

Health Scrutiny Committee

Tuesday, 24 July 2018 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

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| 1 | Minutes of the last meeting held on 19 June 2018 | 3 - 6 |
| 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 | Gluten Free Prescribing and Other Prescribing Restrictions | 7 - 30 |
| 5 | Treatment Centre Procurement Update | 31 - 38 |
| 6 | East Midlands Ambulance Service Transformation | 39 - 42 |
| 7 | Neuro-Rehabilitation Update | 43 - 46 |
| 8 | Work Programme | 47 - 54 |

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.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact David Ebbage (Tel. 0115 977 3141) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.
- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

Membership

Councillors

Keith Girling (Chair)
Dr John Doddy
Kate Foale
Kevin Greaves
Vaughan Hopewell
David Martin
Francis Purdue-Horan
Kevin Rostance
Steve Vickers
Muriel Weisz
Yvonne Woodhead

Officers

David Ebbage	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

Also in attendance

A	Michelle Livingston	Healthwatch Nottinghamshire
	Dr Amanda Sullivan	Mansfield and Ashfield CCG
	Dr Keith Girling	Nottingham University Hospitals
	Claire Probert	Circle
	Ben Gooding	Circle

1. MINUTES

The minutes of the last meeting held on 8 May 2018, having been circulated to all Members, were taken as read and were signed by the Chair.

2. APOLOGIES

None

Councillor Vaughan Hopewell had replaced Councillor Martin Wright.
Councillor Kate Foale had replaced Councillor Michael Payne
Councillor Yvonne Woodhead had replaced Councillor Liz Plant

3. DECLARATIONS OF INTEREST

None

4. ASHFIELD HOMESTART

Amanda Sullivan, Chief Officer gave Members a briefing on the decommissioning of Homestart services in Ashfield. She highlighted the following points:-

- CCG funding ceased in August 2017, following a review. The CCGs recognised and supported the need for partnership working to improve family wellbeing.
- The review included engagement with the providers and review of service user feedback, clinical review, review of potential alternative capacity / services
- The CCG Quality and Risk Committee requested further information about alternative services for families before any decision was made
- The nature of the service was not direct health interventions, although the interlinks with healthcare services and the role of the CCGs to work in partnership to protect vulnerable families were understood.
- Alternative sources of support were available through health visiting, Sure Start and Family Nurse Partnerships. These services had capacity to support Homestart families.
- The CCGs would monitor incidents or safeguarding concerns that may arise as a result of the decision (no incidents or MASH referrals have been reported that are thought to be linked)
- Ashfield Homestart are still continuing to support 16 families using reserve grant aid funding, used to be 29 families.
- With regards to the Family Nurse Partnership, home visiting programme for first-time young mums from 12 weeks gestation to second birthday of child. Two clients are training to be volunteers with Home Start.

During discussions, the following issues were raised:-

- Members were overall disappointed with the decision and wished for it to be reconsidered.
- There was engagement with social care and it was a joint decision but a more joint commissioning approach would be welcomed going forward. An equal approach across parties would be a good way to engage
- The funding costs were shared from five bodies. A contribution from Mansfield & Ashfield District Councils was £68,000, Newark & Sherwood £26,000 and from the County Council £85,000.

- Members were also concerned that measures should be taken to avoid the loss of the 40 volunteers.

The Chair spoke on behalf on Members and said how service is valued by all of the Committee, he requested a closer look at this was needed and a more of a joint decision to be made. The volunteers who are involved are of a high standard and we should not lose them either.

The committee resolved that a review by all stakeholders and partners of the decision to decommission the service be undertaken with the review properly informed by the impact of the loss of the service on families.

The Chair thanked Amanda Sullivan for attending.

5. SHORTAGE OF CAPACITY OF HEAD AND NECK CANCER SERVICE

Members received a briefing on the shortage of capacity in head and neck cancer care. The following points were raised:-

- The current situation is that there is 1 full-time substantive surgeon from mid-May 2018 and there should be 4. Future appointments are planned in the future, one in September 2018 and one in August 2019 (subject to completion of a fellowship). The chemotherapy and radiotherapy are currently not affected.
- The service is restricted to 2 week wait and benign referrals for Nottingham City CCG only from May 2018.
- Lincoln are assisting with 8 hours a week consultant surgeon into NUH from 28th May 2018.
- Derby providing 2ww consultant support into NUH (WEF 24 May 2018) – approx. 10 new 2ww slots per fortnight – diagnostics and surgery to be transferred to Derby.
- CCG working with provider trusts (Derby, Leicester, SFH) to assess the impact the referrals divert, to include weekly referral data, impact on waits and outcome of appointment to monitors any compliance/access issues.
- Ongoing recruitment efforts – appointed benign locum from London, who will start initially on 2 days a week, with potential to increase. Adverts going back out imminently for substantive cancer post

During discussion, the following points were made:-

- The City/County boundary didn't seem logical to Members, they were also curious to know if the level of expertise is the same in other hospitals. Over 200 patients get referred a month, 4-6 of those will have cancer. High level of skill is needed, expertise are more general elsewhere.
- Training can take up to 6 years to go through the post graduate training programme. Currently working with Cancer Alliance to set up an international training programme for the East Midlands.

The Chair thanked for their attendance

6. CIRCLE – NOTTINGHAM TREATMENT CENTRE

Claire Probert and Ben Gooding, Service Transformation Managers at Circle NHS Treatment Centre briefed Members on services provided by Circle and how they fit

in within the wider health terrain of the ICS (Integrated Care System).The following points were made:-

- At present, within the infrastructure, Circle have representation at the following groups:-
 - STP Advisory Board
 - Greater Nottingham Transformation Partnership Board
 - System – wide delivery group – Planned Care
- Circle have been advised as a non-statutory organisation that Circle would not be able to be part of the STP leadership board unless like Nottingham CityCare we were a work stream lead for one of the system delivery groups. We are currently working to ensure that there is Clinical representation from Circle on the STP Clinical Reference Group.
- Transforming Outpatients - We are committed to working to ensure that pathways are delivered which are the best for patients and redesigning services to ensure that they are delivered in the community where appropriate.
- Rushcliffe MSK – currently work is being delivered to expand the MSK service to include advanced triage with the aspiration to make greater commissioner savings and test new methodologies of working.

During discussion, the following points were made:-

- Members queried how effective the model will be, officers replied by saying as long as all the boxes within the structure have the right people in them, the model should deem to be successful.

The Chairman thanked both representatives from Circle for their attendance and that he would get in contact with David Pearson around the Clinical Reference Group issue.

7. WORK PROGRAMME

Martin Gately informed Members that the July meeting looked like a heavy agenda so he requested to move the non-time critical items Hospital Meals and NUH Maternity Services to the October meeting of the committee.

He also informed Members about the addition of Dental Services and inviting a representative from Rampton Hospital to report the progress against their CQC improvement plan.

The meeting closed at 12.05 pm.

CHAIRMAN

24 July 2018**Agenda Item: 4****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****GLUTEN FREE PRESCRIBING AND OTHER PRESCRIBING RESTRICTIONS****Purpose of the Report**

1. To provide information about the consultation on gluten free food and over the counter medicines on prescription.

Information

2. Members will see from the attached briefing that commissioners are currently (14 June to 26 July) consulting on restricting or stopping gluten free food on prescription. The committee will wish to satisfy itself that appropriate engagement and consultation has taken place.
3. In addition, in January 2017 commissioners carried out a six week consultation on the prescribing of over the counter medicines. Further to this, the prescribing of over the counter medicines for minor ailments was restricted. It is estimated that the resulting savings on self-care medicines were £93,114.
4. Senior representatives of the Clinical Commissioning Group will attend Health Scrutiny Committee to brief the committee and answer questions as necessary. In addition, a written briefing from the commissioners is attached as an appendix to this report.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Considers and comments on the information provided.
- 2) Schedule further consideration, as necessary

Councillor Keith Girling
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Medicines for Self-Care – Guidance for Prescribers

Position Statement

As part of its self-care strategy, Greater Nottingham Clinical Commissioning Groups, Nottingham North and East, Nottingham West, Rushcliffe and Nottingham City recommend that patients visit their local community pharmacy to purchase medicines and treatments for minor, short term conditions.

