

## Health Scrutiny Committee

**Tuesday, 12 September 2023 at 10:30**

**County Hall, West Bridgford, Nottingham, NG2 7QP**

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### AGENDA

- |   |  |         |
|---|--|---------|
| 1 | Minutes of last meeting held on 20 June 2023   | 3 - 12  |
| 2 | Apologies for Absence  |         |
| 3 | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4 | Newark Urgent Treatment Centre   | 13 - 40 |
| 5 | Work Programme   | 41 - 46 |

### 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 Noel McMenamin (Tel. 0115 993 2670) 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>



### **COUNCILLORS**

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

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

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

### **SUBSTITUTE MEMBERS**

Councillor Creamer for Councillor Welsh

### **OTHER COUNCILLORS IN ATTENDANCE**

Councillor Mike Pringle

### **OFFICERS**

Martin Elliott - Senior Scrutiny Officer  
Noel McMenamin - Democratic Services Officer

### **ALSO IN ATTENDANCE**

Hazel Buchannan	-	Nottingham and Nottinghamshire ICB
Lucy Dadge	-	Nottingham and Nottinghamshire ICB
Dr Rahul Mohan	-	General Practitioner
Dr Tabitha Randell	-	Nottingham University Hospitals NHS Trust

The Chairman noted that it had been a week since the events in Nottingham that had seen the tragic deaths of three people. A minute's silence was held in respect for the victims and those who had been impacted by the tragic events.



**1 TO NOTE THE APPOINTMENT BY FULL COUNCIL ON 11 MAY 2023 OF COUNCILLOR MRS SUE SADDINGTON AS CHAIRMAN AND COUNCILLOR BETHAN EDDY AS VICE-CHAIRMAN OF THE COMMITTEE FOR THE 2023-24 MUNICIPAL YEAR**

The Committee noted Council's appointment of Councillor Mrs Saddington as its Chairman and Councillor Eddy as its Vice-Chairman for the 2023/24 municipal year

**2 TO NOTE THE MEMBERSHIP OF THE COMMITTEE FOR THE 2023-24 MUNICIPAL YEAR**

The Committee noted its membership for the 2023/24 municipal year as:

Councillors Mike Adams, Sinead Anderson, Callum Bailey, Steve Carr, David Martin, John 'Maggie' McGrath, Nigel Turner, Michelle Welsh and John Wilmott

**3 APOLOGIES FOR ABSENCE**

Sarah Collis – Nottingham and Nottinghamshire Healthwatch  
Councillor Welsh (other reasons)

**4 DECLARATIONS OF INTEREST**

Councillor Mrs Saddington declared a personal interest in agenda item six (Delivery of Diabetes Care in Nottingham and Nottinghamshire and in agenda item seven (Temporary Service Change - Extension), 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 item six (Delivery of Diabetes Care in Nottingham and Nottinghamshire and in agenda item seven (Temporary Service Change - Extension) 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 McGrath declared a personal interest in agenda item six (Delivery of Diabetes Care in Nottingham and Nottinghamshire and in agenda item seven (Temporary Service Change - Extension), in that a family member worked for Nottingham University Hospitals NHS Trust, which did not preclude him from speaking or voting.

**5 MINUTES OF THE LAST MEETING HELD ON 9 MAY 2023**

The minutes of the last meeting held on 9 May 2023, having been circulated to all members, were taken as read and signed by the Chairman.



## **6 DELIVERY OF DIABETES CARE IN NOTTINGHAM AND NOTTINGHAMSHIRE**

Hazel Buchanan – Associate Director of Strategic Programmes at Nottingham and Nottinghamshire ICB, Dr Tabitha Randell – Consultant in paediatric endocrinology and diabetes at Nottingham University Hospitals NHS Trust and Dr Rahul Mohan – General Practitioner, attended the meeting to provide a progress report on the delivery of diabetes care in Nottingham and Nottinghamshire.

Hazel Buchannan made a presentation to the meeting. A **summary** of the presentation is detailed below.

- Across Nottingham and Nottinghamshire there were:
  - 56,465 people aged 15 and over who had been diagnosed with Prediabetes, with the highest numbers of cases in Mid-Nottinghamshire.
  - 6,255 people aged 15 and over had Type 1 Diabetes.
  - 69,065 people aged 15 and over had Type 2 Diabetes.
- How the treatment of diabetes used 10% of the NHS budget, with 80% of that being spent on treating preventable complications related to diabetes, as such there was a focus within diabetes care on activities that would help people to not develop diabetes.
- The different types of services that were delivered for the treatment of diabetes. Information was provided on preventative action and self-care, as well as on the services delivered through Primary Care, Specialist Community Care and Secondary Care.
- Diabetes continued to be a key priority locally with a focus on prevention and on the development of services that supported people to live well with diabetes.
- How the opportunities for personalised care through technology would fundamentally support the local diabetes population to improve self-management of their diabetes, impacting on quality of life, and reducing the onset of diabetes related complications associated with poor diabetes control.

A report that detailed the activity that was being carried out across Nottinghamshire regarding the prevention and treatment of diabetes was attached as an appendix to the Chairman's report.

Dr Randell advised that the diabetes situation, both nationally and in Nottinghamshire had worsened due to the impact of the pandemic, noting that whilst the rise in diagnoses of diabetes had now slowed, that cases were still increasing more rapidly than they had been prior to the pandemic.



It was noted that whilst Type 1 diabetes could not be prevented, Type 2 diabetes was a preventable disease. Dr Rendell stated that rising obesity levels were directly related to increased rates of diabetes, and as such there should be a focus on activity that would reduce obesity levels within the population. Dr Rendell also noted with concern the rising levels of obesity within children and young people that placed them at higher risk of developing Type 2 diabetes in the future. Dr Rendell advised that this was particularly concerning as when Type 2 diabetes occurred in young people, it was a much more aggressive disease than in older adults, with the complications of diabetes including eye damage, kidney damage and heart attacks. Dr Rendell also stated that 60% of 19–25-year-olds with Type 2 diabetes were female and as such may be considering pregnancy. Dr Rendell advised that outcomes for young women with Type 2 diabetes were much poorer than for the general population, and that a study had shown that over 50% of pregnancies in this group had an adverse outcome such as miscarriage, stillbirth, premature birth, or a major congenital abnormality in the baby.

Dr Rahul Mohan noted the significant impact that the Covid-19 pandemic had had on the situation around diabetes and on worsening health inequalities. Dr Mohan stated that studies had also shown that Covid-19, when linked with diabetes had led to worse outcomes than when linked to other conditions. Dr Mohan advised that the impact of the pandemic on diabetes and the related health outcomes would continue to be seen for many years to come.

