

Joint City / County Health Scrutiny Committee

Date: **Tuesday, 10 July 2012**
Time: **10:15**
Venue: **County Hall**
Address: **County Hall, West Bridgford, Nottingham NG2 7QP**

AGENDA

- | | | |
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| 1 | <u>Minutes Jt Health 12 JUNE 2012</u>
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MINUTES

**JOINT HEALTH SCRUTINY COMMITTEE
12 June 2012 at 10.15am**

Nottinghamshire County Councillors

Councillor M Shepherd (Chair)
Councillor G Clarke
Councillor V Dobson
Councillor S Garner
Councillor E Kerry
Councillor P Tsimbiridis
Councillor C Winterton
Councillor B Wombwell

Nottingham City Councillors

Councillor G Klein (Vice- Chair)
Councillor M Aslam
A Councillor E Campbell
A Councillor A Choudhry
Councillor E Dewinton
Councillor C Jones
Councillor T Molife
A Councillor T Spencer

Also In Attendance

Mr M Brassington) NUH
Mr P Wozencroft) NUH

Ms H Jones) Nottingham City Social Services

Ms S Smith) Commissioner Nottingham City

Ms C O'Donohue) Programme Manager for Integrated Care transfers, Productive Notts

Peter Wozencroft) Associate Director Strategy, Nottingham University Hospitals NHS
Trust

Mr D Hamilton) Nottinghamshire County Council Service Director Personal Care and
Support (Older People)

Mr M Gately) Nottinghamshire County Council
Mrs R Rimmington) Nottinghamshire County Council

Mr N McMenamin) Nottingham City Council
Mrs B Venes) Nottingham City LINKs
Mr T Turner) Nottinghamshire County LINKs

Mr G Swanwick) Public and Patient Involvement (NUH)
Mrs M Danaford) Public and Patient Involvement (NUH)

Ms A Baugh) NHS Nottingham City
Jo Williams) NHS Nottingham City

CHAIRMAN AND VICE-CHAIRMAN

The appointment by the County Council of Councillor Mel Shepherd MBE as Chairman and Councillor G Klein as Vice-Chairman was noted.

MEMBERSHIP

The membership of the committee, as set out above, was noted.

APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Eunice Campbell, Azad Choudry and Timothy Spencer.

DECLARATIONS OF INTERESTS

No declarations were made.

TERMS OF REFERENCE

The report and Joint Protocol attached as an appendix to the report was noted.

MINUTES

The minutes of the last meeting held on 15 May 2012, having been circulated, were confirmed and signed by the Chair, subject to:-

1. Councillor Reverend Irvine and Mrs Danaford being shown as Also In Attendance.
2. Paragraph two of page two of the minutes being amended to replace the word 'election operation' to read 'elective operation'.

REVIEW OF SPECIALIST PALLIATIVE CARE UPDATE

The Chair introduced the report that provided an update on the redesign of Specialist Palliative Care Services in Nottinghamshire. The main change to the services was to

accept referrals with a non-cancer diagnosis and identify a designated day of the week to offer an out-patient service for new and follow up-patients.

Peter Wozencroft, Associate Director Strategy, Nottingham University Hospitals NHS Trust reported that the evolutionary changes were being slowly implemented with existing care arrangements not being effected. The reopening of Hayward House had been delayed until April 2012 and was now functioning at full capacity. There would be a meeting of the Hayward House Advisory group to review the impact of the changes, co-ordinate patient feedback and determine any necessary action.

During discussion the following additional information was provided in response to questions:

Existing patients would not have to change their day care day of attendance unless that was their wish. The revised eligibility criteria and service model were in use, although it had not yet been widely promoted to referrers. It was planned to formally recognise the refurbishment of Hayward House on 3 July 2012 and launch the new service eligibility criteria. There would continue to be close monitoring of referral rates and activity undertaken.

Patients would require a professional medical to be referred on to Hayward House. There had been and would continue to be dialogue with the friends of Hayward House. The committee was assured that no patients would be disadvantaged as a result of one day per week being dedicated to outpatient services. Patients with complex needs would still receive the same level of service.

The limited nature of the service was acknowledged. It was imperative to ensure that the highly specialist palliative care practitioner was utilised to the best effect. Work was being carried out to closely monitor demand for the service. The situation was an evolving one that would involve regular review with patient groups etc.

It was agreed that an update on the service be brought back to the committee in 12 months' time and include figures of those accessing services.

INTEGRATED HEALTH AND SOCIAL DISCHARGE PROJECT

Representatives of Nottingham University Hospitals (NUH), Nottinghamshire County Council Adult Social Care, Nottingham City Council Adult Social Care and Productive Nottinghamshire informed and updated the Joint Committee on the outcomes achieved and lessons learned from Phase one of the Integrated Health and Social Care Discharge project.

Its vision was to reduce delays in the provision of care from services outside of NUH, reduce the number of well patients waiting in an acute hospital bed to bring about improved quality and cost efficiency benefits across the health and social care community. The projects objectives included; a reduction in the average time from medically fit to discharge from an acute hospital bed; to reduce the number of people needing long term social care support and the number of people entering residential or nursing home placements.