It is advised that all prescribers, including GPs and non-medical prescribers, direct patients to purchase recommended, readily available, over the counter medicines (OTC), treatments and products.

Introduction

Following a national consultation, guidance has been produced by NHS England and NHS Clinical Commissioners on the restriction of prescribing medications for conditions which fall into the following categories:

- A condition that is self-limiting and does not require medical advice or treatment as it will clear up on its own; and/or
- A condition that is a minor illness and is suitable for self-care and treatment with items that can easily be purchased over the counter from a pharmacy.
- Vitamins, minerals and probiotics: These are classified as items of limited clinical effectiveness, where there is a lack of robust evidence for clinical effectiveness.

Greater Nottingham Clinical Commissioning Groups recommend that patients purchase medications and products from local pharmacies for the treatment of minor acute conditions as part of self-care. Many of the medicines and treatments are more expensive when they are prescribed on an NHS prescription as opposed to being purchased directly from pharmacies and supermarkets. Local pharmacies are able to support individuals with advice for the treatment of minor ailments and offer a readily accessible alternative healthcare pathway for patients. There is no need for an appointment, many pharmacies are open for extended hours, over seven days a week and stock a wide range of inexpensive treatments.

As a result, prescribers are recommended **not to write a prescription for OTC medicines, treatments and products**, except in the case of chronic conditions or where there are exceptions to self-care (see below).

General exceptions as defined in the national guidance:

There are certain scenarios where patients should continue to have their treatments prescribed:

- Patients prescribed an OTC treatment for a long term condition (e.g. regular pain relief for chronic arthritis or treatments for inflammatory bowel disease).
- For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to OTC medicines).
- For those patients that have symptoms that suggest the condition is not minor (i.e. those with red flag symptoms).
- Treatment for complex patients (e.g. immunosuppressed patients).
- Patients on prescription only treatments.
- Patients prescribed OTC products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications should continue to have these products prescribed on the NHS.
- Circumstances where the product licence doesn't allow the product to be sold OTC to certain groups of patients. This may vary by medicine, but could include babies,

children and/or women who are pregnant or breast-feeding. Community pharmacists will be aware of what these are and can advise accordingly.

- Patients with a minor condition suitable for self-care that has not responded sufficiently to treatment with an OTC product.
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- Circumstances where the prescriber believes that in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self-care.
- Individual patients where the clinician considers that their ability to self-manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care. **To note that being exempt from paying a prescription charge does not automatically warrant an exception to the guidance. This includes having a prescription pre-payment certificate.** Consideration should also be given to safeguarding issues.

The NHS belongs to everybody and we must all ensure that its resources are used in the best possible way for all patients.

Treatments for Self-Limiting Conditions

Appendix One lists the conditions for which OTC items should not be routinely prescribed in primary care. **This is included as a guide and is not promoted as an exhaustive list.**

This list includes conditions which are considered to be self-limiting and so does not need treatment, or which lends itself to self-care. Prescribed products aimed at treating the symptoms of many of these ailments may not offer value for money.

An increasing range of medicines is available for purchase and it is expected that patients will purchase such medicines after seeking appropriate advice from a community pharmacist or other healthcare professional.

Community pharmacists should not advise patients to request prescriptions for medicines available for self-limiting conditions and minor health problems where these are readily available to purchase.

Appendix Two contains details of the rationale behind the guidance and can be used to remind pharmacists of 'red flag' symptoms for patients presenting with the conditions covered by self-care to determine when referral is appropriate.

Clinical judgement should be used when considering whether it is acceptable to ask a patient to purchase their medication e.g. paracetamol taken on a 'when required' basis can be purchased in small quantities, however regular full dose paracetamol for chronic pain may be less suitable for purchase due to the restrictions in place relating to quantities of medication involved.

Patients and the public have access to an increasing range of resources for advice on medicines use and when they should seek GP care. Patients can be referred to [NHS 111](#), [NHS Choices](#) and [The Self Care Forum](#) for further advice and patient information.

Reference: NHS England, NHS Clinical Commissioners. Conditions for which over the counter items should not routinely be prescribed in Primary Care: Guidance for CCGs. <https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/> (accessed April 2018)

Appendix 1: Conditions for which OTC items should not be routinely prescribed in primary care.

Acute sore throat	Mild dry skin
Conjunctivitis	Mild to moderate Hay fever/seasonal rhinitis
Coughs, colds and nasal congestion	Minor burns/scalds
Cradle Cap	Minor conditions associated with pain, discomfort and/or fever (e.g. aches and sprain, headache, period pain, back pain)
Dandruff (mild scaling of the scalp without itching)	Mouth Ulcers
Diarrhoea (adults)	Nappy Rash
Dry eyes/Sore tired eyes	Oral Thrush
Earwax	Prevention of dental caries
Excessive sweating (hyperhidrosis)	Probiotics
Haemorrhoids	Ringworm / athletes foot
Head Lice	Sunburn due to excessive sun exposure
Infant Colic	Sun protection
Infrequent cold sore of lips	Teething/mild toothache
Indigestion and Heartburn	Threadworm
Infrequent constipation	Travel Sickness
Infrequent Migraine	Vitamins and minerals for prevention/maintenance.
Insect bites/stings	Warts and verrucae
Mild Cystitis	Fungal nail infections *
Mild irritant dermatitis	Upset stomach *
Mild acne	Vaginal Thrush *

* These conditions are not covered in the national self-care guidance but have been classified locally as self-limiting conditions and therefore routine prescriptions for treatment should not be offered in Primary Care.

For further advice on self-care and patient information sheets visit: www.selfcareforum.org or www.nhs.uk

Appendix 1: Conditions for which OTC items should not be routinely prescribed in primary care. GN Prescribing Team Page 11 of 54

May 2018

Review May 2021

Appendix 2: Conditions for which over the counter (OTC) items should not be routinely prescribed in Primary Care. The rationale and recommendations from the NHSE consultation, exceptions and referral criteria.

Self-limiting condition	Recommendations	Rationale	Referral may be required ^{1,2,3} :
Acute sore throat	Prescription for treatment should not be routinely offered as the condition is self-limiting and will clear up on its own without the need for treatment.	A sore throat due to a viral or bacterial cause is a self-limiting condition. Symptoms resolve within 3 days in 40% of people, and within 1 week in 85% of people, irrespective of whether or not the sore throat is due to a streptococcal infection. There is little evidence to suggest that treatments such as lozenges or throat sprays help to treat the cause of sore throat and patients should be advised to take simple painkillers and implement some self-care measures such as gargling with warm salty water instead.	Sore throat that doesn't get better after 10-14 days. Persistent high fever for more than 3 days. Trouble breathing, drooling with swallowing difficulties, pain that does not respond to OTC pain relief, Patients who are immunocompromised.
Conjunctivitis	Prescription for treatment should not be routinely offered as the condition is self-limiting and will clear up on its own without the need for treatment.	Treatments for conjunctivitis can be purchased over the counter however almost half of all simple cases of conjunctivitis clear up within 10 days without any treatment. Public Health England (PHE) advises that children with infective conjunctivitis do not need to be excluded from school, nursery or child minders, and it does not state any requirement for treatment with topical antibiotics.	Children under 2 years of age. Symptoms not resolved after 14 days. Sensitivity to light or changes in vision. Pain in the eye. Intense redness in one or both eye(s).
Coughs and colds, and nasal congestion	Prescription for treatment should not be routinely offered as the condition is self-limiting and will clear up on its own without the need for treatment.	Most colds start to improve in 7 to 10 days. Most coughs clear up within two to three weeks. Both conditions can cause nasal congestion. Neither condition requires any treatment.	Temperature 39° or above, thick, blood stained mucus, difficult to breath, symptoms last longer than 3 weeks.
Cradle cap	Prescription for treatment should not be routinely offered as the condition is self-limiting and will clear up on its own without the need for treatment.	Cradle cap is harmless and doesn't usually itch or cause discomfort. It usually appears in babies in the first two months of their lives, and clears up without treatment within weeks to a few months.	If causing distress to the infant and not improving