The Chairman noted with concern the increase in obesity amongst children and young people and asked if the ICB was working with schools in to ensure that unhealthy food was not available through vending machines in schools. Hazel Buchannan advised that the ICB did not have an influence on whether schools had vending machines or not but noted that whilst school meals were generally healthy it was important to ensure that other healthy options were available within schools. Hazel Buchannan noted that whilst diet did have an impact with regards to obesity and diabetes, it was important to understand that increasing exercise levels and physical activity within the population were vital if obesity levels and the rate of Type 2 diabetes were to be reduced.

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

- Members of the committee noted that current cost-of-living pressures could be making it harder for families to eat healthily.
- Were the increases in diagnosed cases of diabetes that had been seen recently starting to slow down?
- Whether there were sufficient specialist diabetes nurses to provide the support required to patients? Members of the committee noted that it was very difficult for many patients to access the specialised support that they required.
- What activity was being carried out to increase access to specialised diabetes support, especially in deprived areas?



- Members noted their concern at the rising level of Type 2 diabetes and how this was being worsened by rising levels of obesity and people doing less exercise and physical activity. Members also agreed that estimated numbers of undiagnosed cases of Type 2 diabetes was worrying, given the impact on health outcomes that diabetes could have.
- Members asked for further information on the effectiveness of low calorie diets in the treatment of Type 2 diabetes.

In the response to the points raised, Hazel Buchannan, Dr Randell and Dr Mohan advised:

- That whilst it was possible for families to eat healthily on a limited budget, doing so was difficult if families did not have the knowledge and skills to prepare healthy meals. It was noted that when families were on a tight budget their priority was often preparing a meal that they knew that their children would eat, even if it was not as healthy as it could be. The NHS did not have the resources to help develop these skills through education programmes and that when this type of education work had been carried out in the past the uptake from residents had been very low.
- The Nottingham and Nottinghamshire Joint Health and Wellbeing Strategy provided opportunities for the ICB to work with schools to deliver activity aimed at reducing the number of diabetes cases amongst children and young people.
- Whilst the increase in the numbers of new diagnoses of diabetes had slowed, diagnosis rates were still higher than before the pandemic.
- There was a shortage of specialist diabetes nurses, both locally and nationally but activity was being carried out to increase the level of specialist support that was available. A trial was currently underway in Nottingham on alternative approaches to expand the level of specialist diabetes support that was available to patients.
- The expansion of technological solutions would also help patients to manage their condition in areas such as the use of real-time continuous glucose monitoring for all adults and children living with Type 1 diabetes. Work was underway to ensure all eligible patients were able to access the technological solutions that would help them in managing their condition.
- Further activity was needed to develop processes for signposting patients to support groups and other services that could assist them in managing their diabetes.
- Clear communication and engagement activity was needed to help people understand the risks of diabetes. This activity would support more people to come forward who were potentially diabetic to be diagnosed and to access appropriate treatment and support.



- The NHS low calorie diet had specific eligibility criteria for patients to access it. Specialist diabetes nurses contacted patients who were eligible for the diet where they would then discuss whether the patient would like to access the NHS low calorie diet. It was noted that if referred, there was no cost to the patient to access the meal supplements.
- Dr Randell advised that studies had shown that the low-calorie diet, whilst challenging to follow, offered substantial health benefits. It was noted that analysis had shown that of the patients who had followed the diet, 50% had reversed their diabetes diagnosis. It was also noted that the diet had also provided significantly improved health outcomes for those patients who had followed it, and for those patients who had reversed their diabetes diagnoses that their diabetes had not returned.

The Vice-Chairman asked for further information on the activity being carried out regarding testing for gestational diabetes. Hazel Buchannan advised that a test should be offered to all pregnant women six-months into their pregnancy, and that whilst treatments and drugs were being developed these were not as widespread as they needed to be. Dr Randell also provided information on the development of testing activity for children aged between three and 13 to identify risks of developing Type 1 diabetes. Dr Randell noted that this activity and the related treatments had the potential to stop the development of Type 1 diabetes in children and young people.

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

- Members sought assurance that all Type 1 diabetes patients were able to access face-to-face appointments.
- Members asked what further activity could be carried out to reduce the numbers of children and young people developing diabetes.

In the response to the points raised, Hazel Buchannan, Dr Randell and Dr Mohan advised:

- All Type 1 diabetes patients could access face-to-face appointments.
- That whilst the ICB did have a long term plan on the activities that were required to reduce the number of people developing diabetes there needed to be a focus on carrying out activity that would make a positive impact on children and young people in their early years.
- The Nottingham and Nottinghamshire Strategy ICB had a five-year Joint Forward Plan. This had been developed with strategic partners and provided the opportunity to carry out activity in a joined up way between health and other strategic partners to improve health outcomes around diabetes.



- A bold approach was needed in looking at activity could be implemented with partners on work that could be done to support people to change their lifestyles, and that without such an approach the rise in diabetes would carry on.

The Chairman thanked Hazel Buchanan, Dr Tabitha Randell and Dr Rahul Mohan for attending the meeting and for answering members' questions.

#### **RESOLVED 2023/14**

- 1) That the report be noted.
- 2) That a further report on the delivery of diabetes care in Nottingham and Nottinghamshire be brought to a future meeting of the Health Scrutiny Committee at date to be agreed by the Chairman of the committee.

### **7 TEMPORARY SERVICE CHANGES EXTENSION**

Lucy Dadge – Director of Integration at the Nottingham and Nottinghamshire ICB attended the meeting to inform the committee of an extension to current interim arrangements for NHS services at Newark Hospital that had initially been introduced because of the Covid-19 pandemic.

The report stated that Newark Hospital's Urgent Treatment Centre had initially been temporarily closed for overnight admissions in April 2020 in order to prioritise emergency service provision during the Covid 19 pandemic, with the temporary closure being extended in 2021 and again in 2022.

Lucy Dadge advised that a decision had been made by the Nottingham and Nottinghamshire ICB that the current temporary overnight closure of Newark Hospital's Urgent Treatment Centre would now continue for a further 12 months to the end of June 2024. This decision had been regretfully taken as it was not currently possible to safely staff the Urgent Treatment Centre overnight, and as such there had been no alternative but to continue with the temporary closure. Lucy Dadge reaffirmed the ICB's commitment to delivering high-quality health care services at Newark Hospital. Lucy Dadge advised that the ICB and the Sherwood Forest Hospitals Trust, in collaboration with other partners had been working together to develop an overarching vision and strategy for Newark Hospital that would clearly set out how the hospital and its services would be sustained and grow to meet the health needs of residents. Lucy Dadge assured members that the current situation with regard to the Urgent Treatment Centre would be resolved within the next 12-months and that the current temporary extension to the overnight closure would be the final one.