The overarching clinical theme for Productive Notts in 2012/13 was Frail Elderly which would be delivered through a series of Workstreams including; appropriate care of the frail older person, integrated systems for unplanned care and assistive technologies. The committee received a presentation on the outcomes, achievements and lessons learned from Phase one (July 11- March 12) and of the project and outcomes for phase 2 that included:-

- The trialling of integrated boardrounds where Social Services and Integrated Discharge Team representatives attend medical boardrounds to provide expert advice, signposting and a proactive pull of referrals at the right time for the patient. This involved a data capture of patient waits with a daily attempt to unblock waits through health and social care discussion and joint working practices. Task and finish groups had been set up to resolve the top three waits in a 3 month period.
- The Trust was required to report annually on delays in patient care. Phase one outcomes on patients waiting daily for a service not provided by the NUH had reduced from 80 in summer 2010 to 32 in winter 2011. The top 10 waits had reduced by 48%-60% since July 2011, with an improvement in all areas. If this trend were to continue up to 23 beds could be released.
- Work was still required to spread the workload of discharges by day of the week. Phase two would see 7 day working. There were multiple reasons why discharges did not take place at weekends; lack of service availability, ward processes and family choice.
- In terms of phase one successes and challenges, the project was looking at modelling services based on need and seeing that community based services were set up to do this. Four big challenges remained; community hospital, care packages, intermediate care and medical instability of the frail elderly to be tackled under phase two of the project.
- Staff and patient feedback on boardrounds had found to have reduced misunderstanding, improved communication and altered relationships for the better. Further investigation was required into why none of the 1000 patients given cards to fill on transfer had done so.
- Phase two consisted of a transformation approach to maintain a continued focus on the task and finish groups for the short term resolution of waits. In order to manage this, assessment and commissioning workstreams had been created, each led by health and social cares representatives. This transformational change was focused to remove the remaining 52% waits. It was imperative to ensure close links and relationships with other work streams to avoid duplication.
- A mapping exercise had been done to reduce duplication between the County and City. It aimed to avoid admissions in the first place and work was being undertaken within the various community settings to achieve this. In some

cases patient discharge packages were in place but were taking up to five days to start. An area being looked into with a view to a marked improvement.

Phase two outcomes included:

- People returning home with a reduced or no care package.
- A reduction in the proportion of medically stable patients in the acute trust.
- People receiving the right care first time.
- To maximise the use of resources.
- People having their needs assessed in the most appropriate place.

During discussion the following additional information was provided in response to questions:

- Hospital discharge at weekends was improving with decision makers in place 7 days a week up to (10pm at night and 2am in A&E). It was recognised that additional work was required to improve understanding why the figures for weekend discharge were low. From a social care perspective, social workers were now working at a weekend. Further work was required to equip external providers.
- It was difficult to determine whether a reason for more attendees at a weekend was due to GP surgeries being closed or that people had different habits at a weekend. This was an area being looked at with a view to ensure that access was available 7 days a week.
- There was less need for beds in the City hospital at a weekend. The Loxley ward reduced by 12 beds at a weekend, this was not the case at the QMC site.
- Cancelled operations would form part of the projects future plans and be included in its mapping exercise. The committee felt that it would be helpful if the committee received feedback from the mapping exercise and comparison with other Trusts.
- The Occupational Therapist (OT) home support service fluctuated in the County in terms of equipment availability and larger adaptations taking time. The City had higher level needs in the community that were managed.
- It was a challenging time to promote independence in the home irrespective of low or high level needs. Current projects in the City included OT involvement to address needs at an early stage. Nottingham City Social Services were piloting the use of OT support as part of a person's reablement package to see if this assisted the flow of information, which was still work in progress.
- Care packages and home care generally were being looked at to maximise capacity. The sub-contracting of services in the Rushcliffe area was working well, with an increase in direct payments and personal budgets which relaxed some of the pressures.

- Physiotherapy had not been a significant issue on wards. Data was still being collected. Readmission was being monitored closely.
- In terms of enabling people, Productive Notts also looked at workstream assistive technologies to reduce risk, for example pendant alarms to enhance the quality of service and safety of a person. Services were moving to a tender process to ensure that they were available to meet the needs of people to live independently. Work was already carried out with people to maximise their independence and reduce the need for readmission.
- Challenges remained in terms of effective discharge due to the community hospitals having lost beds over the last 12 months and a proposal for the closure of three wards at the Ashfield Health Village. Lings Bar had produced some great work to move patients through quicker, with community based schemes to support people at home with additional support if needed. This would increase improvement as the scheme was rolled out. It was also intended to look at the wider needs of Nottingham (south). The County Council's Health Scrutiny Committee would have an involvement in the northern part of the county.

This was an evolving area of work that the committee wanted to be kept informed on. A request was made for the committee to receive an update on the progress made in 12 months time.

Further information was also requested in three months time on progress made on the mapping exercise in both the north and south of the county.

Following discussion it was agreed that:-

1. the report and presentation be noted.
2. the committee receive a report back to its June 2013 meeting on progress made against the phase 2 transformation map that includes a comparison with other Trusts.
3. Nottingham City Social Services inform the committee on the findings of the reablement Pilot.

WORK PROGRAMME

The programme of work was noted with the addition of updates on the Specialist Palliative Care Services and Integrated Health and Social Care Discharge Project in June 2013.

The meeting closed at 12.10pm.

Chair

10 July 2012

Agenda Item: 4

REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

GP OUT OF HOURS SERVICE PROCUREMENT FOR NOTTINGHAMSHIRE

Purpose of the Report

1. To introduce information on the GP out of hours service procurement for Nottinghamshire.

Information and Advice

2. Out of Hours (OOH) GP services can be accessed 6:00 pm to 8:00 am Monday to Friday and around the clock on Saturdays, Sundays and bank holidays. When patients ring their own doctors' surgery they are automatically transferred to the out of hours service where a qualified health advisor will assist and decide on an appropriate course of action. The patient's own doctor is advised what has happened as soon as the surgery reopens.
3. At present OOH services are provided by Nottinghamshire Emergency Medical Services (NEMS) in the south of Nottinghamshire and Nottingham City and by Central Nottinghamshire Clinical Services (CNCS) in the North of the County.
4. A procurement process for OOH services for the City and County was commenced in November 2011.
5. Engagement with the following stakeholders has taken place: Clinical Commissioning Groups, the emergency care network, secondary care and local authority representatives.
6. Representatives of NHS Nottingham City and NHS Nottinghamshire County will attend the meeting to brief Members on the procurement process. A written briefing is attached as an appendix for information along with the questionnaires used. The report on engagement is lengthy and is a background paper to this report.

