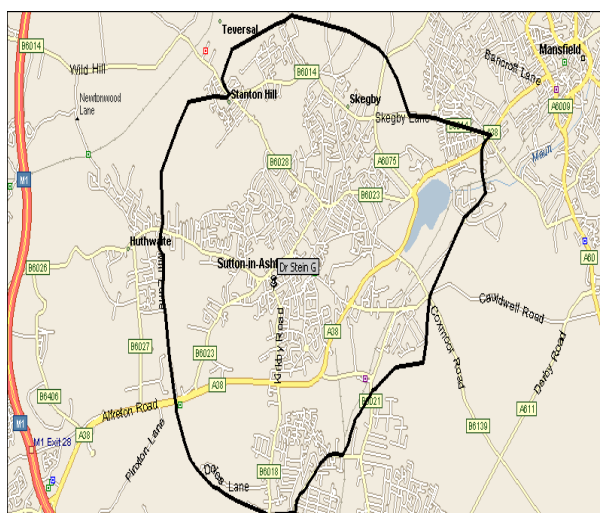


6. The commissioning case for the merging of the 2 practices is:

- Greater range of clinical expertise available under one roof
- Enhanced patient safety and continuity of care
- Larger team with the ability to provide essential primary care services
- Longer opening hours and an extended range of services
- Value for money for Clinical Commissioning Group and Local Area Team
- Willingness of both practices to operate under a GMS contract

7. Practice Boundary

Both practices share the same geographic area as detailed in the boundary maps below, therefore access to a GP will be exactly as it is the present time. Together as a merged practice it is expected that a patient population of approximately 15,000 patients throughout the Sutton in Ashfield area will be care for as the same level of primary care services will be maintained and improved for all the patients that fall within the boundary as defined by the inner boundary maps. The presence of more clinicians in the merged practice allows for more secure and safe cover for unexpected problems such as GP sickness and absences. WMP has a process for shared home visits and has capacity to provide this valued service with requests for home visits attended to after morning and afternoon clinics or as required in case of an urgent call out to patients within its boundary area. WMP has the capacity to take on additional patients and have an open list.



8. Benefits From The Proposed Merger

WMP is a high performing Practice with good performance figures, achieving 765.1 points for clinical care in the 2011/2012 and 763.1 in 2012/13 for Quality & Outcomes Framework (QOF).

a. For Patients

A wider choice of healthcare professionals that operate with high standard clinical rooms which are CQC compliant. The merged practice patients will benefit from access to this greater pool of health care professionals and the triage service that is offered by the nurse practitioners and other specialised daily clinics.

Ground floor treatment and consultation rooms in a purpose built building with capacity to deal with emergencies without preventing other clinical work to continue and compliant to meet the Disability Discrimination Act.

WMP offers a range of enhanced services which would be extended to the patients of the merged list. Greater range of extended hours and partnership working with allied health care professionals enabling us to offer anti-coagulation monitoring, counselling services, health visitor clinics, community midwife services, facilities for drug and alcohol support, and other dedicated clinics such as diabetic clinics, childhood immunisation programme and annual health checks.

Both practices have open patients list and can offer coverage over a larger geographical area, allowing extended inner and outer boundaries.

b. For Staff

Improved cover for all types of staff leave / absences by other members of the team providing continuity of patient care and not reliant on temporary and locum or agency staff. Staff Teams able to meet regularly and share problems and discuss options for resolution.

Improved communication channels and co-operation from team members as we adopt an open door policy where the organisation is open to any suggestions from all its members. This enables us to improve standards of service and working environment.

Improved management of task allocation, opportunity to develop new skills within each department, continuous training increasing future job prospects.

Improved working methods with dedicated personnel to take lead for certain departments, e.g. IT, HR, Admin, Reception, Procurement, Finance, Clinical and Management.

Improved prospects of filling vacancies arising from attraction of working for a larger practice and employer of staff that can offer good staff remuneration and other benefits.

Larger clinical and non-clinical workforce under one roof, all signing up to the shared 'Vision' to deliver high quality healthcare and patient service, 'Mission' promoting health and well-being and providing care and support to our community and 'Core Values' which acts as the 'Code of Conduct' for all of our existing and incoming teams.

c. For The CCG

WMP offers an exit strategy to incorporate a single handed GP practice who is nearing retirement. This provides the opportunity to move away from disjointed and fragmented care offered through multiple providers for primary health within a small geographical area.

WMP is the largest practice in Sutton in Ashfield and within a short walking distance from PMC. It is a well suited provider that has the capability to deliver contractual standards and improve the QOF prevalence factors in line with the Local Primary Care Strategy.

WMP is able to demonstrate to the CCG that all merged patients will be provided with the same level of primary care services as their own patients. It will provide measurable data of the health outcomes, how working as a larger practice can support the agenda for federated working and support the primary care strategy.

WMP is an established training practice in a deprived area of Nottinghamshire. The expertise brought together from our Partners and Registrars can reduce referrals to secondary care and admission, as essential intervention is managed within primary care, thus providing a cost saving for the CCG.

Better economy of scale to rationalise into an integrated model of service delivery. This alignment to the local health agenda, allows WMP to continue to deliver high quality primary care to the population of Sutton in Ashfield, manage the treatment of all patients closer to where they live especially those with chronic diseases and develop innovative ways to deliver better health care services reducing overall cost.

d. For The LAT

Resolves on-going concerns regarding premises compliance of PMC
Reduced number of practices to manage within federated group
Savings on re-imbursements of premises costs
Enhanced Services.

e. Additional and Enhanced Services

If the practices are granted permission to merge, PMC patients will have an increased number of services available and more varied clinicians to choose from. The additional clinical team will complement the existing team as WMP has a lot of clinical and business experience which will ensure that transition and future running of the merged practices is efficient and effective in signing up and delivering additional. Below are details of the Enhanced Services currently offered by the practices:

Practice	DEMENTIA SCREEN & SUPPORT	REMOTE CARE MONITORING	ONLINE ACCESS	ALCOHOL REDUCTION	EXTENDED HOURS	LD HEALTH CHECKS	PATIENT PARTICIPATION GROUP	MMR Catch Up 2013
Willowbrook	YES	YES	YES	YES	YES	YES	YES	YES
Pantiles	NO	NO	NO	NO	NO	YES	NO	YES

f. Patient Participation Group

WMP has a pro-active PPG and have jointly been involved in a number of Health Promotional activities. The group extends involvement of the PPG to an E-PPG group who contribute online with comments on service improvements and dissemination of the quarterly Practice Newsletter. WMP continually promote the PPG and hold an annual event to recruit additional patients who may look to participate.