Dandruff (mild scaling of the scalp without itching)	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Dandruff isn't contagious or harmful and can be easily treated with OTC anti-fungal shampoos.	Severe or itchy dandruff, red swollen scalp. Immunosuppressed patients
Diarrhoea (adults)	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Acute diarrhoea is usually caused by a bacterial or viral infection and other causes include drugs, anxiety or a food allergy. Oral rehydration salts can be bought OTC and can help replace lost fluids. Medication to reduce bowel motions should not be used if infective diarrhoea is suspected. ⁴	Recurrent diarrhoea, bloody or dark in colour. Recent weight loss. Recent antibiotics or hospital admission.
Dry eyes/Sore tired eyes	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Patients should be encouraged to manage both dry eyes and sore eyes by implementing some self-care measures such as good eyelid hygiene and avoidance of environmental factors alongside treatment using lubricant eye treatments that consist of a range of drops, gels and ointments that can be easily be purchased OTC	Very painful or red eyes, sensitivity to light, changes in vision.
Earwax	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Earwax is produced inside ears to keep them clean and free of germs. It usually passes out of the ears harmlessly, but sometimes too much can build up and block the ears. A build-up of earwax is a common problem that can often be treated using either olive oil or eardrops bought from a pharmacy. These can help soften the earwax so that it falls out naturally.	If wax is still present after 2 weeks' worth of continuous days of drops. Unresolving hearing loss. Pain.
Excessive sweating (hyperhidrosis)	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	First line treatment involves simple lifestyle changes. It can also be treated with OTC high strength antiperspirants. An antiperspirant containing aluminium chloride is usually the first line of treatment purchased from a pharmacy.	Symptoms have lasted longer than 6 months. Disrupts daily activities. Night sweats. Family history.
Haemorrhoids	Prescription for treatment should not be routinely offered as the condition is self-limiting and will clear up on its own without the need for treatment.	Haemorrhoids often clear up by themselves after a few days. Making simple dietary changes and not straining on the toilet are often recommended first.	Persistent or recurrent. Rectal bleeding.

Head lice	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Head lice are a common problem, particularly in school children aged 4-11 years of age. Live head lice can be treated by wet combing; chemical treatment is only recommended in exceptional circumstances and in these cases OTC medicines can be purchased from a pharmacy. If appropriate, everyone in the household needs to be treated at the same time - even if they don't have symptoms. Further information on how to treat head lice without medication can be found on NHS Choices.	N/A
Infant colic	Prescription for treatment should not be routinely offered as the condition is self-limiting and will clear up on its own without the need for treatment.	Medical treatment not usually recommended. There are some OTC treatments available that could be tried however; there is limited evidence for the effectiveness of these treatments.	N/A
Infrequent cold sore of lips	Prescription for treatment should not be routinely offered as the condition is self-limiting and will clear up on its own without the need for treatment.	Cold sores caused by the herpes simplex virus usually clear up without treatment within 7 to 10 days. Antiviral creams are available OTC from pharmacies without a prescription and if used correctly, these can help ease symptoms and speed up the healing time. To be effective, these treatments should be applied as soon as the first signs of a cold sore appear. Using an antiviral cream after this initial period is unlikely to have much of an effect.	Sores inside the mouth. Still present after 10 days. Pregnant or immunocompromised.
Indigestion and heartburn	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Most people have indigestion at some point. Usually, it's not a sign of anything more serious and can be treated at home without the need for medical advice, as it's often mild and infrequent and specialist treatment isn't required. Most people are able to manage their indigestion by making simple diet and lifestyle changes, or taking medication such as antacids.	Persistent symptoms not responding to treatment, severe pain for longer than 3 weeks in upper abdomen, vomiting (\pm blood), change in stools (colour/consistency). Night sweats, weight loss.

Infrequent constipation	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	This guidance applies to short term, infrequent constipation caused by changes in lifestyle or diet such as lack of water or movement or changes in diet. It can be effectively managed with a change in diet or lifestyle. Pharmacists can help if diet and lifestyle changes aren't helping. They can suggest an OTC laxative. Most laxatives work within 3 days. They should only be used for a short time only.	Symptoms have consistently lasted longer than 6 weeks. Taking medication which can cause constipation. Swollen, tummy with vomiting (URGENT referral as may be a blockage). Blood in stools. Weight loss, night sweats. Laxatives in children are not recommended unless prescribed by a Clinician.
Infrequent migraine	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Mild infrequent migraines can be adequately treated with OTC pain killers and a number of combination medicines for migraine are available that contain both painkillers and anti-sickness medicines. Frequent use of painkillers can induce migraine ⁵	OTC medication does not control symptoms. Severe migraine. Increased frequency, sudden onset, fever, sudden change in sensations and speech.
Insect bites/stings	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	OTC treatments can help ease symptoms, such as painkillers, creams for itching and antihistamines.	Symptoms not improving after a couple of days. Bites or stings in/near mouth or eyes. Enlarging red swollen area surrounding bite/sting, with or without pain and pus, flu-like symptoms.
Mild cystitis	Prescription for treatment should not be routinely offered as the condition is self-limiting and will clear up on its own without the need for treatment.	Mild cases can be defined as those that are responsive to symptomatic treatment but will also clear up on their own. If symptoms don't improve in 3 days, despite self-care measures, then the patient should be advised to see their GP. Symptomatic treatment using products that reduce the acidity of the urine to reduce symptoms are available, but there's a lack of evidence to suggest they're effective.	Children, men and pregnant women. No improvement after a couple of days, or deterioration in symptoms to include fever, blood in urine, pain in side. Frequent cystitis symptoms.

Mild irritant dermatitis	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Irritant dermatitis is a type of eczema triggered by contact with a particular substance. Once treated most people can expect their symptoms to improve and/or clear up completely if the irritant or allergen can be identified and removed or avoided. It is most commonly caused by irritants such as soaps, fabric softeners, washing powders, detergents, solvents or regular contact with water. Treatment normally involves avoiding the allergen or irritant and treating symptoms with emollients and topical corticosteroids.	Cracking, weeping and painful skin with or without blistering may be a sign of infection. Widespread over larger areas of the body. If quality of life or sleep are affected.
Mild acne	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Patients should be encouraged to manage mild acne with long term use of OTC products.	Severe painful spots that may cause distress and affect social situations. Scarring apparent despite treatment.
Mild dry skin	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Emollients are often used to help manage dry, itchy or scaly skin conditions. Patients with mild dry skin can be successfully managed using OTC products on a long term basis.	N/A
Mild to moderate hay fever/ seasonal rhinitis	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Hay fever is a common allergic condition that affects up to one in five people. There's currently no cure for hay fever, but most people with mild to moderate symptoms are able to relieve symptoms with OTC treatments recommended by a pharmacist.	Symptoms not improving with OTC medication. Pregnant/breastfeeding
Minor burns/scalds	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Depending on how serious a burn is, it is possible to treat burns at home. Antiseptic creams and treatments for burns should be included in any products kept in a medicine cabinet at home.	More serious burns always require professional medical attention. Burns requiring hospital A&E treatment include but are not limited to: chemical and electrical burns, large or deep burns, burns that cause white/charred skin, burns on face, hands, feet, legs or genitals that cause blisters