RECOMMENDATION

- 1) That the Joint City and County Health Scrutiny Committee receive and comment on the information provided and consider whether sufficient engagement and involvement has taken place to determine the views of stakeholders, including patients and the public.

Councillor Mel Shepherd
Chairman of Joint City and County Health Scrutiny Committee

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

Background Papers

Report on stakeholder engagement

Electoral Division(s) and Member(s) Affected

All

**Briefing Paper Regarding GP Out of Hours (OOH) Service Procurement for
Nottinghamshire, June 2012**

1. Introduction

The Nottinghamshire County PCT Board and Nottingham City PCT Board meetings gave approval to initiate a procurement process for OOH services across Nottinghamshire County and Nottingham City in November 2011.

Existing OOH services are provided by Nottingham Emergency Medical Services (NEMS) in the south of Nottinghamshire and Nottingham City, and by Central Nottinghamshire Clinical Services (CNCS) in North Nottinghamshire. Contracts for both providers were due to expire in March 2013.

During the early stakeholder consultation regarding the procurement a number of risks emerged, in particular the parallel procurement of NHS 111 (see below), that led the Joint PCT Cluster Board to re-consider the timetable for the procurement exercise at its meeting in April 2012. The Joint Board has recommended that the procurement implementation be delayed until April 2014; with both existing providers having their contracts extended for a period of 12 months.

It has been agreed that the procurement will proceed as a collaborative exercise across the PCT cluster; with 1 procurement process, 1 basic specification and 2 lots. The lots will be aligned with the health communities that exist in the north and the south of Nottinghamshire and Nottingham City.

All of the emerging CCGs have indicated their support for the contract(s) to be awarded for a term of 5 years.

The OOH procurement process is being overseen by East Midlands Procurement and Commissioning Transformation (EMPACT), to ensure that the process is conducted in an open and fair manner, and that all relevant procurement requirements are adhered to.

2. Project Steering Group

The PCT Boards supported establishment of a local project steering group to manage and oversee the procurement process. The steering group is made up of clinical and managerial representation from CCGs across Nottinghamshire County and Nottingham City. The steering group also includes lay representation from one of the Non-Executive Directors on the Joint Cluster PCT Board.

A register of conflicts of interest will be maintained throughout the process to manage any conflicts of interest and ensure that appropriate mitigations are in place.

3. Project Plan

It is intended that the new contracts will be established to start from 1st April 2014.

Notice will be served to the existing OOH providers, CNCS and NEMS. The providers have submitted information about current provision, to ensure that a comprehensive picture of existing services is established.

Activity and cost modelling will be included in development of the service model and service specification, which will also include any details about potential implications for future services, e.g. staffing, premises, and TUPE arrangements.

As part of the procurement process any potential providers will have opportunity to attend a provider marketing event, at which the commissioners will provide general detail about the current health needs and describe the emerging service model which will inform the service specification.

4. Stakeholder Engagement

An initial engagement exercise has been conducted to seek the views of patients, public, and stakeholders prior to the procurement process starting. We particularly wanted to find out if the current service was meeting local health needs, personal experiences of the service and what patients expect when accessing healthcare when GP services are closed.

Copies of the patient and stakeholder questionnaires used are attached in Appendix 1. Respondents were also asked to confirm if they would be interested in being involved at the next stages of the process which means we have a list of interested individuals who are keen to participate and be involved.

Copies of the Engagement reports are attached in Appendix 2. The feedback received is being fed into the development of the draft service specification. Further engagement activities using a number of approaches, including focus groups, web and social media and targeted questionnaires and surveys will be undertaken to seek views on the draft service specification.

The local project steering group is also considering how best to involve patients and the public in the tendering and procurement processes. This could be done in a number of ways which could include representatives providing a specific question for the ITT documentation, the response to which is then reviewed and scored by them and involving them in any interviews with bidders.

5. Procurement of NHS 111 Services

There is a parallel procurement process underway for NHS 111, which will be introduced from 21st March 2013 as part of national rollout. NHS 111 will be the non-emergency alternative to 999, and will replace the current NHS Direct 0845 46 47 service.

The procurement for NHS 111 is being led by EMPACT on behalf of PCTs clusters across the Midlands and East SHA.

NHS 111 will be a 24 hour service providing call handling and clinical assessment for triage of calls in order to determine disposition, e.g. forwarding or signposting to services. It is highly likely that NHS 111 will provide the call handling for OOH services.

In the event of calls being directed to OOH services it is expected that triage will have been completed and details made available, negating the need for further triage.

6. Provision of Additional Services by Incumbent providers

A range of additional services are delivered under the existing contracts with both OOH providers, principally around helping to manage urgent care demand. The intention is that these services will be included in the specification being developed as part of the procurement exercise.

7. Premises for Delivery of OOH Services

Consideration is being given to where future OOH services should be delivered from.

In the south of the county and Nottingham City, OOH services are delivered from premises owned by NEMS located on Derby Road, close to the site of the Queens Medical Centre.

In the north of Nottinghamshire County, OOH services are currently delivered from premises next to the Emergency Department at King's Mill Hospital, and at Newark Hospital.

Appendix One

Sample patient questionnaire



OOH Questionnaire
FINAL 22.12.11.pdf

Sample stakeholder questionnaire



Stakeholder
Engagement Question

Background papers

Engagement Report for
South Nottinghamshire and Nottingham City



OOH Report final
Notts South and City

Engagement Report for
North Nottinghamshire



OOH Report
Engagement Report N

Out of Hours (GP) Questionnaire

The current Out of Hours service contract is coming to an end. We would like to use this opportunity to find out if the current service is meeting your needs, and what your expectations are for obtaining healthcare when GP and community services are closed.

Instructions: Please answer ALL the questions that apply to you by ticking the box that most closely resembles your experience. There are no right or wrong answers. The answers provided will be used to help to influence the development of the new Out of Hours service.

