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Nottingham City Council

NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY PANEL

Date: Wednesday, 28 May 2014

Time: 1.30 pm (pre-meeting for all Panel members at 1pm)

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Councillors are requested to attend the above meeting to transact the following business

Deputy Chief Executive, Corporate Director and Chief Finance Officer

Overview and Scrutiny Co-ordinator: Jane Garrard **Direct Dial:** 0115 8764315

AGENDA **Pages**

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14 FUTURE MEETING DATES

The Panel to consider meeting on the following Wednesdays at 1:30pm
2013 – 30 July, 24 September, 26 November
2014 – 28 January, 25 March

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE OVERVIEW AND SCRUTINY CO-ORDINATOR SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

CITIZENS ATTENDING MEETINGS ARE ASKED TO ARRIVE AT LEAST 15 MINUTES BEFORE THE START OF THE MEETING TO BE ISSUED WITH VISITOR BADGES

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY PANEL

MINUTES of the meeting held at Loxley House on 26 March 2014 from 13.30 - 15.26

- ✓ Councillor Ginny Klein (Chair)
- ✓ Councillor Thulani Molife (Vice Chair)
- ✓ Councillor Mohammad Aslam
- Councillor Merlita Bryan
- Councillor Azad Choudhry
- ✓ Councillor Eileen Morley
- ✓ Councillor Brian Parbutt
- ✓ Councillor Anne Peach
- Councillor Wendy Smith
- ✓ Councillor Timothy Spencer

✓ indicates present at meeting

Colleagues, partners and others in attendance:

Lucinda Cumpston	-	Head of Patient Survey, Nottingham CityCare Partnership
Rav Kalsi	-	Constitutional Services Officer
Angelika Kaufhold	-	Overview and Scrutiny Coordinator
Maria Principe	-	Director of Primary Care Development and Service Integration, Nottingham City Clinical Commissioning Group
Ruth Rigby	-	Managing Director, Healthwatch Nottingham
Naomi Robinson	-	Project Manager, Nottingham City Clinical Commissioning Group
Kate Whittaker	-	Head of Patient and Public Engagement, Nottingham CityCare Partnerhip

43 APOLOGIES FOR ABSENCE

Councillor Merlita Bryan – illness
Councillor Azad Choudhry – non-Council business

RESOLVED to note the resignation of Councillor Wendy Smith from the Health Scrutiny Panel.

44 DECLARATIONS OF INTERESTS

None

45 MINUTES

The Panel confirmed the minutes of the meeting held on 29 January 2014 as a correct record and they were signed by the Chair.

46 NOTTINGHAM CITYCARE PARTNERSHIP COMPLAINTS HANDLING

The Panel considered a report of the Head of Democratic Services regarding how complaints are handled in the NHS, with a particular focus on Nottingham CityCare Partnership.

Kate Whittaker, Head of Patient and Public Engagement and Lucinda Cumpston at Nottingham CityCare Partnership, presented the report highlighting the following:

(a) the service has been running since April 2011 and in that time a total of 132 complaints have been reported. This relatively small number is reflective of the nature of the service as well highlighting that complaints are often dealt with in different ways. In many cases where issues can be dealt with immediately, they are often recorded as 'concerns' and only become formal complaints where an issue is considered to be of a serious nature;

(b) in comparison to the number of complaints, the service has receives 15 'concerns' on a quarterly basis and 20-25 compliments per quarter. The service has captured limited data in relation to ethnic origin and disability because it is difficult to ask questions relating to these parameters via a telephone conversation with a distressed member of the public;

(c) the majority of complaints received relate to treatment and care. Two complainants have approached the Ombudsman and of these two cases, so far the Ombudsman have upheld the process followed by Notts CityCare;

(d) the process is managed by a dedicated complaints officer who operates as a first point of contact. Contact details for the complaints service is included in a range of literature and staff members are briefed to respond to complaints appropriately. Service users are encouraged to use the complaints procedure;

(e) dedicated complaints officers will encourage responsible managers to hold face to face meetings with complainants where it is proportionate to do so. All response letters are screened by the Director of Operations and Nursing and contact details for the Ombudsman service will be included for complainants. Although relevant team managers investigate complaints, independent investigators are appointed if significant risk is identified;

(f) as part of the governance process, information on all complaints are collated on a quarterly basis and reported to the Governance and Risk Committee;

(g) planned improvements to the service includes ensuring that a proportionate response is given where possible. Where complaints are able to be resolved quickly and easily the service will consider providing a rapid response;

(h) the service will look to develop a web based system that can be accessed by investigating team managers ensuring a quicker and more efficient process. Further planned improvements include ensuring that a satisfaction survey is sent to all complainants when a complaint is closed and to improve the collection of demographic data.

Following questions and comments from the Panel, the following information was provided:

(i) when a complaint is received, CityCare will initially establish whether it relates to a CityCare service provision and not only sign-post complainants but ensure that the appropriate service contact the complainant. Where a complaint refers to a number of providers, including CityCare, they will coordinate a response on behalf of all providers;

(j) further work is required to encourage service users to make complaints where appropriate and this is included in a range of CityCare literature;

(k) there is concern about the number of different providers citizens have to complain to about services and that this can be confusing as the general perception of the NHS is as a single entity. There is a feeling that a single point of access for citizens to make complaints to and receive responses from in relation to NHS services is needed.

RESOLVED to

(1) thank CityCare for their informative presentation and reassurance that the complaints procedure and the proposed changes are robust;

(2) look into developing a single point of contact for NHS complaints for citizens which is inclusive of all the different healthcare providers.

47 SOUTH NOTTS TRANSFORMATION

Councillor Ginny Klein, Chair of Health Scrutiny Panel, verbally updated the Panel on South Notts Transformation following a recent meeting with Clinical Commissioning Group's (CCG) from Nottingham City, Nottingham North and East, Nottingham West and Rushcliffe.

The Chair highlighted the following information:

(a) the South Notts Transformation Board worked in groups on how to tackle the impending rises in costs for acute care and adult social care. Currently the deficit is £8m but this is expected to rise to £100m by 2017 due to a range of issues such as the ageing population and associated factors;

(b) during the session, workshops were split into the following four groups: reactive, proactive, urgent care and children's care. The group with a 'reactive' focus included a number of GP's with concerns inevitably focussing on the need to move resources from acute care to primary care. Currently there is a deficit of almost 400 GP trainees each year and whilst training practice nurses to do more is possible there is no funding for this at the moment.

Following comments from the Panel, the following additional information was provided:

(c) Ruth Rigby, Managing Director of Healthwatch Nottingham confirmed that following the formation of the Public Accountability Board, a further meeting will be held today to discuss its terms of reference. Healthwatch will monitor the representation on this Board as it moves forward.

RESOLVED to

(1) note the update on the South Notts Transformation Board;

(2) report the Panel's concern over the disparity of GP practices in Nottingham who are either not informing or offering patients the Annual Health Check, via the appropriate forum;

(3) engage with GP's to ensure that they offer Annual Health Checks to their patients.

48 DRAFT WORK PROGRAMME 2014/15

Angelika Kaufhold, Overview and Scrutiny Coordinator, presented a report of the Head of Democratic Services, outlining the Panel's work programme. During discussion, the Panel were of the opinion that further information on the following projects would be welcome:

(a) 'Dr First' pilot – where patients talk to their Dr over the phone first to receive advice and if they actually need an appointment;

(b) Family Nurse Partnership – there have been reports that children are entering school at a reduced developmental stage and that schools do not appear to be aware of the Family Nurse provision. Clarity on whether this scheme is actually making a difference and to explore the ongoing concerns that children are developmentally not ready to go to school;

(c) School Nurse review – following concerns regards a shortage of school nurses in Nottingham, the Panel would like to establish the reasons for this disparity;

(d) Mental health beds shortage – Following reports of mental health bed shortages which force patients out of the city, the Panel requested an update on the wider factors determining access to mental health beds in the city;

(e) the Panel requested an update on the transition procedures from Child and Adolescent Mental Health Services (CAMHS) to adults services and the issue of young people with easting disorders being sent to Leicester for treatment.

RESOLVED, subject to the addition of an update on:

- **Dr First pilot;**
- **Family Nurse Partnership;**
- **School Nurse Review;**
- **Mental Health bed shortages;**
- **the transition from CAMHS to Adult Service Provision;**

to note the work programme.

