

COUNCILLORS

Mrs. Sue Saddington (Chairman)
Bethan Eddy (Vice-Chairman)

Mike Adams
Sinead Anderson
Callum Bailey
Steve Carr - **Apologies**
David Martin - **Apologies**

John 'Maggie' McGrath - **Apologies**
Nigel Turner - **Apologies**
Michelle Welsh
John Wilmott - **Apologies**

SUBSTITUTE MEMBERS

Councillor Butler for Councillor Turner
Councillor Foale for Councillor McGrath
Councillor Meakin for Councillor Wilmott
Councillor Purdue-Horan for Councillor Martin

OFFICERS

Martin Elliott - Senior Scrutiny Officer
Keith Ford – Democratic Services Team Manager
Noel McMenamin - Democratic Services Officer

ALSO IN ATTENDANCE

Dr Thilan Bartholomeusz	-	General Practitioner
Sarah Collis	-	Nottingham and Nottinghamshire Healthwatch
Lynette Daws	-	Nottingham and Nottinghamshire ICB
Lucy Dadge	-	Nottingham and Nottinghamshire ICB
Esther Gaskill	-	Nottingham University Hospitals
Lisa Kelly	-	Nottingham University Hospitals
Joe Lunn	-	Nottingham University Hospitals
Anthony May	-	Nottingham University Hospitals
Paul Miller	-	Nottingham and Nottinghamshire ICB
Michelle Rhodes	-	Nottingham University Hospitals
Dr Stephen Shortt	-	General Practitioner
Sharon Wallis	-	Nottingham University Hospitals
Rosa Waddingham	-	Nottingham and Nottinghamshire ICB

1 MINUTES OF THE LAST MEETING HELD ON 10 JANUARY 2023

The minutes of the last meeting held on 10 January 2023, having been circulated to all members, were taken as read and signed by the Chairman.

2 APOLOGIES FOR ABSENCE

Councillor Carr (other reasons)
Councillor Martin (other Council business)
Councillor McGrath (other reasons)
Councillor Turner (medical/illness)
Councillor Wilmott (other Council business)

3 DECLARATIONS OF INTEREST

Councillor Mrs Saddington declared a personal interest in agenda item 4 (NUH Chief Executive – Introduction, Priorities and Challenges), agenda item 5 (NUH Chief Executive – Maternity Services – Current Performance and Ongoing Improvement Work) and agenda item 6 (NUH Chief Executive – Health and Care System Winter Planning 2022 – 23 Progress – NUH Perspective) in that a family member worked for Nottingham University Hospitals NHS Trust, which did not preclude her from speaking or voting.

Councillor Eddy declared a personal interest in agenda in agenda item 4 (NUH Chief Executive – Introduction, Priorities and Challenges), agenda item 5 (NUH Chief Executive – Maternity Services – Current Performance and Ongoing Improvement Work) and agenda item 6 (NUH Chief Executive – Health and Care System Winter Planning 2022 – 23 Progress – NUH Perspective), in that her husband was a Community Staff Nurse who had previously worked for Sherwood Forest Hospitals NHS Trust, which did not preclude her from speaking or voting.

Councillor Welsh declared a personal interest in agenda in agenda item 5 (NUH Chief Executive – Maternity Services – Current Performance and Ongoing Improvement Work), in that she was supporting Donna Ockenden with the review of maternity services at NUH that was taking place and that her own case was also being investigated as part of that review, which did not preclude her from speaking or voting.

4 NUH CHIEF EXECUTIVE - INTRODUCTION, PRIORITIES AND CHALLENGES

Anthony May, Chief Executive, Lisa Kelly, Chief Operating Officer, Michelle Rhodes, NUH Chief Nurse and Sharon Wallis, Director of Midwifery at Nottingham University Hospitals NHS Trust, attended the meeting to present a briefing on the Chief Executive's key priorities for the Nottingham University Hospitals (NUH) Trust and his vision for how they will be delivered.

Anthony May, in advance of presenting his report opened the meeting by making a sincere and profound apology on behalf of the NUH Trust for any suffering that had

happened to people who had used maternity services at NUH in the past. Anthony May advised that NUH was cooperating fully with Donna Ockenden who was conducting a review of past maternity provision at NUH and noted that a report on the current situation of maternity services would be presented and discussed later in the meeting

The Chairman's report noted that Anthony May had become NUH Chief Executive in September 2022 at a time when the organisation and the wider health and social care sector was facing a series of severe pressures and challenges.