The Chairman noted the excellent health care services and high-quality of care that was delivered at Newark Hospital, and how residents would welcome the resumption of overnight opening of the Urgent Care Centre when this was possible.



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

- What factors had changed over the previous 12-months that had meant that the overnight closure of the Urgent Treatment Centre was being extended for a further 12-months?
- Members noted the difficulties of Newark residents accessing urgent care and accident and emergency care services at night and that to access these services that they had to travel to either Kings Mill Hospital or to Lincoln.
- Members sought assurance that the decision to extend the temporary closure had not been prompted by financial pressures.
- That whilst residents would be disappointed at the further temporary extension of the Urgent Treatment Centre, members were confident that the ICB was focussed on delivering high-quality health care services at Newark Hospital and on developing the range of services delivered there.

In the response to the points raised, Lucy Dadge advised:

- That whilst the initial temporary closure had been due to the impact of the pandemic, there had been significant changes to the delivery of health care across Nottinghamshire over the last year, including the introduction of the Nottingham and Nottinghamshire ICB and the subsequent work to deliver the changes, including the creation of the new Integrated Care Strategy. Lucy Dadge advised that had the ICB had known 12-months ago what it knew now, then the ICB would have implemented a 24-month extension to temporary closure of the Urgent Care Centre in June 2022.
- That the decision to extend the temporary overnight closure of the Urgent Treatment Centre had not been influenced by financial considerations, but by the need to be able to deliver a safe service.
- The Urgent Care Centre at Newark Hospital did not provide Accident and Emergency Services at any time, and that residents in Newark would continue to access these services at Kingsmill Hospital when the temporary overnight closure ended. Lucy Dadge advised for effective Accident and Emergency care to be delivered, these services had to be delivered at scale and at large sites that could deliver complex procedures, and as such for Newark residents these services were delivered at Kings Mill Hospital.
- Members of the committee were assured that the ICB now had the processes in place to enable the development of services at Newark Hospital that would meet the needs of the growing local population.



- That whilst frustrating for both the ICB and for residents, the extension of the temporary overnight closure of the Urgent Treatment Centre should not be seen as a lack of commitment by the ICB of delivering high-quality health care at Newark Hospital. The ICB was committed to expanding the range of services delivered at Newark Hospital and that further information on these plans would be shared with the Health Scrutiny Committee over the next year.

The Chairman thanked Lucy Dadge for attending the meeting and for answering members' questions. The Chairman also noted how she looked forward to hearing about the ICB's plans for developing the services delivered at Newark Hospital at future meetings of the Health Scrutiny Committee.

#### **RESOLVED 2023/14**

- 1) That the 12-month extension of the current interim arrangements at Newark Hospital be noted.
- 2) That a further report on the development of service provision at Newark Hospital be considered at the December 2023 meeting of the Health Scrutiny Committee.

#### **8 WORK PROGRAMME**

The Committee considered its Work Programme.

#### **RESOLVED 2023/15**

That the Work Programme be noted.

The meeting closed at 12:12pm

**CHAIRMAN**







**12 September 2023****Agenda Item: 4****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****NEWARK URGENT TREATMENT CENTRE****Purpose of the Report**

1. To inform the Committee of proposals for the operation of the Newark Urgent Treatment Centre, and to enlist the Committee's support in ensuring robust public engagement on the proposals.

**Information**

2. Newark Hospital's Urgent Treatment Centre was temporarily closed for overnight admissions in April 2020 to prioritise emergency service provision during the Covid 19 pandemic, and the temporary closure was extended in 2021 and 2022.
3. The Committee was advised at its June 2023 meeting that the temporary closure was to be extended for a further 12 month period, to the end of June 2024. At this meeting, the Committee received assurance that this would be the final temporary extension of current arrangements, and that proposals for the future operation of the Urgent Treatment Centre would be presented to the Committee before the end of 2023.
4. The Integrated Care Board has worked over the summer with Sherwood Forest Hospitals NHS Foundation Trust and other NHS partners to develop a proposed way forward, detailed in the appendices to this report. It is not proposed to re-establish overnight Urgent Treatment Centre opening, but to continue to offer 13-hour opening of the Centre.
5. It is further proposed to deliver an engagement plan, running from 4 September to 17 October 2023. This will seek to gather the views of residents and stakeholders on how well current opening hours work for them, whether there are alternative patterns within the proposed 13-hour window of operation which work better for service users, and whether other means of accessing out-of-hours urgent care are delivering in line with expectations.
6. Nottingham and Nottinghamshire Integrated Care Board representatives Lucy Dadge, Director of Integration, Alex Ball, Director of Communications and Engagement and Dr Dave Briggs Medical Director, as well as Ben Owens, Consultant in Emergency Medicine at the Sherwood Forest Hospitals Trust and Dr Thilan Bartholomeuz, Clinical Director, Mid Nottinghamshire Place Based Partnership will attend the meeting to provide further information and answer questions, as necessary.



## **RECOMMENDATION**

That the Health Scrutiny Committee:

- (1) Considers and comments on proposals in respect of the opening hours of the Newark Urgent Treatment Centre and the provision of out-of-hours urgent care services;
- (2) works with local residents and stakeholders to publicise and ensure full participation in the engagement process running between 4 September and 17 October 2023;
- (3) considers the outcomes of the engagement process and next steps for the Newark Urgent Treatment Centre at a future Committee meeting.

**Councillor Sue Saddington**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Noel McMenamin – 0115 993 2670**

### **Background Papers**

Nil

### **Electoral Division(s) and Member(s) Affected**

Balderton  
Collingham  
Farndon and Trent  
Muskham and Farnsfield  
Newark East  
Newark West  
Southwell



**Newark Urgent Treatment Centre Opening Hours**  
**Briefing for Nottinghamshire Health Scrutiny Committee**  
**September 2023**

## **1 Introduction**

Nottingham and Nottinghamshire Integrated Care Board (ICB) has periodically briefed the Nottinghamshire Health Scrutiny Committee on the services provided at Newark Hospital, particularly the Urgent Treatment Centre (UTC). At the meeting which took place on 20 June 2023, the Committee reiterated the importance of arriving at a sustainable solution at the earliest opportunity. The purpose of this briefing is therefore twofold:

1. To enable a discussion with the Nottinghamshire Health Scrutiny Committee on:
  - The opening hours of Newark UTC.
  - The provision of out of hours urgent care services.
2. To provide an update to the Nottinghamshire Health Scrutiny Committee on the engagement activity that has commenced with citizens and stakeholders on the topics described above.

## **2 Context**

Newark Hospital is an important and vital part of the health and care landscape in the Newark area. We know that local residents really value being able to get access to the care they need close to where they live.

