

## Membership

### Councillors

Yvonne Woodhead  
Muriel Weisz  
Kate Foale  
Bruce Laughton  
David Martinter  
John Ogle

### District Members

A	Helen Hollis	Ashfield District Council
	Brian Lohan	Mansfield District Council
	David Staples	Newark and Sherwood District Council
	Susan Shaw	Bassetlaw District Council

### Officers

Paul Davies	Nottinghamshire County Council
Alison Fawley	Nottinghamshire County Council

### Also in attendance

Victoria Bagshawe	Sherwood Forest Hospitals NHS Foundation Trust
Andrew Haynes	Sherwood Forest Hospitals NHS Foundation Trust
Michelle Livingston	Healthwatch Nottinghamshire
Sally Dore	Mansfield & Ashfield CCG
Amanda Sullivan	Mansfield & Ashfield CCG
Liz Gundel	Contracts Manager, NHS England
Nick Hunter	Chair, Pharmacy Local Professional Network
Sam Travis	Clinical Leadership Adviser / Controlled Drugs Accountable Officer, NHS England

## **CHAIR**

In the absence of Councillors Colleen Harwood and John Allin, it was agreed that Councillor Kate Foale take the Chair for this meeting.

## **MINUTES**

The minutes of the last meeting held on 11 July 2016, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

## **APOLOGIES**

Apologies were received from Councillor Brian Lohan.

## **MEMBERSHIP**

It was reported that Councillor Yvonne Woodhead had been appointed in place of Councillor Colleen Harwood and Councillor Muriel Weisz had been appointed in place of Councillor John Allin, for this meeting only.

## **DECLARATIONS OF INTEREST**

None.

## **FINANCIAL CHALLENGES – CLINICAL COMMISSIONING GROUP (CCG)**

Dr Amanda Sullivan and Sally Dore introduced a briefing to inform Members of the financial challenges facing Newark and Sherwood and Mansfield and Ashfield Clinical Commissioning Groups including the reprioritisation of how NHS resources were deployed.

Dr Sullivan explained that the demands on resources were increasing at a faster rate than funding came in and highlighted the need to reprioritise or refocus the services provided so that maximum health benefits could be achieved. There were significant financial pressures across the NHS and potential financial shortfalls for Newark and Sherwood and Mansfield and Ashfield CCGs. Efficiencies had already been made and work through the Better Together Programme had put the CCGs in a good position financially and in terms of service delivery. A Financial Recovery Plan had been developed to mitigate emerging financial risks and a series of eight engagement events for stakeholders had been undertaken to assess views on the priorities for NHS funding. An online survey had also been used. A list of services and how they were ranked was included in the appendix to the report.

Members were concerned that there may be risks to some patients if the prescribing of over the counter medicines was stopped as they may not show on their GP's record and may not be appropriate. Dr Sullivan said that certain medicines were checked by the Pharmacist with the GP and that it mostly related to one off prescriptions rather than regular medication.

There was surprise that Osteopathy was in the low priority category but Dr Sullivan explained that in the consultation some items only applied to small groups of patients and that there was a need to balance priorities as the NHS was a service for all but the consultation exercise had been undertaken to assess opinion.

Work would be done on helping people learn about NHS services so that they used them effectively and awareness training would be incorporated in to mandatory staff training.

The next steps were outlined and it was explained how each service had been categorised depending on the impact on potential service users, whether further

engagement was required or if a public consultation was required. A public consultation for IVF services was proposed between 14 November 2016 and 13 January 2017.

The chair thanked Dr Sullivan and Sally Dore for their briefing.

### **IN-VITRO FERTILISATION (IVF) – VARIATION OF SERVICE**

Dr Sullivan explained that a formal consultation on the eligibility for IVF treatment on the NHS would take place from 14 November 2016 to 13 January 2017 and views would be sought on a range of options as detailed in the appendix to the report.