49 WALK IN CENTRES

Maria Principe, Director of Primary Care Development and Service Integration, Nottingham City Clinical Commissioning Group, presented the report of the Head of Democratic Services in relation to the future of Walk in Centres in Nottingham and whether proposed changes to Walk in Centres in Nottingham constitute a 'substantial variation or development' in service, highlighting the following:

(a) there are currently two walk in centres in Nottingham city centre, the NHS Walk in Centre on London Road which operates from 7 am to 9 pm every day and the 8 am – 8 pm Health Centre on Upper Parliament Street, which also operates everyday. Both contracts are due to end April 2015 and in line with EU procurement regulations a review will take place which will look at their contracts;

(b) the annual cost of the Walk in Centre equates to £20.96 per patient and £38 for an out of region patient. There is no cross charge for Nottinghamshire County or out of area patients at the 8 – 8 centre;

(c) the 8 – 8 centre offers a primary medical service which includes cervical screening, vaccinations, maternity services and minor surgery. The remainder of the service operates on a drop-in basis;

(d) there is currently an element of duplication of service as many patients will use the Walk in Centre instead of a GP service. A dental service is however, commissioned separately. A snap shot of activity at the Walk in Centre suggests that the majority of day-patients visit on Sundays;

(e) a survey of 733 patients highlighted that 69% felt that visiting the Walk in Centre was their first choice. If the Walk in Centre was not open, 58% would visit their GP and 34% would visit their accident and emergency department. When asked why patients chose the Walk in Centre, 29% said it was because no appointments are required, whereas 19% felt that visiting the Walk in Centre was convenient for their working arrangements. Of the 733 patients surveyed, 48% resulted in self-care at home, 27% resulted in treatment plus a prescription and 13% were directed to immediate care;

(f) findings thus far suggest that patients currently use the Walk in Centre as an extension of primary care services and the assumption would be that the majority of service users choose the Walk in Centre as their 1st choice because of convenience. There is a clear duplication between the 8 – 8 service and the Walk in Centre which equates to double payments for GPs, the Walk in Centre and the 8 – 8 service. In the event that the Walk in Centre was closed, an increased amount of resource would be available across the Health Community;

(g) feedback amongst NHS Nottingham City GP members highlighted a strong feeling that a city based resource was needed however, agreed that there is a duplication in provision in both the Walk in Centre and the 8 – 8 provision.

Following a SWOT analysis of options, the feeling amongst NHS Nottingham City GPs is to merge and re-commission something different;

(h) the findings of the NHS Nottingham City GPs member feedback include migrating the Walk in Centre and the 8 – 8 provision to one service, allowing the use of resources to commission additional enhancements, rather than duplicating services. Further findings point to continuing to commission a city centre service which is considered important to patients;

(i) the next stage of the process is to present the concept of an urgent care centre to Clinical Commissioning Group members, the Clinical Council, Clinical Congress, Overview and Scrutiny Committee and the People's Council which is considered a key patient representative body. The involvement of Healthwatch Nottingham will be sought to ensure that the hard to reach parts of communities are consulted appropriately;

(j) the second phase of the process is to develop a service model which includes ideas for a new service that meets the needs of providers and patients. This will include inviting clinicians to events to propose new ideas. Public engagement will also take place via interactions on the web;

(k) the third step will be to define the service via a specification based on all stakeholder feedback before finally entering a procurement process in June 2014. In is envisaged that the service will go live on 1 April 2015.

Following questions and comments from the Panel, the additional information was provided:

(l) following a discussion, the Panel agreed that this is a substantial variation or development in service as proposals highlighted in the course of the meeting pointed to a major change to the service experienced by patients. The Director of Primary Care Development and Service Integration at Nottingham City Clinical Commissioning Group would be scheduled to attend a meeting of the Panel towards the end of May to present the proposals prior to the publication of the contracts in June 2014;

(m) many patients are choosing to attend the Walk in Centre and the 8 – 8 service over their GPs because this is often more convenient for their circumstances. This results in a 'double' cost for the NHS as GPs are paid an allowance for their patients;

(n) proposals for a new service will include:

- Urgent care treatment;
- Treating minor injuries;
- Diagnostics including x-rays etc (for minor injuries, alleviating the burden on emergency departments);
- Continuing to provide drop-in service (as it is recognised not everyone has a registered GP/some prefer to access drop in session for convenience/close to work etc);

(o) consultation on 23 April with clinicians will include discussion on the 'Corby Model' which includes much of the current services but expands by offering more flexibility for non-life threatening injuries including Xrays, having more specialist services which could prevent people from having to visit emergency departments. The consultation process starts on 27 March and will be announced local radio stations and via the Nottingham Post;

(p) the Panel suggested that it would welcome a service which had a closer relationship with Nottingham University Hospital (NUH) where the new urgent care centre was delivered by a partnership including NUH.

RESOLVED to

(1) support the proposals to expand the service and to agree that the proposals constitute a significant variation or development in service;

(2) request that the outcome of the consultation and proposed model will be presented to Health Scrutiny Panel at an additional meeting in May;

(3) request that the Primary Care Strategy be presented to Health Scrutiny Panel at a future meeting date.

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HEALTH SCRUTINY PANEL
28 MAY 2014
HEALTH SCRUTINY PANEL TERMS OF REFERENCE
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To make sure all members of the Health Scrutiny Panel are aware of the terms of reference for the Panel and its implications for the operation of the Panel during the year.

2. Action required

2.1 The Panel is asked to note the terms of reference for the Health Scrutiny Panel.

3. Background information

3.1 On 12 May 2014 Council established the Health Scrutiny Panel and agreed its terms of reference. The terms of reference are attached at Appendix 1.

4. List of attached information

4.1 The following information can be found in the appendices to this report:

Appendix 1 – Health Scrutiny Panel Terms of Reference

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

Report to Full Council meeting held on 12 May 2014

7. Wards affected

All

8. Contact information

Jane Garrard, Overview and Scrutiny Review Co-ordinator
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Health Scrutiny Panel Terms of Reference

(a) To set and manage its work programme to fulfil the overview and scrutiny roles and responsibilities in relation to health and social care matters, including, for matters within its remit, the ability to:
   i. hold local decision-makers, including the Council's Executive, to account for their decisions, action and performance;
   ii. review policy and contribute to the development of new policy and the strategy of the Council and other local decision-makers where it impacts on Nottingham residents;
   iii. explore any matters affecting Nottingham and/ or its residents;
   iv. make reports and recommendations to relevant local agencies with respect to the delivery of their functions, including the Council and its Executive;

(b) To exercise the Council's statutory role in scrutinising health services for the City in accordance with National Health Service Act 2006 as amended and associated regulations and guidance;

(c) To engage with and respond to formal and informal consultations from local health service commissioners and providers;

(d) To scrutinise the commissioning and delivery of local health and social care services to ensure reduced health inequalities, access to services and the best outcomes for citizens;

(e) To hold the Health and Wellbeing Board to account for its work to improve the health and wellbeing of the population of Nottingham City and to reduce health inequalities;

(f) To work with, and consider referrals from the Overview and Scrutiny Committee, to support effective delivery of a co-ordinated overview and scrutiny work programme;

(g) To respond to referrals from, and make referrals to, Healthwatch Nottingham as appropriate;

(h) In consultation with the Chair of Overview and Scrutiny, to commission time-limited review panels (no more than 1 major review at any one time) to carry out a review of a matter within its remit. This commissioning includes setting the remit, initial timescale and size of membership to meet the needs of the review being undertaken. Review Panels will be chaired by the Chair of the Health Scrutiny Panel;

(i) To monitor the effectiveness of its work programme and the impact of outcomes from its scrutiny activity;

(j) To appoint a lead health scrutiny councillor for the purposes of liaising with stakeholders on behalf of the health scrutiny function, including the Health and Wellbeing Board, Healthwatch Nottingham and the Portfolio Holder with responsibility for health and social care issues;

(k) To co-opt people from outside the Council to sit on the Panel or any review panels it commissions as relevant to support effective delivery of the overview and scrutiny work programme.

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HEALTH SCRUTINY PANEL
28 MAY 2014
WALK IN CENTRES
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To consider information from NHS Nottingham City Clinical Commissioning Group on the outcomes of consultation about the future of Walk In Centres/ development of an Urgent Care Centre in Nottingham; and next steps in developing proposals for the new service.