Anthony May introduced his report "People First – Reflection on a 100-day journey and looking towards the next 1000 days" noting that the report collected his experiences since taking up post of Chief Executive on 1 September 2022 and sought to address the question of "what will it take for NUH to achieve its potential and to recover, after the most turbulent period in its history?". Anthony May noted that since taking up his post that he had met with over 2,500 colleagues at NUH, had actively engaged with the Nottingham and Nottinghamshire Integrated Care System (ICS) and had also met, and continued to meet with stakeholders from outside the health and social care sectors.

The report described the new Chief Executive's experiences since taking up his post and identified three overarching areas of focus in order to drive improvement across NUH. These were:

1. *"To accept that improving emergency care flow (and its consequent impact on all our waiting times), recruitment and retention, and leadership and culture are the top priorities for NUH."*
2. *"To develop and deliver a series of interlocking strategies designed to achieve our three top priorities."*
3. *"The adoption of a Trust-wide system to lead change and development in an inclusive and transparent way, and which encourages a bottom-up approach to ideas for innovation, efficiency, and effectiveness."*

The report contained a detailed narrative on these objectives and how the Chief Executive and NUH would work to achieve them. The full report was attached as an appendix to the Chairman's report.

The Chairman asked how NUH was planning to mitigate the impact on provision of elective procedures during any period of strike action by nurses in the coming weeks. Lisa Kelly advised that NUH had a comprehensive set of tried and tested plans that would be put into place in the event of any strike action and assured the Chairman that whilst any strike action would have some impact on elective procedures that cancelled procedures would be rescheduled promptly and that those patients in urgent need would still be treated. Michelle Rhodes noted that whilst NUH worked closely with the Royal College of Nursing (RCN) to manage the impact of any strike action that as the proposed strike action would be over a period of 48-hours that managing its impact would be more complex than had been the case of the previous 24-hour strikes.

In the discussion that followed, members raised the following points and questions.

- That the situation of elective procedures being cancelled was unfortunately happening at NUH at times when there was no strike action taking place. Members asked how this was negatively impacting on patients.
- When was it envisaged that the Chief Executive's plan would start to deliver an improvement in the waiting time for operations and in reducing the delays in discharge that patients were currently seeing?
- That the issues detailed in the report relating to the culture at NUH in relation to bullying and racism were a grave concern. Members asked how confident the Chief Executive was that everyone at NUH, including board members and senior officers were committed to the changes being put in place to address these issues.

In response to the points raised, Anthony May and Lisa Kelly advised:

- That the plan and its objectives had been designed to improve performance at NUH strategically and would deliver significant and lasting improvements over the medium to long term. It was however noted that the plan also included objectives to improve performance that would be delivered during 2023.
- That activity around delivering "NUH Home" would play a significant role in getting more patients discharged and back in their homes in a timely manner.
- That in 2023 it was totally unacceptable that anyone should come to work and face bullying, abuse, or racism. It was noted that work was currently being carried out to address these challenges. It was noted further that a new Director of Inclusion had also been appointed who would be driving forward the changes that were required on this issue. A new executive member had also been appointed who would be focussing on inclusion issues.
- Diversity was a vital and important part of NUH being able to deliver the best services to patients. Anthony May noted that it was essential that all staff felt safe and secure and work and that he was confident that the outcomes of the work that had already been carried out to address the challenges would start to be seen in the outcomes of the upcoming NUH staff survey.
- That whilst it was not possible to change what had happened in the past regarding racism and bullying, it was a key objective at NUH to address these concerns and move into the future positively.

In the subsequent discussion that followed, members raised the following points and questions.

- What improvements were being planned to enable information sharing across NUH to reduce the need for patients having to repeat longstanding information on their conditions when attending appointments.
- What activity was taking place to enable patients to amend or cancel appointments online, rather than having to call NUH on the telephone. Members noted that a change to more online appointment management would have positive benefits for both NUH and its patients.
- What communication activity was in place and being planned to ensure that residents accessed healthcare using the most appropriate pathway and did not attend Accident and Emergency services unnecessarily when another healthcare pathway could be more appropriate for their needs.
- How confident was the Chief Executive that the work with partners that was needed to deliver the required improvements at NUH, and as detailed in the report, be effective.