PMC patients will have the opportunity to join and this can be done at any time. WMP retain minutes of all meetings and the information is available to patients at any time on request. Summary reports of PPG activities are advertised within the practice, on the website and in newsletters.

g. Reviewing of Services For Improvement

Patient Survey

WMP opted to use a standard GPAQ (General Practice Assessment Questionnaire) to obtain feedback from its patients. Key findings from the 2012/13 survey results indicated:

90% of the respondents described their experience at Willowbrook as Good or Better (Good 25%, Very Good 44% and Excellent 21%)
87% of the respondents said 'Yes, they would definitely / probably recommend Willowbrook to someone who has just moved into the area'

Staff Survey

In July 2013, WMP carried out a Staff Survey, responses were recorded from 31 staff members. The majority of staff rated Management and GP Performance as satisfactory or better and all staff rated their own performance and the Team Leaders performance as very satisfactory and satisfactory. Most colleagues indicated that they felt trusted and were not planning to change their job. The overall feeling of the responses were positive and indicated satisfaction. PMC staff will be transferred under TUPE to WMP and will retain existing posts. Post merger, we anticipate creating additional posts helping the local job economy of Ashfield.

h. Booking of Appointments

WMP endeavours to offer routine appointments within two working days. Urgent medical problems will be seen on the same day by the duty doctor. Patients are able to book online, by telephone or face to face. PMC offers on the day appointments for urgent medical problems and also offers routine appointments for the next available clinic. Patient can book appointments face to face or by telephone.

Post-merger all patients will be able to book appointments online, by telephone or face to face. WMP have also developed and will soon launch a smartphone app which will enable patients to book and cancel appointment via their mobile phone.

i. Opening hours

Willowbrook	Patient Telephone Access	Practice Morning Opening Hrs	Practice Afternoon Opening Hrs	On Call Service with Practice Duty Doctor	Extended Hrs
Monday	08:00 – 08:30	08:30 – 12.30	12:30 – 18:00		18:00 – 22.30
Tuesday to Thursday	08:00 – 08:30	08:30 – 12.30	12:30 – 18:00	18:00 – 18:30	
Friday	08:00 – 08:30	08:30 – 12:30	13:30 – 18:00	18:00 – 18:30	
Weekends		<i>closed</i>	<i>closed</i>		<i>TBC post merger</i>
Pantiles					
Monday to Friday		08:30 – 12.30	12:30 – 18:00		
Weekends		<i>closed</i>	<i>closed</i>		

Extended hours

WMP operates extended hours facilities for all their patients. This service is available every Monday evening from 6.30pm to 8.30pm. PMC patients will also benefit from extended hours to enable better access to a GP of their choice.

Home visits

Both practices offer home visit services to patients that are unable to visit the practice. Home visits are made after morning and evening surgeries and in case of any emergency GP's can offer immediate visit options if deemed necessary. Post merger these services will continue in its present form.

j. Telephone system

PMC telephone lines will be re-directed to the Avaya WMP main telephone exchange. In readiness for the merger WMP have invested in upgrading its telephone system to accommodate additional incoming lines. The new system will provide better access to patients with phone answered with greater efficiency reducing the wait time to get through to speak to a call handler or a clinician.

k. IT System

Both practices use the same clinical computer system (SystemOne) so this will allow easy merging of patient data without risk of affecting patient safety or patient care from data problems. Easy transfer of data will be supported by SystemOne Helpdesk to enable an integration of larger numbers of patients from one system to another. Willowbrook has a qualified nurse that is able to review all patient notes to ensure transfer of patient data has been accurately updated and action any recalls for patients that require a healthcare plan to manage QOF target patients with chronic disease such as COPD, Asthma and Diabetes for all patients.

I. Premises Facilities

WMP is CQC compliant and the premises adhere to DDA regulations. All clinical rooms are well equipped and the Practice ensures regular maintenance checks are carried out. Equipment is calibrated annually, all electrical PAT testing is undertaken, monthly professional checks are undertaken of the fire alarm and regular check on Legionella is carried out. It offers ample free car parking facilities to both staff and patients. To maximise ground floor space for clinical delivery, in the interim WMP has reconfigured the internal space to allow additional office areas to be used as clinical rooms. They are exploring options on how to store patient records, and convert them into electronic format to release the footprint taken up by the existing large metal Lloyd George cabinets. Both practices staff and patients will benefit from the improved facilities.

m. Procurement

WMP has a procurement department and with expanding the practice size it will be more efficient with economies of scale with greater purchasing power to negotiate all procurement activities and reduce cost. All clinical equipment, drug stock, practice consumables and other healthcare equipment and furniture will meet the required regulations and standard. A stock list is maintained and items replenished in a timely fashion. An inventory of all equipment is retained so periodic checks on IT systems and medical equipment is carried out to ensure safe use.

9. Summary

- Greater responsiveness to patient needs e.g. surgery opening times unaffected and possibility to stagger clinics and offer extended services on Saturdays
- Improved advance booking and booking with GP of choice thus strengthening continuity of care with introduction of New Patient Access System
- Improved access to GP and Practice Nurse appointments e.g. patients able to spend more time with GP and / or Practice Nurse
- Space – functional analysis of space at WMP and its internal reconfiguration allows for staggered surgeries to be offered with services better coordinated and longer opening hours
- Extra Enhanced Services can be provided to meet the particular needs to the merged patient list and this will be reviewed on a quarterly basis and demand led
- WMP aspires to be a centre for training excellence where doctors at different stages can be trained and developed together, with 4 Registrars, 120 extra GP appointment are available to patients
- Open book approach to the sharing of information; better prepared for the challenges used for commissioning of services in general practice
- Better management systems in place and use of same clinical system 'SystemOne' to allow easy merging of patients data
- Good staff and patient car parking facilities and access to a Pharmacy within the same grounds

10. Frequently Asked Questions

Q: Which Practices are involved in the Merger?

A: Willowbrook Medical Practice and Pantiles Medical Centre

Q: Do the Practices want this happen?

A: The Practices are working with NHS England over the last several months developing this proposal. Both Practices feel that this is unique opportunity to ensure the long term continuity of General Practice as the senior GP at Pantiles will be planning to retire within the next 3 years.

Continuity of care is of highest priority therefore it was felt that this merger was the best option in order to retain this. WMP have already developed a support facility for PMC over the last year whereby some patients are already using WMP services. This 3 year period of us all working together will allow patients and staff from both practices to get used to the new faces, whilst still having existing staff around.

Q: When is the merger taking place?

A: After April 2014

Q: Will I be able to still see the GP of my choice?

A: Yes, all of the GP's for PMC will be relocating to WMP premises. The new merged practice will offer a wider choice of GP's, however you can choose which GP you would prefer to see. WMP also operate a same-day urgent appointments system for patients that require to be seen, this facility will be available to all patients.

Q: Will I be able to see the Nurse of my choice?

A: Yes, all nursing staff will relocate to Willowbrook Medical Practice who has 4 other nurses and are currently recruiting to extend its specialist nursing team and nurse practitioners so as a merged practice we able to offer improved services as all services will now be delivered from one site improving access for patients.

Q: Will the building accommodate additional patients?

A: Yes, Willowbrook Medical Practice offers purpose built services and are currently upgrading their building to ensure Care Quality Commission compliance and minor internal alteration allowing the merged practice teams to come together as one medical team and operate clinics throughout the day, phasing the amount of patients that will be in the building at any one time to help maintain our friendly personal approach. It will also look to offer a greater choice of Extended Hour to give patients a greater choice of appointment times.

Q: Will all patients have access to car parking space?

