Nottinghamshire County Council

minutes

Meeting:	Health Scrutiny Committee
Date:	Wednesday 12 February 2025 (commencing at 10:00am)

Membership:

County Councillors

Roger Jackson (Chairman)
Nigel Turner (Vice Chairman)

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

Other Councillors in attendance

None

Partner representatives in attendance:

Alex Ball	-	Director of Communications and Engagement, NHS Nottingham and Nottinghamshire Integrated Care Board
Dave Briggs	-	Medical Director, NHS Nottingham and Nottinghamshire Integrated Care Board
Rebecca Dickenson	-	Community Pharmacy Clinical Lead, NHS Nottingham and Nottinghamshire Integrated Care Board
Caroline Goulding	-	Primary Care Director, NHS Nottingham and Nottinghamshire Integrated Care Board
Steve Jenkins	-	Divisional General Manager of Urgent and Emergency Care, Sherwood Forest Hospitals

Officers in attendance:

Katherine Harclerode	-	Democratic Services Officer
James Lavender	-	Democratic Services Officer

Also in attendance:

Sabrina Taylor - Chief Executive Officer, Healthwatch Nottingham and Nottinghamshire

1 MINUTES OF THE LAST MEETING HELD ON 7 JANUARY 2025

The minutes of the last meeting held on 7 January 2025, having been circulated to all Members, were taken as read and were confirmed and signed by the Chairman.

2 APOLOGIES FOR ABSENCE

Councillor Michelle Welsh MP - other reasons
Councillor Steve Carr - other reasons

The Chairman noted that Councillor Paul Henshaw had replaced Councillor John 'Maggie' McGrath as a member of the Health Scrutiny Committee.

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 RELATIONSHIP BETWEEN COMMUNITY PHARMACY AND PRIMARY CARE IN NOTTINGHAM AND NOTTINGHAMSHIRE

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, Dave Briggs, Medical Director, Rebecca Dickenson, Community Pharmacy Clinical Lead, and Caroline Goulding, Primary Care Director. The report highlighted the increase in advanced clinical services offered by pharmacies, the impact which these commissioned services would have on patient experience and on the relationship between Community Pharmacy and Primary Care. The following points were highlighted:

- Primary Care provided a wide range of services which acted as a first point of contact. As well as community pharmacy, other services included General Practice (GPs), optometry (eye care) and dental care. Most patients' interactions with the NHS over their lifetimes occurs with primary care services, particularly Community Pharmacy.

- There was a wide variety of Community Pharmacies (158 in the county, 58 in the city) which included larger groups of pharmacies and smaller

independent organisation. Pharmacies were contracted to provide the essential services of dispensing, discharge medicines service and giving advice about minor ailments and over the-counter medications.

- The overwhelming majority of funding for Community Pharmacy comes from the national contract negotiated through NHS England (NHSE). The second area of funding comes from Advanced Services such as Pharmacy First, in which patients go to a pharmacy with a common condition, receive a diagnosis, and then receive a prescription to treat the condition. The approach of Pharmacy First was well received by Community Pharmacies and GPs. Other advanced services included hypertension diagnosis, oral contraception, vaccinations and the independent prescribing pathfinder.

- The ICB hosted regular task and finish group meetings with Community Pharmacies and GPs. The main concerns highlighted by both sectors was the availability of medication. Further work was underway to integrate Community Pharmacy into the place-based partnerships.

- The independent prescribing pathfinder utilised the skills of the pharmacists to become prescribers. This was a pilot scheme launched nationally by NHSE and included several sites in Nottinghamshire including East Leake, Newark and Brinsley. Schemes like this sought to further integrate Community Pharmacy into the wider healthcare advice network.

- Community Pharmacy was moving away from the supply-and-dispense model, which was 85% of their contract with NHSE, with the aim of making pharmacies the first port of call if a person was ill. From 2026 onwards, pharmacy graduates would be trained in independent prescribing qualifications.

- The impact of the COVID-19 Pandemic had changed the role of Community Pharmacy, in that pharmacies was one of the few frontline services which remained open during the lockdowns. Although 25% of vaccinations currently happened through Community Pharmacy in Nottingham and Nottinghamshire, this was inspected to increase over the next few years. Pharmacies were more accessible to the public if they needed a vaccination.

- The commissioning of pharmacy contracts was complex as it was negotiated and agreed nationally, with some elements commissioned by the ICB and by the Local Authority.

- There were national concerns around pharmacy closures, although there was only one pharmacy closed in Nottingham/Nottinghamshire last year. In the face of financial pressures, some pharmacies contacted the ICB to reduce their opening hours, however some have wanted to increase theirs.

- Pharmaceutical Needs Assessments identified gaps in service provision within the city and county.