1. Do you know how to contact the Out of Hours Service?

☐ Yes ☐ No [Go to Question 37](#)

2. Have you used the Out of Hours service in the last 12 months?

☐ Yes ☐ No [Go to Question 37](#)

3. Did you contact the Out of Hours service for:

☐ Yourself ☐ Your child / children ☐ Your partner / spouse ☐ Other relative / friend

4. Did you wait a while before calling the Out of Hours service?

☐ Yes [Go to Question 5.](#) ☐ No [Go to Question 6](#)

5. If you did delay calling, why was this?

- ☐ You considered the condition not serious enough
- ☐ You wanted to see if the condition worsened
- ☐ You did not want to waste anyone's time
- ☐ You were unsure where to go

Other - please state:

6. How long do you think it took for your call to be answered?

☐ less than 30 secs ☐ 30 - 60 secs ☐ More than 60 secs

How do you rate this:

☐ Very poor ☐ Poor ☐ Acceptable ☐ Good ☐ Excellent

7. Please rate the following:

	Very poor	Poor	Acceptable	Good	Excellent
Helpfulness of the person who took your call	☐	☐	☐	☐	☐
How much you felt listened to during the call	☐	☐	☐	☐	☐

8. Were you told how long you would have to wait before a health professional called you back?

☐ Yes ☐ No

9. Did you wait for the health professional to call you back?

☐ Yes ☐ No

10. What did you do instead?

☐ Went to the Walk-in Centre
 ☐ Went to the GP the next day
 ☐ Called an ambulance
☐ Went to the Pharmacy
 ☐ Went to A & E (Accident and Emergency)

Other:

11. How long did it take for you to receive a call from a health professional (This could be a doctor, nurse, paramedic, etc)?

☐ Less than 20 mins
 ☐ 20 - 60 mins
 ☐ More than 60 mins

How do you rate this?

☐ Very poor
 ☐ Poor
 ☐ Acceptable
 ☐ Good
 ☐ Excellent

12. Did you feel able to describe your problem over the phone?

☐ Definitely not
 ☐ No, not really
 ☐ Yes to some extent
 ☐ Yes, definitely

How comfortable did you feel describing your/the patients problem over the phone?

☐ Very comfortable
 ☐ Comfortable
 ☐ Acceptable
 ☐ Uncomfortable
 ☐ Very uncomfortable

13. What was the outcome of your most recent contact with Out of Hours service?

☐ Telephone advice only
 ☐ Walk-in Centre visit
☐ CNCS (Out Of Hours Centre) visit
 ☐ Home visit

14. Were you happy with the outcome?

☐ Yes ☐ No

Please give a reason for your answer:

15. Which health professional carried out the consultation? (This includes telephone consultation as well as face-to-face) - (Please tick all that apply)

☐ Doctor

☐ Nurse

☐ Paramedic

☐ Don't know

Other - please state:

16. How long did the consultation last?

☐ Less than 10 mins

☐ 10 - 20 mins

☐ More than 20 mins

How do you rate this?

☐ Very poor

☐ Poor

☐ Acceptable

☐ Good

☐ Excellent

17. Please rate the following:

	Very poor	Poor	Acceptable	Good	Excellent	N/A
The thoroughness of the health professional	☐	☐	☐	☐	☐	☐
The accuracy of the diagnosis	☐	☐	☐	☐	☐	☐
The treatment given	☐	☐	☐	☐	☐	☐
The advice and information given	☐	☐	☐	☐	☐	☐
The health professionals manner / attitude	☐	☐	☐	☐	☐	☐
How much you felt you / the patient were listened to	☐	☐	☐	☐	☐	☐
How much you felt things were explained to you / the patient	☐	☐	☐	☐	☐	☐
The dignity and respect you / the patient were shown	☐	☐	☐	☐	☐	☐

18. Did the Out of Hours service give you any medication at the time of the appointment?

☐ Yes

☐ No

19. Did the Out of Hours service give you a prescription for any medication?

☐ Yes

☐ No

20. Was the medication easy to obtain?

☐ Very easy

☐ Quite easy

☐ Neither easy or difficult

☐ Quite difficult

☐ Very Difficult

21. Do you think the Out of Hours staff knew enough about your medical history?

☐ Definitely not

☐ Possibly not

☐ Not sure

☐ Yes, possibly

☐ Yes, definitely

22. Did you have any problems understanding the health professional? e.g. because of language barriers, explanation of the condition

☐ Yes

☐ No

23. Is English your first language? (if no, were you offered additional help?)

- | | |
|---|---|
| ☐ Yes | ☐ No - no help was needed |
| ☐ No - help was offered within 15 minutes of ringing | ☐ No - no help was offered |
| ☐ No - help was offer more than 15 minutes after ringing | |

24. Do you have a hearing impairment? (If yes, were you offered additional help)

- | | |
|---|--|
| ☐ No | ☐ Yes - help was not needed |
| ☐ Yes - help was offered | ☐ Yes - no help was offered |

25. Do you have a visual impairment? (If yes, were you offered additional help)

- | | |
|---|--|
| ☐ No | ☐ Yes - help was not needed |
| ☐ Yes - help was offered | ☐ Yes - no help was offered |

26. Did you have any issues regarding disabled access? (If yes, were you offered additional help)

- | | |
|---|--|
| ☐ No | ☐ Yes - no help was needed |
| ☐ Yes - help was offered | ☐ Yes - no help was offered |

27. Did you have to attend the CNCS (Out Of Hours Centre) :

- | | | |
|------------------------------|-----------------------------|--------------------|
| ☐ Yes | ☐ No | Go to question 32. |
|------------------------------|-----------------------------|--------------------|

28. Did you have any problems getting to the CNCS (Out Of Hours Centre)?

- | | |
|---|--|
| ☐ Public transport | ☐ Cost |
| ☐ Childcare | ☐ Too ill or in too much pain to travel |
| ☐ Personal safety | ☐ Access to a car |

Other - please state:

29. How long did it take you to travel to CNCS (Out Of Hours Centre)?

- | | | | |
|--|---------------------------------------|---------------------------------------|---|
| ☐ Less than 15 mins | ☐ 15 - 29 mins | ☐ 30 - 59 mins | ☐ 1 hour or more |
|--|---------------------------------------|---------------------------------------|---|

How do you rate this?