Minor conditions associated with pain, discomfort and/or fever (e.g. aches and sprain, headache, period pain, back pain)	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Patients should be encouraged to keep a small supply of OTC analgesics in their medicines cabinets at home so they are able to manage minor conditions at home without the need for a GP appointment.	Severe symptoms not controlled with OTC medication.
Mouth ulcers	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Mouth ulcers are common and can usually be managed at home, without seeing your dentist or GP. However, OTC treatment can help to reduce swelling and ease any discomfort.	Last longer than 3 weeks. Recurrent mouth ulcers,
Nappy rash	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Up to a third of babies and toddlers in nappies have nappy rash at any one time. Nappy rash can usually be treated at home using barrier creams purchased at the supermarket or pharmacy.	If the rash doesn't go away or the baby develops a persistent bright red, moist rash with white or red pimples that spreads into the folds of their skin.
Oral thrush	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Oral thrush is a minor condition that can be treated without the need for a GP consultation or prescription in the first instance. It can be easily treated with OTC gel. Milk residue can be differentiated from thrush as it can be scraped off the tongue with ease whereas thrush cannot. ³	Patients taking warfarin should not take OTC Daktarin oral gel. Babies. Persistent symptoms that do not resolve with treatment. Immunocompromised.
Prevention of dental caries	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	The dentist may advise on using higher-strength fluoride toothpaste if you are particularly at risk of tooth decay. Some higher fluoride toothpastes (~1500 ppm) and mouthwashes can be purchased OTC	N/A
Probiotics	Should not be routinely prescribed due to limited evidence of clinical effectiveness.	Insufficient clinical evidence	ACBS approved indications

Ringworm/ athletes foot	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Ringworm is a common fungal infection that can cause a red or silvery ring-like rash on the skin. Athlete's foot is a rash caused by a fungus that usually appears between the toes. These fungal infections, medically known as "tinea", are not serious and are usually easily treated with OTC treatments.	No improvement after 2 weeks treatment with OTC cream. Immunocompromised patients. Diabetic patients with athletes foot. Symptoms or history of cellulitis and/or lymphedema
Sunburn due to excessive sun exposure	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Most people manage sun burn symptoms themselves or prevent symptoms developing, using sun protection, by using products that can easily be bought in a pharmacy or supermarket.	Severe symptoms including blistering or swelling of the skin. Fever, chills, signs of heat exhaustion.
Sun protection	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Most people manage sun burn symptoms themselves or prevent symptoms developing, using sun protection, by using products that can easily be bought in a pharmacy or supermarket.	N/A
Teething/mild toothache	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Teething gels often contain a mild local anaesthetic, which helps to numb any pain or discomfort caused by teething and these can be purchased from a pharmacy. If baby is in pain or has a mild raised temperature (less than 38C) then paracetamol or ibuprofen suspension can be given. Toothache can come and go or be constant. Eating or drinking can make the pain worse, particularly if the food or drink is hot or cold. Mild toothache in adults can also be treated with OTC painkillers whilst awaiting a dental appointment for further investigation.	N/A
Threadworm	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Threadworms (pinworms) are tiny worms in your stools. They are common in children and can be spread easily. They can be effectively treated without the need to visit the GP. Treatment for threadworms can easily be bought from pharmacies. This is usually a chewable tablet or liquid you swallow. Strict hygiene measures can also help clear up a threadworm infection and reduce the likelihood of reinfection. Everyone in the household will require treatment, even if they don't have symptoms.	Pregnant or breast feeding women, Children under 2 years of age.

Travel sickness	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Mild motion sickness can be treated by various self-care measures (e.g. stare at a fixed object, fresh air, listen to music etc.); more severe motion sickness can be treated with OTC medicines.	N/A
Vitamins and minerals	Should not be routinely prescribed due to limited evidence of clinical effectiveness.	Essential nutrients which most people can get from eating a healthy balanced diet. Vitamin D supplementation is recommended to all over the winter months and for high risk groups (list) all year round.	<ol style="list-style-type: none"> 1. Medically diagnosed deficiency including lifelong or chronic condition/following surgery (review on regular basis) 2. Calcium/Vit D for osteoporosis. 3. Malnutrition including alcoholism. 4. Vitamin D analogues. NB maintenance/prevention should be bought OTC
Warts and verrucae	Prescriptions for treatment should not be routinely offered as the condition is appropriate for self-care.	Most people will have warts at some point in their life. They are generally harmless and tend to go away on their own eventually. Several treatments can be purchased from a pharmacy to get rid of warts and verrucae more quickly if patients require treatment.	Warts on face, or genitals. Recurrent or very large or painful warts/verrucae. Warts that bleed or change appearance.

The following conditions are not covered in the national guidance, however as part of its self-care strategy, NHS Nottingham North and East, NHS Nottingham West, NHS Rushcliffe and NHS Nottingham City have classified them as self-limiting conditions and therefore routine prescriptions for treatment should not be offered.

Self-Limiting Condition	Rationale	Referral criteria/ Exceptions
Fungal nail infections	Topical antifungal therapy offers very little benefit for the management of fungal nail infections. There is limited evidence for efficacy in dermatophyte infections and therefore they should not be prescribed. All topical products are low priority or non-formulary.	If more than two nails are affected. Immunocompromised/ diabetic patients. If OTC treatment hasn't worked – patients should be advised that OTC treatment can take up to 12 months.
Upset stomach	Common causes of sickness includes: gastroenteritis, norovirus, food poisoning or infections picked up whilst travelling abroad. Vomiting usually lasts 1 to 2 days and can usually be treated at home by increasing fluid intake. Oral rehydration sachets can be taken if there are signs of	Symptoms of dehydration persist even after taking rehydration sachets. Symptoms of dehydration in a baby. Constant vomiting – not able to keep fluids down. Persistent vomiting that lasts for longer than 2 days.

Vaginal thrush	<p>dehydration.</p> <p>Thrush is a common yeast infection that affects men and women. You can buy antifungal medicine from pharmacies if you've had thrush diagnosed in the past and you know the symptoms. This can be a tablet you take, a tablet you insert into your vagina (pessary) or a cream to relieve the irritation.</p> <p>Symptoms should clear up within a week, after one dose of medicine or using the cream daily. You don't need to treat partners, unless they have symptoms.</p>	<p>Thrush symptoms occurring for the first time.</p> <p>Infection has occurred more than twice in the last six months.</p> <p>Under 16 or over 60 years old.</p> <p>Pregnancy or breast feeding.</p> <p>Immunocompromised patients.</p> <p>OTC treatment has not worked.</p>
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References:

1. NHS England, NHS Clinical Commissioners. Conditions for which over the counter items should not routinely be prescribed in Primary Care: Guidance for CCGs. <https://www.england.nhs.uk/publication/conditions-for-which-over-the-counter-items-should-not-routinely-be-prescribed-in-primary-care-guidance-for-ccgs/> (accessed April 2018)
2. NHS choices: <https://www.nhs.uk/pages/home.aspx> (Accessed April 2018)
3. The Self Care Forum: <http://www.selfcareforum.org/> (Accessed April 2018)
4. Antimicrobial Prescribing Guidelines for Primary Care 2017 <http://www.nottsapc.nhs.uk/media/1044/antimicrobial-guidelines.pdf> (Accessed May 2018)
5. Clinical Knowledge Summaries <https://cks.nice.org.uk/headache-medication-overuse#!scenario> (Accessed May 2018)

Stakeholder briefing: gluten free food and over the counter medicines for minor ailments on prescription

1) Introduction

Like other areas in the country, the local NHS is under increasing financial pressure. The demand on NHS services and the costs of new treatments and medicines is more than the money available. To make sure that we are making the best use of NHS money, we are reviewing some of the services we provide. This means sometimes we need to make difficult decisions about what services can be funded.

The changes we make are about using resources more efficiently.

We understand that our decisions can have an impact on different people in different ways. We want to work with patients, carers and local people to make sure that we consider people's views when making decisions about the services that are most needed.

Where we are looking at making a big change to services, we will always engage with the people affected and the wider public about what we want to do.

The Big Health Debate is our patient engagement campaign designed to start the conversation with patients about the challenges the NHS faces. We will be using it this summer to talk to people about a number of potential service changes. The review of gluten free food consultation and the City's over the counter medicine on prescription engagement proposals form part of this wider picture.

2) Gluten free food on prescription

2.1 Consultation

Health commissioners from the four Greater Nottingham Clinical Commissioning Groups are currently consulting on whether the local NHS should restrict or stop gluten free food on prescription.

The six-week consultation runs from **Thursday 14 June to Thursday 26 July** and we are asking people to complete a short survey to help us to understand what people think about the different options.

