

Membership

Councillors

Keith Girling (Chair)
Richard Butler
Dr John Doddy
Kevin Greaves
David Martin
Liz Plant
Mike Pringle
Kevin Rostance
Andy Sissons
Steve Vickers
Muriel Weisz

Officers

David Ebbage	Nottinghamshire County Council
Martin Gately	Nottinghamshire County Council

Also in attendance

Michelle Livingston Healthwatch Nottinghamshire

MINUTES

The minutes of the last meeting held on 10 October 2017, having been circulated to all Members, were taken as read and were signed by the Chair.

APOLOGIES

Councillor Pringle replaced Councillor Payne for this meeting only.

DECLARATIONS OF INTEREST

None

BASSETLAW HOSPITAL'S WINTER PLAN

David Purdue, Acting Chief Operating Officer and Laura Diciacca, Discharge Lead Manager from Doncaster and Bassetlaw Hospital gave a short presentation on the hospital's winter plan.

The following points were raised within the presentation:-

- The Trust-wide bed plan has been reviewed and updated. There is a focus on length of stay in rehabilitation and trauma, patient flows for elective care have been mapped to maximise the use of elective beds on the Bassetlaw site. Escalation beds will be used during surges in activity, Daily predictor tool will be used to ensure correct bed capacity
- Elective work will stop for the first 10 days in January with the exception of clinically urgent, cancer and day-case activity, Elective capacity will be ring fenced to maintain patient pathways.
- Local ED improvement pathway work undertaken to optimise flow and efficiency
- Dedicated liaison manager now identified to support at times of surge with ambulance handovers.
- To support staffing of additional beds, education team staff plan developed to be released to work clinically and nurse specialist/ out-patient nurses availability reviewed to allow additional support to wards.

During discussions the following points were raised:

- The ambulance liaison officer comes into force when areas of surge start to build and handover times are taking longer than 30 minutes to turnaround.
- In regards to the first 10 days in January where elective work will stop, it is quite flexible but the hospital have to make sure by 23rd December 20% of beds are empty. Neuro virus and flu are a real issue at the moment, two wards in Doncaster are closed due to flu. Bassetlaw and Doncaster are one of the first Trusts to get over 75% of staff vaccinated.
- With the transfer to access model, short term nursing care beds are available but the maximum stay is 28 days and then communication with the family of that patient to decide the care that would best suit their loved one.
- Attendance and admissions increased a significant amount on a Friday in Bassetlaw, 22% extra admissions, whereas over the weekend, an 11% increase in Doncaster and just 2.6% at Bassetlaw.
- In the ED department, there has been success in appointing consultants, which is a joint post over the two hospitals.

The Chair thanked them both for their attendance and asked for them to come back next year to let the Committee know how they get on.

PRIMARY CARE 24

Amanda Sullivan introduced a briefing on the operation and performance of the Primary Care 24 service, she highlighted the following points:

- PC24 is co-located with the Emergency Department (ED) at King's Mill Hospital, and as such benefits from access to a variety of on-site diagnostics and wider services, something which is not routinely available to Primary Care services in other healthcare systems.

- In and out of hours, patients are assessed (triaged by a nurse in ED) and if deemed to have a primary care problem then streamed to NEMS at PC24. This streaming improves the flow of patients through the department and ensures that patients are seen by the right person in the right place at the right time.
- During OOH periods, patients are booked into appointment slots at PC24 via 111, where the 111 algorithm provides the relevant disposition (this is a protocol that tells the call handler where the person needs to be seen). If 111 require more clinical advice they contact NEMS who call the patient back and book an appointment.
- There are currently a number of improvement initiatives taking place at the front door of ED which are resulting in additional activity being provided by NEMS at PC24. The development of Ambulatory Care pathways resulting in more patients being streamed to PC24 as opposed to being treated within another unit in hospital.
- NEMS are currently also delivering (from the base at PC24) a service to call patients whom 111 may have traditionally sent to ED.