The ICB is committed to providing high quality sustainable services to the Newark population and supporting Sherwood Forest Hospitals NHS Foundation Trust's (SFH) vision that *Newark Hospital is a valued and vibrant community asset for Newark*.

Over recent years, Newark Hospital has continued to expand the range of services and procedures available to residents. Under the "Ask for Newark" initiative, many more people are already able to access diagnostics, operations, treatments and planned care at Newark Hospital.

Services will continue to be extended as a result of a recent £5.6 million investment. This investment will provide an extra 2,600 operations and procedures locally each year with the creation of a new theatre and recovery area, as well as the development of two minor operations suites.

The investment and expansion of Newark Hospital has already included:

- Introduction of a Breast Cancer Pathway One Stop Service.
- Additional car parking with works underway for 80 extra parking spaces for patients, visitors and staff.
- Implementation of an additional operating theatre and upgrades to existing minor operations facilities.
- Introduction of gynaecology procedures.



- A new state-of-the-art soundproof hearing booth to help conduct more accurate hearing tests including for those who are referred to the hospital for support with their hearing aids.
- A refurbished endoscopy unit and a CT scanning unit to identify illnesses such as cancer in the bowel, bladder, stomach, oesophagus, brain and bones.
- Site upgrades to improve experience for patients and staff including changing rooms, further storage to support theatres and a rolling painting and decorating schedule.
- Development of a wider Health and Wellbeing offer working within the Mid Nottinghamshire area. This involves working with partners within the education sector, the District Council, the YMCA and volunteers to build the hospital site as a valuable community asset.

Over the next five years, the development of Newark Hospital will continue with a wider range of procedures and operations being available. This will include using technology which will improve the availability of blood tests on site, and working with partners to deliver a wide range of health and wellbeing offers for the local community. The hospital's range of therapeutic support and interventions will also be extended in response to the National Discharge Policy and a 'Home First' approach.

### 3 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 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 and Queen's Medical Centre.

Over the last few years, a lot has been done to improve services and provide more care closer to home for the local population in and around Newark. This work is in line with our ambition for people to live longer, healthier lives. These improvements can be seen across all parts of the urgent care system from pharmacy, GP practices and NHS 111.

Many pharmacies across Nottinghamshire are now offering clinical advice and treatment directly from community pharmacists instead of their GP. Already, seven pharmacies in and around Newark have signed up to offer this extended service<sup>1</sup>, which covers a variety of minor illnesses including urinary tract infections (UTIs or water infections) and some skin infections.

Pharmacists can supply medicines to treat the conditions, or recommend the purchase of over the counter medicines. If people are exempt from paying for prescriptions, they won't have to pay for medicines that would normally be prescribed by the GP.

Additional services will also be available from pharmacies in the coming months and years as part of a wider national scheme.

The number of GP appointments has increased and is continuing to do so in Newark. The total monthly appointments in general practice for Newark and Sherwood have increased by 3.8% since 2019. On the day appointments have increased by 7%, which is 1,620 per month, and pre-booked appointments by 2%. We are now working with practices to improve appointment systems and phone lines as necessary. Newark residents also have access to out-of-hours GP care where needed.

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<sup>1</sup> [NHS England — Midlands » Pharmacies offering Extended Care Services](#)



We have also seen a considerable increase in the use of NHS 111, both online and over the phone, enabling people to access urgent care appointments and advice. NHS 111 has expanded in recent years and can provide clinical advice in some circumstances. The NHS 111 service may arrange a call back from a nurse or doctor, refer you to other urgent care services with an appointment slot or give advice about which local services you need.

Using NHS 111 has become a common way for local people to access urgent care advice and treatment. In Newark, monthly calls have risen by more than 52% on average from 2019 levels. This increase is in line with the wider Nottingham and Nottinghamshire area, where call numbers have also risen by just over 50%. Now, an average of 2,219 calls are made to NHS 111 each month from the Newark area.

#### **4 Newark UTC**

The Newark UTC is and will continue to be a key element of urgent and emergency care available to local people – 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 UTCs requires.

The Urgent Treatment Centre within Newark Hospital is currently open between 9.00am-10.00pm. These opening hours have been in place on a temporary basis since March 2020, when the impact of the Covid-19 pandemic made issues with safely and sustainably staffing the Centre worse than they had previously been. We recognise that continued temporary arrangements do not provide the certainty that Newark residents expect and we are now considering what the future permanent arrangements should be.

Even before the pandemic, it was very difficult to recruit staff to work overnight at the Centre and retain these staff on a sustainable basis. There were nights when the service had to be closed at very short notice due to a lack of staff. The pandemic intensified these issues but the underlying challenges remain. We believe that recruiting the staff needed to safely and sustainably run the UTC overnight would continue to be very difficult and would not make the best use of our highly skilled practitioners.

Based on our experience of the current 13 hour opening times since March 2020, along with the wide range of alternatives for urgent care that are now available and the way that local people are now accessing these services, we believe that continuing to offer at least 13 hour opening times would provide a safe, sustainable and effective service, whilst making the best use of our staffing and financial resources that have been allocated to the NHS locally.

Evidence suggests that no-one has come to any harm due to the UTC being closed overnight for the past three and a half years. Our expert doctors and nurses believe that the current hours are safe and sustainable. We will be taking further independent clinical advice of the best model for Urgent Care provision to the population of Newark from the East Midlands Clinical Senate, and this will further inform our thinking.

The national specification from NHS England for Urgent Treatment Centres is for them to be open for at least 12 hours a day, which the Newark UTC currently exceeds.

For the above reasons, we do not propose to re-open the UTC overnight.

However, before making a decision on permanent arrangements, we want to hear from local residents about their experience of using the UTC – in particular whether the current opening hours are suitable or if there could be a different way to spread the opening hours over the day.



## 5 Engagement plan

This section describes our approach to engagement, and how we will be listening to our citizens and stakeholders to inform the future opening hours of Newark UTC.

### 5.1 Overview

A period of engagement commenced on 4 September and will end on 17 October. The overarching aim of the engagement is to gather the perspectives of both citizens and stakeholders in relation to urgent care services. This can be broken down into the following objectives:

- To understand whether the current opening hours of Newark UTC are suitable, or if there could be a different way to spread the opening hours over the day.
- To check that the other ways to access urgent care overnight are working as we expect them to so that we can best serve the local population's need.