In response to the points raised, Anthony May, Lisa Kelly and Michelle Rhodes advised:

- That activity to reduce the need for patients to repeat information on their condition at each appointment was being carried out, these changes would ensure that appointments were able to be focussed on the current needs of patients.
- That there were plans to recruit a new Director of Communications. Plans were also being developed to improve signage and navigation at the hospital site, extend electronic record management and to improve the quality and timeliness of correspondence to patients.
- That communication across NUH was inconsistent and required improvement. The new NUH digital strategy, being delivered in collaboration with clinicians, would make significant improvements to how NUH communicated with patients. It was also noted that there were several pilot schemes in place around communication and improving the patient experience.
- That how since joining NUH the Chief Executive had met with many of NUH's delivery partners and how he had been impressed by their desire to work with each other and NUH to deliver the best possible outcomes for patients.

The Vice-Chairman welcomed the focus and detail that has been included in the report on activity to create a well-supported and motivated workforce. The Vice-Chairman noted her concern over the current number of staff vacancies across NUH and asked

when it was envisaged that the number of staff vacancies would start to reduce and reach a level where the number of vacancies would not be an issue of concern. Anthony May advised that this issue was a top priority for NUH and noted that he was leading a working group focused on activity around the recruitment and retention of staff. Anthony May advised that a key area of focus was to reduce the amount of time that it took for new starters to take up their post from being offered a position and noted that the reduction in this time would have a positive benefit for NUH and its patients. It was also noted that activity was taking place to expand and develop NUH's HR department, as the size of the department had not kept pace with the increased number of staff employed by NUH over recent years. Anthony May also noted the wide range of activity that was taking place around improving staff wellbeing at NUH including improvements around transport, catering and staff facilities.

Michelle Rhodes advised that initiatives that had been put in place across NUH that supported and delivered more flexible working for staff had been well received, and that in the longer term would also help NUH's ability to retain high quality staff. Michelle Rhodes assured members that analysis had shown that NUH had sufficient funds available to employ the number of clinical staff required to deliver services, and as such the activity that was taking place to enhance and develop recruitment practices would have a positive impact on reducing the number of current vacancies.

In the subsequent discussion that followed, members raised the following points and questions.

- Members again noted their concern about the unacceptable types of staff behaviour that had been seen across NUH for a number of years that had been highlighted in the report. Members asked how many clinical staff had been reported to the General Medical Council or the Nursing and Midwifery Council for their unacceptable activity.
- Whether the objectives contained in NUH's 2018 strategy for improvement had been included in the new "People First" strategy.

In response to the points raised, Anthony May, Sharon Wallis and Michelle Rhodes advised:

- That the responsibility for making reports to the General Medical Council lay with NUH's Medical Director. It was noted that information on the number of referrals made would be shared with members of the committee outside of the meeting.
- Sharon Wallis advised that she personally had made one referral to the Nursing and Midwifery Council.
- That activity was taking place to establish and align which parts of the 2018 strategy were working well and could be linked in and incorporated into the current "People First" strategy.

The Chairman thanked Anthony May, Lisa Kelly, Michelle Rhodes and Sharon Wallis for presenting the report and answering member's questions.

RESOLVED 2023/3

- 1) That the report of the Chief Executive of Nottingham University Hospitals NHS Trust "People First – Reflection on a 100-day journey and looking towards the next 1000 days", be noted.
- 2) That the Chief Executive of the Nottingham University Hospitals NHS Trust attends the September 2023 meeting of the Health Scrutiny Committee to present a progress report on "People First".
- 3) That the Chief Executive of the Nottingham University Hospitals NHS Trust attend future meetings of the Health Scrutiny Committee at a frequency to be agreed by the Chairman of the Committee.

5 NUH CHIEF EXECUTIVE - MATERNITY SERVICES - CURRENT PERFORMANCE AND ONGOING IMPROVEMENT WORK

Anthony May, Chief Executive, Lisa Kelly, Chief Operating Officer, Michelle Rhodes, Chief Nurse and Sharon Wallis, Director of Midwifery at Nottingham University Hospitals NHS Trust attended the meeting to present a report that on the latest information and the NUH Chief Executive's perspective on current performance and progress in respect of maternity services.