2. Action required

2.1 The Panel is asked to use the information to:
a) carry out the Panel's statutory responsibility to consider:
- whether, as a statutory body, the Panel has been properly consulted within the consultation process;
- whether, in developing the proposals for service change, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and
- whether the proposal for change is in the interests of the local health service; and

b) decide if further scrutiny is required.

3. Background information

3.1 In March 2014, the Panel heard from NHS Nottingham City Clinical Commissioning Group (CCG) about proposals to remodel the current Walk In Centre provision in the City and develop an Urgent Care Centre when the current Walk In Centre contracts come to a natural end in April 2015.

3.2 At that meeting it was agreed that this change constituted a 'substantial development' in service and as such the Panel has a statutory responsibility to consider:
- Whether, as a statutory body, the Panel has been properly consulted within the consultation process;
- Whether, in developing the proposals for service change, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation; and
- Whether the proposal for change is in the interests of the local health service.

3.3 The Panel was informed of the CCG's plans to engage with clinicians, service users and the public to develop proposals for a new service. Attached is a report providing information on the consultation and engagement activities carried out and the outcomes of that engagement, and the Director of Primary Care Development and Service Integration, Nottingham City Clinical Commissioning Group will be attending the meeting to provide the latest information on this and answer questions from the Panel.

3.4 The Panel will also be updated on the CCG's plans for developing a service specification and procurement for the new service.

3.5 Nottinghamshire County Councillors representing wards where residents might be affected by the proposed changes have been invited to attend the meeting and contribute to discussion on this item.

4. List of attached information

4.1 The following information can be found in the appendix to this report:

Appendix 1 – 'Remodelling Walk In Centres' report from NHS Nottingham City Clinical Commissioning Group

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

Report to and minutes of meeting of the Health Scrutiny Panel on 26 March 2014

7. Wards affected

All

8. Contact information

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Re-modelling of Walk-in Centres

SUMMARY

This report updates on the progress ofWalk-in centre re-modelling and the developmentof a new enhanced Urgent Care Centre from a single site. We propose to pool resources from the current contracts to fund enhanced treatment to better support the treatment of urgent but non-life threatening conditions.The paper reports on clinical and patient engagement activities to offer assurance that the project is being developed to meet the needs of the local population and that links are being made with the appropriate panels and committees.

REPORT

BACKGROUND

Reason for the work/ programme

Nottingham has two walk-in centre services (London Road) (including the satellite clinic; Clifton Nurse Access Point) and the 8-8 (Upper Parliament Street), both contracts are due to end on 31st March 2015. Annual costs in relation to the WIC are £732,153 and for 8 - 8 are £1.32m, which combined treat over 70,000 patients per year. Both centres offer face-to-face consultation for minor concerns, self-care advice, information on local pharmacy services and signposting services. There is concern that these services are viewed by patients as a drop-in service and an extension of primary care; a survey indicated that most patients would visit their GP if the WIC was not open. In 2011 and 2012, patient and clinical engagement took place around current Walk-in service provision, ahead of the contracts ending. Engagement highlighted confusion around the differing clinical services offered, concern around duplication and uncertainty about how and where to access urgent care.

Based on this feedback, NHS Nottingham City CCG plans to develop a new enhanced service to assess and treat immediate, urgent health concerns. The intention is to continue to commit the same level of funding and continue to provide the 'walk-in' element of the service but remodel provision to assess and treat an extended range of immediate/ urgent but non-life threatening health needs. Patients will have access to the most appropriate service for their needs first time by bringing together walk-in centre services under one roof, extending clinical provision e.g. access to assessment by a GP, nurse, mental health specialist or optometrist and introducing diagnostics with closer links to hospital emergency departments.

In 2013, Sir Bruce Keoghpublished his report 'Transforming Urgent and Emergency Care Services in England', he sets out his vision that patients with urgent but non-life threatening needs are able to access effective services outside of hospital. The report echoes Nottingham views and in 2014, The NHS Nottingham City CCG Clinical Council supported that concept of pooling Walk-in Centre resources in order to develop a central Urgent Care Centre.

The conceptand plans for the engagement and procurement process were presented to the following in order to ensure adherence to robust governance and accountability requirements. Plans will also ensure that the project clinically led and that the voice of the local patient community is heard.

12/02/2014 Clinical Congress

19/02/2014 Clinical Council

04/03/2014 Cll Norris

20/03/2014 People's Council

26/03/2014 Overview and Scrutiny Committee

All meetings agreed pursuing the approach of ending the current Walk-in Centre contracts and re-commissioning a single enhanced Urgent Care service. All groups were supportive of the concept and a reduction in duplication and confusion around which services to access in the event of an immediate health problem.

Engagement

The views of providers, patients and clinicians will shape the new service with close working between the Patient Engagement and Communication teams to gain the views of key stakeholders. A Clinical and Provider Engagement Event took place on 23rd April 2014; representatives included NUH, GPs, existing Walk-in service providers, County CCG commissioner; a Supply2Health noticeensured that any interested providers had the opportunity to attend.The event encouraged discussion around the future service, highlighted issues and generated solutions with an interactive focus on three main questions:

- What should an Urgent Care Centre model include?
- Define good access- location
- Define good access- opening times
- What should the service be called?

Clinical/ provider feedback:

- Important to assess and treat patients in one visit, reducing the need to refer on to other services.
- Important to keep opening hours consistent to avoid confusion.
- Diagnostics were key, including x-ray, plaster room, eye casualty
- No requirement for repeat prescriptions, health advice (public health) or signposting.
- A general consensus that the service should open 7 days a week, 365 days a year and open at 7/ 8am and close at 10pm/11pm (some said overnight but noted concern around resource).
- In terms of location, it was suggested that the service is located in the city centre, near a pharmacy with parking and public transport are important with access for drop off/ ambulance transfer being crucial.

We asked clinicians and providers;
'What should the new service treat?'

We asked clinicians and providers;
'What should NOT be treated by the new service treat?'

Public engagement and feedback:

Intensive public engagement is crucial to increasepublic awareness; a meeting has taken place withHealthWatchand a further update will provided following publication of the Patient Engagement report in May.Information has been published on the CCG website in line with Monitor recommendations and amedia release has been submitted; coverage has been achieved on East Midlands Today and in the Evening Post.

A patient survey has been disseminated online via the CCG, Nottingham City Voices and NCVS websites, social media and email to over 100 third sector organisations and patient groups; the survey has also been sent via the post to City and County GP Practices. The survey asks the public to comment about what services should be dealt with at an Urgent Care Centre and what is important in terms of location and opening time. Nearly 600 responses have been received, a full report on which will be compiled by the Patient & Public Engagement Team; the report will be available by the end of May. Patient engagement road shows have been held at each of the four Joint Service Centres, Hyson Green, Bulwell, Clifton and St Ann's. Road shows were publicised in local GP Practices and surrounding business to raise awareness amongst the local community, the meetings offered the opportunity for focused discussion with small groups of patients.

The Patient Engagement Event took place on 30th April 2014, one week later to the Clinical Engagement event and mirrored the content and interactive sessions. The emphasis was on the public opportunity to 'have their say'; the final say on the proposed model to ensure that the model discussed with the public remains recognisable as the final service that is implemented. Feedback from the clinical event was outlined and there were similarities in support for an enhanced service, that assessment and treatment can take place in one visit and strong support for the continuation of walk in appointments. Patients agreed with suggestion of diagnosis for suspected breaks, treatment of acute eye conditions and the emphasis on accessibility to public transport. Both meetings raised concerns about public understanding of the term 'urgent' and patients expressed nervousness about taking the responsibility to choose the appropriate place for their treatment. Although patients also noted the existing confusion and duplication within the system; patients commented that 'Accident & Emergency' may lead them to visit the Emergency Department for more minor injuries and 'accidents' that could be treated at a new Urgent Care Centre.

Patient feedback:

- Important to assess and treat patients in one visit, reducing the need to refer on to other services.
- Important to keep opening hours consistent to avoid confusion.
- Diagnostics and minor injuries were key, however slightly different to clinicians, to include x-ray, plaster room, blood testing.
- A strong mental health support was identified by the patient group.
- A general consensus that the service should open 7 days a week, 365 days a year, ideally 24 hours, but recognising financial impact, therefore open at 7/ 8am and close at 10pm/
- In terms of location, it was suggested that the service is located in the city centre, the group strongly emphasised access via public transport, disability drop off and some parking.