A: Yes, Willowbrook Medical Practices has two car parking facilities its ground, one dedicated for patients and the other for staff. There are 45 parking spaces available and a number of off street facilities on Brook Street and Spring Road.

Q: Why can't Pantiles Medical Practice continue where it is?

A: Many improvements have already been undertaken at Pantiles Medical Practice over the last 2 years to make its premises CQC compliant. However, a recent audit of the facilities indicated that even with a significant investment they could not be brought up to the adequate standard and are unable to make it suitable to disabled access in line with legislation and other statutory regulations.

Q: What will happen to Pantiles Medical Practice?

A: The practice will apply for change of use; the building will revert to residential and be put on the market for disposal.

Q: What will be the name of the Merged Practice?

A: The Practices will operate under Willowbrook Medical Practice.

Q: What improved services can I expect?

A: We will work hard to endeavour continuity of care by utilising:

- Access to a GP within 24 hours
- Urgent conditions and illnesses will be assessed or seen on the same day
- Text confirmation and reminder of all appointments
- Practice Mobile App available to all patients to register, book and cancel appointments and order prescriptions
- Ability to speak to a GP over the phone on a daily basis via a pre-booked telephone consultation
- Online and telephone booking facilities for all patients
- Online and telephone prescription ordering
- Development of an in-house one stop investigation service e.g.: blood tests, blood pressure checks, ECG.
- Planned investigations to minimise the number of times that a patient needs to visit the practice
- Dedicated telephone line for checking on results
- Referral to in house expertise where appropriate
- Active PPG events open to all patients promoting Health and Well Being
- Specialist clinics

Q: What specialised care will the practice be able to offer?

A: The combined clinical experience within the practice will offer a wider range of care to our merged patient population. In addition to the usual personal level of service you can expect from a GP Practice, Willowbrook can also offer specialism in the following area:

- Minor Surgery and Minor Injuries
- Stop Smoking Clinics
- Diabetes Care
- Asthma Clinics
- Gynaecology and Family Planning
- Dementia and Mental Health Services
- Learning Disability Services
- GP Registrar Training

Q: What will the opening times be?

A: 8.00am to 6.30pm Monday to Friday, Monday extended day till 8.30pm. Both practices will be looking to introduce Saturday morning opening depending on patient demand and local needs.

Q: How do I make an appointment?

A:

- By Phone
- Online via Willowbrook Medical Practice Website*
- (*subject to registration for personal log on details)
- Mobile App (date to be confirmed when this facility will be launched)
- In person at the reception desk

Q: How do I request a repeat prescription?

A: All prescriptions are processed on the day and patients can :

- leave it at their local pharmacy who will also arrange collection from the practice
- leave the tear off slip with our reception staff or in the prescription box
- order online via the website; <http://www.willowbrookmp.co.uk>
- phone the practice on 01623 443006 between 10.30 am till 1.00pm and order over the phone, (this service is only available to those that are unable to using other methods)

Q: What is the PPG and how can patients become members?

A: Willowbrook have a Patient Participation Group, these are groups of patients who provide help and guidance to the practice on matters which affect the overall patient experience. The PPG will help the practices with any consultations that will take place regarding the merger and will help shape improved services. To become a member, an application and information pack is available and there are two ways patient can contribute, to become a member of the PPG and attend quarterly meetings or to join the EPPG where you can email your suggestions, concerns and issues to the practice so the Lead GP and Practice Manager can take the information back to the group for discussion. Newsletters and minutes of meetings are circulated to all members of the PPG for feedback.

Q: Who will be the Doctors once the practice has merged?

Dr J Jenkins
Dr A Watts
Dr C Woods
Dr S Hussain
Dr N Freeman
Dr C Singh
Dr Q Chandran
Dr K Osborne
1x WMP Salaried GP's
1x PMC Salaried GP
4 x WMP Registrars

Q: Who can provide more information and discuss the merger face to face?

Doctors and Management Team from both practices

STAKEHOLDER AND COMMUNICATION ENGAGEMENT PLAN
WILLOWBROOK MEDICAL PRACTICE AND PANTILES MEDICAL CENTRE

STAKEHOLDER GROUP	Stakeholder	Type of Notification and Level of Involvement	How and When Completed	
			WMP	PMC
1. REGISTERED LIST WMP PATIENTS and PMC PATIENTS	<p>All registered Patients at both Practices aged 16 and above.</p> <p><i>Raise awareness, give information, opportunity to comment and feedback, and provide options on how to register with an alternative practice if plans go ahead. Feedback on results from engagement and decision making process.</i></p> <p><i>FAQ's for patients- available on website.</i></p> <p><i>Drop in Sessions to view proposal documentation and speak to GP's and Manager.</i></p>	<p>Letter</p> <p>Practice Website</p> <p>CCG Website</p> <p>Public Meetings</p> <p>Practice Pre-Engagement Meetings</p> <p>Emails / Text</p> <p>Individual Meetings</p> <p>Notice boards</p> <p>Formal Consultation Meetings</p> <p>Open Events</p> <p>Newspaper article / Media</p> <p>Written feedback</p> <p>Follow Up Responses</p>	<p>17th Dec 2013: Practice newsletter article informing of joining together</p> <p>20th Dec 2013: leaflet on joining together displayed in patient waiting area</p> <p>28th Feb 2014: Patient consultation meeting, open day (AM, PM and Evening with support from PPG)</p> <p>10th Mar 2014 : On going patient meetings as required, responding to patient concerns on merger</p> <p>17th Mar 2014: contact all households by phone, text, letter, prescription or email informing them of joining together</p> <p>17th Mar 2014: LAT supported patient event at both practices</p> <p>24th Mar 2014: Review of patient feedback and production of final report for patients</p>	<p>20th Dec 2014: announcement made to staff and obtain feedback</p> <p>24th Jan 2014: Open day for patient drop in session Letters to Patients :</p> <p>Website:</p> <p>Published announcements on 17th December 2013 that merger may take place</p> <p>Newsletter:</p> <p>Article in newsletter published 17th December 2013</p>

			SMS Messages :Proposed March 2014 Notice on prescriptions: Proposed March 2014	
2 STAFF	Practice Staff <i>Raise awareness, give information, opportunity to comment and feedback. Opportunity to change working arrangements (e.g.: reception staff hours. Feedback on results from engagement and decision making process.</i>	Practice Meetings Letter Peninsula Advisors on HR and Contracts Changes if any Emails Website	13 th Sept 2013: First announcement at staff Meeting and Consultation 28 th Feb 2014: Follow up meeting with Staff	13 th Sept 2013 to 23 rd Dec 2013: Consultation with staff 28 th Feb 2014: Follow up meeting with Staff
3 PPG and EPPG	Patient Participation Group (PPG) for both Practices including EPPG <i>Raise awareness, give information, opportunity to comment and feedback. Attendance at consultation meetings and events hosted by both Practices.</i>	Letter, Practice Website, Public Meetings Practice Pre-Engagement Meetings Emails / Text Messaging Individual Meetings Notice boards Formal Consultation Meetings Newspaper article / Media Written feedback, Follow Up Responses	11 th Nov 2013: First announcement at PPG Meeting, feedback from members and update on progress 13 th Jan 2014: PPG Meeting, merger item on agenda, update members and obtain confirmation for joint open event for patients 25 th Feb 2014: Send out invitation to all member of PPG and EPPG for event and sign off joint consultation process	Practice has no PPG representation at the current time
4 GP PRACTICES	Neighbouring Practices <i>Raise awareness and agreement</i>	Letter Formal Meetings	10 th Mar 2014: Letters addressed to all neighbouring informing them of merger practices to be posted	10 th Mar 2014: Letters addressed to all neighbouring informing them of