- | | | | | |
|------------------------------------|-------------------------------|-------------------------------------|-------------------------------|------------------------------------|
| ☐ Very poor | ☐ Poor | ☐ Acceptable | ☐ Good | ☐ Excellent |
|------------------------------------|-------------------------------|-------------------------------------|-------------------------------|------------------------------------|

30. On arrival at the CNCS (Out Of Hours Centre) were you told how long you would have to wait?

- | | |
|------------------------------|-----------------------------|
| ☐ Yes | ☐ No |
|------------------------------|-----------------------------|

31. How long did you wait?

- | | | | | |
|--|---------------------------------------|---------------------------------------|------------------------------------|---------------------------------------|
| ☐ Less than 20 mins | ☐ 20 - 39 mins | ☐ 40 - 59 mins | ☐ 1-2 hours | ☐ over 2 hours |
|--|---------------------------------------|---------------------------------------|------------------------------------|---------------------------------------|

How do you rate this?

- | | | | | |
|------------------------------------|-------------------------------|-------------------------------------|-------------------------------|------------------------------------|
| ☐ Very poor | ☐ Poor | ☐ Acceptable | ☐ Good | ☐ Excellent |
|------------------------------------|-------------------------------|-------------------------------------|-------------------------------|------------------------------------|

32. Did you have a home visit?

☐ Yes

☐ No

Go to question 35.

33. If a home visit was required, how long did you have to wait?

☐ Up to 1 hour

☐ 1 - 2 hours

☐ More than 2 hours

How do you rate this?

☐ Very poor

☐ Poor

☐ Acceptable

☐ Good

☐ Excellent

34. Do you feel you were kept informed about the home visit? e.g. expected time of arrival, if running late

☐ Yes - as much as was needed

☐ No - I would have liked a follow-up phone call

35. What is your overall rating of the Out of Hours Service?

☐ Very poor

☐ Poor

☐ Acceptable

☐ Good

☐ Excellent

36. Was your case managed with sufficient urgency?

☐ Definitely not

☐ No, I don't think so

☐ Yes, I think so

☐ Yes Definitely

☐ N/A

37. How would you like to access Out of Hours service in the future?

☐ As you do now

☐ Defined opening hours for access

☐ Drop-in options

☐ Telephone access

☐ Appointment System

Other:

38. Where would you like to access Out of Hours care?

☐ As you do now (same premises)

☐ On transport route

☐ Where there are good facilities e.g. parking

☐ Next to / near to hospital

☐ In the community

☐ At home (when needed)

Other:

39. What services would you like to see the Out of Hours service offer?

☐ Shared services with A & E

☐ Text messaging

☐ Links to 111

☐ Telephone access

☐ Online tools

☐ Links to other services

Other:

40. ANY OTHER COMMENTS

41. Would like to continue to be involved in the Out of Hours service review, if yes, please provide your contact details below:

- ☐ Yes - please provide your contact details
☐ No

Name

Address

Telephone

Email

The following information is collected for monitoring purposes only. It is kept in the strictest confidence and will not be shared with any other party.

The information required in the following questions is for that of the patient:

42. Please insert the first four digits of your postcode: (e.g. NG4, NG7, NG14, etc)

43. Would you describe you / the patient as:

- ☐ Male ☐ Female

44. Please select the appropriate age category:?

- ☐ 0-17 ☐ 50-64 ☐ 85+
☐ 18-24 ☐ 65-74
☐ 25-49 ☐ 75-84

45. Would you / the patient describe your ethnicity as:

- | | | |
|---|--|--|
| ☐ White British | ☐ Chinese | ☐ Mixed White & Black African |
| ☐ White Irish | ☐ Other Asian background | ☐ Mixed White & Asian |
| ☐ Other white background | ☐ Black Caribbean | ☐ Other mixed background |
| ☐ Indian | ☐ Black African | ☐ Traveller / Gypsy |
| ☐ Pakistani | ☐ Other Black background | ☐ Prefer not to say |
| ☐ Bangladeshi | ☐ Mixed White & Black Caribbean | |

Any other ethnic background:

46. Do you / the patient have a disability?

- | | | |
|---|--|--|
| ☐ Learning Disability / Difficulty | ☐ Sensory Impairment | ☐ Physical Impairment |
| ☐ Mental Health Condition | ☐ Long Term Condition | ☐ No disability |

Any other disability:

47. Are you / the patient:

- ☐ Heterosexual /straight ☐ Gay / Lesbian ☐ Bi-sexual ☐ Other

- 48. Are you / the patient:**
- | | | | |
|--|-----------------------------------|--|--------------------------------|
| ☐ Married | ☐ Single | ☐ Living with partner | ☐ Other |
| ☐ Civil Partnership | ☐ Divorced | ☐ Widowed | |

- 49. How would you / the patient describe your religion / belief?**
- | | | |
|---------------------------------------|-----------------------------------|---|
| ☐ Hinduism | ☐ Islam | ☐ Judaism |
| ☐ Sikhism | ☐ Jainism | ☐ Agnostic |
| ☐ Christianity | ☐ Buddhism | ☐ No religion / belief |

Any other religion / belief

- 50. Are you / the patient pregnant or have given birth within the last 12 months?**
- | | | |
|------------------------------|-----------------------------|--|
| ☐ Yes | ☐ No | ☐ Prefer not to say |
|------------------------------|-----------------------------|--|