The report stated that in March 2022, the Care Quality Commission (CQC) had carried out an inspection of maternity services at Nottingham City Hospital and the Queen's Medical Centre. Following this inspection, the maternity services at NUH were rated as inadequate overall. Since then the NUH Trust had developed a comprehensive Maternity Improvement Programme (MIP) to address the findings identified in the CQC report. The report noted that the MIP was now well established to support the delivery of sustained and continuous improvement.

The Chairman's report noted at the meeting of 14 June 2022, it had been reported that NHS England and NHS Improvement had drawn an Independent Thematic Review of maternity services to a close and that a new national review, led by Donna Ockenden would be undertaken. As a result, members of the Committee had agreed that it was appropriate to step back and let the national Review get on with its vital work. At this meeting it was also agreed that the Committee would no longer consider the Care Quality Commission's report on its re-inspection of maternity services that had been published in May 2022, as the report would help inform the national Review, with the committee having the opportunity to consider the national Review, once published.

The report provided information on current performance and the ongoing improvement work around maternity services (including those improvements that had been implemented as a result of interim feedback and engagement arising

from the Ockenden Review). In introducing the report Anthony May reaffirmed NUH's commitment to the Ockenden Review and NUH's commitment to activity that would improve the provision of maternity services and would rebuild the trust of residents who were using the service. Anthony May noted the Maternity Improvement Plan that was in place to deliver a comprehensive programme of improvement and the actions the trust was taking in response to:

- the findings and recommendations from CQC inspections.
- the feedback from women and families using NUH services, as well as from staff working in maternity services
- local learning gathered from investigations and coronial inquests
- ongoing assessment of local needs
- the Savings Babies' Lives standards (a care bundle for reducing perinatal mortality) Better Births (a five year forward view for maternity care)
- the recommendations and learning from maternity reviews carried out elsewhere.

After presenting the report Michelle Rhodes noted how NUH was committed to making the necessary and sustainable improvements to maternity services and how NUH continued to engage fully and openly with Donna Ockenden and her team. Michelle Rhodes advised that on 2 February, NUH and NHS England colleagues had met with Donna Ockenden and her team to receive early feedback from the review. At this meeting NUH had received examples where communication with women and families, both written and spoken, should have been better. Michelle Rhodes advised that women and families could be assured that the feedback and learning that Donna Ockenden had shared at that meeting, and throughout the review would be used to make improvements to NUH maternity services immediately. Michelle Rhodes advised that NUH was not waiting for the review to conclude before making changes and that NUH staff had been working hard to make the necessary improvements to services as swiftly as possible.

The full report the current performance of maternity services and the required improvements was attached as an appendix to the Chairman's report.

The Chairman asked for further information around the investigations into serious incidents in maternity services that were taking place. Sharon Wallis noted that NUH monitored the total number of open serious incidents each week along with ICB partners. Sharon Wallis advised that NUH aimed to conclude the investigations into all serious incidents investigations on cases that occurred before 14 September 2022 by the end of March 2023. The Chairman welcomed the positive steps that were being taken by NUH around the investigation of serious incidents.

In the discussion that followed, members raised the following points and questions:

- Members welcomed the positive and proactive way that NUH was engaging with Donna Ockenden as she carried out her review of maternity services at NUH. Members also expressed their approval for how NUH

had been engaging with the families who had been impacted by the previous failings in providing maternity services.

- That the profound and sincere apology that Anthony May had made at the start of the meeting regarding previous failings of the maternity services at NUH was acknowledged and welcomed.
- That it was important for everyone when examining maternity services at NUH to remember the babies and families who had been and continued to be impacted by the previous failings at NUH's maternity service.
- Members asked when it was envisaged that NUH would be in a position where all serious maternity incidents were fully investigated within the required timescale of 60 days. Members also sought further information on the types of incidents that were being investigated as part of this process.
- How would NUH be taking accountability for the serious failings in maternity services that happened over a significant number of years and for the impact that that these failings continued to have on the families who had been involved.