	<p><i>to take on patients who don't wish to move from Pantiles and those wanting to leave Willowbrook. Opportunity to comment and feedback.</i></p>	<p>Practice Pre-Engagement Meetings</p> <p>Practices to contact in writing:</p> <p>Ashfield Medical Centre</p> <p>Woodlands Medical Practice</p> <p>Harwood Close Surgery</p> <p>Circular by email to all Mansfield and Ashfield practices notice of merger and date of merger (to include all 7 Ashfield practices)</p>	<p>19th March 2014: Announcement at FCG Meeting by Lead Clinician</p> <p>13th March 2014: Announcement date of merger at Practice Managers Meetings</p> <p>Mar 2014 to April 2014: Letter to all practices to confirm merger date</p>	<p>merger practices to be posted</p> <p>19th Mar 2014: Announcement at FCG meeting by Practice Manager</p>
<p>5</p> <p>COMMUNITY STAKEHOLDERS</p>	<p>Community Groups</p> <p><i>Raise awareness with Local Councils, Local Network, Voluntary Sector, Councillors, Local District Team, Midwives, Schools, Local Authority, Police, Emergency Services, Out of Hours, Age Concern, Diabetes UK, Race Equality Council, Carers Federation, Deaf Society, Blind Society, Local Health and Alternative Therapy Providers</i></p>	<p>Letter, Practice Website, CCG Website, Public Meetings, Pre-Engagement Meetings</p> <p>Individual Meetings and Notice boards</p> <p>Newspaper article / Media, Written feedback, Follow Up Responses</p>	<p>24th Mar 2014: Send letters informing stakeholders of merger using local service directory</p>	<p>Joint letter with WMP</p>
<p>6</p> <p>MANSFIELD AND ASHFIELD COUNCILLOORS AND MP</p>	<p>Local Area Elected Members</p> <p><i>Raise awareness, give information, opportunity to comment and feedback. Attendance at consultation meetings and events hosted by both Practices.</i></p>	<p>Letter</p> <p>Website</p> <p>Meetings</p>	<p>Nov 2014: Discussion with Councillor Zadrozny and WMP GP regarding intention to merge</p> <p>Feb 2014: Send out merger communication and set up follow up meeting with local Ashfield MP and</p>	<p>Feb 2014: Send out merger communication and set up follow up meeting with local Ashfield MP and District Councillor</p>

			<p>District Councillor Jason Bernard Zadrozny</p> <p>MP: Gloria De Piero, 8 Station Street, Kirkby-in-Ashfield, Notts NG17 7AR, Tel: 01623 720399</p> <p>Mar 2014: send out merger communication letter to Local Councillors: J Zadrozny, M Patrick, T Hollis, M Barsby, K Barsby, S Carroll, T Brown, D Kirkman and J Aspinall</p>	
<p>7</p> <p>HEALTH AND WELL BEING BOARD</p>			<p>Feb 2014: Send merger communication details</p> <p>Mar 2014: Extend invitation to Councillor Joyce Bosnjak Chair to discuss merger and improved patient pathway in general practice</p>	Feb 2014: Send merger communication details
<p>8</p> <p>PHARMACIES</p>	<p>Pharmacies</p> <p><i>Manor Pharmacy and other local pharmacies. Raise awareness and opportunity to comment and feedback</i></p>	<p>Letter</p> <p>Website</p> <p>Meetings</p>	<p>24th Dec 2013: meeting with Manor Pharmacy to inform intention to merge</p> <p>Mar 2014: Issue notice of merger and date of merger to all Pharmacies</p>	
<p>9</p> <p>NOTTINGHAMSHIRE LMC</p>	<p>Interested Bodies</p> <p>LMC</p> <p><i>Raise awareness and provide</i></p>	<p>Letter</p> <p>Meetings</p>	<p>19th Jan 2014 – Telephone consultation with Chris Locke regarding practice merger</p> <p>29th Jan 2014: Meeting with Michel Wright, update on merger and advise sought on contract structure</p> <p>Feb 2014 to mar 2014: submission of</p>	Mar 2014: Contact LMC via joint meeting with WMP

	<i>on-going support and advice.</i>		progress report to LMC and on site consultation meetings to support process for merger	
10	<p>Health Scrutiny Committee</p> <p><i>NHS England</i></p> <p><i>LAT</i></p> <p><i>CCG</i></p> <p><i>Raise awareness, as decision makers for approval opportunity to feedback and provide advice and guidance. Review of evidence for proposal, make recommendations on contract changes and express local health plan view.</i></p>	<p>Letter</p> <p>Meetings</p> <p>Proposal Document</p> <p>Application</p>	<p>11th Feb 2014: Letter to Martin Gately (NCC)</p> <p>24th Feb 2014: Presentation to Nottinghamshire County Council Overview and Scrutiny Committee</p> <p>Feb 2014 to Mar 2014 until merger, weekly update to LAT lead</p>	<p>24th Feb 2014: J joint representation on behalf of Pantiles at Scrutiny Committee to be led by Dr Jeremy Jenkins</p>
11 HEALTHWATCH		<p>Tel – 0115 963 5179</p> <p>Email info@healthwatchnottinghamshire.co.uk</p> <p>Web www.healthwatchnottinghamshire.co.uk</p> <p>Post: Healthwatch Nottinghamshire Unit 2-3 Byron Business Centre, Duke Street, Hucknall, Notts, NG15 7HP</p>	<p>Contact Julie Andrews, Practice Liaison Manager: julie.andrews@mansfieldandashfieldccg.nhs.uk</p> <p>Patient Advice and Liaison Services (PALS)</p> <p>Nottinghamshire County Council Customer Contact Centre</p> <p>Independent Complaints Advocacy Service (provided by POhWER)</p> <p>Feb 2014 to Mar 2014: Notify all parties</p>	<p>Fen 2014: Inform Healthwatch and associated patient service groups</p>

<p>12</p> <p>OTHER HEALTH CARE AND COMMUNITY PROVIDERS</p>			<p>Inform Local Service Directory to include changes to annual directory listing</p> <p>Notify local media to run article on merger</p> <p>Inform other local community services to display details about merged practice and service provision offered</p>	
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24 February 2014**Agenda Item: 8****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****QUALITY ACCOUNTS – CONSIDERATION OF PRIORITIES****Purpose of the Report**

1. To consider the Quality Account priorities of Sherwood Forest Hospitals NHS Foundation Trust and Doncaster and Bassetlaw Hospitals NHS Foundation Trust.