Patients registered with a GP in areas served by Nottingham City, Nottingham North and East CCG, Rushcliffe CCG and Nottingham West CCG are being asked to give their views about the options being proposed by health commissioners, which are:

- **Limit prescribing for all patients in Greater Nottingham to four units of long life bread and flour per month.** This will mean that the same prescribing model is in place across the south of the county, including the city. It is the closest model to the

national guidance and provides savings for the CCG while still enabling gluten free food to be available on prescription.

- **All Greater Nottingham CCGs to stop all gluten free prescribing, with the exception of children, who will be able to receive up to four units of long life bread and flour per month.** This provides a more significant saving for the CCGs while still allowing gluten free prescribing for children.
- **All Greater Nottingham CCGs to stop all gluten free prescribing.** This means the same restrictions will be in place across Nottinghamshire (except Bassetlaw). It provides the greatest financial saving for the CCGs.

2.2 Current prescribing guidelines

Across Greater Nottingham and Mid-Nottinghamshire, there are currently differences in how much gluten free food is prescribed to people living with coeliac disease - see below.

Nottingham City

Nottingham City currently follow the prescribing guidelines in the table below.

Age and condition	Number of units
Child (1-3 years)	10
Child (4-6 years)	11
Child (7-10 years)	13
Child (11-14 years)	15
Child (15-18 years)	18
Male 19-59 years	18
Male 60-74 years	16
Male 75+ years	14
Female 19-74 years	14
Female 75+ years	12
Breastfeeding	Add 4
3rd trimester pregnancy	Add 1

One unit is the same as: 400g loaf of bread or 250g of pasta or two pizza bases.

South Nottinghamshire (Nottingham North and East, Nottingham West and Rushcliffe)

The CCGs' policy is four units in total of long life bread and/or flour each month on prescription for patients with a diagnosed condition of coeliac disease or dermatitis herpetiformis.

Mid Notts (Mansfield and Ashfield and Newark and Sherwood)

No prescribing of gluten free foods.

2.3 Previous consultations

In 2017, the Government carried out a national consultation about whether gluten free foods should be available on prescription for people with coeliac disease.

The outcome of this consultation was a recommendation that gluten free prescribing should be restricted to bread and mixes only. However, there has been no decision taken about limiting quantities.

Government advice is that Commissioners carry out their own consultation with local people and make their own decisions about what, if anything, to prescribe.

The South Nottinghamshire Commissioners have already conducted a consultation around gluten free food on prescription in 2015, which is when the amount and range was restricted to four units. You can find more about this on the Rushcliffe, Nottingham North and East or Nottingham West CCG websites.

2.4 Greater Nottingham Consultation 2018

The six-week consultation runs from **Thursday 14 June to Thursday 26 July**.

Throughout the consultation, we'd like to hear the views of people living with coeliac disease and dermatitis herpetiformis and also those of the wider public. This is because the decisions we must make about how best to spend budgets will have implications for all Greater Nottingham residents.

We have asked all our practices across Greater Nottingham to promote and display consultation materials. We have also asked, where possible, that they write to their patients who are living with coeliac disease about the consultation and have provided them with a patient letter so they can do this.

We informed Coeliac UK of our consultation and sent all the information to their team. They have responded to the consultation and confirmed that they will email all their local members, which gives us an additional channel to reach people with coeliac disease.

We are inviting local patients, partners, organisations and local clinicians to tell us their views on the options by completing the questionnaire in this document or online.

We sent out stakeholder briefings to partners and community groups and asked them to share the information with their staff, groups and the wider public. Attached to this briefing were copies of the consultation document and promotional posters.

We have also been heavily promoting the consultation via social media and via community groups. We will also be at events over the six weeks and available to talk to people. You can find out more about these events at: www.nottinghamnortheastccg.nhs.uk/nhs/gluten

We have put a targeted effort into reaching City residents, who haven't previously been consulted on gluten free food on prescription and who are currently able to access a lot more food on prescription than the boroughs in the conurbation. To this end, we have four dedicated drop in events at key locations in the City. We have also placed information in the Nottingham Arrow, which goes to every City resident.

Local people can have their say in a number of ways:

- Fill in a consultation document at their GP Practice and return to the Freepost Address
- Complete online at: www.surveymonkey.com/r/GN-gluten-free
- Call: **0115 883 9594** (City patients) or **0115 883 1709** (County patients) for a printed copy or to complete over the phone
- Join us at a drop in session, for dates, and to read the consultation, document: www.nottinghamnortheastccg.nhs.uk/nhs/gluten

3 Over the counter medicines on prescription

3.1 Engagement activity

In January 2017, the South Nottinghamshire CCGs (Nottingham North and East, Nottingham West and Rushcliffe) carried out a six-week engagement campaign to ask people what they thought about proposals to limit over the counter medicines for minor illnesses.

Minor illnesses are those which can be treated with self care and over the counter medicines, which are medicines you can buy in a supermarket, shop or pharmacy. Please note that these proposals were not about the prescribing of over the counter medicines for people with long term conditions.

Around 20% of GP time and 40% of their total consultations are used for these common minor conditions that could be treated without seeing a GP. People that care for themselves have better health and reduced demand for services. This in turn allows more time for health professionals to see patients that require treatment for more complex conditions.

Following the engagement analysis, the recommendation was that over the counter medicines for minor illnesses should be restricted, with the exception that GPs will be able to prescribe in other circumstances of clinical need.

Since the guidelines were published, Nottingham North and East, Nottingham West and Rushcliffe CCGs have seen an estimated saving on self-care medicines of £393,114 in 2017/18. Over this year period there were three patient complaints about the guidelines.

3.2 Government guidance

In early 2018 NHS England went out to consultation on guidelines for CCGs: Conditions for which over the counter items should not routinely be prescribed in primary care. NHSE then issued guidance for CCGs stating that:

The guideline is addressed to CCGs to support them to fulfil their duties around appropriate use of their resources. We expect CCGs to take the proposed guidance into account in formulating local policies, unless they can articulate a valid reason to do otherwise, and for prescribers to reflect local policies in their prescribing practice.

The objective of this guidance is to support CCGs in their decision-making, to address unwarranted variation, and to provide clear national advice to make local prescribing practices more effective. The aim is that this will lead to a more equitable process for making decisions about CCG's policies on prescribing medicines; CCGs will need to take individual decisions on implementation locally, ensuring they take into account their legal duties to advance equality and have regard to reduce health inequalities.

In light of recent Government advice, Nottingham North and East, Nottingham West and Rushcliffe CCG's have updated their guidelines to ensure consistency with National policy and the patient exclusion criteria and conditions are now covered within the local guidelines. These CCGs now adhere to national guidelines for the thirty three conditions nationally recommended for self-care, along with three extra local self-care conditions.

3.3 Conditions

These are the conditions the Government advises can be treated effectively and safely using over the counter medicines.

Treatments for these conditions are no longer recommended on prescription in Nottingham North and East, Nottingham West and Rushcliffe areas.

- Acute sore throat
- Conjunctivitis
- Coughs, colds and nasal congestion
- Cradle Cap
- Dandruff (mild scaling of the scalp without itching)
- Diarrhoea (adults)
- Dry eyes/sore tired eyes
- Earwax

- Excessive sweating (hyperhidrosis)
- Haemorrhoids
- Head lice
- Infant colic
- Infrequent cold sore of lips
- Indigestion and heartburn
- Infrequent constipation
- Infrequent migraine
- Insect bites/stings
- Mild cystitis
- Mild irritant dermatitis
- Mild acne
- Mild dry skin
- Mild to moderate hay fever/seasonal rhinitis
- Minor burns/scalds
- Minor conditions associated with pain, discomfort and/or fever (e.g. aches and sprain, headache, period pain, back pain)
- Mouth ulcers
- Nappy rash
- Oral thrush
- Prevention of dental cavities
- Probiotics
- Ringworm/athletes foot
- Sunburn due to excessive sun exposure
- Sun protection
- Teething/mild toothache
- Threadworm
- Travel Sickness
- Vitamins and minerals for prevention/maintenance.
- Warts and verrucae

The South Nottinghamshire guidance is the same as the above, with the addition of:

- Fungal nail infections
- Upset stomach
- Vaginal thrush

3.4 Exceptions

- There are exceptions to the above and they are listed below:
- Patients prescribed an over the counter treatment for a long term condition (e.g. regular pain relief for chronic arthritis).
- For the treatment of more complex forms of minor illnesses (e.g. severe migraines that are unresponsive to over the counter medicines).
- For those patients that have symptoms that suggest the condition is not minor.
- Treatment for complex patients (e.g immunosuppressed patients).
- Patients on prescription only treatments.
- Patients prescribed over the counter products to treat an adverse effect or symptom of a more complex illness and/or prescription only medications.