### 5.2 Our approach

To ensure meaningful engagement with patients and the public, we are:

- Tailoring our methods and approaches to specific audiences as required and make all public information accessible (Appendix 1), in line with the Accessible Information Standard.
- Providing accessible documentation suitable for the needs of our audiences.
- Offering accessible formats, including translated versions relevant to the audiences we wanted to engage with.
- Using the best ways of reaching the largest amount of people and provide opportunities for underserved groups to participate.
- Undertaking equality monitoring of participants to review the representativeness of participants and adapt activity as required.
- Using different virtual/digital methods or direct and 1-1 telephone activity to reach certain communities where we become aware of any under representation.
- Arranging our engagement activities so that they cover the area of Newark and surrounding areas.
- Considering the best ways to reach underserved communities and smaller communities, identified through extensive stakeholder and audience mapping.
- Attending relevant public events and groups where and when necessary.
- Ensuring that any public meetings that are held have meeting notes recorded including a record of comments and questions.
- Providing language interpreters (including BSL) at public meetings and common language translations where necessary and on request.
- Including equality monitoring data on surveys and feedback forms.
- Informing our partners of our activity and sharing our plans.

### 5.3 Methods

A range of different methods are being used to engage with citizens and stakeholders to understand their views:

#### Public events

Two virtual and three face to face public engagement events are scheduled for different times and days, including at least one weekend session. These will be run as information sessions with the



opportunity for questions. These events will be led by Nottingham and Nottinghamshire ICB, SFH and clinicians.

### **Targeted engagement**

Groups and communities who the ICB are targeting have been identified through an extensive stakeholder mapping database. The ICB Engagement team have sent an invitation to these stakeholders, offering a member of the Engagement team to attend relevant community/groups to provide presentations and obtain feedback from citizens.

### **Elected member briefings**

ICB representatives have met with elected members (MP for Newark, Chair and Vice-Chair of Nottinghamshire Health Scrutiny Committee and Nottinghamshire County Councillors and Newark and Sherwood District Councillors, as well as offering a briefing to elected members from neighbouring areas of Lincolnshire) to provide information on the programme, methods of engagement and to request support in dissemination of constituents. This is in addition to our formal process of involvement and consultation with Health Scrutiny Committee.

### **Survey**

A survey (see Appendix 2) has been cascaded to gather feedback from stakeholders, citizens and patients.

## **5.4 Data analysis and reporting**

All written notes taken during the public events, meetings and briefings, along with qualitative responses from the survey will be thematically analysed. Quantitative data will be analysed to produce descriptive statistic. The report produced will be based on these analyses, including a summary of the key findings and a set of conclusions.

## **6 Next steps**

There is concurrent work underway to review a range of evidence, including discussions with clinicians locally as well as the gathering of independent clinical input and working with NHS England. We will also continue our discussions with other ICBs to ensure that our planning of services is consistent across geographical boundaries. The insights gathered from this engagement will be considered alongside other sources of evidence to inform the best permanent opening hours for the UTC at Newark Hospital.

## **7 Recommendations to the Nottinghamshire Health Scrutiny Committee**

It is recommended that the Nottinghamshire Health Scrutiny Committee:

1. Note the contents of this briefing.
2. Contribute to a discussion on:
  - The opening hours of Newark UTC.
  - The provision of out of hours urgent care services.
3. Distribute details of this engagement to their constituents.

## **8 Appendices**

Appendix 1: Public Briefing Document

Appendix 2: Newark Hospital Urgent Treatment Centre Opening Times Survey









# Newark Hospital Urgent Treatment Centre Opening Hours



# Newark Hospital Urgent Treatment Centre Opening Hours

## Introduction

We are NHS Nottingham and Nottinghamshire Integrated Care Board (ICB), an NHS organisation which is responsible for planning, developing and buying health services for our area.



Together with Sherwood Forest Hospitals NHS Foundation Trust – who are responsible for running Newark Hospital, King's Mill Hospital and Mansfield Community Hospital – we want to know what people think of the current opening hours of the Urgent Treatment Centre (UTC) at Newark Hospital. We also want to hear about people's experiences when they need urgent care overnight in and around the Newark area.

**We are committed to maintaining a safe, sustainable Urgent Treatment Centre at Newark Hospital. We will also ensure that the UTC continues to operate at least 12 hours per day in line with the national specification for Urgent Treatment Centres.**

The Urgent Treatment Centre continues to be an important service offered within the Newark Hospital site. We are also fully committed to ensuring the Hospital continues to be an important and vital part of the health and care landscape in Newark. The Hospital has already benefited from a considerable expansion of services offered in recent years, including a £5.6m investment in new operating theatres and we expect this ongoing development to continue to bring in a wider range of services to the people of Newark.

**We want to hear your views** on the current UTC opening hours and your experience of accessing urgent care overnight. We would be grateful if you could take some time to read this document which contains relevant information about local services and let us know what you think.





A smiling female doctor with long brown hair, wearing a white lab coat over blue scrubs. She is holding a dark grey clipboard in her left hand. The background is a bright, out-of-focus clinical setting.

“We want to hear  
your views on  
the current UTC  
opening hours and  
your experience of  
accessing urgent  
care overnight”



“Services will continue to be extended as a result of a recent £5.6 million investment. This investment will provide an extra 2,600 operations and procedures locally each year”





## Investing In Newark Hospital

**Newark Hospital is an important and vital part of the health and care landscape in the Newark area. We know that local residents really value being able to get access to the care they need close to where they live.**



The ICB is committed to providing high quality sustainable services to the Newark population and supporting Sherwood Forest Hospitals NHS Foundation Trust's vision that Newark Hospital is a valued and vibrant community asset for Newark.

Over recent years, Newark Hospital has continued to expand the range of services and procedures available to residents. Under the "Ask for Newark" initiative, many more people are already able to access diagnostics, operations, treatments and planned care at Newark Hospital.

Services will continue to be extended as a result of a recent **£5.6 million investment**. This investment will provide an extra **2,600 operations** and procedures locally each year with the creation of a new theatre and recovery area, as well as the development of two minor operations suites.

The investment and expansion of Newark Hospital has already included:

- Introduction of a Breast Cancer Pathway One Stop Service.
- Additional car parking with works underway for 80 extra parking spaces for patients, visitors and staff.
- Implementation of an additional operating theatre and upgrades to existing minor operations facilities.
- Introduction of gynaecology procedures.
- A new state-of-the-art soundproof hearing booth to help conduct more accurate hearing tests including for those who are referred to the hospital for support with their hearing aids.
- A refurbished endoscopy unit and a CT scanning unit to identify illnesses such as cancer in the bowel, bladder, stomach, oesophagus, brain and bones.
- Site upgrades to improve experience for patients and staff including changing rooms, further storage to support theatres and a rolling painting and decorating schedule.
- Development of a wider Health and Wellbeing offer working within the Mid Nottinghamshire area. This involves working with partners within the education sector, the District Council, the YMCA and volunteers to build the hospital site as a valuable community asset.