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

- Members wished to know how easy it was to include interested groups (GPs, patients, pharmacists) within the discussions of the future of Community Pharmacy.

- Members enquired about the progress of the Equality Impact Assessment regarding the impact of changes to pharmacy commissioning.

- Members enquired about who would be held accountable if there was a disruption to pharmacy coverage in a particular area.

- Members questioned the financial sustainability of pharmacies, especially in light of the impact of the rise of National Insurance contributions from employers.

- Members questioned whether the new functions of Community Pharmacy would impact on the delivery of prescriptions within the community.

- Members wished to know further financial details of the Community Pharmacy contracts.

- Healthwatch had recently produced a pharmacy report which highlighted the patient experience with pharmacies. Members highlighted concerns around the lack of reasonable adjustments in pharmacies and payments for prescriptions. There was also a mixed response to the Pharmacy First service. Members wanted further information about what was being done to manage patient expectations, especially with regards to communication?

- Members asked about the challenges of having fragmented commissioning arrangements for Community Pharmacy.

- Members wished to know how Community Pharmacy would further integrate into broader primary care system due to its increased role in prescribing and clinical care provision.

- Members highlighted the challenges that some members of the public receive in obtaining repeat subscriptions.

- Members noted that the public have recognised the increased range of healthcare services provided within pharmacies. They also noted that pharmacies were communicating with GPs to identify medication supply and suggest alternative pharmacies where they were available.

- Members raised questions around the level of oversight provided by the NHS towards the non-NHS prescribing route.

- Members noted that pharmacy buildings should have greater equipment and staff capacity to provide both care and dispense medicine.

- Members asked for a definition of a Patient Group Directive.

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

- One of the main functions of the ICB was to bring together and build local networks of public health, which included a large role for Community Pharmacy, and had already proved valuable during the national COVID-19 vaccination programme. It would take time to bring people together to build local networks for promoting the use of Community Pharmacy, however staff from primary care teams were contacting different groups within communities.

- Deliveries of prescriptions to the public was not specified under the national contract; this was something which Community Pharmacies do on a good will basis. The impact of the regulation changes to Community Pharmacy would involve pharmacies delivering more clinical services. This would change the way in which prescriptions would be dispensed, with online medicine dispensing becoming more prominent. Dispensing medicines in rural areas was a challenge, but there were a number of dispensing doctors within the county. These dispensing doctors provided a different medical service than Community Pharmacy and could not provide Pharmacy First.

- The planned rise in National Insurance contributions was a challenge as each pharmacy was under an independent contract, however the ICB were lobbying colleagues within the NHS to consider the impact of the NI rise when negotiating the national pharmacy contract.

- The ICB was delegated pharmacy services last year by NHS England. If a pharmacy faced difficulties remaining open, then the ICB would step in and provide support. Community Pharmacies which operated in a chain could move staff around in order to keep a particular pharmacy operating. In the case of an independent pharmacy in a rural area facing difficulties in operating, then the ICB would work with health care providers, GPs and the pharmacy in question to identify temporary and more permanent solutions to keep that pharmacy running.

- Community Pharmacy income was generated through a national contract negotiated by NHS England for the supply and dispensing of medicines, which was dependent on the amount of items they dispersed per month, and where paid in a monthly payment by NHS England. This contract made up 80% - 85% of a pharmacy's income. The remaining 15% was made up of local enhanced services (2-5%). Community Pharmacy did not have a guaranteed level of income as it was a walk-in or appointment service. The selling of medicines over the counter was the other source of income. Some Community Pharmacies also have contracts with local authorities.

- The Healthwatch report was a key piece of work in highlighting the importance of communicating with patients about services such as Pharmacy First. The ICB had setup a Community Pharmacy webpage which summarised the Community Pharmacy services offered to patients. Social media was used to contact patients directly when using Community Pharmacy services.

- The NHS App was effective in managing repeat subscriptions.

- The fragmented commissioning arrangements was not the primary issue which Community Pharmacy was facing. The biggest challenge was the difficult operating environment within the resources allocated to them as part of the national process. The ICB was providing feedback around these challenges for local Community Pharmacy to the national NHS organisation. Pharmacies were at a pivot point from being a dispensing service to more of a healthcare service. The ICB have been working with local pharmacies to resolve any operational issues such as national shortages of a particular medication and making the process of repeat prescriptions more seamless.

- Processes were in place to identify patients with allergies to certain vaccines.

- The ICB continued to encourage and promote communication between GPs and Community Pharmacy. ICBs were working together nationally to look into how they could support the non-NHS proscribing route. It was expected that some private services would be commissioned through the NHS, but other services would remain private. ICBs were also working with the national NHS organisation around improving safety, governance and data sharing within the non-NHS prescribing route.

