

Health Scrutiny Committee

Wednesday, 12 February 2025 at 10:00

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

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| 1 | Minutes of the Last Meeting held on 7 January 2025 | 3 - 12 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below) | |
| 4 | Relationship between Community Pharmacy and Primary Care in Nottingham and Nottinghamshire | 13 - 20 |
| 5 | Newark Hospital's Urgent Treatment Centre Opening Hours | 21 - 26 |
| 6 | Work Programme | 27 - 34 |

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 James Lavender (Tel. 0115 854 6408) 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>

Meeting: Health Scrutiny Committee

Date: Tuesday 7 January 2025 (commencing at 10:00am)

Membership:**County Councillors**

Roger Jackson (Chairman)
Nigel Turner (Vice Chairman)

Mike Adams (Apologies)	Johno Lee
Sinead Anderson	David Martin (Apologies)
Callum Bailey	John 'Maggie' McGrath (Apologies)
Steve Carr (Apologies)	Michelle Welsh MP (Apologies)
Dr John Doddy (Apologies)	John Wilmott
Bethan Eddy	

Substitute Members

Councillor Paul Henshaw for Councillor John 'Maggie' McGrath
Councillor Errol Henry for Councillor Michelle Welsh MP
Councillor Reg Adair for Councillor Mike Adams

Other Councillors in attendance

None

Partner representatives in attendance:

Alex Ball	- Director of Communications and Engagement, NHS Nottingham and Nottinghamshire Integrated Care Board
Victoria McGregor-Riley	- Acting Executive Director for Strategy and Systems Development, NHS Nottingham and Nottinghamshire Integrated Care Board
Jan Sensier	- Executive Director Partnerships and Strategy, Nottinghamshire Healthcare NHS Foundation Trust
Diane Hull	- Chief Nurse, Nottinghamshire Healthcare NHS Foundation Trust

Officers in attendance:

Dom Monahan - Advanced Democratic Services Officer
James Lavender - Democratic Services Officer

Also in attendance:

Sarah Collis - Chair, Healthwatch Nottingham and Nottinghamshire

1 MINUTES OF THE LAST MEETING HELD ON 20 NOVEMBER 2024

The minutes of the last meeting held on 20 November 2024, having been circulated to all Members, were taken as read and were confirmed and signed by the Chairman.

2 APOLOGIES FOR ABSENCE

Councillor David Martin	-	other reasons
Councillor John Maggie McGrath	-	other reasons
Councillor Michelle Welsh MP	-	other reasons
Councillor Mike Adams	-	other County Council business
Councillor Steve Carr	-	medical/illness

3 DECLARATIONS OF INTERESTS

Councillor Bethan Eddy declared interests in Items 4 and 5 as she was a Governor of the Nottinghamshire Healthcare NHS Foundation Trust and a Vice-Chair of the NHS Nottingham and Nottinghamshire Integrated Care Partnership. Councillor Eddy remained in the meeting and participated in these items.

Councillor John Wilmott declared interests in Items 4 and 5 as his daughter worked for the NHS. Councillor Wilmott remained in the meeting and participated in these items.

4 NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST – RAMPTON IMPROVEMENTS UPDATE

Consideration was given to a report presented on behalf of the Nottinghamshire Healthcare NHS Foundation Trust by Jen Sensier, Executive Director Partnerships and Strategy and Diane Hull, Chief Nurse. The report provided a progress update on improvements at Rampton Hospital following issues identified by Care Quality Commission (CQC) investigations over the last two years which led to a range of safety warnings. The Chief Nurse informed the Committee that the initial appendix for this item had contained information on a draft CQC report. It was reported that this was done in error and that the draft CQC report could not be commented on by the Nottinghamshire Healthcare NHS Foundation Trust representatives. It was noted that a subsequent addendum had been published for this item. The following points were highlighted:

- There had been seven key recommendations in the CQC's Section 48 report which were specifically for Rampton. The majority of the Section 48

recommendations had now been achieved and the remaining recommendations were on track for delivery in the near future.

- Evidence to support the Section 48 recommendations and the quarterly metrics for the Transition Criteria was submitted to the Trust's externally chaired Evidence and Assurance Group for sign off.
- The Trust was currently awaiting formal notice of a decision by the National Oversight Group for High Security Health Services to renew its licence to operate Rampton Hospital, following positive feedback from recent CQC visits.
- The Trust had received a draft report from the CQC which was currently going through the factual accuracy process; when this was complete, the Trust would share details and any change to ratings.
- There was a Quality Improvement Strategy in place to co-design improvements with patients at Rampton, including receiving regular feedback via the Patient Care Groups (chaired by patients) and Community Group meetings.
- There had been 717 postings on the patient-facing 'Care Opinion' digital platform with over 155,000 public views over the year. This platform enabled patients to post comments and share ideas and concerns and there was currently a project to extend this across the rest of Rampton areas.
- Clinical leadership had been considerably strengthened through the creation of a Director of Nursing post and the introduction of Clinical Directors for each of the key areas – Women's Service, Personality Disorder Service, Mental Health and Deaf Service and Learning Disabilities Service.
- Through the 'critical friend' arrangement with other High Secure Units in England, there had been renewed opportunities to learn from each other's practices with numerous visits and attendances at key Rampton Improvement meetings and across other sites.
- Recruitment of 75 nurses and health care support workers who were now in post, with a further 20 due to join very soon. This had improved staffing numbers and the ability to provide more therapeutic activities and engagement with patients.
- Significantly reduced daytime confinement, improving the patient experience and reducing restrictive interventions.
- Improved communication with Deaf patients by increasing the number of support workers employed who were Deaf. Staff BSL training had also increased.

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

- Clarification was sought around the status of Rampton Hospital as a secure unit and the patients they treated.
- Members wished to know how many Deaf and women's wards were contained at Rampton.
- Members sought to understand better how the Covid-19 Pandemic had impacted Rampton and the ability of staff to care for patients safely and effectively.

- Further information was requested regarding the level of confidence that staffing levels were sufficient, and that the proposed 20 additional healthcare support workers could be recruited.
- Members enquired about the staff retention levels at Rampton.
- Further assurances were requested that a dedicated team at Rampton Hospital been set up to support a full review of the medication audits and medication governance processes.
- Members wished to know if therapy and education staff were still being used to increase nursing staff numbers on the wards.
- Members enquired about the IT arrangements for recording patient information and whether they were GDPR compliant.
- Further details were requested regarding how patients with complex needs were cared for at Rampton.
- Members noted the 7:1 staff to patient ratio at Rampton and questioned whether this impacted the funding of other NHS services in Nottinghamshire.
- Members queried the frequency of reviews of care plans and risk assessments at Rampton.
- More information was requested regarding how the Deaf community were engaging with Rampton and regarding the external support Rampton received from Deaf community organisations.
- Concerns were raised that patients at Rampton who had committed serious offences were kept on the same wards, and received the same treatment, as patients who had not committed offences.
- Members asked about staff morale at Rampton, in view of the extra scrutiny that had been placed upon the Trust.
- Members queried the scrutiny arrangements for Rampton Hospital.