Information and Advice

2. Organisations providing healthcare services are required to produce an annual report to the public about the quality of their services. It aims to enhance accountability to the public and engage the organisation in its quality improvement agenda, reflecting the three domains of quality, patient safety, clinical effectiveness and patient experience. Health Scrutiny Committees have the option to consider the draft Quality Accounts of trusts and comment on them. The comment is placed within text of the published version of the report.
3. Trusts commence to develop the priorities that will inform the content of their Quality Accounts early in each calendar year. Both Sherwood Forest Hospitals Foundation Trust and Doncaster and Bassetlaw Hospitals Foundation Trust will present their priorities at this meeting.
4. Members will consider the draft Quality Accounts themselves later in the year and develop their comment for inclusion in the report at that time.
5. Members should be aware that some Quality Accounts for organisations that operate within the geographical county fall within the remit of the Joint Nottingham City and Nottinghamshire County Health Scrutiny Committee. These are East Midlands Ambulance Service (EMAS) and Nottinghamshire Healthcare Trust.
6. Susan Bowler Executive Director of Nursing at Sherwood Forest Hospitals NHS Foundation Trust and Heather Keane, Assistant Director of Nursing – Patient Experience and Quality, Doncaster and Bassetlaw Hospitals NHS Foundation Trust will attend the committee to explain the priorities and answer questions.

RECOMMENDATION

- 1) That the Health Scrutiny Committee considers and comments on the Quality Account priorities.

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



Quality initiatives for 2014/15

There are 5 main themes which will run through our quality initiatives for the coming year.

Ward staffing levels in line with National Quality Board guidance

- Qualified nurse/Healthcare Assistant ratios
- Safer Nursing Carer Tool

Harm free care

- Emphasis on Hospital Acquired Pressure Ulcers
- Falls prevention with particular attention on people who fall more than once
- Incident reporting – new DATIX web system
- Infection prevention and control

Patient Experience & Engagement

- Compliments, Comments Concerns and Complaint policy
 - Speedy resolution of comments and concerns
 - Complainant led resolution of complaints
 - Development of a Patient Experience Committee

Implementation of Dementia Strategy

- Dementia friendly hospital
- Development of outcome indicators from the strategy

Data Quality Improvement

- Documentation by clinicians
- Coding of hospital episodes

24 February 2014**Agenda Item: 9****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****MID-NOTTINGHAMSHIRE BETTER + TOGETHER INTEGRATED CARE
TRANSFORMATION PROGRAMME****Purpose of the Report**

1. To introduce an initial briefing on the Mid-Nottinghamshire Better + Together Integrated Care Transformation Programme.

Information and Advice

2. The Mid-Nottinghamshire Better + Together Transformation Programme is a complex and wide-ranging programme of change relating to urgent care, proactive care, elective care and women's and children's care. The programme has entered its second phase – the development of clinical models and the validation of initial clinical blueprint assumptions.
3. This programme has also been considered by the Health and Wellbeing Board, which has a particular role around promoting integration.
4. Dr Amanda Sullivan, the Chief Officer for Mansfield and Ashfield/Newark and Sherwood Clinical Commissioning Groups will attend the Health Scrutiny Committee to present the information and answer questions. A description of the programme which includes details of communication and engagement is attached as an appendix to this report.
5. After receiving the briefing, Members may feel able to give some initial views on the overarching proposals for service transformation. However, Members may also wish to request and schedule receiving information on the third phase of the programme, which will identify outcome specifications and commissioning/procurement plans. Individual service changes within the programme may also feature on the agenda of future Health Scrutiny Committee meetings when they are up for consultation.
6. Members will wish to ask questions which develop their understanding of this transformation programme, particularly regarding how consultation and engagement have informed service design. Ultimately, the Health Scrutiny Committee will need to determine whether or not this transformation programme, and the various elements it comprises, are in the interests of the local health service. It is also appropriate for a timescale for this determination to be agreed by the Committee with the CCG. It is anticipated that this would be after the Health Scrutiny Committee has received information on the third phase of the programme.

RECOMMENDATION

That the Health Scrutiny Committee:

- i) receive the briefing on the Mid-Nottinghamshire Better + Together Integrated Care Transformation Programme
- ii) schedule receiving further information and updates, 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

BRIEFING ON MID-NOTTINGHAMSHIRE BETTER+TOGETHER INTEGRATED CARE TRANSFORMATION PROGRAMME (ICTP)

PRESENTATION OF THE OVERARCHING SYSTEM PROPOSAL, ELECTIVE REFERRALS, ELECTIVE SPECIALTY TRANCHE ONE AND PROACTIVE AND URGENT WORK STREAM PROPOSALS

1. Purpose of the Report

Work on the Better+Together Programme began 12 months ago, in view of the quality and sustainability issues facing the health and social care economy. The first phase baselined the current cost of service provision and developed ideas about what a more sustainable system could look like. The ideas for the new system were generated by service users, clinicians and care professionals. The second phase of the work, currently being presented, is a further refinement of the initial blueprint. This phase of work has enabled us to develop the clinical service models and to validate the initial clinical blueprint assumptions. The third phase, yet to be developed, will identify outcome specifications and commissioning/procurement plans for the services. Enabling plans, such as an estates strategy and workforce plan will also be developed. Once specific plans have been developed, it may be necessary to consult on discrete service changes within the overall blueprint for future services.

In February 2014, the Governing Bodies of Newark and Sherwood CCG and Mansfield and Ashfield CCG approved the proposals to move towards implementation planning. As this work progresses there will still be a considerable opportunity for clinicians, stakeholders and members of the public to influence how it all works in practice.

The Health Scrutiny Committee is asked to endorse the overarching proposal for service transformation, with progress on the development of detailed outcome specifications to be presented at the Committee's request.

2. Information and Advice

Four work streams were identified in the original blueprint; urgent care (emergencies and urgent health problems), proactive care (long-term conditions), elective (planned) care and women's and children's. During the development work, the commonly occurring inter-relationships between urgent and proactive services were acknowledged and it was decided to develop a joint proposal. The aim of this was to maximise the effectiveness of services and to reduce unhelpful silos in the way that services are delivered.

Elective referrals and the initial tranche of specialty reviews form the second proposal, with a further tranche of elective services being considered in spring 2014. Women's care is now being considered as part of a wider review of maternity services. For Children's services the proposed short-stay paediatric assessment unit will be considered as part of the elective tranche two service reviews. Additional aspects of children's care will be considered as part of the county-wide development of the Integrated Children's and Young Peoples Strategy. This will support a

more holistic review of very complex services and inter-relationships. Again the work from the Better+Together programme will be fed into this process.

Full details of the Overarching, Proactive and Urgent Care and Elective Care proposals can be accessed at <http://www.bettertogethernidnotts.org.uk/>

The key proposals in the clinical work streams are:

A) Integrated Proactive and Urgent care

- i) Multi-disciplinary proactive management of patients with complex health needs. The aim is to avert future crises and unnecessary hospital admissions by early identification of individual risk, assigning named care coordinators and developing personalised care plans. This is based on the PRISM model that has previously been reviewed by the Committee.
- ii) Integrated health and social care teams who will provide coordinated care, tailored to meet individual need. Where possible, care will be provided in the patient's own home with hospital or residential care only when necessary.
- iii) Easier access to urgent care and emergency care with a 'single front door' at Kings Mill Hospital. There will be additional staff including GP, Advanced Nurse Practitioner for Older People and specialist intermediate care nurses. GPs will also be integrated into MIU at Newark Hospital.
- iv) Improved access to GP services.
- v) A 'care navigator' for professionals to phone when they have a patient with an urgent care need and they are looking for community alternatives to admission or to support a discharge from hospital to home or care home.
- vi) A quick response team to support patients at home where hospital admission might not be the most appropriate form of care and also to support timely discharge from hospital.