- Circumstances where the product licence doesn't allow the product to be sold over the counter to certain groups of patients. This may vary by medicine, but could include babies, children and/or women who are pregnant or breast-feeding.
- Patients with a minor condition suitable for self care that has not responded enough to treatment with an over the counter product.
- Patients where the clinician considers that the presenting symptom is due to a condition that would not be considered a minor condition.
- Circumstances where the prescriber believes in their clinical judgement, exceptional circumstances exist that warrant deviation from the recommendation to self care.
- Individual patients where the clinician considers that their ability to self manage is compromised as a consequence of medical, mental health or significant social vulnerability to the extent that their health and/or wellbeing could be adversely affected, if reliant on self-care.

Next month, as directed by the national guidelines, we will be going out to engagement with Nottingham City residents, who haven't been previously engaged on this issue.

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE
TREATMENT CENTRE PROCUREMENT UPDATE

Purpose of the Report

1. To provide information about the procurement of services at the Treatment Centre.

Information

2. Members will be aware that a procurement process took place earlier this year which resulted in Circle being awarded a 12 month extension to their contract to provide services at the Treatment Centre.
3. Senior representatives of the Greater Nottingham Clinical Commissioning Group will attend the Health Scrutiny Committee to provide an update on the current position regarding the procurement of services and answer questions as necessary.
4. It is anticipated that the Treatment Centre contract will be awarded during November or December 2018. Members may therefore wish to schedule further consideration for around this time.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Considers and comments on the information provided.
- 2) Schedules further consideration, as necessary

Councillor Keith Girling
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Nottingham Treatment Centre Procurement
Proposed Governance Arrangements - May 2018

1. Purpose of Paper

Further to a review of governance arrangements, this paper outlines a proposed revised governance structure for the forthcoming procurement of the Treatment Centre.

The Greater Nottingham Joint Commissioning Committee are asked to:

- Approve the proposed governance arrangements
- Note the proposed timescales
- Approve full delegated responsibility for the procurement to the Treatment Centre Procurement Programme Board and seek regular, timely updates regarding progress and any key emergent issues

2. Introduction and background

The Nottingham Treatment centre opened in 2008 and predominantly provides services for NHS patients, although the centre also provides services to patients who wish to pay privately for their treatment.

Further to the legal challenges arising regarding the procurement to award a contract for service provision from end of July 2018 onwards, a new procurement is being embarked upon from early August 2018, with the objective of awarding a contract for service provision from the end of July 2019 onwards.

Currently Circle offers a variety of services including outpatients, surgery, termination of pregnancy and diagnostic tests. There are 60 outpatient consultation rooms, five operating theatres, three skin surgery theatres, four endoscopy rooms and dedicated diagnostic facilities such as scans and x-rays. In addition, the centre has an 11 bedded short stay ward for patients who have undergone surgery and require an inpatient stay.

Rushcliffe CCG is the lead commissioner for the Nottingham Treatment Centre.

3. Governance

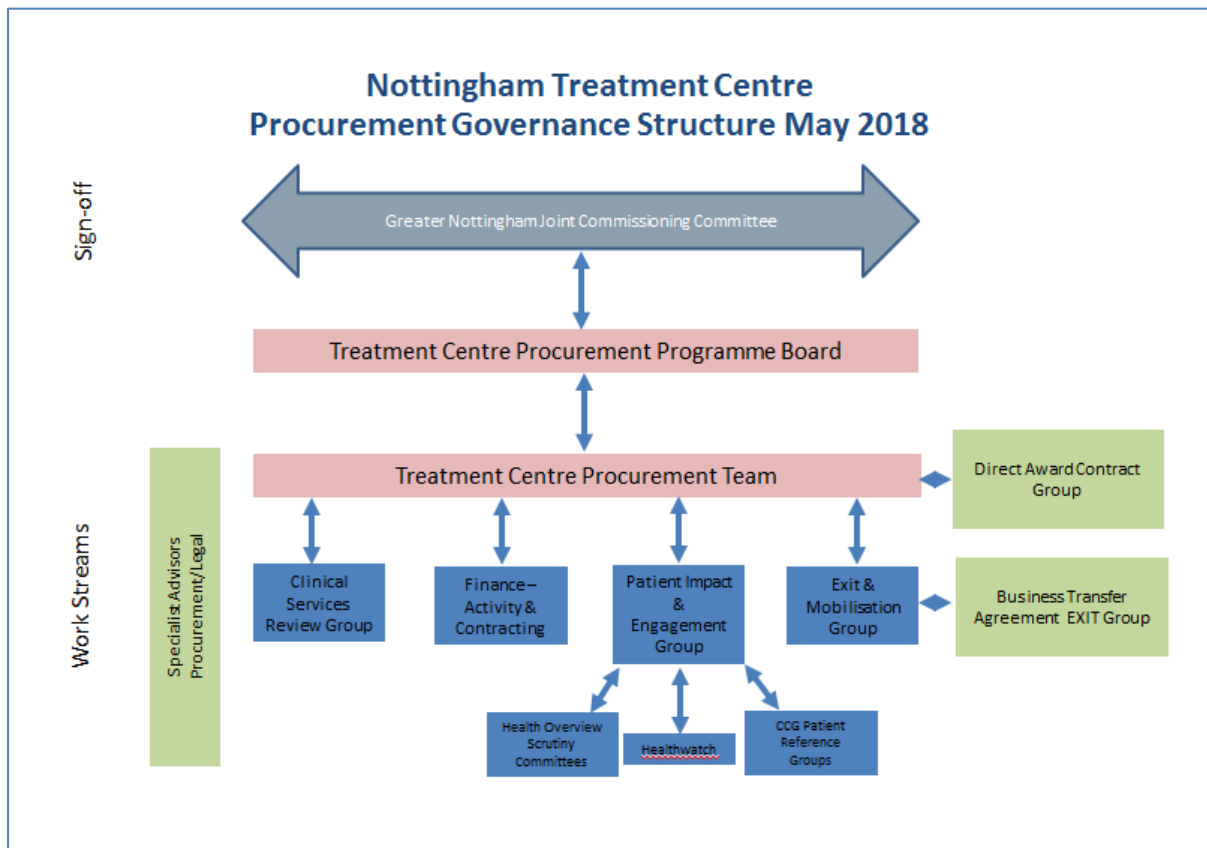
It is proposed that a **Treatment Centre Procurement Programme Board** is established with delegated authority from the Greater Nottingham Joint Committee to progress the procurement project plan and assess, approve/reject accordingly proposals from Programme team.

The programme board will provide overall assurance to the Greater Nottingham Joint Commissioning Committee on the procurement exercise and will comprise amongst its membership, the CCG Accountable Officer, Clinical leadership, and Lay membership, plus Directors of Finance, Quality, Information & Performance and Corporate Development plus Integrated Care System representation.

Amongst other reports, the Board will receive and review a risk register, with view to seeking assurance regarding the mitigation of all key risks.

It is also proposed that a **Treatment Centre Procurement Programme Team** is formally established to plan and oversee the procurement, including the development of service specifications, development of the ITT evaluation criteria, and to maintain an overall programme risk register. This group will hold the sub groups outlined below to account, ensuring cohesiveness of the work streams.