Over the next five years, the development of Newark Hospital will continue with a wider range of procedures and operations being available. This will include using technology which will improve the availability of blood tests on site, and working with partners to deliver a wide range of health and wellbeing offers for the local community. The hospital's range of therapeutic support and interventions will also be extended in response to the National Discharge Policy and a 'Home First' approach.

**This investment in facilities and care at Newark Hospital demonstrates our commitment to the hospital now and for the future.**



## What is urgent care?

**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, and/or referral to an Urgent Treatment Centre (UTC). Urgent care is different to emergency care which involves life-threatening illnesses or accidents which require immediate treatment from the ambulance service (via 999) and A&E.



## What is an Urgent Treatment Centre?

An Urgent Treatment Centre sees patients with an urgent injury or illness.

Common conditions that can be treated are:

- Cuts and grazes
- Sprains and strains
- Simple broken bones
- Wound and wound infections
- Minor burns and scalds
- Minor head injuries
- Insect and animal bites
- Minor eye injuries
- Minor back injuries
- Minor illnesses

The national NHS guidance for Urgent Treatment Centres is that they: **are open for at least 12 hours a day, offering a GP-led service, staffed by GPs, nurses and other clinicians with access to simple diagnostics, eg analysis of urine samples, Electrocardiograms (known as ECGs for checking heart conditions), and in some cases X-rays.**





“Urgent care is different to emergency care which involves life-threatening illnesses or accidents which require immediate treatment from the ambulance service (via 999) and A&E”





## Urgent Care in and around Newark

**We are committed to high quality, safe and sustainable urgent care services for Newark and its surrounding areas.**



The Urgent Treatment Centre at Newark Hospital is and will continue to be a key element of urgent and emergency care available to local people – 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 UTCs requires.

Over the last few years, a lot has been done to improve services and provide more care closer to home for the local population in and around Newark. This work is in line with our ambition for people to live longer, healthier lives. These improvements can be seen across all parts of the urgent care system from pharmacy, GP practices and NHS 111.

### Pharmacies

Many pharmacies across Nottinghamshire are now offering clinical advice and treatment directly from community pharmacists instead of their GP. Already, seven pharmacies in and around Newark have signed up to offer this extended service, which covers a variety of minor illnesses including urinary tract infections (UTIs or water infections) and some skin infections.



Information about which pharmacies are signed up to the extended care scheme and what they offer can be found here: <https://www.england.nhs.uk/midlands/nhs-england-and-nhs-improvement-midlands-work/community-pharmacy-extended-care-services/pharmacies-providing-service-2022-2023/>



The majority of pharmacies involved in the service are able to treat women aged between 16 and 65 with simple water infections as well as children aged from three months to two years who present with acute bacterial conjunctivitis. Pharmacists can also treat skin infections including impetigo, infected eczema and infected insect bites. Some pharmacists can now also treat otitis media in children aged from three months to 16 years. This is an infection in the middle ear and particularly common in young children.

Pharmacists can supply medicines to treat the conditions or recommend the purchase of over the counter medicines. If people are exempt from paying for prescriptions, they won't have to pay for medicines that would normally be prescribed by the GP.

Additional services will also be available from pharmacies in the coming months and years as part of a wider national scheme to improve access to care closer to home.





## GPs

The number of GP appointments has increased and is continuing to do so in Newark. The total monthly appointments in general practice for Newark and Sherwood have increased by **3.8%** since 2019. On the day appointments have increased by **7%**, which is **1,620 per month**, and pre-booked appointments by **2%**. We are now working with practices to improve appointment systems and phone lines as necessary. Newark residents also have access to out-of-hours GP care where needed.

## NHS 111

We have also seen a considerable increase in the use of NHS 111, both online and over the phone, enabling people to access urgent care appointments and advice. NHS 111 has expanded in recent years and can provide clinical advice in some circumstances. The NHS 111 service may arrange a call back from a nurse or doctor, refer you to other urgent care services with an appointment slot or give advice about which local services you need.



Using NHS 111 has become a common way for local people to access urgent care advice and treatment. In Newark, monthly calls have risen by more than **52%** on average from 2019 levels. This increase is in line with the wider Nottingham and Nottinghamshire area, where call numbers have also risen by just over **50%**. Now, an average of **2,219** calls are made to NHS 111 each month from the Newark area.

Nationally, satisfaction with NHS 111 is high. Based on national Healthwatch England research, more than three out of four people who had used the service and got through to an advisor (79%) felt they had got the help they needed. Almost three quarters (72%) of those that have used the service agreed that they generally had positive experiences when they called NHS 111.

“NHS 111 has expanded in recent years and can provide clinical advice in some circumstances.”



## The Future Opening Hours of the Urgent Treatment Centre

We are committed to maintaining a safe, sustainable Urgent Treatment Centre at Newark Hospital that continues to operate in line with the national specification for urgent treatment centres.



### What is the current situation?

The Urgent Treatment Centre within Newark Hospital is currently open between 9.00am-10.00pm. These opening hours have been in place on a temporary basis since March 2020, when the impact of the Covid-19 pandemic made issues with safely and sustainably staffing the Centre worse than they had previously been. We recognise that continued temporary arrangements do not provide the certainty that Newark residents expect and we are now considering what the future permanent arrangements should be.



Even before the pandemic, it was very difficult to recruit staff to work overnight at the Centre and retain these staff on a sustainable basis. There were nights when the service had to be closed at very short notice due to a lack of staff. The pandemic intensified these issues but the underlying challenges remain. We believe that recruiting the staff needed to safely and sustainably run the UTC overnight would continue to be very difficult and would not make the best use of our highly skilled practitioners.

Over the past four years, there have been more than 100,000 visits to the UTC at Newark Hospital (data from April 2019 - May 2023). Of these visits, more than 70% are from the Newark area and, on average, this equates to **1,448** attendances each month from patients registered with Newark GPs.

During the time the UTC has been closed overnight we haven't seen a significant increase in people from Newark attending other out of hours urgent care services or A&E overnight. In fact more people – on average **500** per month – are choosing to use the UTC within daytime hours and especially in the first hour of opening between 9am-10am. Even with this increased activity, the UTC also continues to perform well within the national 4 hour target.

The daytime hours have always been the busiest time for the UTC, even when it was open overnight - we would see, on average, one person an hour during the overnight hours in contrast to seeing between 4-6 every hour in daytime hours.

“We recognise that continued temporary arrangements do not provide the certainty that Newark residents expect.”



## What might happen next?

Based on our experience of the current opening times since March 2020, along with the wide range of alternatives for urgent care that are now available and the way that local people are now accessing these services, we believe that continuing the current arrangements **would provide a safe, sustainable and effective service**, whilst making the best use of our staffing and financial resources that have been allocated to the NHS locally.