We asked Patients and the Public,

“What should the new service treat?

We asked clinicians and providers;
‘What should NOT be treated by the new service treat?’

Outcome of Engagement and Next steps:

- Ensure that publicity is clear and focused, with a name and strap line that clarifies the purpose of the Urgent Care Centre. Publicity will need to clarify how the new service integrates with other healthcare provision services (GP Practice, Pharmacy, 111 and ED).
- Attend additional patient/ public meetings upon request to allow for more focused discussion and presentation of the Urgent Care Centre service model. Specific consideration is to be made for those who access emergency services frequently, regular users of walk-in centres and those who experience difficulty in accessing main stream primary care services.
- Produce a patient engagement report in May 2014, which outlines the feedback from the survey, road shows and Patient Event. The report and updates regarding progress will be shared with interested parties and made publically available via the CCG website.
- Draft a specification, which outlines clinical requirements, treatments and diagnostics required.
- Develop a working group to discuss the detail of the specification
- Set up a working group during June 2014 to focus on development of the specification and to address specific challenges and to mitigate risk. Membership and content will cover activity

modelling, pathways for diagnostics and specific clinical areas (e.g. ophthalmology, mental health) and also communication/ publicity of the new service.

- Produce a further media release to update on the planned service in June 2014

The results of engagement and proposed specification will be presented to the following for assurance, ratification and engagement:

CCG Governing Body

CCG Risk & Performance Panel

Chief Operating Officers

Health & Well-being Board

Urgent Care Board

Cluster Boards

Overview &Scrutiny Committee

Local Area Team

People's Council

Clinical Congress

Next steps and timeline

May 2014- Report on engagement, specification development and presentation at governance meetings

June 2014- Final specification approved

June 2013- Media release on progress

July/August 2014- Procurement (led by GEM)

December 2014- Successful provider is notified

January- March 2015- Publicity about new service

April 2015- New Urgent Care Centre is launched.

The tender process will be led by GEM to ensure a robust, transparent process is followed. It is anticipated that initial advertisement will take place in June 2014 with shortlisting of potential providers in July 2014. The procurement panel will include clinical and patient representatives.

EXPECTED OUTCOME
***** *what are the expected changes, when will this happen and how will it be evidenced*

- Provision of high quality assessment, diagnosis and treatment of urgent health conditions within a single, enhanced service.
- Reduction in patient uncertainty around what service to access of urgent health needs
- Increase in the number of patients who are treated for immediate but non-life threatening health conditions outside of secondary care
- Patients are informed and supported to access the right service for their health needs

Outcomes will be evidenced through contract monitoring of the Urgent Care Centre by recording reason for attendance, patient satisfaction and patient reported understanding of how and when to access the service.

HEALTH SCRUTINY PANEL
28 MAY 2014
NOTTINGHAM CITYCARE PARTNERSHIP QUALITY ACCOUNT 2013/14
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 Nottingham CityCare Partnership will present its draft Quality Account 2013/14 and the Panel will have opportunity to decide if it would like to submit a comment for inclusion in the Account.

2. Action required

2.1 The Panel is asked to consider the Nottingham CityCare Partnership draft Quality Account 2013/14 and decide whether it would like to provide a comment for inclusion.

3. Background information

3.1 A Quality Account is an annual report to the public from providers of NHS healthcare services about the quality of their services. It aims to enhance accountability to the public and engage the organisation in its quality improvement agenda, reflecting the three domains of quality: patient safety, clinical effectiveness and patient experience.

3.2 A Quality Account should:

- improve organisational accountability to the public and engage boards (or their equivalents) in the quality improvement agenda for the organisation;
- enable the provider to review its services, show where it is doing well, but also where improvement is required;
- demonstrate what improvements are planned;
- provide information on the quality of services to patients and the public;
- demonstrate how the organisation involves, and responds to feedback from patients and the public, as well as other stakeholders.

3.3 Quality Accounts are both retrospective and forward looking. They look back on the previous year's information regarding quality of services, explaining what is being done well and where improvement is needed. But, they also look forward, explaining what has been identified as priorities for improvement.

3.4 Guidance from the Department of Health requires that a Quality Account should include:

- priorities for improvement – clearly showing plans for quality improvement within the organisation and why those priorities for improvement have been chosen; and demonstrating how the organisation is developing quality improvement capacity and capability to deliver these priorities;
- a review of quality performance – reporting on the previous year's quality performance offering the reader the opportunity to understand the quality of services in areas specific to the organisation;
- an explanation of who has been involved and engaged with to determine the content and priorities contained in the Quality Account; and
- any statements provided from either the NHS England or Clinical Commissioning Group as appropriate; Local Healthwatch; and Overview and Scrutiny Committees including an explanation of any changes made to the final version of the Quality Account after receiving these statements.

3.5 Quality Accounts are public documents, and while their audience is wide ranging (clinicians, staff, commissioners, patients and their carers, academics, regulators etc), Quality Accounts should present information in a way that is accessible for all. For example, data presentation should be simple and in a consistent format; information should provide a balance between positive information and acknowledgement of areas that need improvement. Use of both qualitative and quantitative data will help to present a rounded picture and the use of data, information or case studies relevant to the local community will help make the Quality Account meaningful to its reader.

3.6 As a first step towards ensuring that the information contained in Quality Accounts is accurate (the data used is of a high standard), fair (the interpretation of the information provided is reasonable) and gives a representative and balanced overview, providers have to share their Quality Accounts prior to publication. This includes sharing with:

- The appropriate NHS England area team where 50% or more of the provider's health services are provided under contract, agreement or arrangement with the Board or the clinical commissioning group which has the responsibility for the largest number of persons to whom the provider has provided relevant health services during the reporting period;
- The appropriate Local Healthwatch organisation; and
- The appropriate local authority overview and scrutiny committee

3.7 The NHS England Area Team/ clinical commissioning group has a legal obligation to review and comment on a provider's Quality Account, while Local Healthwatch and Overview and Scrutiny Committees are offered the opportunity to comment on a voluntary basis. Any statement provided should indicate whether the Committee believes, based on the

knowledge they have of the provider that the report is a fair reflection of the healthcare services provided. The organisation then has to include these comments in the published Quality Account.

3.8 In January, Nottingham CityCare Partnership informed the Panel of its proposals for its Quality Account 2013/14. At this meeting, it will present its draft Quality Account 2013/14 for consideration. The Panel will have opportunity to decide whether to put forward any comments for inclusion. Please note that the document is still in draft form.

4. List of attached information

4.1 The following information can be found in the appendices to this report:

Appendix 1 – Nottingham CityCare Partnership Draft Quality Account 2013/14

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

Report to and minutes of Health Scrutiny Panel meeting held on 29 January 2014

Department of Health Quality Accounts Toolkit
http://www.dh.gov.uk/health/2012/02/quality-accounts-toolkit

7. Wards affected

All

8. Contact information

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Nottingham CityCare Partnership

Annual Quality Account – 2013/14

Inside front cover

If you would like this information in another language or format such as large print, please contact:
0115 883 9678

Contents

Part 1

Introduction from the Chief Executive and Board statement on quality

About Annual Quality Accounts

Quality Accounts are produced by providers of NHS funded healthcare, and focus on the quality of the services they provide.

They look at:

- Where an organisation is performing well and where they need to make improvements
- Progress against quality priorities set previously and new priorities for the following year
- How the public, patients, carers and staff were involved in decisions on these priorities.

Introduction from the Chief Executive

Welcome to our Annual Quality Account for 2013/14. Quality is consistently our top priority, and this report reflects on our work over the last year as well as our plans for next year.

I and the Board are grateful to all our partners, the public and staff who have helped us develop not only this report, but also the wider focus on monitoring and improving quality. We are shining a light on services across our organisation and the local health economy to ensure we deliver the best services we can in the best way possible to meet people's needs – we can cover only a fraction of that work here.

About Nottingham CityCare Partnership

Nottingham CityCare Partnership (CityCare) is a trusted provider of community health services, and we are dedicated to working in partnership to build healthy, sustainable futures for local people.

We are a not for profit social enterprise; this community ethos shapes everything we do. We honour our responsibility to generate value and invest in social return, for the wider benefit of the community.