Below is the proposed governance structure:



4. Key Functions Of The Work Streams

The core functions of the various sub groups are as follows:

Clinical Services Review Group

- To provide clinical leadership and proactively consider and discuss transformational plans to improve services plus outcomes
- Oversee development and final approval of service specifications
- Ensure proactive consideration of any applicable engagement and consultation aspects

Finance, Activity & Contracting Group

- Responsible for development of all financial activity and contractual elements of the procurement
- Development of robust accurate financial activity and costing modelling
- Proactive liaison with NHSI/NHSE regarding National context and applicability

- Responsibility for production of contract and associated paperwork

Patient Impact & Engagement Group

- Pro-active consideration of any engagement and consultation implications of all aspects of the procurement
- Overseeing timely completion of Equality Impact Assessment (EQIAs) and ensuring all requisite actions are completed inline with CCG policy
- Proactive liaison with Clinical Service review group, Finance and Active group, and other groups as applicable

Exit & Mobilisation group

- Oversee and provide assurance that the requirements of the Business Transfer Agreement have been satisfactorily adhered to, which includes any responsibilities of the commissioner, incumbent provider and any successful bidder (if different to incumbent provider)
- Directly liaise with the BTA exit group (Director of Acute Contracting is a member of both groups) in order to ensure aware of any emergent issues

Business Transfer Agreement (BTA) Exit Group

- To ensure successful completion of the business Transfer Agreement

Direct Award Contract Group

- Oversee and achieve timely sign off from both parties, the twelve month direct award to Circle
- Ensure that any emergent issues are proactively communicated to the Procurement Team Group

The proposed membership for each of the above groups is outlined in appendix 1

5. Current outline draft timeframe

- Procurement and specification development / market engagement / patient engagement
May - July 2018
- OJEU notification / PPQ / ITT **August – September 2018**
- ITT evaluation – **September - October 2018**
- Contract award – **November - December 2018**
- Mobilisation – **July 2019**

6. Next steps

- Finalise procurement team plus specialist procurement and legal advice
- Implement governance structure
- Finalise governance structure proposed membership – Appendix 1
- Detailed procurement programme planning and development of content, including specifications, financial modelling and PQQ / ITT content
- Stakeholder mapping and liaison
- Commence any engagement and Consultation that is deemed to be required further to EQIAs

Appendix 1 Proposed Group Membership

Group	Representatives
Treatment Centre Programme Board	<p>Chair, Tim Woods - CCG Lay Rep (Finance)</p> <p>Lay Member (PPI) Beverley Brooks Greater Nottingham Accountable Officer Samantha Walters (SRO) Director of Commissioning Operations, NHSE Wendy Saviour Assistant Head of Finance NHSE Richard Ford Director of Information & Performance, Andy Hall Director of Acute Contracting, Mark Sheppard Director of Corporate Development, Lucy Branson Chief Nurse and Director Quality, Nichola Bramhall Chief Finance Officer, Jonathan Bemrose Senior Advisory Consultants: Penny Harris, Andrew Burgess, Clinical Leadership: Dr Hugh Porter, Dr Mike O'Neill Director of Strategy & Partnerships: Hazel Buchanan</p>
Treatment Centre Procurement Team	<p>Chair, Mark Sheppard - Director of Acute Contracting</p> <p>Senior Advisory Consultants: Penny Harris, Andrew Burgess, Clinical Leadership: Dr Hugh Porter Contracting: Kirsty Mallalieu Senior Programme Manager: Charlotte Lawson Finance: Isobel Schofield Governance: Joanne Simmonds Information: Rob Taylor Engagement: Hazel Buchanan</p> <p>In Attendance: Chief Finance Officer, Jonathan Bemrose CCG Lay Rep, Tim Woods</p>
Clinical Service Review Group	<p>Chair, Dr Hugh Porter - Clinical Leadership</p> <p>Senior Programme Manager: Charlotte Lawson Nurse/Quality: Rebecca Stone Secondary Care Clinician: Jane Youde Public Health: Alison Challenger Engagement lead Hazel Buchanan Planned Care: Nina Ennis Clinical Lead: James Read Information: Fraser White</p>
Finance, activity and contracting	<p>Chair, Jonathan Bemrose - Chief Finance Officer,</p> <p>NHSE Finance Rep: Richard Ford Senior Programme Manager: Charlotte Lawson Finance: Isobel Schofield Information: Rob Taylor, Fraser White</p>

	Contracting: Kirsty Mallalieu Senior Advisory Consultant: Liz McClean
Patient Impact & Engagement	Chair, Hazel Buchannan - Director of Strategy & Partnerships Communications: Beth Mayer Quality: Rebecca Stone Lay rep: Janet Champion Patient rep: Kathryn Sanderson PPI: Nikki Biddleston Senior Programme Manager: Charlotte Lawson
Exit & Mobilisation group	Chair, Charlotte Lawson , - Senior Programme Manager Contracting: Kirsty Mallalieu Comms, Beth Mayer Quality: Linda Shipman NHSPS: Marie Bonsor, Workforce: Jackie Hewlett Davies IM&T: Andy Evans
Specialist Advisors	Procurement Legal

24 July 2018**Agenda Item: 6**

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

EAST MIDLANDS AMBULANCE SERVICE TRANSFORMATION

Purpose of the Report

1. To introduce information about the East Midlands Ambulance Service's transformation plans.

Information

2. The East Midlands Ambulance Service has invited the Health Scrutiny Committee to feed into the development of its transformation plans. The Trust is currently designing the vision which will set its direction of travel over the next few years.
3. The final version of the vision will be signed off by the Trust Board in October or November.
4. Dave Whiting, Chief Operating Officer, Annette McFarland, Service Delivery Manager for Nottinghamshire Division and Wendy Hazard, Ambulance Operations Manager will attend Health Scrutiny Committee to brief the committee and answer questions as necessary.
5. In addition, a written briefing from the Trust is attached as an appendix to this report.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Considers and comments on the information provided.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All



Paper to the Overview and Scrutiny Committee, July 2018

Shaping a vision for EMAS

In May 2018, healthcare commissioners confirmed that [additional funding](#) would be made available to EMAS to address significant gaps in our resources. This amounted to up to £19million additional funding every year to be targeted on front-line services. This funding will be phased in over the next two years (up to £9m available in 2018/19) and is linked to performance trajectories.

Not only will this new funding enable us to realise significant improvements over the next two years in our responsiveness and the quality of care we provide, but it represents a major opportunity to look beyond immediate operational challenges and develop a fresh, aspirational and exciting vision for the future.

Over the next three months, EMAS is speaking with key external parties, our staff and volunteers to explore what our future aims might be. We hope to enthuse and energise the people who work for and with us towards delivering a common goal or goals that are meaningful to the communities and people we serve.

EMAS is looking forward to sharing with you the latest thinking at your next Overview and Scrutiny Committee meeting. As the vision is being developed on an iterative basis through engagement, we will share a presentation with you on the day which reflects what people have said so far.

As part of our engagement process we are planning to involve across the East Midlands:

- Our staff and volunteers
- Health Overview and Scrutiny Committees
- Healthwatches
- Our healthcare partners and commissioners - including local authorities and social care and our Sustainability and Transformation Plan partners (STPs)
- MPs
- Police, Police and Crime Commissioners and fire service partners
- More than 3,000 members of our Trust
- Our patient voice group which is a representative group of patients from across the East Midlands

We then plan to share our new vision widely with all our stakeholders, including members of the public, from November 2018.



We would like to ask members of the Committee:

- Do you feel that the parties listed above are the right stakeholders for us to engage with on this strategic piece of work?
- What would members of the OSC like to see within our vision for the future?
- What feedback you have on the emerging vision, which we will share with you when we meet?

Should you have any queries about our vision at any time, please contact Will Legge, Director of Strategy and Transformation, or Jo Yeaman, Strategy and Communications Advisor for EMAS as follows:

will.legge@emas.nhs.uk
07879 628973

joyeaman@nhs.net
07813 941933

Richard Henderson
Chief Executive

Pauline Tagg
Chair

24 July 2018**Agenda Item: 7**

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NEUROREHABILITATION UPDATE

Purpose of the Report

1. To consider a further update in relation to changes in Neurorehabilitation services at Chatsworth Ward, Sherwood Forest Hospitals.