In response to the points raised, Anthony May advised:

- That there was a strong sense of accountability being taken at all levels at NUH on the previous failings around the provision of maternity services by the Trust.
- That the leadership team at NUH was doing everything that it could to work with and support Donna Ockenden in the work related to her review. Anthony May advised that NUH would take all the required actions needed to implement the required changes to services that would be highlighted by the review. Anthony May reaffirmed NUH's commitment not to wait for the review to be completed before making the changes that were required, but that instead the required changes would be implemented throughout the review process as they were identified.
- That more detailed information on the serious incidents that had and were being investigated could be brought to a future meeting of the Health Scrutiny Committee.

Sarah Collis of Nottingham and Nottinghamshire Healthwatch welcomed the involvement of patients and families that had been carried out by NUH and asked for further information on how patients were being involved with the shaping of the improvement activity that was being carried out.

Sharon Wallis noted that it was essential that the voice of the patient was central to all the improvement activity that was being carried out at NUH. Sharon Wallis noted that patients were involved in co-production activity and provided information on how this was being carried out. Sharon Wallis also advised that whilst patients were actively

being engaged with that there was always more that could be done in this area and noted that plans were in place on how the processes around engaging with patients and listening to their views could be developed further. Rosa Waddingham, Chief Nurse at the Nottingham and Nottinghamshire ICB provided further information about how the work of the Local Maternity and Neonatal System (LMNS) was supporting the engagement of those who used services and how this work was being used to feed into the development of policies and strategies that would in turn develop and improve services.

In the subsequent discussion that followed, members raised the following points and questions:

- How the new Maternity Advice Line was progressing.
- What processes were in place to hold individuals to account for their role in the previous failings in the provision of maternity services.
- Members sought assurance that the level of maternity care available at weekends was at the same level as what available in the week.

In response to the points raised, Anthony May and Sharon Wallis advised:

- The Maternity Advice Line operated 24 hours, seven days a week and provided telephone advice by midwives for expectant and new mothers. The service dealt with around 1000 calls a week. It was noted that the service had received excellent levels of feedback from its users and that the information gathered from the calls was used to support maternity service planning.
- That there were good levels of staffing at weekends with senior staff and consultants being available to deal with all potential needs of those accessing maternity services. It was noted that planned caesareans did not take place at weekends.
- That whilst there were processes in place to deal with staff failings, Anthony May noted that the £800,000 fine that had been imposed on the NUH Trust for failings in the Trust's activity. Anthony May noted further that as these failings had had a negative impact on both patients and staff it was essential that the improvements that were being made were focussed on supporting both patients and staff.

The Chairman thanked Anthony May, Lisa Kelly, Michelle Rhodes, Sharon Wallis, and Rosa Waddingham for attending the meeting and answering member's questions.

RESOLVED 2023/4

- 1) That the report be noted.

- 2) That a written progress report on the investigations related to serious incidents in maternity services at NUH be received at future meeting of the Health Scrutiny Committee.

6 NUH CHIEF EXECUTIVE - HEALTH AND CARE SYSTEM WINTER PLANNING 2022-23 PROGRESS - NUH PERSPECTIVE

Anthony May, Chief Executive and Lisa Kelly, Chief Operating Officer at Nottingham University Hospitals NHS Trust, attended the meeting to present a progress report of winter planning arrangements for 2022-2023 from the NUH perspective. It was noted that at its September and November 2022 meetings that the Committee had considered and discussed in detail reports and presentations on the health and adult social care winter planning arrangements in place for 2022-2023.

Lisa Kelly presented the report that provided an overview and update on the Trust's winter planning, information on what had happened in terms of demand and on the response to this by Nottingham University Hospitals NHS Trust. The report provided information on:

- How NUH had prepared for Winter and the NUH Winter Plan that had been prepared.
- How the NUH Plan had been prepared to ensure that NUH capacity, processes and systems were resilient to meet the anticipated level of demand throughout winter and also maintained and optimised patient safety.
- How the Nottingham and Nottinghamshire Integrated Care System had also produced a system winter plan that provided an overview of how local organisations would be working together to meet anticipated urgent and emergency care needs over the winter.
- How there had been an uncertainty in advance of winter 2022/23 because of the continued impact of the pandemic and learnings from the Southern Hemisphere relating to influenza. As a result, an agile approach had been needed to respond to a potentially rapidly changing environment.
- The current situation on how NUH was managing winter pressures.
- How NUH had worked to mitigate the pressures across the winter period.
- How the next phase of NUH's continuous improvement journey was to move away from a 'winter plan' and to develop a longer-term urgent and

emergency care strategy (due for completion in April 2023) that took in to account all seasonal variations on demand for health services.