We came into being in April 2011 and since then have seen a growth of around a third in our contract values and workforce. We have been awarded a provider licence by Monitor, one of the sector regulators.

Our vision is to build healthier communities, by working together with local people, each other and with other health and social care organisations to improve long-term health and well-being.

As an award winning provider in service design and delivery, our expertise is founded upon our NHS heritage and a legacy of professionalism and excellence of care.

Figure 1: Our culture

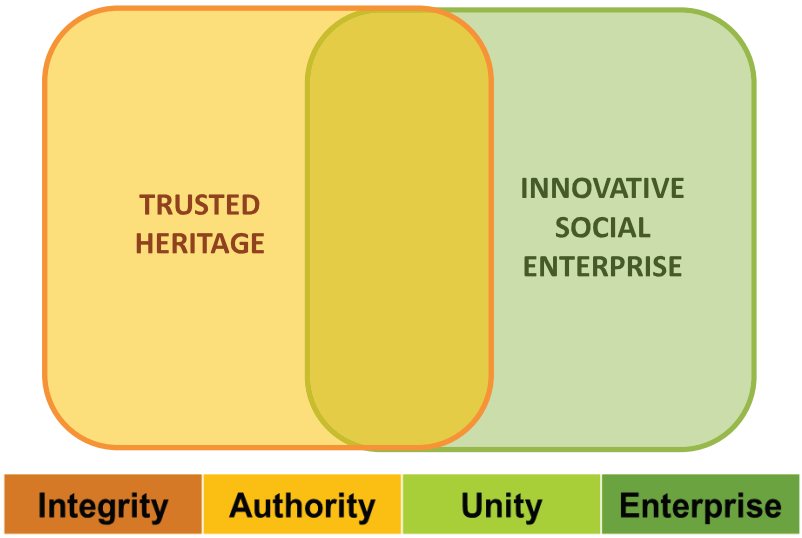


Figure 2: Our services

Figure 3: Our strategic objectives

Our strategic objectives for 2014/17 are:

- Provide high quality, accessible and equitable services
- To grow a successful, sustainable organisation that creates social value and invests in the wider community
- Prevent ill health, improve well-being and provide services that improve local health outcomes
- Deliver services that are responsive to the needs of our local communities and commissioners
- Deliver financial duties and ensure the efficient use of resources
- Be an employer of choice and an organisation that supports local employment

Responding to the Francis Report

The Francis Report came from a public inquiry into the serious failings at the Mid Staffordshire NHS Foundation Trust. The report included a number of recommendations to improve the way services are provided, and the way patients and staff are cared for and listened to.

We are working on the actions and priorities that are relevant to our organisation, and these themes are threaded throughout this Quality Account.

Our Board is responsible for overseeing the quality of care and ensuring good quality health outcomes are being achieved. *See the Board Assurance section on page xx.*

Listening to Patient Voices

We are committed to listening to the views of people who use our services and making continual improvements based on what they have said.

Developing this report
We consulted with a variety of groups on the proposed content of this report and their ideas on where we need to improve the quality of our services. The notes from the consultation are available on our website as an appendix to this report. Some of their comments are threaded throughout the report.

We spoke to:

- The Patient Experience Group *(see page xx)*
- The Health Group *(see page xx)*
- The Health Scrutiny Committee *(see page xx)*
- HealthWatch *(see page xx)*
- Visitors to the Indian Community Centre
- Nottingham Elders' Forum

- The Carers Federation: Huntington's Disease Support Group
- The Friends of Clifton Cornerstone
- Clients at the Acorn Centre (a physical disability day centre)
- Individuals.

Patient satisfaction

We ask people about their experience of our services on a regular basis. In 2013/14 the number of surveys submitted increased by 1,031 to 4,861 from 3,830 the previous year.

- Almost 97% rated overall satisfaction as excellent or good, exceeding target of 85%
- 97% answered excellent or good about how well the service treated them with dignity and respect
- Over 95% answered excellent or good about how well the service kept them informed about their care
- **The Friends and Family Test -** between July 2013 and March 2014, 2,617 people were asked 'how likely is it that you would recommend this service to friends and family?' Of those, 2,504 said that they were extremely likely or likely to do so.

The Patient Experience Group

The Patient Experience Group (PEG) meets every six weeks. Membership is open to patients and carers, members of the public, community groups and organisations. It ensures patients and the public have a voice within CityCare and are involved in the development, scrutiny and improvement of services.

PEG members have been included in the recruitment of staff, including recent interviews for director posts.

Pull out as a quote
PEG members said:

The atmosphere of meetings is inclusive and informal

The range of patient experience and insight gives an excellent forum for scrutiny and development.

The Health Group

We run and facilitate a Health Group for people with learning disabilities, to help us and other health providers hear their views. It meets to discuss topics related to health and health services. Below are some of the group's achievements in 2013/14:

- They learned about healthy living, healthy eating and health problems like diabetes
- They helped make changes to hospital leaflets

- A member of the Health Group sat on the interviewing panel for the Health Facilitator job role.

To be pulled out as a separate section

What did people say about our services?

The Clifton Nurse Access Point was quick, and met my need to discuss my possible condition with a medical person which offered peace of mind. Staff were pleasant, efficient and welcoming.

The service from start to finish throughout was of a very high standard (Cardiac Rehabilitation Service)

The service is absolutely fantastic and I am so glad I was accepted onto it. I feel so safe now and looked after (Integrated Respiratory Service)

They really help you with things that you think are impossible. It's great and I feel a lot better talking to someone (Community Macmillan team)

It gives me the confidence to know that I am not just anybody on the end of the phone line. It gives me that one-to-one contact. With my illness I would be completely lost without this service (Community Matrons)

I like the way each nurse interacts with me on both a personal and work related level e.g. I feel a complete part of the care and the visit (Community Nursing)

The service was well thought out by the team to suit my disability. A very caring and professional team (Community Stroke team)

The Continence Advisory Service lends a sympathetic and professional ear to my problem with plenty of time for discussion

The care has been excellent, they have bothered how I feel, advised me, treated me with dignity and helped me every way they could (Evening and Night Nursing Service)

Personal, caring, helpful and useful advice from staff (Health Visiting)

The nurse was very sensitive and respectful about what I wanted. (Intermediate Care - Crisis Response Team)

Excellent staff delivering brilliant care - the nurse was very professional, caring, compassionate and understanding - the receptionist was lovely, polite and very professional (Walk-in Centre)

The New Leaf stop smoking service helps you with giving up smoking with respect and appreciate how hard it is

You help me understand about what my baby needs and how I can satisfy her and make her happy. You put my mind at ease when I worry about her eating and health. (Family Nurse Partnership)

To be pulled out as another separate section

What do people feel that we can improve?

We continue to listen to peoples' concerns and complaints and to improve services based on what they have told us.

You said	We did
Waiting times in some of our clinics are still too long.	We have increased both the number of clinics and the venues we provide our clinics from and will continue to address this issue to ensure people are seen as quickly as possible.
Services should be available in accessible locations, for example in the city centre and existing day centres.	We are expanding the delivery of different services into community settings including a number of services including podiatry now being delivered from Boots in the city centre, the Carers Federation and the Indian Community Centre. Summer 2014 will also see the launch of a new clinic in The Radford Care Group.
Sometimes people say that our staff do not treat them with dignity and respect	All staff receive training and support that emphasises the importance of putting the patient first. The 6 Cs of customer care are now included in mandatory induction training. *(See page xx for more on customer care training)*
For appointments months apart, a quick phone call reminder would help everyone and save time and petrol.	Some services text appointment reminders. Services are also encouraged to call patients to remind them of their appointment.
More staff should be on duty, especially at weekends	We are expanding our out-of-hours provision across a range of services. This includes the Crisis Response Team, which operates every day from 8am to 10pm.
Do not send different staff each time treatment is required	We will endeavour to offer consistency as far as possible within services.

Our brand and the 6 Cs

The 6 Cs are competence, communication, courage and commitment to create a culture of compassion and care.

CityCare's brand values of integrity, unity, expertise and enterprise reflect the 6 Cs in their focus on delivering high quality compassionate care.

The brand values were developed as part of a research project that gained insights from staff and stakeholders into our corporate identity, as well as research with patients across key sites where we deliver our services.