B) Elective(Planned) Care

- i) Patient feedback, clinical, quality and financial modeling tools to understand where and how services could be better delivered from 2015.
- ii) Where needed the co-design, redesign or update of services. In Tranche 1 we will be looking at Ears, Nose and Throat, Gynaecology (women's health), Ophthalmology (eyes), Rheumatology (joints), Pain, Trauma and Orthopaedics (bones), Respiratory (breathing), Cardiology (hearts), Geriatrics (older people) and Urology (bladder, kidneys and passing urine) with further services in Tranche 2

3. Communications and Engagement

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 CCG Governing Bodies considered the public feedback at their meetings in January 2014.

The engagement took place via a number of routes and approaches:

- Three interactive public events
- Meetings with 'seldom heard' groups, coordinated by Newark and Sherwood CVS and Voluntary Action Ashfield
- 'Outreach' engagement at four public venues including King's Mill and Newark Hospitals, and two local Asda stores
- Meetings with Patient Participation/Reference Groups in Mansfield and Ashfield
- Meetings with the Citizens' Board (including representatives from Mansfield and Ashfield and Newark and Sherwood). The Citizens' Board is made up of representatives from the Mansfield and Ashfield and Newark and Sherwood Citizens' Groups, alongside officers from the CCGs and Nottinghamshire County Council. This was established to actively engage citizens and patients before, during and after transformation and to test possible options and desired outcomes with patients ahead of any possible formal consultation
- A self-completion questionnaire available in printed version and online via the Better Together website with a combination of qualitative (open) and quantitative (closed) questions
- Social Media was harnessed through the use of Twitter and the establishment of a Facebook page

Headline messages from engagement were:

- Support for the changes
- Agreement that better coordination and a joined up approach are needed
- Agreement that care closer to home is good
- Support for efficiencies but also for quality care and staff – the relative importance varied between outreach engagement and survey results
- Concern about funding costs in the light of financial constraints for the NHS and the County Council
- Concern about staffing – current staffing under pressure and the perception is that this potentially needs more staff
- Concern about appropriate training
- Need for better GP access – this was a point strongly and repeatedly made
- Need for education and information about how to use services and how new systems will work
- Need for better communication between professionals, and between professionals and patients/service users, including easy read, translators etc.
- Need for better understanding of the needs of people with disabilities
- Need for support for carers
- More services requested at Newark Hospital
- Transport needs to be considered – public transport, parking, access from rural areas
- Concern about ability of ambulance service to support the changes

The engagement has shown that patients, the public, staff and stakeholders understand and support the need for change, but have some concerns about whether it will be possible.

We have noted the comments about the way services are delivered, for example the concerns of people with disabilities, and will take these into account as we continue to plan.

We have noted that people like the idea of local elective care, and would like continuity of care with regard to the specialists they see.

Support for the changes to children's care was particularly strong, and we have noted this and shared with partners at County Council.

All comments were fed into the business cases and informed development of the proposals. We will continue to listen to all groups as we take forward the proposed changes.

Better Together has now begun to recruit 'champions' for the Programme who can get involved as the work progresses. Through all the activities we have been seeking public, patient and stakeholder sign up to the champions programme. We are looking to recruit 300 individuals to champion and disseminate the case for change, but most importantly to get actively involved in the Programme. These patient insights were fed into the business proposals. The full report can be downloaded from the Better Together website <http://www.bettertogethernottingham.org.uk>.

An external evaluation of the communications and engagement scope and methodology has been commissioned and an Equality Impact Assessment for the whole programme is currently being completed

4. The National Clinical Advisory Team (NCAT)

NCAT has been asked to comment on the blueprint for change and work supporting the proposals and their report is awaited.

5. Other Options Considered

The case for change has been well made nationally and is considered within the proposals. We have an ageing population, which is leading to an increased demand on health and social care services. The NHS is planning for the future on the basis that there will be no real terms growth in funding. We have to spend every penny as wisely as possible in order to ensure that the NHS continues to meet everyone's health needs.

People also have changing expectations about the timing and type of care they receive and this also increases pressure on the NHS and social care. The status quo was considered as an option and ruled out as unsustainable for these reasons. Options were initially considered by the Care Design Groups and proposals were then developed on the basis of best practice standards and public feedback about current services.

6. Reason/s for Recommendation/s

The Health and Wellbeing Board has been appraised of the progress of the Better+Together Programme and their advice has fed into our Communications and Engagement activity. The Board supports the proposals and considers them to be in line with the overall strategic direction for Nottinghamshire. The Governing Bodies of the two Clinical Commissioning Groups have approved the proposals to move toward implementation planning. We are bringing the

proposals to the Health Scrutiny Committee for consideration and endorsement ahead of the implementation phase.

7. Statutory and Policy Implications

The proposals have been compiled after consideration of the *Joint Strategic Needs Assessment (JSNA)* and the *Planning and Delivering Service Changes for Patients: A Good Practice Guide for Commissioners on the Development of Proposals for Major Service Change and Reconfiguration (NHS England)*.

There has been consideration of the implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution, the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate engagement has been undertaken and advice sought on these issues as required.

Crime and Disorder Implications

No implications identified

Financial Implications

The need to provide safe and sustainable care services has been a key driver in the proposals.

Human Resources Implications

The Proposals have assessed the workforce requirements including possible training and development requirements and further work will be developed in the implementation planning phase. The Communications and Engagement Programme includes staff and providers as key stakeholders.

Implications in relation to the NHS Constitution

The proposals have considered the implications in relation to the NHS Constitution and fully support the rights and values of the NHS in relation to patients, service users and staff.

Public Sector Equality Duty Implications

Throughout the Programme, care has been taken to ensure that the patient and public voice, including that of seldom heard groups is included. In addition an Equality Impact Assessment is being completed.

Safeguarding of Children and Vulnerable Adults Implications

There are no specific implications for the safeguarding of children. The comments of Learning Disability and Carers groups have been fed into the proposals.

Implications for Service Users

It is projected that the proposals will improve care for service users through streamlining processes and bringing care closer to or into patients' homes wherever possible.

Implications for Sustainability and the Environment

There are no specific implications. The proposals will be carried out within the NHS and local authority frameworks for sustainability. Travel Impact Assessments will form part of the detailed implementation planning phase.

Ways of Working Implications

The proposals will impact considerably in a positive ways on ways of working within the local NHS and social care, as they will bring them into closer working relationships and improve systems and processes.