In response to Members concerns that NICE offered up to three cycles, Dr Sullivan said that this was guidance and that this was unlikely to be the case in many areas. Members discussed the financial cost of the service and Dr Sullivan advised that there was very little difference between the cost of privately funded IVF and NHS funded IVF. Members were also concerned that a reduction in the service may have a psychological impact on couples who could not conceive which could also be a cost to the NHS.

The Chair thanked Dr Sullivan for her briefing and requested that an interim update be added to the agenda for the next meeting.

### **SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST**

#### **Update**

Andy Haynes and Victoria Bagshawe introduced a briefing which updated Members on the current position of Sherwood Forest Hospitals NHS Foundation Trust (the Trust) following the Care Quality Commission (CQC) inspection.

The significant improvements made at the Trust were acknowledged by the CQC and an overall rating of requires improvement had been given. Several areas of outstanding practice were identified including sepsis, mortality and performance against the ED 4 hour target and were detailed in the report.

Financial performance was on track and in roads were being made in to the £42.1m deficit. Andy Haynes explained that savings had been made through a reduction in agency costs and the focus would be to sustain this position.

Victoria Bagshawe assured Members that quality had been maintained and outlined the measures in place to ensure that this continued.

Andy Haynes explained that there would be an ongoing strategic link with Nottingham University Hospitals rather than a formal legal partnership as had been discussed at previous meetings.

#### **End of Life Care**

Andy Haynes gave a briefing which informed Members of the significant progress that had been made on end of life care since the CQC inspection in 2015. He highlighted that end of life care had been flagged as an issue by CQC reports in

2014 & 2015 and was an issue regionally and not just for individual trusts.

Significant progress had been made with End of Life care and that clear and effective governance procedures were now in place and audits were undertaken regularly. He outlined the targets for 2016/17 and the measures that would need to be in place to enable the Trust to work toward achieving good status. This included visiting other Trusts to see examples of best practice, working collaboratively to enable more patients to die in their preferred place of care, developing specific end of life training and ensuring patients are discharged safely and effectively.

The Chair congratulated the Trust on their achievements and asked for an update to be scheduled in the work programme for the March 2017 meeting.

### **COMMUNITY PHARMACY BRIEFING**

In response to a request from Members, Liz Gundel, Samantha Travis and Nick Hunter presented a briefing that informed Members about community pharmacies and the issues that they faced.

Members were given background information on how pharmacies were commissioned and described the services that must be provided. It was explained that there was a national process for annual monitoring which could include a contract review visit from NHS England. An action plan would be put in place if non-compliance was identified. The General Pharmaceutical Council was the regulatory body for all pharmacy professionals and pharmacy premises.

It was noted that in comparison to other primary care contractor groups, there were only a small number of complaints which related to community pharmacies. There were two pathways for formal NHS complaints and these were outlined to Members. During discussion Members felt that there was a lack of awareness of the complaints procedures and that the information about how to make a complaint should be publicised more widely. Ms Travis said that an information leaflet for complaints should be available at each practice.

The changes to pharmacy funding and the anticipated impact that the two year funding package would have, were outlined to Members. Members were concerned that this would inevitably lead to pharmacies having to reduce operating costs and possibly even the closure of some pharmacies which may impact on the community they served.

NHS England had recently announced a £42m Pharmacy Integration Fund which would support the transformation of pharmacy and how it operated across the NHS over the next two years. The fund would support the development of new clinical services, working practices and digital platforms to provide a modern NHS community pharmacy service.

The Chair thanked Ms Gundel, Ms Travis & Mr Hunter for their informative briefing and requested that an update be scheduled for the March 2017 meeting.

## **WORK PROGRAMME**

The work programme was discussed. It was agreed to add the following items to the programme;

- Bassetlaw hospitals – financial update
- Obesity Services
- IVF update – January 2017
- Community Pharmacy – March 2017

The meeting closed at 4.35 pm

## **CHAIRMAN**