Our communications support our values and quality by putting the patient voice at the heart of everything we do. By targeting the right audiences with the right messages, at the right time we address the needs of individual stakeholders and ensure that we're optimising the CityCare experience and our values at every touchpoint.

Building community capacity and social return on investment

As a community interest company, CityCare is committed to adding social value by providing services in the community. We exist for the benefit of the community and specifically to benefit the health and well-being of people as well as reducing health inequalities. We might do this for example by investing any surplus into the community through our partnership arrangements, internal funding support such as additional training and development of our staff, trialling new and innovative ways of working and other philanthropic donations to charities. It is important that we are also able to demonstrate our added social value and this is something we are developing as part of working towards the social value quality mark.

To ensure we offer the greatest benefit we:

- Engage with staff to scope the potential for service investment and new services based on their knowledge of the services and the communities in which they work
- Involve the local community through established engagement groups, local partnerships and discussion with other third sector organisations.

We also plan to create our own charity to give a focus for additional community action, fundraising and investment.

Pull out as a quote:

The Nottingham Elders' Forum asked: How does CityCare allocate any surplus funds? How does the Social Return on Investment work?

Pull out as a quote:

People we consulted at the Indian Community Centre said they would be interested in other services attending the ICC such as Falls Prevention, Nutrition and Dietetics and Physiotherapy. We are making this happen.

Board statement

We are committed to a continual improvement in quality, and the main themes of this report are linked to customer care and meeting patients' individual needs, a drive towards integrated care and 24-hour working, patient safety, and supporting the development of all CityCare colleagues.

We hope you find it useful; please do offer us your feedback to help us develop our report for next year.

To the best of my knowledge, the information in this document is accurate, and a true account of the quality of our services.

Lyn Bacon, Chief Executive, on behalf of the Board

Pull out as a quote:

CityCare won the 2013 HSJ award for sustainable provider. HSJ editor Alastair McLellan said: "Projects such as CityCare's can inspire NHS organisations elsewhere, helping to safeguard patient care through the encouragement of innovation and healthcare excellence at a time when the NHS is under the spotlight."

Pull out as a separate section:

Homeless Health team supports patient on road to recovery

An ex-heroin addict who almost died due to a severely infected leg ulcer has thanked the CityCare Homeless Health team for getting his life back on track.

When he was seriously ill, he visited CityCare's Homeless Health team, based in Hockley, who put him on the road to recovery.

His leg ulcer is now no bigger than a 50p piece and he has not taken drugs or been drunk for 18 months.

Although the primary reason he engaged with the team was for wound care, they have been able to use these periods to advise him on his health, housing and substance misuse issues and have been able to liaise with, or signpost him to, other agencies – advocating for him where needed.

Pull out as a separate section:

Going above and beyond

CityCare's Community Neurology Team has been nominated for the Hero of the NHS in the Nottingham Post Heroes Awards for going above and beyond the call of duty.

The team went above the call of duty when a young patient was dying and she wished to remain living at home. They pulled together with social care to organise carers who knew the lady well and helped her to access some funding for this and special equipment.

The therapists, hospice staff and nurses worked tirelessly so that her wishes were fulfilled. They helped her to make difficult medical decisions as they arose. They had supported her for over two years to the end, and supported her family both before and after her death.

Part 2

Review of quality performance

Last year we set specific quality priorities related to patient safety, clinical effectiveness and patient experience.

2.1 Patient safety

Last year's patient safety quality priorities focused on medicines management.

What we said we would do:	We achieved:
We will provide tailored medicines training for CityCare staff	• Three specialist sessions delivered for diabetes specialist nurses • Roll out of bespoke training programme on controlled drugs for district nurse teams, to be completed by December 2014 • Specialist modules on medicines administration developed for the Intermediate Care teams. Delivered to South team, others will be trained by December 2014
We will instigate a new system of competency assessments for all nurses involved in insulin administration	• Developed and implemented a new competency assessment tool on insulin administration

	• All community nurses will have had competencies assessed by 31 July 2014 The assessments will be carried out every two years for existing staff and on joining for new staff. This will be monitored by our locality leads to ensure full compliance.
We will improve the quality of our non-medical prescribers by improving education and training support *(Non-medical prescribers are health professionals other than doctors who can prescribe medication. These may include pharmacists, community nurses, school nurses and health visitors.)*	• We delivered two study days by the University of Derby for health visitor and school nurse prescribers, to improve knowledge and confidence to prescribe from the community nurse formulary. The study days evaluated well in terms of improving the knowledge and skills of the nurses.

The work of the Medicines Management team in these areas is monitored by the Head of Medicines Management and reported to the Patient Safety and Governance Committees.

2.2 Clinical effectiveness

Our quality priorities for clinical effectiveness focused on increasing our research capacity and clinical training, supervision and ongoing training.

2.2.1 Increasing our research capacity

Following on from achieving 'highly commended' in the Health Service Journal Awards Progressive Research category in 2012, we have continued our commitment to undertaking high quality research.

We have supported staff to take part in research training opportunities. For example, two staff completed the non-medical Clinical Academic Mentorship programme, one is undertaking a non-medical Clinical Academic internship, two have undertaken the Masters in Research Methods degree and four have undertaken secondments with research teams at the University of Nottingham.

We have also supported two staff to apply for National Institute for Health Research PhD fellowships.

What we said we would do:	**We achieved:**
We will produce and deliver a co-ordinated plan for research training for	• This priority is being carried over to 2014/15

staff	Our Research Strategy (2012-14) includes developing the research capacity of the workforce. The strategy and implementation plan will be reviewed during 2014 Progress will be reported regularly to the Governance Committee.
We will set up a research web page which will inform the workforce about research projects, training, research outcomes and funding opportunities	• Research page is now live at http://www.nottinghamcitycare.nhs.uk/about-citycare/research-at-citycare/.
We will continue to work in partnership with our local universities and support research activity to improve outcomes for patients	• We have worked collaboratively with our local universities on a range of research studies of relevance to our patient population. This included secondment opportunities for four of our staff to work as part of academic research teams • We have worked with our partners to make sure that we ask patients and their carers in appropriate ways about whether they want to take part in research

We are launching a new Research Forum in April 2014 for all staff with an interest in research so they can share their research knowledge and experience and be part of a network of research active staff.

These developments all continue to ensure our staff increase their clinical research skills which in turn enable patients to have the opportunity to take part in research which is relevant to them.

As a social enterprise we are close to the people we serve and interested in research that directly benefits patients and our communities in a practical and meaningful way. Our aim is to fully embed research and innovation as part of our normal business.

Figure 4: CityCare's four-level model of research

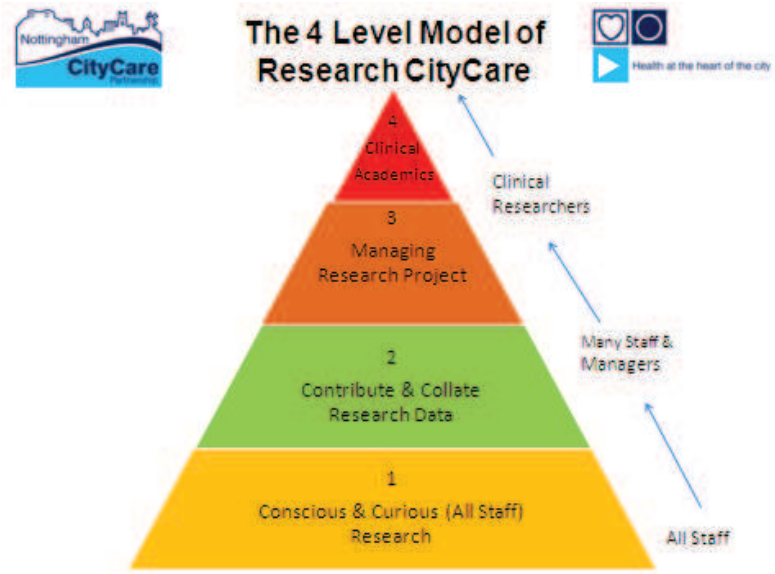


Figure 5: Implementation of innovation and research (figure to come)

Figure 6: Our successful research partnerships

Nottingham Forest Football Club	The People	Birmingham University
Nottingham University	Boots	Notts County Football Club
Trent University	Notts Healthcare Trust	Carers Federation