8. Delivering the Plan

Following the detailed design and planning stages, the proposals were submitted to the Clinical Commissioning Groups (CCGs) at the beginning of February 2014. The CCGs will start implementation planning, subject to endorsement from the Health Scrutiny Committee. New integrated ways of working will require different ways of contracting and new payment mechanisms. These will need to be developed and tested with local authority colleagues in order to secure health and social care integrated services. Additionally, the Mid Nottinghamshire CCGs are working as part of a county wide process, to submit a Better Care Fund plan. This will provide earmarked pooled funds to support the development of new and integrated ways of working.

9. Risk Management Issues (Including Legal Implications, Crime and Disorder Act Implications and Equality and Diversity Implications)

Throughout the Programme, care has been taken to ensure that the patient and public voice, including that of seldom heard groups is included. In addition an Equality Impact Assessment is being completed. During this implantation planning phase there will be further public and staff involvement.

Dr Amanda Sullivan

Chief Officer

NHS Mansfield and Ashfield Clinical Commissioning Group

NHS Newark and Sherwood Clinical Commissioning Group

For any enquiries about this report please contact:

Wendy Tomlinson, Programme Manager – Better + Together Integrated Care Transformation Programme on 01623 673591 or at wendy.tomlinson@mansfieldandashfieldccg.nhs.uk

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- Overarching Proposal
- Executive Summary Elective Referrals Proposal
- Executive Summary Proactive and Urgent Care Proposal
- Elective Referrals Proposal
- Proactive and Urgent care Proposal

Electoral Division(s) and Member(s) Affected

HYPERLINK

"http://cms.nottinghamshire.gov.uk/home/your_council/councillorsandtheirrole/councillors/whoisyourcouncillor.htm"

- 'All' or start list here

24 February 2014**Agenda Item: 10**

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

CLINICAL COMMISSIONING GROUP - COMPLAINTS PROCEDURE

Purpose of the Report

1. To introduce a briefing on Mansfield and Ashfield/Newark and Sherwood Clinical Commissioning Groups new complaints procedure.

Information and Advice

2. Elaine Moss, Director of Quality and Governance at Newark and Sherwood Clinical Commissioning Group to describe the changes in the CCG's management of complaints since April 2013.
3. A written briefing from the CCG which provides background information on the Local Authority Social Services and NHS Complaints (England) Regulations 2009, the handling of complaints prior to 1st April 2013, as well as the current arrangements, is attached as an appendix to this report.
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 new complaints procedure
- ii) comment and ask questions, 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

CCG Complaints Health Scrutiny Committee Briefing 24th February 2014

1. Summary

The Clinical Commissioning Groups across Nottinghamshire were asked by the Health Scrutiny Committee for an understanding of how the complaints procedure used to operate and what the differences are in terms of the updated procedure. The Committee also asked for details of any public engagement that has taken place in relation to the change. This paper provides a response to those questions.

The CCGs consider each complaint carefully and try to resolve issues where possible. Complainants are frequently offered meetings or further information in order to help to resolve difficult and sensitive problems. We also audit satisfaction with the complaints process on an annual basis.

2. Local Authority Social Services and NHS Complaints (England) Regulations 2009

All NHS commissioning and provider organisations must make arrangements for dealing with complaints about the exercise of their own functions in accordance with the Local Authority Social Services and NHS Complaints (England) Regulations 2009.

NHS commissioning organisations may also be asked to investigate complaints about their commissioned when the patient/carer specifically requests the commissioner to handle their complaint. In such cases, the commissioner must investigate the complaint and becomes responsible for its management.

In cases where more than one provider is involved in the complaint, the NHS organisations involved agree who should lead the complaint to enable a co-ordinated response to be provided. This also includes complaints that involve both health and social care elements.

This process has been in place since 2009 and has not changed. A leaflet and contact details are published on the CCG website. They are available in a variety of locations, such as GP surgeries. The leaflet is shown in Appendix 1. The CCGs also publish a complaint Annual Report and this is available at:

<http://www.newarkandsherwood.nhs.uk/search?q=complaint>

3. Complaints Management Pre 1st April 2013

Prior to the 1st April 2013, NHS Nottinghamshire County Primary Care Trust (the PCT) was the sole commissioner for primary, secondary and community care services across Nottinghamshire. This also included other services such as the out-of-hours GP services and emergency and non-emergency transport services.

Therefore, as well as handling complaints about the exercise of its own functions, the PCT also handled complaints (if the complainant requested) about primary care services, secondary and community care services and any other service where the PCT was the lead commissioner/contractor.

4. CCG Complaints Management from 1st April 2013

The NHS commissioning arrangements in England changed in April 2013 and this brought about some changes to responsibilities.

Clinical Commissioning Groups became responsible for commissioning secondary care, mental health and community services, out-of-hours GP services and transport. NHS England became responsible for directly commissioning primary care services and some other services such as offender health care and NHS services for the military.

The former PCT Complaints Department was divided into two teams and relocated in the North and South Clinical Commissioning Groups. The south Complaints Department is hosted by NHS Nottinghamshire North and East Clinical Commissioning Group and also covers NHS Nottingham West and NHS Rushcliffe Clinical Commissioning Groups. The Complaints Department in Mid-Nottinghamshire is hosted by NHS Newark and Sherwood Clinical Commissioning Group and also covers NHS Mansfield and Ashfield Clinical Commissioning Group.

If the complaint is about the exercise of the CCGs' own functions, for example, premises, staff, continuing care, eligibility, Individual Funding Requests, then the complaint is managed by the Clinical Commissioning Group in which the complainant lives.

In the case of commissioned services, specific Clinical Commissioning Groups across Nottinghamshire were given lead responsibility for monitoring quality within some of the larger providers.

Therefore, if the complaint is about a commissioned service, the arrangement in Nottinghamshire is that it will be the co-ordinating commissioner, responsible for monitoring quality and safety standards of the provider in question, who manage the complaint.

The following paragraph sets out lead commissioning responsibilities for monitoring quality and safety standards across Nottinghamshire for some of the larger providers.

South Clinical Commissioning Groups

Nottinghamshire University NHS Foundation Trust
Health Partnerships (community services)
Circle Nottingham (Treatment Centre)

Mid-Nottinghamshire Clinical Commissioning Groups

Sherwood Forest Hospitals NHS Foundation Trust
East Midlands Ambulance Service
Central Notts Clinical Services (OOHs)

For other large providers, such as NHS 111, oxygen and non-emergency transport, management of the complaint is led by the Clinical Commissioning Group based on where the patient lives.

The Mid-Nottinghamshire and south Clinical Commissioning Groups share quarterly and annual complaints reports via the respective Quality and Risk Sub-Committees. This enables each Clinical Commissioning Group to be aware of any quality and safety concerns arising from patient feedback that require monitoring and further work.

Primary Care Services

NHS England is responsible for quality monitoring in primary care services and therefore manages all complaints about primary care services if the complainant requests that this is not dealt with by the practice. The Clinical Commissioning Groups do not have a role to play in responding to complaints about primary care services.