In relation to the points raised by the Committee, the representatives of the Nottinghamshire Healthcare NHS Foundation Trust provided the following responses:

- Although some patients had committed serious offences, Rampton was not a prison; it was an NHS hospital.
- The total of 22 hospital wards included one Deaf ward and two women's wards.
- A previous CQC report had identified that Rampton was not prepared to admit pre-covid levels of patients. It was noted that the CQC had now updated this assessment and that Rampton was now admitting patients at pre-Covid levels.
- Ashworth and Broadmoor had assisted with an establishment review. This review had resulted in an increase in staffing levels. There were now a very small number of qualified nurse vacancies. Rampton had been successful in recruiting staff and recruiting an additional 20 healthcare support workers.
- It was agreed that information on staff retention levels at Rampton would be provided after the meeting.

- A dedicated team had been set up to support a full review of the medication audits and medication governance process. This team had included colleagues from Broadmoor and had now concluded.
- Therapy and education staff were only being used to increase nursing staff numbers on the wards in emergency situations, such as when there were high levels of patients out of grounds. However, this did not stop activities and education for patients from taking place.
- It was now monitored weekly whether patients were receiving 25 hours of education and activity.
- Rampton IT equipment was fit for purpose and all records were GDPR compliant. Rampton also allowed patients to access some parts of the internet through their 'Made Purple' system. Broadmoor and Ashworth were now looking to introduce similar systems. It was noted that unfortunately IT systems were not compatible across different NHS Trusts.
- Within Rampton's Learning Disabilities Service there were a number of specialised learning disability nurses. Reasonable adjustments were put in place for patients with complex needs. The increased need for routine, distress tolerance and family visits for these patients was acknowledged and catered for by staff at Rampton.
- Rampton was funded directly by NHS England. Funding for Rampton was completely separate from funding for other NHS services in Nottinghamshire.
- Care Plans were reviewed monthly and risk assessments were reviewed on an ongoing basis as part of ward reviews.
- Although Rampton did have connections with the Deaf community, it was acknowledged that this could be improved. It was agreed that the Trust would discuss with Healthwatch how they could better engage with the Deaf community.
- Rampton was a hospital rather than a prison and staff at Rampton had a duty to care for all patients at the hospital and to ensure their safety, in accordance with the Mental Health Act and regardless of whether they had committed an offence.
- Regular, open and honest conversations were being held with staff at Rampton. There had been an improvement in the culture, but it remained a challenging environment to work in. It was acknowledged that there was always more work that could be done to improve staff morale.
- NHS England scrutinised Rampton through the National Oversight Group on a quarterly basis. Scrutiny was also provided through monthly CQC visits.

RESOLVED 2024/21:

- 1) To note the feedback of members on the progress of the improvements at Rampton Hospital.
- 2) That a further update in respect of the progress on the transformation of crisis and community mental health services be submitted to the March 2025 meeting.

5 NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE BOARD – FINANCIAL SUSTAINABILITY UPDATE

Consideration was given to a report presented on behalf of the Nottingham and Nottinghamshire Integrated Care Board (ICB) by Alex Ball, Director of Communications and Engagement, Victoria McGregor-Riley, Acting Executive Director for Strategy and Systems Development. The report provided an update on the ICB's progress with achieving the NHS financial sustainability requirements in 2024/25 as part of a two-year programme of work. The following points were highlighted:

- An overall 2024/5 savings target of £257m for the Nottingham and Nottinghamshire NHS had been agreed via formal undertakings with NHS England as a route to achieve a sustainable financial position.
- The ICB had been required to continue to explore all options to promote cost efficiencies. As a consequence of this action, the ICB's 2024/25 efficiency target of £68.5 million remained challenging but was forecast to be delivered in full.
- The ICB was pursuing business as usual efficiencies. This included efficiency, productivity, and value for money improvements within services.
- Savings were being made by combining multiple smaller contracts into single, larger contracts to reduce administrative costs. A review of contracts across service lines would also enhance value for money without changing services.
- Deferred investment in 2024/25 represented a savings opportunity to not provide additional investment. It was not a reduction in business as usual spend and the services that patients were used to receiving would remain the same.
- Savings would be made through compliance with the existing ICB Value Based Commissioning Policy (including restricted procedures and eligibility criteria) and other policies which set out thresholds for receiving care. Patients would be able to access the care and treatment that they were eligible for, but not over and above those levels.
- National guidance had not yet been issued for 2025/26. However, early plans indicated that NHS partners in Nottingham and Nottinghamshire would have a £250m savings requirement for the forthcoming financial year. The intention was to deliver this over four key routes: System-wide transformation across health and care, Ongoing operational efficiency and productivity, Recurrent Full Year Impact of 24/25 schemes and Continuation of the Service Review approach.

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

- Members raised concerns that it would be extremely difficult for the ICB to make £68.5 million on savings without cutting frontline services.
- Members queried the impact of fines on the ICB's finances.
- Further understanding was desired as to how contracts and services, such as IT provision, were shared with other NHS trusts in order to make savings through quantities of scale.

- Further information was requested regarding the impact of delayed investments in 2024/25 on specific areas within Nottinghamshire and whether contingencies were being put in place to avoid cuts to frontline services in these areas.
- Clarification was requested regarding the financial impact of increases in National Insurance and the minimum wage.
- A further update was sought regarding whether any of the proposals that had been shared in July 2024 had now been confirmed.
- Members queried the timeframe for taking any proposals through the formal decision-making process.
- Further details were requested regarding use of agency staff.
- Clarification was requested regarding whether the accounts were made publicly available.
- Further discussion was requested regarding the feasibility of achieving the ICB efficiency target of £68.5 million whilst also meeting the new target set by government for 65 percent of patients to have a wait time of less than 18 weeks by March 2026.
- Concerns were raised that early intervention schemes could be deferred in the pursuit of savings.
- Further description was desired regarding the work taking place with partners to prepare healthcare services in Nottinghamshire for the upcoming changes that would occur as a result of efficiency savings.