2.2.2 Clinical training, supervision and ongoing training

What we said we would do:	We achieved:
We will implement a new restorative supervision model, starting with health visiting teams *(Restorative supervision is an evidence-based programme that has proven outcomes to increase resilience and job satisfaction.* *The training takes approximately nine months. Participants receive six monthly one-to-one sessions and several group sessions before they can become a supervisor.)*	• Fifteen health visitors and five school nurses trained as supervisors • Implementation Group formed to oversee project and offer supervision to health visitors and school nurses. Allocation of supervisees will take place in May 2014 • Currently recruiting 20 delegates from the adult Community Nursing Services for supervisor training Feedback from the supervisors was very positive and it is felt that it will be very advantageous when rolled out.
We will review and embed the lessons from the Francis Report *(see page x for more on the report)*	• Launched a 'step up to management programme' and a high performance leadership programme • Developed a new Performance Management Programme for launch in 2014/15 • Worked to develop peer assessment reviews to be introduced in 2014 alongside a revised Performance Development Review assessment programme Delivery will be reported to the Board.
We will improve leadership development	• Programme of team leadership training delivered to supervisors working within the new Care Delivery Groups *(See page xx.)* • Worked towards the introduction in 2014/15 of an E-Appraisal programme and the incorporation of 360 degree peer review providing for a common set of values aligned to the NHS Constitution with staff reviewing on an annual basis

	Delivery will be monitored through our new 'Halogen' appraisal software system and reported to the Board.
We will review the Organisational Development Strategy	• Revised our Organisational Development (OD) programme, which now has an increased focus on a culture of compassion and care • A Project Group held four sessions to work on the development of our OD Strategy. This group amalgamates the branding and OD work to provide a Brand and OD Strategy for inclusion in the CityCare Business Plan for 2014-17 The strategic priorities in our OD strategy are: • To develop a brand-led organisation, by which we mean a cohesive organisation that delivers its vision and purpose through meaningful relationships with its customers, patients and staff • To build and develop the organisation's capability in its entirety to deliver its brand promise and experience consistently to customers, patients and staff • To develop and implement an effective Brand Strategy and an OD Strategy that can mobilise and engage the entire organisation to deliver the objectives The implementation of the strategy will be monitored through the Senior Management Team and reported to the Board.

Pull out in a separate section:

The Cavendish Report

The national Cavendish Report was commissioned following the Francis Report and the failings at Winterbourne View. It looked at the recruitment, training, supervision and support of health care assistants and support workers. In response, in 2013 we launched an annual HCA Conference for all health care assistants. This was well received and resulted in the launch of defined key competencies for service areas.

Training and Continued Professional Development

In 2013 we launched our Community Nursing Preceptorship Programme to support newly qualified nurses. This programme introduced dedicated training to support a new recruit from first placement to advance nurse practitioner, through a 24 month programme supported through the knowledge and skills framework.

2.3 Patient experience

Customer care training and the 6 Cs

What we said we would do	We achieved:
We will open up customer care training to all staff	Customer care training now included in the mandatory induction training for all staff
We will include the 6 Cs in customer care training *(The six Cs - competence, communication, courage and commitment to create a culture of compassion and care)*	Undertaken work to develop a model of ongoing training including the 6 Cs for all staff. This work is not yet complete but we expect to deliver training under the new model by 2015. Trainee Assistant Practitioner (TAP) and Assistant Practitioner programmes now include the 6 Cs.
We will improve how we respond to service users following their feedback	We respond to people by letter (complaints) or letter/phone (concerns) to tell them what actions have been taken or will be taken to address the issue they have raised. We continue to publicise changes and improvements in our services through: • Information in our quarterly CityCare magazine • Feed back through our Patient Experience Group (PEG) • Our website

Part 3

Priorities for quality improvement 2014/15

3.1 Patient safety

Our patient safety quality priorities will be delivered through work within Care Delivery Groups, mobile working and assistive technology, and workforce development in integrated care.

In a separate, prominent section

Integrated care – the background

CityCare is a partner in the Integrated Care Programme, which will take up to five years to fully implement. NHS Nottingham City Clinical Commissioning Group (CCG) and Nottingham City Council are working in partnership to make integration happen, and other partners include GP practices, Nottingham University Hospitals NHS Trust (NUH), Nottinghamshire HealthCare NHS Trust (mental health and learning disabilities) and the voluntary and community sectors.

The future model for Integrated Care

A new model for integrated care has been developed from direct feedback and the conversations and discussions that took place at the stakeholder engagement events in

January and February. The model was approved by the Integrated Care Programme Board in June 2013.

The new model aims to deliver services in a way that puts the citizen at the centre, giving them more control. This means that instead of citizens trying to navigate their way round the multitude of services that currently exist, we are redesigning services to fit around their needs.

Key to the new model is the formation of Care Delivery Groups. These are groups of key professionals working together in a specific geographical area. By aligning health and social care boundaries, we will be better able to work together around a citizen's needs, share information and combine experience to shape continuous improvement.

By ensuring health and social care teams support eight multi-disciplinary Care Delivery Groups and by integrating services to deliver the 'Independence Pathways', we can be more joined up and responsive to the needs of citizens. This will avoid duplication of time and paperwork and result in more holistic care.

The Care Delivery Groups are now in place, with Care Co-ordinators coming into post at the end of January 2014. They can now be accessed by primary care, community health and social care colleagues as the 'go to' points for information and co-ordination of referrals to the Neighbourhood Teams.

These non-clinical co-ordinators are based within each of the City's eight Care Delivery Groups (CDGs) and are responsible for the co-ordination of information to support the assessment of citizens referred into the CDG.

This information was sourced from the Nottingham City CCG website and the Connecting Care newsletter. More information can be found at http://www.nottinghamcity.nhs.uk/news-projects/integrated-care.html

3.1.1 Care Delivery Groups

We employ Care Co-ordinators to work within the Care Delivery Groups.

Currently Care Co-ordinators take referrals from GPs and the neighbourhood teams, provide an information gathering service, and support successful navigation of citizens who previously may have 'fallen in between' specialist service criteria.

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
• We will explore the expansion of the care coordinator role to support citizens with complex needs throughout their whole pathway of care • We will explore the	• We will develop and test processes and protocols for information sharing	• The development of processes and protocols, plus the evaluation of their implementation will be monitored through the Task and Finish Group of the Integrated Care Programme and

diversification of the role by taking non-clinical tasks from clinicians to release time to care		reported to the Programme Board

To be pulled out as a comment

The Patient Experience Group said: *A joined up approach across health and social care is required for people with long term conditions, of all ages.*

3.1.2 Assistive technology and mobile working

We are embracing the effective use of new technologies as a major strategic priority to improve the safety of care and patient experience. Two important developments are assistive technology and mobile technology.

Assistive technology

The assistive technology project is looking at increasing the use of Telecare and Telehealth across social care and health in the next five years.

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
We will increase the awareness among health professionals and patients of the benefits of and barriers to Telehealth	• Training package on new Telehealth system delivered to relevant CityCare staff • Clinicians directed to training resources within the new system • Patient information leaflet distributed	• The effectiveness of the Telehealth deployment is part of OPM's evaluation of the whole integration programme. This is also supported by a Nottingham University research project which is providing qualitative evidence of the effectiveness

Mobile technology

Our clinical staff need to have the right resources to ensure they can meet the needs of those who use our services, and we are driving towards the provision of community services seven days a week, 24 hours a day. More integration of care means organisations need clear plans and protocols for sharing information to ensure that care is delivered appropriately, as and when needed.

We were part of a successful bid with Nottinghamshire Healthcare NHS Trust and County Health Partnerships to secure funding from the 'Nursing Technology fund'. We will now implement a mobile working project to enable nurses to access the information they need whilst with the patient in their home or any other community setting, such as medication, care and treatment plans, hospital letters and test results.

This will help them make better informed decisions, and free up time for patient care by reducing the need to duplicate entries to paper and computer records and cutting the number of phone calls to check records. It will also enable flexible working in line with our patients' choices.