Information

2. Members will recall that this matter was last on the agenda of the Health Scrutiny Committee in February 2018 when the committee heard that further to the co-design event in November 2017 when a set of design principles were developed the commissioner's governing body was asked to support the development of a detailed business case and service specification to commission a number of beds on Chatsworth Ward to meet the needs of general neurorehabilitation patients, supported by the development of the Multi-disciplinary team (MDT), the development of a MDT led outpatients service and out-reach community services with the provision of integrated personalised care for appropriate patients.
3. A comprehensive business case was presented to the Trust's governing body on 5th July 2018
4. Senior representatives of the Clinical Commissioning Group will attend Health Scrutiny Committee to brief the committee and answer questions as necessary. In addition, a written briefing from the commissioners is attached as an appendix to this report.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Considers and comments on the information provided.
- 2) Determines if the service change is in the interests of the local health service.

Councillor Keith Girling
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

Health Scrutiny Committee Neuro rehabilitation update 06/07/2018

This briefing paper aims to give an update on the neuro-rehabilitation work that has been undertaken to date. As the committee are aware from the previous briefings, neuro rehabilitation services across Mid Nottinghamshire have been reviewed over the past year.

In July 2017, Sherwood Forest Hospitals NHS Foundation Trust (SFH) gave notice of their inability to continue the current level of service due to medical cover deficits. Mansfield and Ashfield and Newark and Sherwood Clinical Commissioning Groups (CCGs) alongside all partners undertook substantial engagement with patients, carers, staff and members of the public. This positive engagement led to a set of design principles, previously shared with the committee. With the design principles at the centre, the CCGs along with partners began to develop a business case for the provision of Neuro rehabilitation across mid Nottinghamshire.

SFH gave their commitment to continue to provide the current service until alternative provision could be secured.

The CCGs Governing Body met on the 5th July 2018 and supported the business case to commission guaranteed Neuro rehabilitation beds on the current Chatsworth ward as well as to provide a community neuro rehabilitation service for patients in mid Nottinghamshire.

The Governing Body asked for further work to be undertaken with prospective providers to ensure pathways were in place to ensure that the right level of patients (from a neurological point of view) were in the right place in the new model and that the provision was adequate for 24 hour care on the ward.

The next steps will be to secure a provider for the service and work with them to ensure the delivery of the required service and there after a 6 month evaluation.

Sally Dore
Head of Commissioning
Mental Health and Community, Maternity and Children

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

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting on services provided by trusts which are accessed by County residents.
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 may also wish to suggest and consider subjects which might be appropriate for scrutiny review by way of a study group or for inclusion on the agenda of the committee.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Considers and agrees the content of the draft work programme.
- 2) Suggests and considers possible subjects for review.

**Councillor Keith Girling
Chairman of Health Scrutiny Committee**

For any enquiries about this report please contact: Martin Gately – 0115 977 2826

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2018/19

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing/Update	Lead Officer	External Contact/Organisation
08 May 2018				
Bassetlaw Children's Ward	Further consideration.	Scrutiny	Martin Gately	Richard Parker, Chief Executive DBH
Suicide and Self-Harm prevention – Rampton Hospital	An initial briefing on suicide and self-harm prevention at Rampton Hospital as part of the committee's ongoing look at suicide prevention.	Scrutiny	Martin Gately	Dr John Wallace, Clinical Director, Rampton Hospital (Nottinghamshire Healthcare Trust)
19 June 2018				
Ashfield Homestart	Examination of the decommissioning of the Ashfield Homestart Service	Scrutiny	Martin Gately	Dr Amanda Sullivan, Chief Officer, Mansfield and Ashfield CCG
Shortage of capacity – Head and Neck Cancer Service	Examination of the decision to direct Nottinghamshire patients to out of county services due to the shortage of capacity	Scrutiny	Martin Gately	Dr Keith Girling, NUH Medical Director
Circle	Briefing on the services provided by Circle and how Circle fits within the wider health service (and STP governance structure)	Scrutiny	Martin Gately	Claire Probert, Service Transformation Manager
24 July 2018				
Chatsworth Neuro-rehab Ward	Consideration of final proposals	Scrutiny	Martin Gately	Dr Amanda Sullivan, Sherwood Forest CCG
Gluten Free prescribing consultation and other	Consideration of consultation and initial evidence gathering on	Scrutiny	Martin Gately	Greater Notts CCG (TBC)

prescribing restrictions	prescribing restriction issues.			
East Midlands Ambulance Service Transformation Plans	Continuing examination of EMAS improvement plans.	Scrutiny	Martin Gately	EMAS
Treatment Centre Procurement Update	An update on the latest position with commissioning/procurement of Nottingham Treatment Centre	Scrutiny	Martin Gately	Greater Nottingham CCG representatives
09 October 2018				
Food and Nutrition in Hospitals (Sherwood Forest Hospital and NUH)	An initial briefing on nutritional standards, including hydration.	Scrutiny	Martin Gately	TBC
Dementia in Hospital	Initial briefing/commencement of a review	Scrutiny	Martin Gately	TBC
Rampton Hospital – Improvement Plan following CQC inspection (TBC)	Further to the recent CQC inspection, an examination of progress against the improvement plan.	Scrutiny	Martin Gately	Dr John Wallace, Clinical Director, Rampton Hospital
Review of Health Scrutiny Work Programme 2017/18	A summary of the issues examined by the Health Scrutiny Committee in the last municipal year.	Scrutiny	Martin Gately	None
Treatment Centre Commissioning/Procurement Update	A further update on procurement of services at the Nottingham Treatment Centre	Scrutiny	Martin Gately	Greater Nottingham CCG (TBC)
20 November 2018				
Bassetlaw Children’s Ward – Update (TBC)	Update on the current position regarding overnight closure of the Children’s Ward at Bassetlaw Hospital.	Scrutiny	Martin Gately	Bassetlaw CCG/Doncaster and Bassetlaw Hospital CCG
Dental Services (TBC)	An initial briefing on dental services.	Scrutiny	Martin Gately	Greater Nottingham CCG
Nottinghamshire Healthcare Trust Services (TBC)	An initial briefing on mental health services within Nottinghamshire	Scrutiny	Martin Gately	Senior Officer (TBC) Nottinghamshire

				Healthcare Trust
Child and Adolescent Mental Health Service (CAMHS)	An initial briefing on mental health services for children and young people	Scrutiny	Martin Gately	Nottinghamshire Healthcare Trust TBC
Treatment Centre Procurement Update	A further update on procurement of services at the Nottingham Treatment Centre	Scrutiny	Martin Gately	Greater Nottingham CCG
08 January 2019				
Rampton Hospital – Improvement Plan following CQC Inspection	A further update on progress against the improvement plan following the CQC inspection.	Scrutiny	Martin Gately	Dr John Wallace, Clinical Director, Rampton Hospital
12 February 2019				
Public Health (TBC)	Overview of the work being undertaken by the Public Health Dept.	Scrutiny	Martin Gately	Jonathan Gribbin, Director of Public Health
07 May 2019				
18 June 2019				
23 July 2019				
		Scrutiny	Martin Gately	
		Scrutiny	Martin Gately	
		Scrutiny	Martin Gately	
		Scrutiny	Martin Gately	

Dementia in Hospital	Initial briefing/commencement of a review	Scrutiny	Martin Gately	TBC
NUH Maternity Services	Initial Briefing	Scrutiny	Martin Gately	TBC
EMAS Transformation Plans	Continuing examination of EMAS improvement plans	Scrutiny	Martin Gately	Richard Henderson, Chief Exec.
To be scheduled				

Potential Topics for Scrutiny:

CCG Finances

Recruitment (especially GPs)

Muscular Dystrophy

Overview Sessions (To be confirmed)

Nottinghamshire Healthcare Trust – autumn (TBC)

Nottingham University Hospitals (NUH) – autumn

VISITS

Medium secure mental hospitals - TBC

Sherwood Forest Hospitals Trust - AutumnTBC