In relation to the points raised by the Committee, the representatives of the ICB provided the following responses:

- The CQC fine would come from collective NHS funding and as a result, there would be some impact on the ICB budget.
- Acute trusts and community providers were encouraged to share contracts and to work collaboratively in order to achieve better value. Unfortunately, NHS trusts did not share a common IT system; therefore, a saving could not be achieved through sharing IT contracts with other NHS trusts. This was a national issue, and it was not within the power of the ICB to change this.
- There were no plans for any particular disinvestment in Newark. The ICB were committed to keeping the Committee updated on any significant reduction to services in Nottinghamshire. Savings would be made through prescribing generic, cheaper, drugs to patents and through making contracts more efficient. The ICB were prioritising efficiencies that did not impact upon the delivery of front-line services.
- Figures on the National Insurance and minimum wage increases were not available at this time and would be included in the next update to the Committee.
- None of the proposals from the July 2024 meeting had gone through the formal decision-making process. Progress was being made on some proposals, and it was noted that the Committee would receive an update once they had gone through the formal decision-making process.
- It was confirmed that decisions did not need to be made by the end of the current financial year. The ICB was working to ensure that any proposals

went through a rigorous process and therefore any decisions would be taken in the next financial year.

- A figure on the percentage of NHS staff in Nottinghamshire that were agency workers would be provided after the meeting. It was noted that the number of agency staff had reduced dramatically in recent years which had resulted in savings.
- The accounts were published as part of their annual reporting process and were publicly available through the ICB website.
- Although meeting the government's new targets would be a challenge, the ICB were already working towards achieving these targets and had already seen progress in reducing wait times. Efficiencies and savings could be achieved alongside improvements in services by eliminating waste and duplication.
- The early intervention scheme was not a business as usual scheme and had been funded through non-recurrent funding. As a result of this, the scheme could be deferred without impacting regular day-to-day services.
- The ICB was working at pace with partners to prepare for the upcoming changes. It was acknowledged that culturally this would be a new way of working. In order to achieve savings, services needed to be transformed in collaboration with partners. The ICB were committed to achieving this transformation.

RESOLVED 2024/22:

- 1) To note the feedback of members on the contents of the report.
- 2) That a further briefing regarding the outcomes of the impact assessments be submitted for scrutiny at an appropriate time.

6 WORK PROGRAMME

Consideration was given to an outline programme of scrutiny work for the municipal year 2024/25.

The Chairman highlighted the following points:

- The Committee's next meeting had been rearranged from Tuesday 11 February to Wednesday 12 February 2025.
- The March 2025 meeting would now be held on 18 March due to the pre-election period.
- Members were encouraged to put forward any potential topics for consideration for the work programme.

In the discussion that followed, Members raised the following points and requests:

- That the Mental Health Services in Bassetlaw item had originally been intended to provide an update on the mental health ward being moved from Bassetlaw Hospital to Mansfield.

- That consideration should be given to whether the Committee's first post-election meeting could be moved from July to June 2025.
- Whether the Fertility Policy Review could be brought forward to the February or March 2025 meeting.
- Whether the School Readiness Review could be brought to the February or March 2025 meeting.
- That the Chair of the Committee consider writing the Secretary of State for Health and Social Care to ask for work to begin on the proposed Health and Wellbeing Provision in Hucknall – Cavell Centre.
- That an update from the Care Quality Commission be considered for inclusion in the work programme.

RESOLVED 2024/23:

- 1) That the work programme and scrutiny criteria be noted.
- 2) That authority be delegated to the Health Scrutiny lead to update the work programme as appropriate, in consultation with the Chairman, Vice-Chairman and representatives of the relevant partner organisations, with any changes reported to the next meeting.

The meeting closed at 12.27pm.

CHAIRMAN

12 February 2024

Agenda Item: 4

NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE BOARD

RELATIONSHIP BETWEEN PRIMARY CARE AND COMMUNITY PHARMACY IN NOTTINGHAM AND NOTTINGHAMSHIRE

Purpose of the Report

1. To consider a briefing paper from the Nottingham and Nottinghamshire Integrated Care Board which describes services commissioned from community pharmacy, including national contracts and local enhanced service provision as well as the current independent prescriber pilot. The briefing outlines services which are provided by GP practices that are also considered “Pharmacy First” services. Plans for increasing advanced clinical services offered by pharmacies are also described. The sustainability challenges within community pharmacy are also documented in the briefing. It should be noted that the Pharmaceutical Needs Assessment for Nottinghamshire is currently being updated.

Information

2. Members previously expressed a desire to receive a report regarding increased advanced clinical services offered by pharmacies and the impact these commissioning changes will have on patient experience and on the relationship between community pharmacy and primary care in Nottinghamshire. In view of the ICBs current proposals for financial sustainability measures which include measures affecting community pharmacy, this report was prioritised for scrutiny as part of the 2024-25 work programme.

RECOMMENDATIONS

- 1) That the feedback of members on the changes to community pharmacy commissioning and the potential impact on patient experience be noted.
- 2) That the outcome of the equality impact assessment regarding the impact of changes to pharmacy commissioning be included in the next update on ICB financial sustainability measures.

**Councillor Roger Jackson
Chairman of Health Scrutiny Committee**

For any enquiries about this report please contact: Katherine Harclerode – 0115 854 6047

Background Papers

None

Electoral Division(s) and Member(s) Affected

All

The Relationship Between Primary Care and Community Pharmacy in Nottingham and Nottinghamshire

Briefing for Nottinghamshire Health Scrutiny Committee

February 2025

1 Introduction to Community Pharmacies

Community Pharmacies are found in high street locations, neighbourhood centres, supermarkets and may also be in the same building as other primary care colleagues such as GP surgeries. Where Community Pharmacies are co-located with GP surgeries, it is important to be aware that this is to deliver a different set of services than that provided by a GP practice or PCN pharmacists who may for example undertake roles such as Clinical Medicine Reviews. Clinical Medicine Reviews are not currently commissioned on either a national or local basis in Nottingham and Nottinghamshire from Community Pharmacy. As this is not a Community Pharmacy service, Clinical Medicine Reviews are not covered in this report.

There are 216 Community Pharmacies in Nottingham and Nottinghamshire, split 58 in Nottingham City and 158 in Nottinghamshire County.

2 Services Commissioned from Community Pharmacy

Commissioning of Community Pharmacy services is currently split across NHS England, Local Authorities and Integrated Care Boards (ICBs). For pharmacies in the Nottingham and Nottinghamshire area there are two Local Authorities – Nottingham City Council and Nottinghamshire County Council.

The split of commissioning is a source of complexity for our Community Pharmacies. Additionally, all public organisations are experiencing financial constraints, which creates lack of certainty for longer term business planning. This in turn is a contributory factor to the financial stability and fragility of local Community Pharmacies.

More information about Community Pharmacy in Local Authority areas can be found in the Pharmaceutical Needs Assessment which for both County and City are currently being reviewed. The County PNA can be viewed here [Pharmaceutical needs assessment - Nottinghamshire Insight](#):

Pharmacy service data is received per ICB rather than as separate Local Authority areas, so it is not possible to present data specifically for the County Council area.