- 51. Is your / the patients gender the one assigned at birth?**
- | | |
|------------------------------|-----------------------------|
| ☐ Yes | ☐ No |
|------------------------------|-----------------------------|

- 52. Do you / the patient live and work full time in the gender role opposite to that assigned at birth?**
- | | |
|------------------------------|-----------------------------|
| ☐ Yes | ☐ No |
|------------------------------|-----------------------------|

- 53. If English is not your / the patients first language, please state your preferred:**

**Thank you for completing this Out of Hours patient questionnaire.
Your help is very much appreciated.**

**Please return the completed questionnaire to: Out of Hours Survey,
NHS Nottinghamshire County, (FREEPOST RRZL-GBTT-RJUJ),
Birch House, Mansfield, Nottinghamshire, NG21 0HJ**

Alternatively complete the survey online at www.nottspct.nhs.uk/my-voice/consultations

If you have any queries relating to any of the questions asked within the questionnaire, or wish to discuss further, please contact the Patient Advice and Liaison Service (PALS): Telephone 0800 028 3693

This questionnaire is based on one developed by CFEP - UK Surveys, University of Manchester

GP Out of Hours Procurement

STAKEHOLDER ENGAGEMENT QUESTIONNAIRE

The contracts for GP Out Of Hours services in NHS Nottingham City and NHS Nottinghamshire County expire in March 2013. This presents an opportunity for the local commissioners to review what the local community needs from its out of hours service, and how the service offered may need to develop in order to ensure it is fit for purpose for the life of the new contract.

We would like to get the views of Clinical Commissioning Groups and other key stakeholders in the local health community to inform the procurement process and the development of the specification in particular.

The questions set out below should help to shape your response but any other comments would be gratefully received.

1. In what areas do you think that the out of hours service needs to develop in order to ensure that reasonable patient expectations are met?

You may wish to consider ease of access to the service (by phone and face to face), provision of home visits, provision of services on a walk in basis, premises, access to medications. Should the out of hours service focus on only delivering those services that can not safely wait until the next working day?

2. What provision would you expect to see in the contract to ensure that patients are informed of the service and know how to contact it and engage?

3. Please identify any areas of unmet need or under provision of service in the out of hours period (now or likely to develop during the life of the contract).

4. The current GP out of hours contracts also support the provision of some non-core services (e.g. clinical navigation to avoid admission, primary care services in the Emergency Department, call handling for community services).

How would you see the need for such non-core services in the future, for example, do you anticipate a need to extend such provision to help ensure a consistent 24 / 7 primary care response to urgent needs?

You may wish to consider the provision of a telephone response to ensure that all calls to GP practices where patients are seeking urgent advice are answered, the provision of additional capacity for home visits and urgent appointments in hours.

5. How do you envisage GP out of hours services working with NHS 111?

For example, should we ask potential providers to include proposals to deliver a call handling front end to the service at all or assume this will be provided by NHS 111?

6. What service provision would you include in the specification for the GP out of hours services, in order to ensure that the maximum number of cases can be closed in a timely fashion without the need for onward referral?

For example, should we include any requirements about: delivering near patient testing by the out of hours provider?

7. What are the key requirements that need to be in place regarding the sharing of information (inc. special patient notes) between the out of hours provider and other parts of the health community?

For example, should we specify the IT system that the provider must use in order to optimise sharing of records with GP practices?

8. What key quality indicators, governance and control measures would you expect to see in a contract of this nature, to ensure the effective and safe delivery of the service?

9. How would you recommend that the contract is structured (e.g. type of contract, currency used) in order to deliver a high quality, value for money service that also encourages the collaboration and co-operation necessary to work effectively in the urgent care system

10. Are there any other innovations that you think should be explored during this procurement exercise?

10 July 2012

Agenda Item: 5

REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

MENTAL HEALTH REHABILITATION PATHWAY PROGRAMME

Purpose of the Report

1. To introduce information on the Mental Health Rehabilitation Pathway Programme.

Information and Advice

2. NHS Nottinghamshire County and NHS Nottingham City Clinical Commissioning Groups (CCG), in association with partner organisations, have undertaken a review of the utilisation of residential mental health rehabilitation services. The aim of the review was to identify opportunities to improve quality and productivity. The review was finalised in November 2011.
3. Representatives of the CCGs will attend the Committee today to provide information on the programme of change resulting from the review.
4. A briefing from the CCGs is attached as an appendix to this report.
5. The full report from the CCGs, entitled Mental Health Residential Rehabilitation Utilisation, is lengthy (over 160 pages) and is available as a background paper.

RECOMMENDATION

- 1) That the Joint City and County Health Scrutiny Committee receive and comment on the information provided and consider whether sufficient engagement and involvement has taken place to determine the views of stakeholders, including patients and the public.

Councillor Mel Shepherd
Chairman of Joint City and County Health Scrutiny Committee

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

Background Papers

Mental Health Residential Rehabilitation Utilisation Report

Electoral Division(s) and Member(s) Affected

All

MENTAL HEALTH REHABILITATION PATHWAY PROGRAMME

A report to the Joint Overview and Scrutiny Committee

Overview:

The purpose of this report is to provide members of the Joint Overview and Scrutiny Committee with an overview of a review of Mental Health In-patient Rehabilitation Services that took place in 2011. The report will also cover how the organisations plan to implement the recommendations and how service users were involved in shaping the recommendations.

Introduction:

Reviewing the Utilisation of Residential Mental Health Rehabilitation Services

Across Nottinghamshire, the NHS spends approximately £150 million annually on mental health services, including £10 million on Residential Rehabilitation services.

Mental Health Residential Rehabilitation Services are defined by the Royal College of Psychiatrists as:

‘A whole system approach to recovery for mental illness that maximises an individuals quality of life and social inclusion by encouraging their skills, promoting independence and autonomy in order to give them hope for the future and leads to successful community living through appropriate support’

There are six inpatient residential rehabilitation service units in the City and County of Nottinghamshire which together have 110 beds, provided by Nottinghamshire Healthcare trust.