- The premises development with Community Pharmacy had happened gradually, for example, the provision of consultation rooms within pharmacies. Community Pharmacy was not a comparable service with GPs. The ICB would do more to do to support pharmacies to utilise their space. Work was underway to change the regulations around the opening hours of Community Pharmacy. Currently, they were not allowed to open the pharmacy building without the Registered Pharmacist being on the premises. This rule would be changed to allow the Advanced Dispense Checking Technician to open up the pharmacy.

- The workforce in Community Pharmacy was changing, for example, technicians could now undertake the hypertensive service. IT was being utilised to make the service more efficient.

- Patient Group Directives was a means of giving a prescription only medicine, but without being a prescriber and defined which staff in a pharmacy could do this or not.

RESOLVED 2025/01:

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 the pharmacy commissioning be included in a future update on ICB financial sustainability measures.

3) That the Pharmaceutical Needs Assessments be considered for including in the Health Scrutiny Work Programme.

5 NEWARK HOSPITAL'S URGENT TREATMENT CENTRE OPENING HOURS

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, Dave Briggs, Medical Director, and Steve Jenkins, Divisional General Manager of Urgent and Emergency Care at Sherwood Forest Hospitals (SFH) NHS Trust. The report highlighted the implementation of Newark Hospital's Urgent Treatment Centre's (UTC) new opening hours. The following points were highlighted:

- In previous years, Newark UTC experienced numerous temporary closures and staffing difficulties and the opening hours different compared to other UTCs in the area. The ICB worked with the SFH NHS Trust to create new opening hours which were clear, consistent and ongoing. They also wanted to clearly communicate with residents of Newark about how it was open, how to access it and what services were available.

- Newark UTC offered more medical cover and a wider range of services compared to a more standard urgent treatment centre. Work was undertaken with the East Midlands Clinical Senate where they looked at the model of care provided by Newark UTC and how it compared with other UTCs. The listening exercise involved engaging with local residents about what medical services were important to them and what services they wanted. This was followed by an Independent Options Appraisal, approval by the ICB Board, a consultation with Newark UTC staff, and the final implementation of the new opening hours.

- Members were reminded that this was an urgent care service, not an emergency care service. There would be impact on emergency care as people often used emergency care as an alternative to urgent care. Patients tended to use the Newark UTC early in the morning to avoid a morning rush, so there was more demand in a morning rather than an evening.

- Out of the recommendations from the Health Scrutiny Committee, the communications campaign with local residents informed residents about the new opening hours and the range of urgent and emergency care services provided. The communication campaign was both online and offline in order to reach as many people as possible. Between the ICB and

SFH NHS Trust, a press release issued to the local media. A column and advertisements were included in the Newark Advertiser outlining the Newark UTC's services and the new opening hours. An online advertisement was seen over 40,000 times, leaflets were posted through letterboxes, social media posts, digital billboards in supermarkets. The campaign coincided with the wider communication campaign of the availability of NHS services over the winter period, with specific communications on looking after themselves and avoiding flu, the opening hours for pharmacies, NHS 111, mental health services, Pharmacy First and looking after children over the winter period. Videos were recorded with GPs to outline the range of services available. A WhatsApp channel was launched to contact patients about NHS services. The aim of the campaign was to create trust in the population about the urgent care services being there for patients.

- There had been a smooth implementation of the new UTC opening hours. The morning opening hours had resulted in the morning spike in patients being spread out over a longer period, so there was less of a surge in demand. The new opening hours had not seen an increase in usage, and Newark UTC was receiving 100 patients a day. The Newark UTC scored consistently above 95% in the NHS Friends and Family test.

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

- Members praised the messaging by the ICB and Sherwood Forest Hospital NHS Trust around the promotion of Newark UTC's services and its new opening hours.

- Members highlighted the decision to close the A&E service at Newark in 2010, which meant that residents and the East Midlands Ambulance Service had to travel to King's Mill Hospital in Mansfield. Residents had been promised 24-hour services would remain after the closure of the A&E service at Newark.

- Members enquired about whether the ICB considered the amount of new residential developments within Newark and Sherwood, as well as in neighbouring districts and boroughs, when making their decision around the opening hours for the Newark UTC.

- Members noted that the extra half an hour opening at the end of the day to 10:30 pm would not treat newly arriving patients, but patients existing patients who had already arrived.

- Members requested further information on the consultation with staff at the Newark UTC.

- Members asked the ICB and SFH NHS Trust if they anticipated that there would be no further reductions of services in terms of hours, and whether they were happy with the hours being offered and could accommodate any potential increases to opening hours.

- Members enquired about whether there would be any further investment in healthcare services in Newark.

- Members were satisfied that staff at the Newark UTC would work split shifts rather than a full 13-hour shift.