National Services

National services are divided into Essential Services which all Community Pharmacists must offer and Advanced Services which contractors can choose to sign up for.

Essential Services include dispensing, discharge medicines service and giving advice about minor ailments and over the counter medicines.

The national Advanced Services which the ICB are responsible for are:

- Pharmacy First
- Oral Contraception Service – initiation and repeat supply
- Hypertension Case Finding
- New Medicines Service
- Smoking Cessation – referral from secondary care (currently not active in Nottingham and Nottinghamshire)
- Vaccinations – currently still NHS England commissioned

National services have set payment tariffs which the ICB is unable to amend. The majority of the income received by Community Pharmacy is via national contracts rather than local Enhanced Services.

Local Enhanced Services

In addition, there are Locally Enhanced Services, with one service available in Nottingham and Nottingham which is the Palliative Care including Vancomycin Stockist Scheme. Vancomycin is an antibiotic used to treat certain bacterial infections.

These are payments that are controlled by the ICB. The palliative care scheme is due to be reviewed this year.

There are also services commissioned by Local Authorities such as Emergency Hormonal Contraception and methadone supervision which are not under the remit of the ICB and hence the data is not available in this report. The payments for these services are controlled by the Local Authorities.

National Pilot – Independent Prescribers

There is also a national NHS England pilot to learn how we can use Community Pharmacy Independent prescribers. From 2026, all newly qualified pharmacists will be prescribers, and the NHS needs to identify how to use Community Pharmacy Prescribers as part of this pilot. This could be an important income stream for Community Pharmacy in the future.

In Nottingham and Nottinghamshire there will be four sites commissioned by the ICB on behalf of NHS England, chosen by an expression of interest process. Three of these sites are in the County: Evans at East Leake, Evans at Barnby Gate in Newark and Brinsley Pharmacy at Brinsley.

Evans at East Leake have been live now for some months, Brinsley was live in November 2024, Evans at Barnby Gate is going live in February 2025. The current prescribing model for Nottingham and Nottinghamshire area is on the day illness within the competency of the prescriber.

These pathfinders are innovative as Community Pharmacy is prescribing for the first time on the NHS. Before this supply of prescription only medicines for example Pharmacy First is via Patient Group Directives which are strict legal protocols which strict inclusions and exclusions.

3 Interrelation between Community Pharmacy services and other Primary Care Providers

The main link between Community Pharmacy services and other Primary Care Providers is with GP practices. The main areas of overlap are:

- Pharmacy First
 - Seven clinical pathways:
 - Sinusitis 12 years and over
 - Sore throat 5 years and over

- Acute Otis media 1-17 years
- Infected insect bite 1 year and over
- Impetigo 1 year and over
- Shingles 18 years and over
- Uncomplicated Urinary Tract Infection 16-64 years
- Minor ailments – referral (self-care advice and OTC sales)
- Emergency medicines supply – NHS 111 referral only
- Hypertension Case Finding
- Oral Contraception Service
- Community Pharmacy Independent prescribing pathfinder
- Vaccinations

Many of these services have historically been the preserve of GP surgeries.

Vaccination

Vaccination is not a new service to Community Pharmacy and the below table shows that the percentage split between GP practices and Community Pharmacy has remained relatively stable over the last 3 years.

	Total (Excluding Health School Age)		Community Pharmacy		General Practice		NHSTrust		Other	
2022/23	367,877	100%	103,282	28%	245,978	67%	18,557	5%	60	0%
2023/24	304,948	100%	76,149	25%	209,942	69%	18,742	6%	115	0%
2024/25	291,000	100%	81,425	28%	195,438	67%	14,047	5%	90	0%

With regards numbers of pharmacies signed up for vaccinations this is not possible to provide for flu, as national pharmacy chains have one contract with NHS England across the country. In Nottingham and Nottinghamshire ICB there were 107 Community Pharmacies signed up to deliver Covid-19 vaccinations in autumn 2024.

Hypertension Case Finding

The Hypertension Case Finding service can be of huge benefits to patients. Between April 2024 and September 2024, NHS Community Pharmacy Teams across Nottingham and Nottinghamshire have opportunistically measured the blood pressure of 29,158 patients and have confirmed high blood pressure using Ambulatory Monitoring in 591 of these patients. Assuming these patients comply with management for the next 5 years, then 5 deaths, 9 strokes and 6 myocardial infarctions will be prevented.

It is recognised that the way that services are commissioned across three commissioners does not always lead to seamless pathways. For example, the hypertension case finding service may generate what is perceived as additional work for GP practices. Community Pharmacies should use the best possible clinical testing for this if they find a non-emergency raised blood pressure: Ambulatory Blood Pressure Monitoring (ABPM). This involves the lending of a device for a patient to use at home and work. The cost of this equipment may led to reluctance for this model to be used and patients may decline. This may potentially create re-work for the GP. Locally the Local Medical Council has received concerns about this service and workload and nationally the British Medical Association voted to end blood pressure checks.

Conversely, GP surgeries are often not aware that they can refer to Community Pharmacy for blood pressure checks and ABPMs which could potentially help with GP practice workload.

ABPM referral has been implemented successfully in the first stage of the hypertension service in Nottingham West PCN where an additional 312 patients were diagnosed in the first 12 months. The post event readings following this service can be used by GP surgeries to update Quality Outcomes First (QOF) registers having a positive impact.

Oral Contraception

The oral contraception service is offered by about 80% of pharmacies in Nottingham and Nottinghamshire and between April 2023 and September 2024 there were 4,207 oral contraception consultations completed for initiation and repeat supply. NHS Community Pharmacies are helping to improve access to contraception and help prevent unintended pregnancies. GP surgeries can also reduce their workload by referring people and can free up time for other services such as long acting reversible contraception.

Pharmacy First

Pharmacy First is a key part of increasing access in primary care by enabling simpler cases to be seen at the Community Pharmacy, in turn increasing access for those who need to see GP practice staff. Over 95% of Community Pharmacies in Nottingham and Nottinghamshire offer this service.

Between April 2024 and September 2024 Community Pharmacy teams across Nottingham and Nottinghamshire have completed 41,295 Pharmacy First consultations that would otherwise have happened in GP practices, urgent care settings or at NHS111. This has been estimated by NHS England to be the equivalent of 6,882 hours of GP and other healthcare professional time and equates to about seven additional full time clinicians. The most common of the seven clinical pathways are urinary tract infection in women aged 16-64 years and acute otitis media for children aged 1-17 years. In the County over 25,000 pathway consultations took place between February 2024 and October 2024.

Pharmacy First consultations in Community Pharmacy may reduce acute treatment requests for GP surgeries enabling GP surgeries to focus more on other services such as long term condition treatment which as well as benefiting people's health can improve QOF registers, positively benefiting payments to GP surgeries.