The report from NUH on winter pressures, the NUH Winter Plan and the Nottingham and Nottinghamshire ICS System Winter Plan were attached as appendices to the Chairman's report.

In the discussion that followed, members raised the following points and questions.

- How the funding of social care impacted on the ability of NUH to effectively discharge patients who were fit to return home in a timely manner.
- That the funding that had been made available to increase discharges from hospitals in January 2023 could have been used to support social care and enable a greater number of discharges to take place.

In response to the points raised, Anthony May and Lisa Kelly advised:

- That there were several different funding streams that had been made available to support additional discharges in early January 2023, and that some of this funding had been directed at social care services.
- That over the next two years additional funding would be provided to both health and social care services (via the Council) to a wide range of activity that enabled the timely discharge of patients who were medically fit to return home.
- That the Nottingham and Nottinghamshire ICB would be carrying out further work in advance of next winter regarding the allocation of funding and the coordination of activity that would support effective discharge from hospitals.

The Chairman thanked Anthony May, Chief Executive and Lisa Kelly, Chief Operating Officer at Nottingham University Hospitals NHS Trust for presenting the report and answering member's questions.

RESOLVED 2023/5

- 1) That the report be noted.
- 2) That a further progress report on winter planning from both an NUH and a Nottingham and Nottinghamshire ICS perspective be received at a future meeting of the Health Scrutiny Committee.

The meeting adjourned at 1:40pm for a scheduled break. The meeting resumed at 2:20pm. Councillor Meakin was not present for the second half of the meeting.

7 ACCESS TO GP SERVICES

Lucy Dadge, Director of Integration, Joe Lunn, Associate Director of Primary Care, Lynette Daws, Head of Primary Care, Esther Gaskill, Deputy Associate Director of Primary Care and Paul Miller, Head of Primary Care IT at the Nottingham and Nottinghamshire Integrated Care Board and GPs Dr Stephen Shortt and Dr Thilan Bartholomeusz attended the meeting to present a report on access to GP services across Nottinghamshire. It was noted that issues in respect of access to GP services had been a recurring issue raised by residents with elected representatives, and one that the Committee had previously considered at its meetings in September and November 2021 and again in January 2022.

In introducing the report Lucy Dadge noted the vital role that GP services provided in delivering health care across Nottinghamshire as the area of the health system where the majority of residents accessed health care services.

Joe Lunn provided a presentation to the meeting. A **summary** of the presentation is detailed below.

- That there were 131 GP practices across Nottingham and Nottinghamshire that varied from single handed GP practices to large practices with multiple branch sites. Each practice contract consisted of:
 - Core services (paid on weighted capitation) - 8:00am - 6:30pm, Monday to Friday
 - Quality and Outcomes Framework – voluntary
 - Enhanced Services – voluntary
- How the ICB had delegated commissioning authority for primary medical services (GP practices) on behalf of NHS England and that the Care Quality Commission (CQC) was the regulator for all GP practices and ensures the quality and safety of care delivered.
- That whilst the general practice contract did not specify the number or type of appointments that should be provided by each individual practice that under the national GP contract practices had to meet the reasonable needs of their registered population.
- Data regarding the difference in the number and types of appointments accessed at GP surgeries between November 2019 and November 2022.
- How the way that patients met with a health care professional continued to evolve and how it was a priority for NHS England to ensure that a range of types of appointments are available to patients. It was noted that practices were required to offer and promote' online consultations and video consultations to their patients. Information was shared regarding the number of appointments and types of appointments accessed during November 2021 and 2022.
- That between November 2021 and November 2022:

- Slightly fewer patients were seen on the same day as requesting an appointment in November 2022 compared to November 2021
 - Fewer patients waited 2-14 days from booking to an appointment in November 2022 compared to November 2021
 - More patients waited longer than 15 days from booking to appointment.
- Information on telephone access for patients to GP surgeries noting that Practices were responsible for providing their own telephony systems.
 - How each GP practice monitored patient feedback through several methods including the Friends and Family Test, Patient Participation Groups, Complaints, Concerns and Enquiries, and Social Media Platforms. It was noted that the ICB also monitored and sought assurance through triangulation of data about workforce, appointments, and patient feedback methods alongside other quality markers (including CQC inspections). Contact was also made with practices experiencing challenges to understand the support needed and to take action where required.