Complaints covering more than one sector of the NHS

In cases where the complainant has requested the commissioner to investigate the complaint and the complaint covers more than one sector of healthcare, the Clinical Commissioning Group and NHS England will agree who should lead on the complaint. If the majority of the complaint is about a community or secondary care service, then it would normally be the co-ordinating Clinical Commissioning Group that would lead on the complaint and NHS England would participate in the management of the complaint. If the complaint is predominantly about primary care, then NHS England would lead on the complaint and the Clinical Commissioning Group would participate in the management. The lead organisation would be responsible for the investigation, complaint response and any further follow up with the Parliamentary and Health Service Ombudsman. Each respective NHS body would still be aware of any quality and safety concerns as they would be participating in the complaint response.

5. Details of Public Engagement that has taken place in relation to the changes

The current responsibilities for complaint handling were determined by NHS England.

The Patient Advice and Liaison Service (PALS) which transferred from the PCT into the Clinical Commissioning Groups played a pivotal role in ensuring enquirers were referred to the most appropriate place in a timely and efficient manner. This service is provided by Newark and Sherwood CVS for Mid-Nottinghamshire CCGs.

6. Conclusion

In summary, there has been no change to the NHS Complaints Regulations 2009 and all NHS organisations must adhere to these regulations. Complainants can ask the provider or the commissioner of the service to investigate their complaint and there has been no change to this process.

Under the new NHS commissioning arrangements (since 1 April 2013), NHS England became responsible for managing primary care complaints and some other services such as NHS military and offender health. Clinical Commissioning Groups became responsible for managing complaints about directly commissioned services.

Within Nottinghamshire, there is an arrangement whereby some of the larger providers are quality monitored by a co-ordinating commissioner on behalf of the Clinical Commissioning Groups across Nottinghamshire and therefore the co-ordinating commissioner responsible would handle the complaint.

In practice, the difference for patients is that, under the former Nottinghamshire PCT, the complainant was not passed on unless they were a Nottingham city patient. However, under the new commissioning arrangements complainants in Nottinghamshire may be referred or passed on to another Clinical Commissioning Group although this rarely occurs because Clinical Commissioning Groups have developed good complaints handling guides and literature to enable complainants to raise their concerns with the most appropriate Clinical Commissioning Group.

PALS plays a pivotal role in ensuring enquirers are referred to the most appropriate place in a timely and efficient manner. Patient engagement remains embedded within all Clinical Commissioning Groups and enquirers are advised of the most appropriate route to raise their concerns.

Glenna Gash, CCG Complaints Manager

How to complain

Why complain?

Complaints are an important way of telling us when things aren't going right, and where services are not meeting your expectations.

We can learn from what you tell us.

It is important that when issues of concern arise, that they are dealt with quickly and professionally, with an appropriate explanation of what we have found.

We will also tell you what action we have taken as a result of your complaint, and say sorry if something has gone wrong.

What can I complain about?

You can complain about services we commission, such as:

- Hospital services
- Community services
- Mental Health services
- Other care services commissioned by us

Complaints about GPs, Dentists, Optometrists and Pharmacists are not dealt with by us. They are dealt with by NHS England. Contact details are:

Email: nhscommissioningboard@hscic.gov.uk

Or By post

NHS Commissioning Board
PO Box 16738
Redditch
B97 9PT

Or By telephone

0300 311 22 33 (Monday to Friday 8am to 6pm, excluding English Bank Holidays)

If you are not sure whether we can deal with your complaint, then please contact the Complaints Manager

How do I complain?

You can make a complaint by contacting the provider directly

Or

You can speak to someone in our Patient Advice and Liaison Service (PALS)

PALS can:

- Provide you with information about the NHS
- Help you with any other health service related query
- Help resolve concerns or problems when you are using the NHS
- Provide information about the NHS complaints procedure and how to get independent help if you decide you may wish to make a complaint

If you decide that you want to make a formal complaint straight away and do not want to approach PALS or the provider yourself, you can put your complaint in writing to our Complaints Team who will handle the complaint for you. (See details over the page)

Does it have to be in writing?

You can make your complaint over the telephone or in writing, whichever way you prefer. If you have a physical or learning disability we can offer extra help to enable you to make your complaint. There is also other help available (see details for POHWER over the page).

Is there a time limit for making my complaint?

Your complaint should be made as soon as possible within six months of the event, or six months of realising that you have something to complain about.

The maximum time limit is twelve months from the event.

However, if there are reasons why the complaint could not be made within these timescales please discuss this with the Complaints Manager.



How to complain

What happens next?

Your complaint will be investigated. We aim to resolve the concerns and take action to prevent the incident from happening again. Your rights to confidentiality will be respected throughout the investigation.

How long will it take?

You should receive an acknowledgement in three working days and a full written reply from a senior member of the Clinical Commissioning Group within 40 working days. Should we require additional time to explore your complaint we will contact you to discuss this.

What happens if I am not satisfied?

If you should remain dissatisfied, you may at that stage refer your complaint to the Parliamentary and Health Service Ombudsman. The Ombudsman is Independent of Government and the NHS. The service is confidential and free. There are time limits for making a complaint to the Ombudsman, although this can be waived if there is a good reason for doing so.

If you have any questions about the Ombudsman, you can contact their helpline on 0345 015 4033, email phso.enquiries@ombudsman.org.uk

POhWER Advocacy Service

If you would like assistance or support in making your complaint about the NHS, you may wish to contact POhWER.

POhWER Advocacy Service is independent, confidential and free.

POhWER can be contacted on 03000 200 093

PALS contact details:

Call PALS on 0800 028 3693

Or write to PALS at

Patient Advice & Liaison Service (PALS)
Newark & Sherwood CVS
67 Northgate
Newark NG24 1HD

Complaints

Call Complaints on 01636 594838

Or write to Complaints Team at:

Email:
complaints.north@newarkandsherwoodccg.nhs.uk

Complaints Team
Newark and Sherwood CCG
FREEPOST RSST-SCJJ-SRBJ
Balderton Primary Care Centre
Balderton, Newark, NG24 3HJ

This leaflet is available in different formats and languages. Please call 0800 028 3693 for assistance



Newark and Sherwood
Clinical Commissioning Group



“Learning from you”

How to complain

Our commitment to you

Newark & Sherwood Clinical Commissioning Group is committed to using resources to provide the best possible care and services. You can help us to improve our services by telling us about your experiences.

24 February 2014**Agenda Item: 11****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 item on Quality Account priorities from Sherwood Hospitals NHS Foundation was deferred due to lack of time. Members will therefore have the opportunity to hear about these priorities at this meeting, when they will also be considering the Quality Account priorities for Doncaster and Bassetlaw Hospitals NHS Foundation Trust.

RECOMMENDATION

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

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 Community Primary Care Centre: Planned Procurement	An initial briefing on a procurement exercise relating to Ashfield Health Village	Scrutiny	Martin Gately	Keith Mann NHS England
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	Discussion regarding the provision of Health	For decision	Martin	-

Member Training and Development	Scrutiny Training and Development		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 Hospitals Foundation Trust	Briefing on the work of the Sherwood Forest Hospitals Foundation Trust - Update	Scrutiny	Martin Gately	Paul O'Connor, 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	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)

Practice				
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 Commissioning Groups Complaints Procedures	Initial briefing on updated complaints procedures.	Briefing	Martin Gately	Elaine Moss, 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 (TBC)				
CQC Presentation				
Data on				

Misdiagnosis				
23 June 2014				

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
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