There are ways that GP surgeries and Community Pharmacies could build relationships and work together to mitigate the perceived negatives and maximise on the positives. A document has been put together by the ICB and circulated to both GP surgeries and Community Pharmacies to show these areas and ways of working which can be viewed here [Pharmacy and GP collaboration](#).

Examples of good GP surgery and Community Pharmacy Collaboration can be seen at East Leake where Village Health Group work with the local Pharmacy, Evans East Leake, to maximise access for patients including vulnerable cohorts such as refugees by referring to both Pharmacy First and the Community Pharmacy Independent prescribing on the day illness service. Over 100 people were seen at the Evans East Leake branch under the pathfinder service between July 2024 and September 2024 improving access for patients. Both Community Pharmacy IP pathfinder services find that with regards clinical conditions the most common conditions seen are currently respiratory based.

4 The Evolving Context for Community Pharmacy

Increased advanced clinical services in Community Pharmacy are expected to generate another income stream for business owners, albeit in the context of there being a 'global sum' set nationally for payments to all NHS pharmacies. This means that where this is a national advanced service, money within the national pharmacy contract which also has to cover dispensing may be impacted. The national pharmacy contract negotiations about this are complex and ongoing. More can be read here [Negotiation Updates - Community Pharmacy England](#)

It should also be noted that delivering advanced clinically-led interactions with patients may lead to increased job satisfaction helping to reduce the loss of pharmacists and technicians from Community Pharmacy to other pharmacy areas perceived as more clinically interesting.

5 Interrelation between Other Primary Care Services and Community Pharmacy

As the wider Primary Care landscape evolves this has also had an impact on Community Pharmacy particularly around workforce. Many pharmacists have moved from Community Pharmacy to GP practices and PCNs as part of the Additional Roles Reimbursement schemes roles due to the increased use of their clinical skills and more sociable working hours.

GP 'Collective Action' has included disabling the GP connect update record which has prevented updates related to services delivered by Community Pharmacy being added directly to patient records.

6 Financial Vulnerabilities

The financial difficulties faced by Community Pharmacy are well documented and include the House of Commons Health and Social Care Committee report on Pharmacy which can be viewed here [Pharmacy \(parliament.uk\)](#) and includes the statement "For individual pharmacy owners, this has meant an annual shortfall of at least £67,000 per pharmacy".

Community pharmacies are considering Collective Action and the impact of this is currently unknown. More information can be viewed here [Pharmacies poised to take collective action after NPA ballot result](#)

The possible impact of these financial pressures on applications to reduce opening hours or seek to close a pharmacy are carefully monitored to identify where financial vulnerabilities in Community Pharmacy could potentially lead to gaps in service provision and an impact on the wider health provision in the area.

Currently no significant change has been noted in the number of closures or supplementary hour changes, however this remains under close review by Nottingham and Nottinghamshire ICB and the East Midlands Primary Care commissioning team through its Pharmacy Governance group. Closures within the 2024/25 financial year are included below:

2024/25	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Closures	1	0	0	1

When compared to previous years this represents a stable/improved position in relation to what has been experienced year on year.

Year	2020/2021	2021/22	2022/23	2023/24	2024/25
Closures	6	2	2	5	2

In the 2024/25 there have been a reduction in supplementary hours at four providers across Nottinghamshire and there have been an increase in supplementary hours at eight providers.

Pharmacy	Reduction/Increase
Ascent, Wollaton	Reduction
Fittleworth, Mansfield	Reduction
Boots, Clifton	Reduction
F.P Watson, Nottingham	Reduction
Boots, Nottingham	Increase

Dispharma, West Bridgford	Increase
Boots, West Bridgford	Increase
Boots, Stapleford	Increase
NH Pharm Aspley	Increase
Boots, Burton Joyce	Increase
Boots Nottingham (Victoria Retail)	Increase
Peak Pharmacy, Mansfield	Increase

As can be seen this represents a net increase in provision across the region. To note that supplementary hours are for determination by the provider so is something that is monitored by the team but not enforced. There have been no changes to core hours.

Overall, though pharmacy providers are noting an increase in financial pressure and pressing unsustainability, this is not being seen in closures or changes to the delivery of services. Much focus in the sector is aimed at national contract discussions to ensure that financial reimbursement for services is aligned to the cost pressures being faced by the sector to ensure a sustainable service moving forwards.

7 Local Support

Locally we are starting to try and work out we map financial pressures and how the ICB can support vulnerable pharmacies. For example, the ICB has reached out to a pharmacy reportedly facing financial problems in West Bridgford: [West Bridgford: 'Our family-owned pharmacy is barely surviving' - BBC News](#), as well as the local GP surgery, to try and increase Pharmacy First referrals.

8 Conclusion

The Community Pharmacy commissioning landscape is complex and evolving fast. These changes are likely to result in more responsive and accessible services for residents with increased convenience on the high street or retail park. This should reduce pressures on General Practice to enable them to focus on long term condition management and to work to the top of their license on more complex care.

It is however recognised that any change may have some negative consequences across the health and care system and the ICB is committed to work with NHS and Local Authority partners as well as providers of General Practice and Community Pharmacy to manage the impact of this in the most effective way possible.

12 February 2024

Agenda Item: 5

**NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE BOARD
NEWARK HOSPITAL'S URGENT TREATMENT CENTRE OPENING HOURS**

Purpose of the Report

1. To consider a briefing paper from the Nottingham and Nottinghamshire Integrated Care Board regarding the implementation of Newark Hospital's Urgent Treatment Centre Opening Hours. This update follows on from the scrutiny discussion at the meeting on 16 April 2024, regarding the decision to implement the new opening hours on a permanent basis from July 2024.

Information

2. This update follows on from the scrutiny discussion at the meeting on 16 April 2024, regarding the decision to implement the new opening hours on a permanent basis from July 2024.

RECOMMENDATIONS

- 1) That the feedback of members on the implementation and communication of the opening hours be noted.
- 2) That a further update be considered for inclusion in the work programme for 2025-26 as appropriate.

**Councillor Roger Jackson
Chairman of Health Scrutiny Committee**

For any enquiries about this report please contact: Katherine Harclerode – 0115 854 6047

Background Papers

None

Electoral Division(s) and Member(s) Affected

All

Newark Hospital's Urgent Treatment Centre Opening Hours

Briefing for Nottinghamshire Health Scrutiny Committee

February 2025

1 Introduction

Starting in March 2020, the Urgent Treatment Centre (UTC) within Newark Hospital had been operating between 9am to 10pm (last patient admitted at 9.30pm). These hours had been in place on a temporary basis when the impact of the Covid-19 pandemic made issues with safety and sustainably staffing the UTC worse than they had previously been.

NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) and Sherwood Forest Hospitals NHS Foundation Trust (SFH) oversaw a comprehensive programme of work throughout 2023 and early 2024 to develop a sustainable solution for the opening hours of the UTC at Newark Hospital. Regular updates were provided to the Committee throughout that process, most recently in April 2024.

At the conclusion of this programme of work, on 14 March 2024, the ICB Board made a decision to extend the opening hours at Newark Hospital's UTC to become 8am – 10.30pm (last patient admitted 9.30pm) seven days a week. This means that the UTC will be open for 14.5 hours, exceeding the 12-hour minimum national standard for UTCs set by NHS England and the previous temporary arrangements.

The work to support this decision included an extensive listening exercise over six weeks which heard from 1,932 people. This input was secured across a variety of routes, including

- Briefings with elected members
- Community group visits
- Six public events (four face to face and two virtual)
- Survey (online/paper)
- Social media

The purpose of this paper is to report back on the implementation of those extended hours and the communications plan to support them.

2 Urgent Care Provision in Newark

Urgent care involves any non-life-threatening illness or injury needing urgent attention. These are usually dealt with by phone or online consultation to NHS 111, pharmacy advice, out-of-hours or 'same day' GP appointments, or care at an Urgent Treatment Centre (UTC).

It is important to reiterate that *urgent care* is distinct and different to *emergency care*.

Emergency care involves life-threatening illnesses or accidents which require immediate treatment from the ambulance service (via 999) and an emergency department (A&E). This must be co-located with appropriate life-sustaining support infrastructure e.g. high dependency and critical care and specialist diagnostics. In Nottinghamshire our Emergency Care (Accident & Emergency or A & E) Departments are based at Kings Mill Hospital, Queen's Medical Centre and Bassetlaw

Hospital. These services offer comprehensive access to hospital based emergency care across our ICB footprint.

Newark UTC is and will continue to be a key element of urgent care available to Newark residents – alongside NHS 111, community pharmacies, out of hours and ‘same day’ GP appointments, 999 and A&E. It delivers everything that the national NHS specification for UTCs¹ requires.

3 Implementation of New Opening Hours of Newark UTC

On Monday 11 November 2024 the new, extended opening hours at Newark Urgent Treatment Centre (UTC) commenced with the opening times of 8am – 10.30pm (last patient admitted at 9.30pm) seven days a week.

The extended opening hours were originally intended to go live in the summer, but this was delayed until November to allow for proper consultation to take place with Trust colleagues involved in the running of the UTC. SFH consulted with staff through group and one to one meetings to identify and address any impact the working/shift times may cause them and look at how this can be supported taking into account service need. Staff were actively engaged as part of the conversations about the proposed new hours and their implementation. They have welcomed the clarity and certainty that the decision on the Centre’s permanent opening hours has brought. By taking on their views, and fully exploring their suggestions allowed the new opening hours to have the best possible chance of being implemented successfully.

The extended hours were introduced in time to help meet the expected increase in demand over the winter months of 2024/5.

4 Communication About New Opening Hours

A range of communications activity has been carried out to inform the public and other stakeholders about the change in UTC opening hours. In line with previous discussions with the Committee, this has included a mix of online (digital advertising) and offline (door-drop flyers and out-of-home advertising in supermarkets):

- Media release which received coverage in Newark Advertiser, East Midlands Today, Radio Nottingham and West Bridgford Wire.
- Column in Newark Advertiser about alternative services on 12 August 2024.
- Two half page adverts in Newark Advertiser on 14 and 21 November 2024.
- Digital alert advert via Newark Advertiser for two weeks from 14 – 27 November 2024 which was shown 40,000 times and generated 441 clicks for more information.
- Digital billboard at Asda in Newark for two weeks 21 November – 4 December 2024.
- A5 double-sided leaflet distributed to over 44,000 addresses with new opening hours and information about a range of NHS services from 25 November 2024 onwards.
- Social media campaign 11 – 23 November 2024.
- Targeted Facebook advert 12 – 19 November 2024 which reached almost 4000 people and generated 139 engagements and 78 clicks for more information.
- News articles on ICB and SFH websites
- Updated service information on ICB and SFH websites.

This is alongside other activity to promote the routine availability of NHS services over the winter period, which includes:

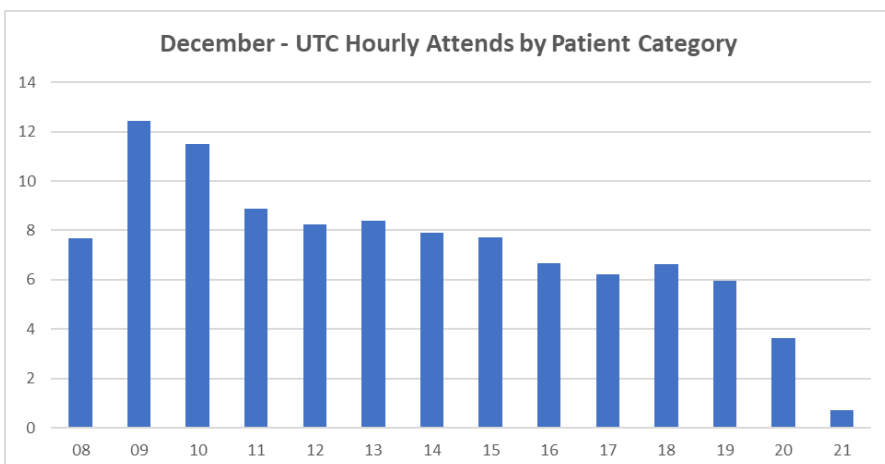
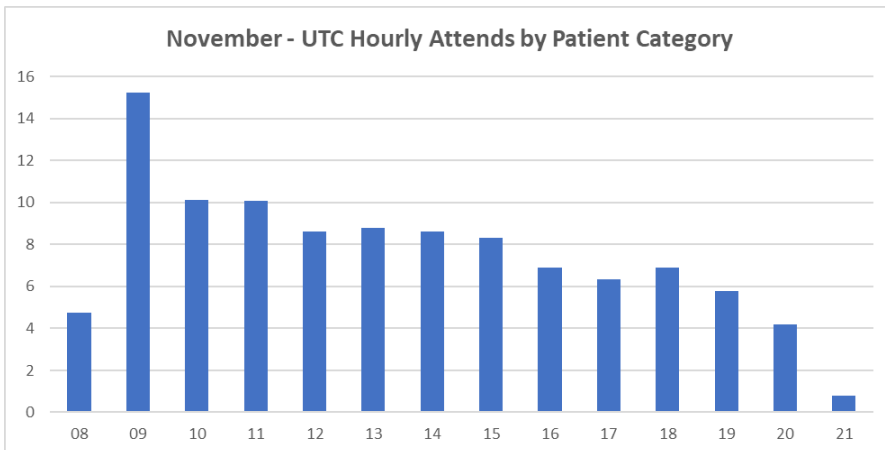
¹ [NHS England » Urgent treatment centres – page 24 of 34](#) Standards

- Media releases about flu self-care, Bank Holiday pharmacy opening hours, NHS service round-up, NHS111 and mental health services
- Facebook advertising campaign about how Pharmacy First can support with seven common conditions
- ‘Choose the right service’ Facebook advert
- Social media campaign promoting NHS111, pharmacy, self-care, children’s health and wellbeing website and the NHSApp
- GP video outlining the range of services available
- Launch of ICB WhatsApp channel to promote services available, pharmacy opening hours, flu self-care advice and GP appointment information.