In the discussion that followed, members raised the following points and questions:

- Why GP practices withheld their telephone numbers when calling patients. Members noted the difficulties that this caused for patients when receiving calls from their practice.
- Members noted the length of time that it could take for GP practices to issue letters requested by patients and asked whether there were any opportunities for parts of this process to be automated.
- Whether all GP practices used priority criteria when allocating appointments for their patients.
- Members noted their concern about the significant work pressures being faced by GP's and asked whether increasing demand from patients was increasing the pressure being faced by GP's.
- That whilst telephone appointments were a useful way for many people to talk with their GP, they were not the preference of many patients. Members noted that ideally all patients would be seen face to face. Members asked what procedures were in place in surgeries to ensure that the provision of telephone appointments did not negatively impact patient safety and the service that patients received.
- Members sought assurance that GPs worked collaboratively with other health services to ensure that patients received the best possible service.

In response to the points raised, Joe Lunn, Esther Gaskill, Dr Stephen Shortt and Dr Thilan Bartholomeusz advised:

- That GP surgeries withheld their numbers when calling patients due to safeguarding and patient confidentiality issues. It was noted that patients were able to request that their practice did not withhold their number when calling them if required.
- That GP surgeries aimed to get letters requested by patients completed as promptly as possible, but that considerations around GDPR and patient confidentiality meant that there were limited opportunities for automation.
- That there were no formal procedures across GP practices regarding priority allocation of appointments. It was noted however that practices would use their professional judgement to ensure that patients with the greatest priority, such as young children were able to access an appointment promptly. It was noted that practices normally held a list of their most vulnerable patients, and that each practice's knowledge of their patients' individual needs would ensure that patients received the most appropriate level of care.
- That whilst GP's and their surgeries were very busy and faced numerous challenges in delivering their services, GPs were doing a good job at providing healthcare services to their patients.
- That telephone appointments were the most convenient way of accessing GP services for many people and that as such many patients chose telephone appointments as a preference when booking an appointment. It was noted that whilst GP's enjoyed providing face to face appointments, all appointment options should be available to all patients to ensure that individual patient needs were able to be met.
- GP practices were committed to providing joined up care for patients. It was noted that processes would be in place across GP practices to ensure that this took place and that the needs of patients were dealt with in a joined up and holistic way.

Members asked about the potential impact of any industrial action on the provision of GP services and how the impact any action on patients would be minimised. Lucy Dadge noted the ICBs role in working with and supporting health care professionals. Lucy Dadge advised that plans were in place to ensure patient safety and access to services in the situation of any industrial action across GP practices.

Members noted the recent GP Satisfaction Survey that had shown that whilst patients were generally satisfied with their GP's service, had shown an overall decrease in patient satisfaction. Members asked what activity was taking place to increase patient satisfaction levels in GP services. Dr Bartholomeusz noted that GP practices were working together with community, mental health, social care, pharmacy, hospital, and voluntary services in their local areas in groups of practices known as Primary Care Networks to maximise service delivery. Dr

Bartholomeusz provided information on the work of the Primary Care Networks and how this work aimed to drive improvements in patient satisfaction by sharing best practice.

Sarah Collis of Healthwatch Nottingham and Nottinghamshire noted the survey that Healthwatch had carried around patient access to and satisfaction with their GP service and noted that the results of the survey had been circulated to members of the committee in advance of the meeting. Sarah Collis noted that to ensure that patients received the best possible GP service, that it was vital that the ICB coordinated and led activity to gain a detailed understanding of what worked well for both practices and patients. Sarah Collis advised that the survey had shown that much of the dissatisfaction with GP services arose from the wide variation of the services offered by different practices in such areas by telephone access and the ease of booking appointments.