During discussions the following points were raised:

- In regards to allocating appointments, the Nottingham model, patients come through the out of hour's service and then assessed by a clinician through the 111 service.
- A number of campaigns have been launched and well received to get the word across to the public about the service.
- If the service receives any complaints, these get sent on and dealt with through the CCG's.
- Building up ambulatory pathways which are developed by clinicians alongside NEMS, continuing to add to them.

The Chairman thanked Amanda and her colleagues for their attendance.

CHATSWORTH WARD, MANSFIELD COMMUNITY HOSPITAL (NEURO-REHABILITATION)

Lucy Dudge, Chief Commissioning Officer and representatives from Mansfield & Ashfield/Newark & Sherwood CCG's gave members a further briefing and progress report on changes to the delivery of services at the Chatsworth Ward at Mansfield Community Hospital. The following points were raised:-

- The CCG has been collecting information about current provision, exploring other models working elsewhere and engaging with patients, family members, staff and other partners to canvas views.
- There is no community-based specific rehabilitation service available in Mid-Nottinghamshire to patients with neurological injury and disease.

- Some patients using Chatsworth Ward have a diagnosis of a neurological nature but others do not. Criteria and thresholds could be clearer.
- People are typically waiting 10-11 weeks for a first outpatient appointment, which is not optimal for patients with a new event stroke, head injury or MS relapse.
- The average length of stay on Chatsworth ward is longer than other equivalent rehabilitation services, which is a concern.
- Therapy is only available on Chatsworth Ward Monday to Friday. This inhibits progress with rehabilitation.
- Some patients, families and staff naturally feel very loyal to the Chatsworth Ward service.
- Further data is required to reach definitive conclusions about demand and needs of the population.

During discussions, the following points were made:-

- 81 people attended, including 21 service users, carers and members of the public, 34 hospital therapists and nurses, and 26 others (from charities, support groups and other partners such as Adult Social Care and Community Health).
- As well as having access to routine support and reviews to help people maintain their life at home, people need urgent access to services that can prevent admission to hospital, as well as access high quality acute care, where appropriate. Pathways will be there for patients when needed.
- Chatsworth Ward will remain open over the winter period, staffing is not at crisis point, nurse staffing and therapy nurses are stable. Would look to maintain as many skilled staff as possible.
- Going forward for the needs of patients, they will receive the correct care in the correct setting.

The Chair requested to stay in close contact with the transition stage of the process and to come back to the Committee before they implement the next steps.

NEWARK HOSPITAL URGENT TREATMENT CENTRE

Representatives from Mansfield and Ashfield and Newark and Sherwood CCG attended to brief Members on issues associated with Newark Hospital Urgent Treatment Centre.

During their briefing, the following points were raised:

- We propose that the Newark Urgent Care Centre will become an Urgent Treatment Centre (UTC) which complies with the national standards from early 2018.

- The Newark UTC will be open 24 hours a day, staffed by a mix of GPs and other clinicians between 8am and midnight with a GP led service available between midnight and 8am via NHS 111, providing a more consistent presence at Newark.
- The Vision and Strategic Direction seeks for Newark Hospital to be a centre of excellence for a broad range of diagnostics and provide an urgent care service, have rapid assessments and diagnosis through the Urgent Care Centre (UCC) and have GPs working alongside clinicians in the UCC during evenings, holidays and weekends
- Commissioners are currently working closely with local General Practitioners and current urgent care providers (particularly Sherwood Forest Hospitals NHS Foundation Trusts and NEMS) to develop a model, agree, and plan to mobilise the service in early 2018 to the population of Newark, that directly matches the agreed Vision and Strategic Direction for Newark..

During discussions the following points were raised:

- Diagnostic services are already present at the hospital, so no additional costs needed and also new patient testing will be available at the Centre.
- Important to let the local people know what services will be available. Make sure the centre is known to the people of Newark and the surrounding areas.

WORK PROGRAMME

The work programme was noted

The meeting closed at 1.10pm

CHAIRMAN