During 2011 NHS Nottinghamshire County and NHS Nottingham City CCGs in partnership with Nottinghamshire County Council, Nottingham City Council and Nottinghamshire Healthcare Trust undertook a review of these services to determine if the right residents were in the right place, receiving the right care at the right time, delivered by the right people. The review’s aim was to identify opportunities to improve quality and productivity and was called the “Mental Health Residential Rehabilitation Utilisation Review”. It was finalised in November 2011.

Of the 95 residents, 55 (50%) were thought to be in the wrong care setting at the time of the review.

The Review and Review Results

During September 2011 the service units were visited by a multi-agency and multi-disciplinary team. The team included a General Practitioner (GP) with a clinical lead role for mental health, matrons from the service, Local Authority mental health commissioner, Mental Health NHS Clinical Advisor and the project lead, a senior manager from Public Health.

The review team interviewed a number of carers and staff. Service users took part in a comprehensive qualitative survey and all their views were captured in the review report.

The review team drew the following headline conclusions:

- 25 residents need to be reviewed by health and social care with regard to their ongoing long term care needs as if they remain in long term NHS care, the annual cost to the NHS is £2,281,250
- 41 (37%) remaining residents have reached, or will reach a two year length of stay in the next six months to two years and need transition plans in place
- There are more than 15 patients waiting to use the services currently in the acute and low secure wards, preventing other people being admitted
- 40 people have had to go out of area to receive a service due to a lack of available local services

The main conclusions of the review report are:

- a) The pathway into and out of the service needs to be redesigned
- b) The service model needs to be revisited
 - If change occurs it must be phased to meet the needs of the residents and their carers
 - Any change must ensure high quality care outside of the hospital setting and to reduce unnecessary readmission to the acute or secure services
 - The service's interpretation of 'recovery' and rehabilitation needs to be reconfirmed and residents must be encouraged to participate in active recovery of their mental health
- c) A priority is to secure appropriate accommodation
- d) Changes must be supported by a reconfigured workforce with strong community team input to ensure the continuation of the therapeutic, clinical relationship

'The review has clearly demonstrated that many patients remain stuck in long term psychiatric care and this now needs to change. The opportunity to work with providers and the local authority and third sector providers to enable intensively supported independent living is irresistible. 100% bed occupancy and the lack of flow of patients through care concerns me greatly and this dynamic clearly needs to improve.'

Dr Marcus Bicknell, GP and Clinical Lead Mental Health, Nottingham City Clinical Commissioning Group

The review report which is very detailed is 165 pages long, available on request from jaynelingard@btinternet.com

Implementing the Recommendations:

The review made a number of recommendations requiring implementation over two years. The Mental Health Rehabilitation Pathway Programme is a programme to coordinate a series of changes to deliver the recommendations of the review report. Change will be achieved through existing projects underway as well as initiating additional action. The programme will be overseen by a board and advised by a dedicated quality group as well as by a series of consultations, including this report to the joint overview and scrutiny committee.

The change programme's primary objective is to enable the discharge of people who have become 'stuck' in mental health services beyond the point at which they are progressing due to various factors and to address these factors and create processes to prevent this happening in future.

If the change programme is successful, it will deliver a series of outcomes, which will be agreed at the Programme Board on the 3rd July 2012.

Progress on the programme to date:

A programme management team has been recruited and time is being spent identifying what communication and governance structures will be needed to take the programme forward.

All stakeholders of the programme are being contacted and advised of how they can contribute and be included in and informed of planned change.

The programme board has membership from Nottinghamshire County Council, Nottingham City Council and Nottinghamshire Healthcare Trust and is co-chaired by NHS Nottinghamshire County and NHS Nottingham City Clinical Commissioning Groups. Its role is to take decisions and approve plans. The programme quality group has 12 members representing the views and perspectives of clinicians. Its role is to advise those taking forward action to create change and to contribute ideas and constructive criticism.

The first step of the programme is to assess the needs of the people who have progressed as far as they can in the services and who now need alternatives to in-patient care to which they can be discharged.

Pump-Priming the changes:

It is recognised that there may be a shift of commissioning responsibility from the NHS to the Local Authorities in order to rebalance mental health services pathways. Non-recurrent funding of £900,000 has therefore been provided to Nottinghamshire County Council and £800,000 to Nottingham City Council by their partner Clinical Commissioning Groups. The funding is to be used to enable the local authorities to make their contribution to a two-year programme of change.

This funding will be used to enable the local authorities to carry out the additional assessments and discharge planning of the people needing to leave residential rehabilitation service and pay for their care. It can also be used in the commissioning of additional capacity in social care services.

The Draft Outcomes of the Change Programme

When all of the recommended actions of the change programme are carried out, the following outcomes will be the result:

Outcome Area	Change programme outcome
PATHWAY clear overall service pathway in and out of services	1. All services and service elements have a clearly understood place in a mental health, social care and self-care pathway which enables people to live the most independent life possible
	2. A suitable range of robust housing and social care options is available within the pathway to enable people a) to avoid unnecessary admission to inpatient services or b) to leave inpatient services as soon as possible
	3. Processes and responsibilities for planning the discharge of individuals from inpatient mental health services on admission and are clear and widely understood
	4. Shared care prescribing protocols are in place to enable people who are discharged from in-patient care, who are prescribed Clozapine (or equivalent medication) to be able to access medication, and medication support in appropriate community settings.
	5. Access is available to older people's specific services where this is appropriate
	6. Everyone's Mental Health Act status is the least restrictive possible
PURPOSE clear service purpose	1. Rehabilitation services are recovery focused and these principles are agreed between LAs and the NHS
QUALITY The service is effective	1. The service specification for in-patient and community rehabilitation is outcome-focussed and time-bound
	2. The service provides continuity for the user and the value of relationships is recognised