Sarah Collis also asked for further information on:

- If the ICB would work with Healthwatch on the recommendations that had arisen from the Healthwatch Survey around GP services.
- How the ICB worked with GP practices to develop the delivery of primary care services.
- How the processes around getting doctors from abroad who had completed training to practice in the UK into positions could be improved. It was noted that once these doctors had completed their training the time in which they had to gain a position was very limited.

In response to the questions raised, Lucy Dadge and Joe Lunn advised:

- That Lucy Dadge would welcome a meeting with representatives of Healthwatch to discuss how the recommendations that had arisen from the survey could be moved forwards.
- That the ICB aimed to use the flexibility that it had to support GP practices to work in the most effective way around service provision based on their individual community's specific needs. It was also noted that practices would be supported to deliver services either individually or by using the support provided by a Primary Care Network. Dr Shortt also noted the significant work that was being carried out in this area of service development.
- That for retrained doctors to be able to take up a position within the health service they needed a sponsor, such as a GP practice. Joe Lunn advised that the number of sponsors had increased recently but that further work would be undertaken to look at ways how the number of sponsors could be increased further.

In the subsequent discussion that followed, members raised the following points and questions:

- Whether there was a problem in Nottinghamshire around the recruitment and retention of GPs and whether the workload pressure being faced by GP's was impacting on the number of GPs practising across Nottinghamshire.

In response to the questions raised, Lucy Dadge, Joe Lunn, Dr Bartholomeusz and Dr Shortt advised:

- That GP training courses at both NUH and the Sherwood Forest Hospitals Trusts were both full. There was ongoing activity to encourage doctors to consider training to become GPs in order to ensure that there were new GPs to replace those retiring or leaving general practice.
- In November 2022 there were 813.2 (whole time equivalent) GPs across Nottinghamshire, this compared to 736.8 a year earlier. It was noted that sustaining a sufficient workforce across General Practices continued to be challenging. It was also noted that a significant number of GPs had indicated that they planned to leave the profession over the next two years.
- That improvements made to the working conditions for GP's would help improve the retention of GPs in practices.

In the subsequent discussion that followed, Sarah Collis of Nottingham and Nottinghamshire Healthwatch raised the following points and questions:

- That the variations in how general practice services were delivered across Nottinghamshire meant that a fully equitable and accessible service was not available for residents.
- What activity was taking place to communicate with residents on how and when they should access GP and other health services in the most appropriate way for their health needs.

In response to the questions raised, Lucy Dadge, Joe Lunn, Dr Bartholomeusz and Dr Shortt advised:

- That due to factors such as their size, location and the demographics of local populations no two GP practices in Nottinghamshire were the same, and that due to these factors it was not possible for GP practices to provide a uniform service. GP surgeries did however work with each other in order to maximise service delivery and accessibility to appointments in their local areas to provide the best possible service to residents.

- That the ICB would be working to develop and implement a more proactive communication approach with residents to support them to access the most appropriate healthcare pathway for their needs.

Members requested that future reports to the committee on GP services should contain more specific data that would enable detailed scrutiny to take place on how GP services were performing. Lucy Dadge advised that the data could be provided at future meetings in a way that enabled detailed scrutiny but that also maintained practice and patient confidentiality.

The Chairman thanked Lucy Dadge, Joe Lunn, Lynette Daws, Head of Primary Care, Esther Gaskill, Paul Miller, Dr Stephen Shortt and Dr Thilan Bartholomeusz for attend the meeting and answering member's questions.

RESOLVED 2023/5

- 1) That the report be noted.
- 2) That a progress report on the ICB's Primary Care Strategy and related activity be brought to a future meeting of the Health Scrutiny Committee at a date to be agreed by the Chairman of the Committee.
- 3) That the recommendations arising from the Nottingham and Nottinghamshire Healthwatch survey on GP Services be shared with the Integrated Care Board for their consideration.

8 WORK PROGRAMME

The Committee considered its Work Programme for 2022/23.

RESOLVED 2023/6

- 1) That the Work Programme be noted.
- 2) That the Chief Executive of the Sherwood Forest Hospitals NHS Trust be invited to a future meeting of the Health Scrutiny Committee.

The meeting closed at 3:49pm

CHAIRMAN