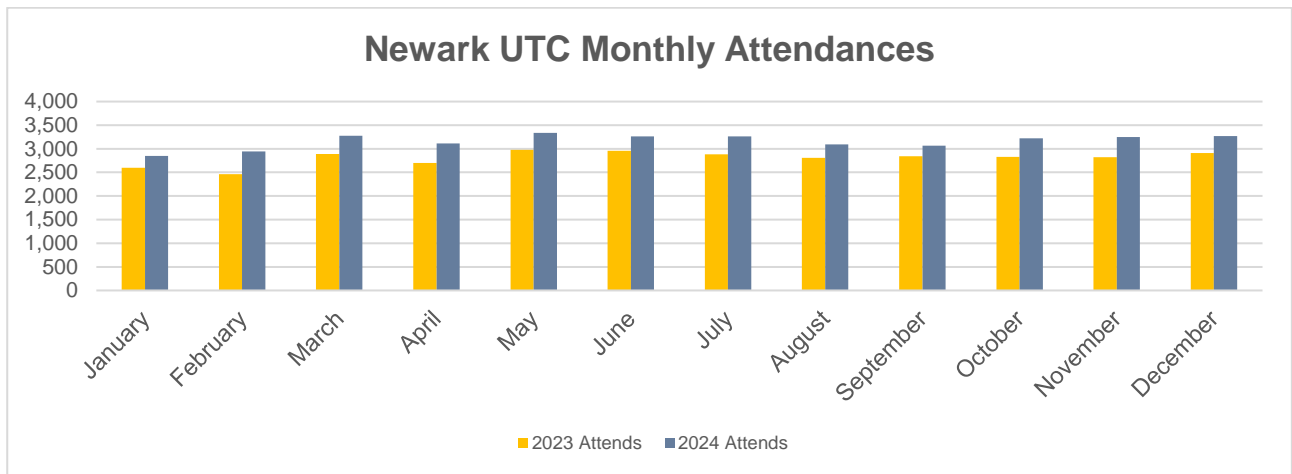
5 Operational Performance of the extended hours

The implementation of the new opening hours has been achieved smoothly, thanks to the positive and mature way that Newark UTC colleagues have embraced the decision and discussed the best way to implement it with leaders in the UTC. The ICB and SFH would like to place on record their ongoing thanks to Newark UTC colleagues for their hard work in delivering urgent care to residents and for the way they have approached this change.

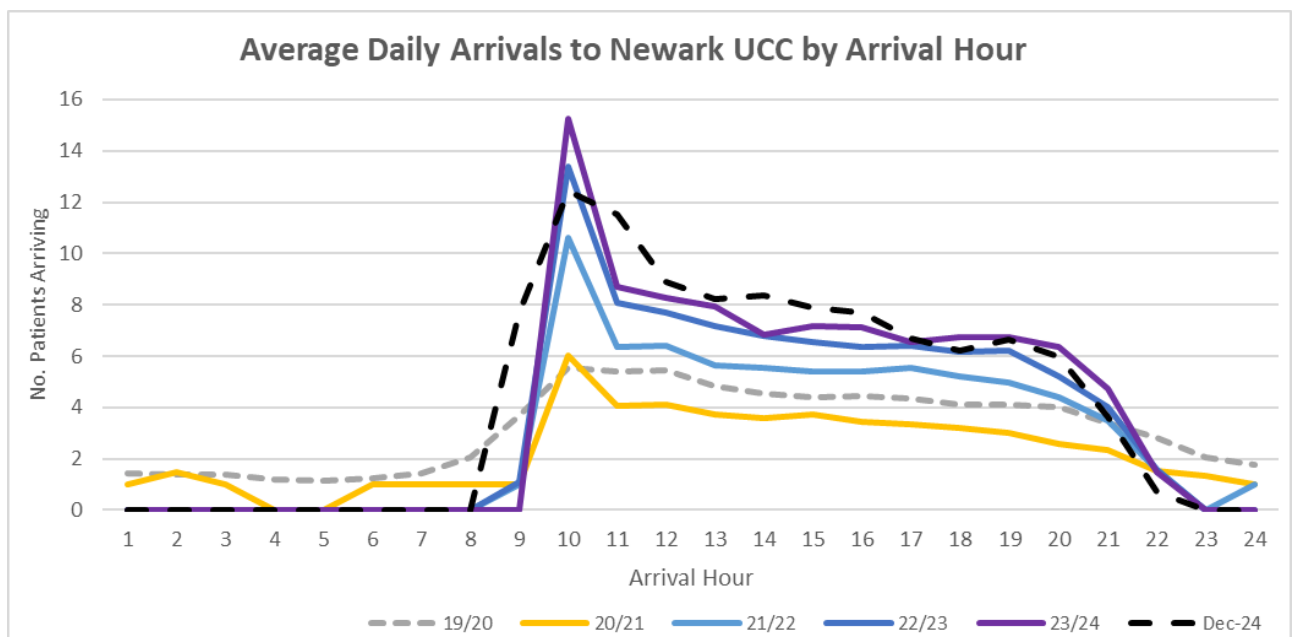
Part of the ambition of the new opening hours was to meet the demand seen before 9am under the old temporary arrangements. The success of this can be seen in the below charts setting out the attendance patterns for November and December 2024 – demand has shifted earlier in the day, allowing for a manageable operational flow for Newark UTC colleagues and shorter waits for patients.



Overall attendance at the UTC has remained broadly static following the increased hours, with around 100 patients seen per day across October, November and December 2024, albeit in the context of increased demand for the UTC in 2024 vs 2023.



	January	February	March	April	May	June	July	August	September	October	November	December
2023 Attends	2,596	2,460	2,890	2,697	2,980	2,958	2,886	2,811	2,843	2,827	2,824	2,913
2024 Attends	2,851	2,946	3,279	3,112	3,335	3,265	3,265	3,092	3,068	3,223	3,248	3,269



The UTC continues to receive very positive feedback via the national NHS ‘Friends and Family’ test with scores consistently above 95% positive in the last 30 days to late January and increasing to 97% positive for the most recent week for which data is available. This would suggest that people who use the service under the new arrangements remain highly satisfied.