**Evidence suggests that no-one has come to any harm due to the UTC being closed overnight for the past three and a half years.** Our expert doctors and nurses believe that the current hours are safe and sustainable. We will be taking further independent clinical advice of the best model for Urgent Care provision to the population of Newark from the East Midlands Clinical Senate, and this will further inform our thinking.

The national specification from NHS England for Urgent Treatment Centres is for them to be open for at least 12 hours a day, which the Newark UTC currently exceeds.

**For the above reasons, we do not propose to re-open the UTC overnight.**

However, before making a decision on permanent arrangements, **we want to hear from local residents about their experience of using the UTC** – in particular whether the current opening hours are suitable or if there could be a different way to spread the opening hours over the day.

**We also want to check that the other ways to access urgent care overnight are working as we expect them to so that we can best serve the local population's need.**





**To request this information in another language or format please contact the Engagement Team at: [nnicb-nn.engagement@nhs.net](mailto:nnicb-nn.engagement@nhs.net) or call or text If texting or 07385360071 leaving a message, please provide your contact details and a member of the team will get back to you.**





## Newark Hospital Urgent Treatment Centre Opening Times Survey

September 2023

### Invitation

We are inviting you to share your views on the Urgent Treatment Centre opening times. A member of the team can be contacted if there is anything that is not clear or if you would like more information.

As part of the engagement work we are also inviting people to public events, attending community groups and would welcome any telephone interviews or conversations with you to obtain your feedback. If you would like to hear more about this and would like to request attendance at groups or to provide feedback please contact the Engagement Team at [nnicb.engagement.team@nhs.net](mailto:nnicb.engagement.team@nhs.net) or call or text Katie Swinburn on 07385 360071. This survey is also available in alternative formats and languages upon request, so please do contact us.

Please complete all sections of the survey that you feel are relevant to you. You do not need to answer all of the questions. The survey will take around 10 minutes for you to complete.

### Why have I been asked to complete the survey?

Over recent years Newark Hospital has continued to expand the range of services and procedures available to residents. Under the “Ask for Newark” initiative, many more people are already able to access diagnostics, operations, treatments and planned care at Newark Hospital.

Services will continue to be extended as a result of a recent £5.6 million investment. This investment will provide an extra 2,600 operations and procedures locally each year with the creation of a new theatre and recovery area, as well as the development of two minor operations suites.

The Urgent Treatment Centre (UTC) at Newark Hospital is and will continue to be a key part of the urgent and emergency care network available to local people – alongside NHS111, community pharmacies, out of hours and ‘same day’ GP appointments, 999 and A&E. It delivers everything that the national NHS specification for UTCs requires.

We are now gathering and reviewing a range of evidence which will help to shape the discussions about the best opening hours for the UTC at Newark Hospital. Your feedback is really important to us as we plan for the future.

### Will my taking part be kept confidential?

This survey contains some questions where you can write freely. When providing responses to these, please do not write any information that may identify you (for example, name or address). Your responses may be recorded but the data you provide will be anonymised, so we will not analyse or share any information that will make you identifiable. To read about our privacy notice visit <https://notts.icb.nhs.uk/privacy-policy/>

**This survey will close on 17 October 2023.** All information from the engagement activity will be collated and produced in a final report which will be available on our website here: <https://notts.icb.nhs.uk/get-involved/current-and-previous-engagement-consultations/>



Should you require a copy of the report to be sent to you please contact [nnicb.engagement.team@nhs.net](mailto:nnicb.engagement.team@nhs.net), or call 07385 360071 to request a copy, which we can send to you either via email or post.



## The survey

### About you

1. How are you responding to this survey?
  - As a member of the public
  - As member of NHS staff
  - On behalf of a patient
  - On behalf of an NHS organisations [please state the name of your organisation]
  - On behalf of a voluntary or community group, or charity
  - Other [please state]
  - Prefer not to say

### Your views on the opening hours of Newark Hospital's UTC

This section will ask you to share your views on the current opening hours of Newark Hospital's UTC.

2. Have you been seen at Newark Hospital's UTC in the last 12 months?
  - Yes
  - No
  - Not sure
3. The current opening hours of Newark Hospital's UTC are 9am to 10pm.  
To what extent do you agree or disagree that these opening hours are suitable?
  - Strongly agree
  - Agree
  - Neither agree nor disagree
  - Disagree
  - Strongly disagree
4. It is anticipated that the UTC will remain open for 13 hours a day in the future, slightly exceeding the national standard for 12 hours per day.  
We have listed some options of how those hours could be spread over the day.  
Please use the arrows on the right-hand side of the text boxes to rank these options in order of your preference (1 = most preferred, 3 = least preferred). If you are happy with the current order please use the arrows to confirm.
  - Open earlier than 9am and closing earlier than 10pm
  - Open later in the day and closing later in the evening.
  - Open as currently (9am to 10pm)
5. Please tell us why you ranked these options in this order.

### Your experience of out of hours urgent care

This section will ask you about your use of out of hours urgent care services.

The term *urgent care* covers the health services available to people who need same day care and treatment to advice, diagnosis and care for non-life threatening conditions or injuries that can be treated outside of an acute hospital.

Common conditions that can be treated by urgent care services include:



- Cuts and grazes
- Sprains and strains
- Simple broken bones
- Wound and wound infections
- Minor burns and scalds
- Minor head injuries
- Insect and animal bites
- Minor eye injuries
- Minor back injuries
- Minor illnesses

The term *out of hours* refers to the time period from 6.30pm to 8am on weekdays and all day at weekends and on Bank Holidays.

6. Have you been seen at urgent care services out of hours in the last 12 months?
- Yes
  - No (go to question 11)
  - Not sure

7. Which service(s) did you access (tick all that apply)?

- GP out of hours
- Local pharmacy
- NHS 111 telephone
- NHS 111 online
- NHS website
- Newark Urgent Treatment Centre
- Lincoln Urgent Treatment Centre
- Grantham and District GP Out of Hours Service (Walk in service)
- Grantham and District GP Out of Hours Service (Booked appointment)
- Accident & Emergency (Grantham and District Hospital)
- Accident & Emergency (Kings Mill)
- Accident & Emergency (Queens Medical Centre)
- 999 telephone
- I don't remember
- Other (please state)

8. Thinking about your experience, to what extent do you agree or disagree with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
My needs were met.					
I received compassionate care.					
I was told how long I would need to wait to					



see a doctor or nurse.					
It was easy for me to access the care that I needed.					

9. Please provide any comments about what worked well.

10. Please provide any comments about what could have improved your experience

### Equality and Diversity Questions

We are committed to providing equal access to healthcare services to all members of the community. To achieve this, gathering the following information is essential and will help us ensure that we deliver the most effective and appropriate healthcare.