- Members noted that attendance of the Newark UTC was up by 300 people in December 2024 compared to last year, and questioned whether the current opening times and staffing levels would be sustainable if the trend continued.

- Members noted that Lincoln County Hospital's A&E service was not too far away from Newark.

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

- There was a 24hr service provided through NHS 111 for residents in Newark and the surrounding area, and they could access a GP or healthcare overnight if needed.

- There was recognition by the ICB about the growth of the population within the Newark area, which was 6-7% over the past ten years and was reflective of national trends. If the population did grow more quickly in Newark than in previous years, the ICB would work with local planning authorities in district and borough councils to monitor the impact on NHS services. These trends would be tracked through the Joint Strategic Needs Assessment (JSNA), which was co-produced with the Council. Based on the recent statistics, there currently was not enough demand for a A&E service in Newark, but if the demand increased through an increase in the population, then NHS services would change to reflect that.

- The Newark UTC was opening longer than previously, from 8am – 10:30pm, which was 14 hour day. Previously, there was 30 minutes of closing down time at the end of the day to see patients who just arrive at 9:30pm. The East Midlands Clinical Senate advised that the UTC stayed open for an extra half an hour. The service was also opening an hour earlier in the morning, at 8am, in order to reduce the large queues in the morning.

- The ICB and SFH NHS Trust had a statutory duty to consult staff on any significant changes to working patterns. Group consultations were held with staff on the proposed opening hours and staffing models. There was effective negotiation on the new working patterns for staff. The group consultation was followed by one-to-one meetings with staff about the new opening hours and working patterns.

- Whilst no guarantees could be made about service levels in the future, there was no question over the future of Newark Hospital. It was a highly valued asset for its population and for the healthcare network. The ICB and SFH

NHS Trust would look to maximise the amount of healthcare service provision based on current budgets, which could mean more services in some areas and fewer services in other areas. provides a crucial service to the community. Further investment was being sought into services which were already being provided in Newark such as the breast clinic, hearing services and operating theatres. Some services had been reintroduced in Newark, such as hip and knee replacement operations. If there was an increase in the use of Newark UTC and its services, then arrangements would be made to cater for that patient increase, such as an increase in opening hours or additional doctors being on duty.

- The SHF NHS Trust would examine the types of healthcare being sought by patients using Newark UTC on a frequent basis and would respond accordingly. The UTC building had room to accommodate additional staff if there was a sustained increase in demand.

RESOLVED 2025/02:

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.

6 WORK PROGRAMME

Consideration was given to an outline programme of scrutiny work for the municipal year 2024/25. The Chairman and Katherine Harclerode, Democratic Services Officer, highlighted the following points:

- The next meeting of Health Scrutiny Committee would be on 18 March 2025. Due to the pre-election period, there would not be another meeting until 1 July 2025. In response to increasing national interest into the July 2023 Nottingham Attacks and the ongoing Nottingham University Hospitals (NUH) NHS Trust Maternity Services' investigation, Updates have been requested regarding pathway development for crisis and community mental health, additional information regarding Rampton Hospital and NUH's Maternity Services. Feedback has also been requested on the ICBs engagement regarding the Fertility Policy Review.

- A site visit to the National Rehabilitation Centre at Stamford Hall involving Members of the Health Scrutiny Committee would be rescheduled for March at the request of members. Members were encouraged to make their own way there.

- The further NUH maternity services papers and patient issues which were reported on in the press were part of an ongoing police investigation and could not be discussed by the Committee.

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

- Members suggested that information be requested from representatives of the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust regarding the rotation of staff between Bassetlaw Hospital and Doncaster Royal Infirmary.

- Members highlighted that the Queen's Medical Centre and Nottingham City Hospital were part of the previous Government's plan for building and rebuilding hospitals. The national work was delayed due to the presence of unsafe Reinforced Autoclaved Aerated Concrete (RAAC) in some hospital buildings and now the new Government had announced that the building work would take place beyond 2013. Members requested further information regarding when the building work would take place.

- Members raised the issue of the proposed Cavell Centre at Hucknall, which had been delayed.

In relation to the points raised by the Committee, the Chairman provided the following responses:

- Officers would seek more information regarding the staffing issues at Bassetlaw Hospital.

- The Chairman of the Committee had already written to the Secretary of State for Health about the proposed building work at the QMC and City Hospital. However, it was for the Government to decide where its health budget would be spent. The QMC was already fairly advanced and had teams which could do the building work. Those hospitals which contained RAAC had been prioritised for building work. The NUH update at the March meeting would also touch on the impact of the national New Hospitals Programme on aspects of Tomorrow's NUH.

- The Committee would be informed of any further news about the proposed Cavell Centres when it was announced by NHSE.

RESOLVED 2025/03:

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 11:47am.

CHAIRMAN