6 Recommendations to the Nottinghamshire Health Scrutiny Committee

It is recommended that the Nottinghamshire Health Scrutiny Committee:

1. Note the contents of this briefing.

12 February 2025

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To consider an outline schedule of scrutiny work for the municipal year 2024/25.

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. Within the Council's Overview and Scrutiny function, Select Committees cover areas including Children and Young People and Adult Social Care and Public Health. While the statutory health scrutiny function sits outside the Overview and Scrutiny structure, it is appropriate to keep this Committee's work programme under review in conjunction with those of the Select Committees. This is to ensure that we work in partnership with the wider scrutiny function, that work is not duplicated, and that we don't dedicate Committee time unduly to receiving updates on topics.
4. The work programme for the 2024/25 year reflects fewer meetings than usual due to the pause in the meeting cycle which precedes the all-out elections in May 2025. Clear selection criteria will therefore guide the prioritisation of potential items being considered for inclusion in the work programme. As noted as part of the considerations of the work programme at the 8 October 2024 meeting, addition of further items will be considered in line with the following Health Scrutiny priorities:
 - Of the highest priority for Health Scrutiny are those items relating to substantial variations to services. The Council's partner organisations have a statutory requirement to bring proposed changes to scrutiny, for example, the Financial Sustainability item presented by the Nottingham and Nottinghamshire ICB.
 - The next priority for Health Scrutiny includes items directly relating to the ongoing progress of key partner organisations in respect of significant improvement journeys and service transformations. These items will be scheduled at a mutually appropriate time.

- The final priority for Health Scrutiny is emerging items that may come up as the year goes on, for example through changes in regulations or best practice. An element of flexibility was therefore built into the work programme so that consideration could be given to emerging items to which scrutiny can add value strategically.
5. Work programming that is responsive to the above priorities requires updates to the work programme to be made between formal meetings. Therefore, a delegation of authority to the Democratic Services Officer who is the current Health Scrutiny lead is requested, enabling updates to be made as appropriate, in consultation with the Chairman, Vice Chairman, and representatives of the relevant partner organisations. Any changes made are to be reported to the next formal meeting as part of the updated work programme.
 6. Members wishing to contribute potential items for consideration in line with these priorities are encouraged to communicate these to the Chairman or Vice Chairman or make representations in the meeting. The latest work programme as available at the time of agenda publication is attached at Appendix 1 for consideration.

RECOMMENDATIONS

- 1) That the work programme be agreed.
- 2) That authority be delegated to the Health Scrutiny lead officer to update the work programme as appropriate, in consultation with the Chairman, Vice-Chairman and representatives of the relevant partner organisations, with any changes reported to the next meeting.

Councillor Roger Jackson
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact:
Katherine Harclerode – 0115 8546047

Background Papers

None

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2024/25

Subject title	Brief summary of work programme item	Format	External contact/organisation	Follow-up/next steps
16 July 2024				
NUH briefing – Update on Maternity Service provision.	Update on current performance in respect of delivery of maternity services by NUH.	Agenda item	NUH	Further update invited
Achieving Financial Sustainability in the NHS	Report outlining proposed actions to address ICB financial sustainability.	Agenda item	ICB	Further update scheduled
08 October 2024				
Nottinghamshire Healthcare Trust – Improvement Plan	To consider progress against the NHFT improvement plan	Agenda item	NHT	Further update invited
Achieving Financial Sustainability in the NHS - Update	Report providing additional detail regarding proposed actions to address ICB financial sustainability.	Agenda item	ICB	Further update invited
12 and 20 November				
School Readiness	To consider the issues that affect school readiness, and the services which work to ensure children are better prepared to start school.	Task and finish Review	NCC, NTU, NHT	

20 November 2024				
Fertility Policy Review	To consider progress in the development of a consistent and equitable Fertility Policy across the East Midlands.	Agenda item	ICB	
Health Care System Winter Planning	To consider how learning from last winter has informed strategic approach to planning health care provision for winter 2024.	Agenda item	ICB	
07 January 2025				
Mental Health Services in Bassetlaw	To update the Committee on the development and delivery of mental health services in Bassetlaw.	Agenda item	NHT	
Achieving Financial Sustainability in the NHS - Update	To consider the impact of proposed actions to address ICB financial sustainability.	Agenda item	ICB	
February/March 2025 – Date TBC				
Emergency Village Facility	To visit the new emergency village facilities in Bassetlaw.	Site visit	DBTH	
National Rehabilitation Centre	To visit the Stanford Hall facility	Site visit	NUH	
12 February 2025				

Newark Urgent Treatment Centre - Update	To consider an update regarding opening hours implementation.	Agenda item	ICB	
Enhanced Clinical Role for Pharmacies	To consider how the delivery of services by pharmacies which were formerly the preserve of GP practices has had an impact on both sectors.	Agenda item	ICB	
18 March 2025				
NUH Briefing – Update on Maternity Service provision	To consider an update on current performance in respect of delivery of maternity services by NUH.	Agenda item	NUH	
NHT - Update on Transformation of Mental Health	To consider an update on the redevelopment of the delivery model and patient pathways.	Agenda item	NHT	
Fertility Policy Review - Update	To consider the outcome of the public listening activity by the ICB	Update Item	ICB	
Rampton Hospital Update	To consider additional information requested at the January meeting.	Update Item	NHT	
01 July 2025				
Winter Plan Performance Review	To review the effectiveness of the 2024-25 Winter Plan and relevant learning to be applied	Agenda Item	ICB	

	to the next Winter Plan for 2025-26			
Fertility Policy Review – Draft Policy	To consider an updated version of the proposed Fertility Policy following the outcome of the public listening activity by the ICB	Agenda Item	ICB	
Healthwatch Nottingham and Nottinghamshire – public scrutiny partner	To receive an informational presentation in respect of the partnership role of Healthwatch in health scrutiny.	Presentation	Healthwatch	
July 2025 – Date TBC				
Work Programming Event	To consider priorities for potential work programme items for 2025/26.	Workshop	NCC	
To be scheduled and potential alternative actions				
Health and Wellbeing Provision in Hucknall – Cavell Centre	Pause in development of Cavell Centres at national level in June/July 2023.		Holding position agreed at January 2024 meeting to consider when revised proposals from ICB/NHS England emerged.	
Walk-in Centres				
NHS 111 Service	To consider an update including performance data requested at the January 2024 meeting.	Briefing paper requested at May 2024 meeting.		

Long COVID	To consider the impact of Long COVID in Nottinghamshire and approaches to treatment.		ICB	
Lung Health Pathways (non-Cancer) in Nottinghamshire	To consider non-cancer pathways as a follow up to the Targeted Lung Health item considered at the March 2024 meeting.		ICB	