Responding to these questions is entirely voluntary and any information provided will remain anonymous.

11. What is your postcode?

12. Which of these, best describes your gender?

- ☐ Female
- ☐ Male
- ☐ Intersex
- ☐ Nonbinary
- ☐ Other \_\_\_\_\_
- ☐ Prefer not to say

13. Is your gender the same as the sex you were assigned at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

14. Which of these, best describes your sexual orientation?

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay
- ☐ Heterosexual/ Straight
- ☐ Lesbian/ Gay Woman
- ☐ Pansexual
- ☐ Other, please state \_\_\_\_\_
- ☐ Prefer not to say

15. Are you pregnant, on maternity leave or returning from maternity leave?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

16. Which of these best describes your ethnicity?

A White



- ☐ English, Welsh, Scottish, Northern Irish, or British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Roma
- ☐ Any other white background, please state \_\_\_\_\_

**B Mixed or Multiple ethnic groups**

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed or multiple background, please state \_\_\_\_\_

**C Asian or Asian British**

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background, please state \_\_\_\_\_

**D Black, Black British, Caribbean or African**

- ☐ Caribbean
- ☐ African background, please state \_\_\_\_\_
- ☐ Any other Black, Black British or Caribbean, please state \_\_\_\_\_

**E Other ethnic group**

- ☐ Arab
- ☐ Any other ethnic group, please state \_\_\_\_\_

**17. Which of these, best describes your religion or belief?**

- ☐ No religion
- ☐ Christian
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other religion, please state \_\_\_\_\_
- ☐ Prefer not to say

**18. Do you have an impairment, health condition or learning difference that has a substantial or long term impact on your ability to carry out day to day activities?**

- ☐ No known disability, health condition or learning difference
- ☐ A long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy
- ☐ A mental health difficulty, such as depression, schizophrenia or anxiety disorder
- ☐ A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches
- ☐ A specific learning difficulty such as dyslexia, dyspraxia or AD(H)D
- ☐ Blind or have a visual impairment uncorrected by glasses
- ☐ Deaf or have a hearing impairment



- ☐ A social/communication impairment such as a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder
- ☐ An impairment, health condition or learning difference that is not listed above (specify if you wish)
- ☐ Prefer not to say

19. Are you a carer?

- ☐ Yes, a paid carer
- ☐ Yes, a carer providing unpaid support
- ☐ No, I am not a carer
- ☐ Prefer not to say

20. Which age band do you fall into?

- ☐ Under 16
- ☐ 16- 24
- ☐ 25 -34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75-84
- ☐ Over 85
- ☐ Prefer not to say

**Thank you for taking the time to fill out this survey. Your views are important to us.**







**12 September 2023****Agenda Item: 5****REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE****WORK PROGRAMME****Purpose of the Report**

1. To consider the Health Scrutiny Committee's work programme.

**Information**

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting on services provided by trusts which are accessed by County residents.
3. The Council's adoption of the Leader and Cabinet/Executive system means that there is now an Overview and Scrutiny function, with Select Committees covering areas including Children and Young People and Adult Social Care and Public Health. While the statutory health scrutiny function sits outside the new 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 latest work programme is attached at Appendix 1 for the Committee's consideration. From September 2023 the Committee will meet monthly. It is intended that no more than two substantive items will be scheduled for each meeting. The work programme will continue to develop, responding to emerging health service changes and issues (such as substantial variations and developments of service), and these will be included as they arise.

**RECOMMENDATION**

That the Health Scrutiny Committee:

- 1) Considers and agrees the content of the work programme.



**Councillor Sue Saddington**  
**Chairman of Health Scrutiny Committee**

**For any enquiries about this report please contact: Noel McMenamin – 0115 993 2670**

**Background Papers**

Nil

**Electoral Division(s) and Member(s) Affected**

All



## HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2023/24

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing /Update	External Contact/Organisation	Follow-up/Next Steps
<b>20 June 2023</b>				
Delivery of Diabetes Care in Nottingham and Nottinghamshire	Progress on delivery of diabetes services and update on demand trends	Scrutiny	Integrated Care Board	
Temporary Service Changes - Extension	To note the further extension of overnight closure at Newark Hospital	Scrutiny	Integrated Care Board	
<b>25 July 2023 - cancelled</b>				
Tomorrow's NUH Programme (TNUH)	Comprehensive consideration of the Programme, including next steps. Recommended to hold a single-item meeting			
<b>12 September 2023</b>				
Newark Urgent Treatment Centre		Scrutiny	Integrated Care Board/Sherwood Forest Hospitals Trust	
<b>17 October 2023</b>				
Nottingham University Hospitals Trust		Scrutiny	NUHT/ Integrated Care Board	
<b>14 November 2023</b>				



Newark Urgent Treatment Centre – Next Steps					
Sherwood Forest Hospitals Trust - Performance	To be confirmed				
<b>12 December 2023</b>					
<b>16 January 2024</b>					
Dentistry					
<b>20 February 2024</b>					
<b>19 March 2024</b>					
<b>16 April 2024</b>					
<b>14 May 2024</b>					



<b>18 June 2024</b>				
<b>16 July 2023</b>				
<b>To be scheduled and potential alternative actions</b>				
East Midlands Ambulance Service	Latest information on key performance indicators			
Integrated Care Board – Policy Alignment across Nottinghamshire	To consider work being undertaken to ensure consistency of policy across the Nottingham and Nottinghamshire 'footprint'	Scrutiny		
Sherwood Forest Hospitals Trust				
Hospital Patient 'Flow'				
Discharge to Assess (From Hospital)				
Mental Health Services and Support	Last considered Feb 2022 - To be discussed with Chair/V-Chair Adult Social Care and PH Select Committee to consider how the committees			



	can work together to look at this item			
Newark Hospital – Future Strategy	Update on future provision	Scrutiny	Mark Wightman and Alex Ball Nottingham and Nottinghamshire ICB	
Early Diagnosis Pathways	To consider access/timeliness of early diagnosis for cancer, CPOD etc, and to explore where disparities lie	Scrutiny		
Non-emergency Transport Services (TBC)	An update on key performance.	Scrutiny	Senior ICB officers, Provider representatives.	
NHS Property Services	Update on NHS property issues in Nottinghamshire	Scrutiny	TBC	
Frail Elderly at Home and Isolation	TBC –	Scrutiny	Proposed Action: Initial Focus on GP use of Frailty Index. Possible link in with Overview of Public Health Outcomes	
Performance of NHS 111 Service	Briefing on performance			
Long Covid	Initial briefing on how commissioners and providers are responding to the challenges of Long Covid			
<b>Also:</b>				
Visit to Bassetlaw Hospital				