Outcome Area	Change programme outcome
	3. <i>Service users who are well enough are enabled to access a full range of life opportunities</i>
QUANTITY service is the right size	1. <i>In-patient Step-down provision is readily available via effective social care commissioning</i> 2. <i>There is the right balance of NHS provided inpatient services and community support</i>
REORGANISATION changes have been made	1. <i>Changes have been made to the way rehabilitation services are run to reduce the restrictions on service users highlighted by the review</i> 2. <i>Inpatient provision has been reconfigured following the discharge of people who were long overdue for discharge</i> 3. <i>Efficiencies have been found which were enabled by organisational changes following the review</i> 4. <i>NHS staff have a clear focus on supporting those with higher levels of need as part of an effective care pathway</i>
INDIVIDUAL CHANGE People using the service need the service	1. <i>People in rehabilitation inpatient care all have complex needs which cannot be treated in a community setting.</i> 2. <i>People in rehabilitation inpatient services have recovery based care plans with clear outcomes linked to a timely discharge plan</i> 3. <i>People who are less complex or who have completed their treatment programme are promptly discharged to an appropriate provision</i>

10 July 2012

Agenda Item: 6

REPORT OF THE CHAIRMAN OF JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To introduce the Joint City and County Health Scrutiny Committee work programme.

Information and Advice

2. The Joint City and County 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 both City and County residents – specifically, those located within the City and in the Southern part of the County.
3. The work programme is attached at Appendix 1 for the Committee to consider, amend and agree.
4. Additional items included in the work programme, as agreed at the last meeting, are **Specialist Palliative Care Services** and **Integrated Health and Social Care Discharge Project** which are scheduled for June 2013.
5. In order to balance the work programme, the update on the work of the **Care Quality Commission** has been moved from 11th September to 9th October 2012.

RECOMMENDATION

- 1) That the Joint City and County Health Scrutiny Committee agree the content of the draft work programme.

Councillor Mel Shepherd
Chairman of Joint City and County 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

15 May 2012	Nottingham University Hospitals NHS Trust – Cancellation of non-urgent elective operations since January 2012 (new) To consider the reasons for the recent spate of cancelled operations, to find out what actions are being taken to address the situation, and to agree any follow-up action by the Committee (Nottingham University Hospitals Trust) Quality Accounts To consider Trust's Quality Accounts 2010/11 and whether to make a statement for inclusion (Nottinghamshire Healthcare Trust / Nottingham University Hospitals Trust / East Midlands Ambulance Service/NHS Treatment Centre/Nottinghamshire Hospice - new) East Midlands Ambulance Service (EMAS) NHS Foundation Trust consultation (new) To consider review of EMAS Service Delivery Model and Operating Strategy as part of formal consultation. (EMAS)
12 June 2012 (revert to County)	Review of Specialist Palliative Care Services across Nottinghamshire - update To consider proposals and the consultation process for changes to improve access to day care for people with life limiting diagnoses (NHS Nottingham City / Nottingham University Hospitals Trust) Integrated Health and Social Care Discharge Project - update To consider how to partners are working together to deliver more efficient services on discharge from hospital (Nottingham University Hospitals Trust and partners – to be identified)
10 July 2012	Out of Hours Services To consider an update on the procurement exercise being planned for Out of Hours Services in Nottinghamshire (NHS Nottingham City / NHS Nottinghamshire County) Mental Health Utilisation Review To receive the findings of the review undertaken by NHS Nottingham City CCG and NHS Nottinghamshire County CCG in conjunction with the local authorities

	(NHS Nottingham City/NHS Nottinghamshire County)	
11 September 2012	• Contraceptive and Sexual Health Services (from June 2012) To consider findings informing the new service model (NHS Nottingham City / NHS Nottinghamshire County / Nottingham University Hospitals Trust) • Psychological Therapies Service Changes – update To consider how the changes to the Service have been delivered, and their impact on service users (Nottinghamshire Healthcare NHS Trust) • Nottingham University Hospitals NHS Trust – Cancellation of non-urgent elective operations since January 2012 - update To consider any follow-up action by the Committee (Nottingham University Hospitals Trust)	
9 October 2012	• Care Quality Commission (CQC) <i>To consider the work of the CQC in the City and County and the implications for scrutiny (CQC)</i>	
13 November 2012		
11 December 2012	▪ Lings Bar Update (NHS Nottinghamshire City/Nottinghamshire County) • Nottingham University Hospitals NHS Trust – Cancellation of non-urgent elective operations since January 2012 - update To consider any follow-up action by the Committee (Nottingham University Hospitals Trust)	
15 January 2013	• Patient Transport Service (PTS)	

	Update on performance of Arriva Group following takeover of PTS contract from EMAS (NHS Nottinghamshire County / NHS Nottingham City) • Quality Accounts Preliminary consideration of priorities for Trusts' Quality Accounts 2012/13 (Nottinghamshire Healthcare Trust/Nottingham University Hospitals Trust/NHS Nottingham Treatment Centre/Nottinghamshire Hospice)	
12 February 2013	• Dementia Care Annual update on dementia issues, including national audit on dementia (Nottingham University Hospitals Trust)	
12 March 2013	• Nottingham University Hospitals NHS Trust – Cancellation of non-urgent elective operations since January 2012 - update To consider any follow-up action by the Committee (Nottingham University Hospitals Trust)	
16 April 2013		
May 2013	▪ Consideration of Quality Accounts	

To schedule:

Review of Specialist Palliative Care Services across Nottinghamshire – further update (June 2013)
Integrated Health and Social Care Discharge Project – further update (June 2013)

Informal meeting on Local Alcohol Treatment Services
(various partners and agencies, and all Committee members, to be invited)

Response to Health Messages and Eating Disorders Study Group recommendations

(Response from various parties)

EMAS control centre visit

Date in May 2013 –as part of consideration of dates in June 2012