What we plan to achieve	How we plan to do this	How we will monitor and report on progress
We will implement the mobile working project across four key service areas: • Community nursing • Care Delivery Groups • Intermediate Care • Evening and night nursing	• Employ a project manager to develop a project plan and begin to implement the plan in a staged approach	• The Project Implementation Group will monitor progress and report to the CityCare Senior Management Team

3.1.3 Workforce development in integrated care

Workforce planning for people working with citizens who have complex long term conditions has identified that a joint health and social care competency framework is needed to ensure that we have an equitable and skilled workforce to meet citizens' needs and to make every contact count. One of the key drivers for this is to enable a system in which citizens only have to tell their story once to professionals. Part of the delivery of this is via developing our workforce development and part via secure information sharing systems. One priority in workforce development in integrated care is dementia training – please refer to the section on page xx for CityCare's planned actions for dementia care and training.

3.2 Clinical effectiveness

For 2014/15, our clinical effectiveness quality priorities will be delivered through further development of the Hospital Discharge project, dementia training and care, and research into falls and older people.

3.2.1 Hospital Discharge project

Pull out as a quote:

The Patient Experience Group said: Further communication/coordination is required between hospital and community services to support people leaving hospital.

The Hospital Discharge project, launched in 2013 to help reduce readmissions and support rehabilitation for older patients, will be further developed this year. The team telephones consenting patients aged 70 and above who have been discharged from Nottingham University Hospitals to check for medication issues or if there are any unmet health and social care needs such as mobility aids or assistance with daily activities.

Preliminary results for 2013/14 have been encouraging, with 10,485 calls made. There have been 325 signpostings, 597 social care referrals and 235 referrals for problems with medicines.

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
We will evaluate the service provision	• Pilot a three telephone call model (where a patient is called three times rather than the current one time) • Audit project data	• The results will be monitored by the project team and reported to the CityCare Senior Management Team in 2014

In a separate box

Case study – Hospital Discharge project

An 83 year old lady with heart failure and atrial fibrillation had been admitted to hospital with shortness of breath due to worsening fluid retention. She was treated and discharged home with a higher dose of diuretics (water tablets).

Several days later, the Hospital Discharge team telephoned to ask how she was getting on. She said she was confused about the changes to her medicines, so the pharmacist in the hospital discharge project team visited her at home. The pharmacist:

• Reviewed the medications the patient was taking and liaised with the GP to update her repeat prescription

• Found out that she had only been taking her water tablets once a day, rather than twice a day as prescribed. They explained this to the patient to enable her to take the medication properly in future

• Liaised with the anticoagulant clinic to advise the patient on taking her warfarin and the need for further blood tests

• Reminded the patient about taking potassium supplements as prescribed by the hospital, and having follow-up blood tests.

The pharmacist also arranged for the medicines to be dispensed into a weekly blister pack and for the community pharmacist to become involved in making sure she continued taking them correctly.

Several of the issues identified in this case could have led to the patient being re-admitted to hospital if left to continue.

3.2.2 Dementia training and care

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
We will raise levels of early diagnosis and support staff to provide an improved standard of care *(Early diagnosis is a key part of the National Dementia Strategy, allowing patients to access treatment and support.)*	• Dementia Friends training will be made available for receptionists • A mentorship scheme will be made available for non-clinicians linked to work-based competencies • Specific training will be made available for Band 6 and 7 clinicians	• Monitor training through attendance and delegate feedback • Audit number of referrals by CityCare staff to memory clinics and report audit results to the CityCare Safeguarding Group • Mentorship scheme will be evaluated by those who attend and through feedback from assessors regarding individual practice development. Progress will be monitored by the CityCare clinical nurse specialist for mental health and reported to the CityCare Safeguarding Group
We will improve our compliance with the Mental Capacity Act *(A report of the House of Lords Select Committee recently concluded that the Mental Capacity Act is poorly implemented nationally.*	• Carry out a clinical audit of our compliance • Use the clinical audit to identify any specific training needs	• Initial audit to be completed by end of 2014, followed by an annual audit of compliance and training records including any identified training needs, reported to the CityCare Safeguarding

CityCare does not have a policy that is in date and has not conducted a clinical audit on this since 2009.)		Group
We will improve the emotional support available to those who care for people with dementia *(Providing emotional support to carers will reduce stress and promote health and well-being. This improves the health and welfare of the person with dementia.)*	• Recruit two Admiral Nurses to help provide this support *(Admiral Nurses support families throughout the dementia journey. They provide family carers with the tools and skills to best understand the condition, as well as emotional and psychological support through periods of transition.)*	• Processes for monitoring and evaluating the work of the Admiral Nurses will be developed and agreed with the post holders once appointed
We will review the recently restructured Older Persons Mental Health Team *(The Older Persons Mental Health Team has been restructured to act a peripatetic service (based in various places) and work with a wider range of health professionals across the city.)*	• Audit referrals into the team from primary care • Audit discharges into the team from acute care • Complete a clinical audit of patient outcomes	• The audit results will be reported to the CityCare Senior Management Team by the end of 2014/15

Pull out as a quote:

The Patient Experience Group said: It is essential that we look at the needs of families and carers in any work that we are doing on dementia.

Pull out as a quote:

Councillors on the Health Scrutiny Committee agreed that dementia care training should remain a priority for 2014/15.

3.2.3 Research into falls and older people

Research into falls and older people currently accounts for 16% of the total research activity being undertaken in CityCare. We will continue to work in partnership with researchers at the University of Nottingham to develop new studies in these important areas.

The studies currently taking place include:

Study Title	Study Summary
Falls In Care Homes (FICH)	Assessing whether falls intervention guidance (Guide to Action for Care Homes 2) developed by the researchers reduces falls in care homes; collecting data to inform a larger trial.
Care and Communication	Investigate patient, carer and professional perceptions and experiences of initiating and subsequently reviewing Advance Care Planning discussions and decisions throughout the last six months of life.
Balance and the Mind Programme	Ways to reduce the risk of falling; in particular to find out if memory or other aspects of thinking affect why people fall. The treatment is likely to include things like exercises and memory training.
Community In-reach Rehabilitation and Care Transition clinical and cost effectiveness study	Assess whether the Community In-reach and Rehabilitation service reduces the length of hospital stay compared to the usual rehabilitation service for unplanned hospital admission of people 70 years or older.
Evaluation of the 'Regaining Confidence after Stroke' course for Stroke Survivors and their Carers: A Feasibility Trial	Compare the 'regaining confidence after stroke' (RCAS) group for stroke survivors and their carers, with usual treatment for this patient group. The study is collecting data to inform a larger trial.

Pull out as a separate section

A 79 year old lady had broken both her wrists and one of her ankles over a period of five years, as she lost her balance and fell to the ground.

But she hasn't lost her confidence or ended up having to use a walking frame, thanks to our community Falls and Bone Health Service.

The service gave her advice and support, and installed balancing aids in her house, a step up to her bath, handles around her bathroom and handrails up her staircase to help make sure she doesn't fall at home.

She said: "Falling over really ruins your confidence and makes you feel like you can't care for yourself.

"The CityCare team visit me to check that I'm getting on all right. And they arranged for me to go to a special exercise class at the Lark Hill older people's complex in Clifton. The team has made a massive difference to my life. Just last month I felt confident enough to go to my granddaughter's birthday party.

"If it were not for the help I've been given, and the caring and kind attitude of the staff to let me take my recovery at my own pace, I don't think I'd be where I am today."

To be pulled out in another separate section:

The Falls Rapid Response Team run by CityCare in collaboration with the East Midlands Ambulance Service was picked as a finalist in the British Medical Journal Awards 2014 in the Emergency Medicine Team category. The team responds quickly to people who have fallen in their homes.

3.3 Patient experience

For 2014/15, our patient experience quality priorities will be delivered through improving our response to complaints and concerns and a review of the complaints process, the work of the Patient Experience Group and the development of Patient Stories for the Board.

3.3.1 Improving our response to complaints and concerns

We want to improve patient experience and deliver the highest quality of care across all services, and embed the '6 Cs' of nursing practice (care, compassion, courage, communication, competence and commitment) into everything we do.

We accept, however, that at times things can go wrong and that people are dissatisfied with the service they have received. It is essential that we have a clear complaints process in place, enabling us to respond to issues raised, address concerns, learn from our mistakes and channel this into service improvement.

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
We will deliver regular training workshops for staff who are likely to be involved in investigating complaints	• We will ensure that complaints training is delivered regularly and continue to develop it based on feedback from courses	• Uptake of training will be monitored by the Quality and Safety Team and reported to the Governance and Risk Committee and the Board, in quarterly Patient and Public Experience reports

We will review our complaints process	• Commission an independent review to be completed by May 2014 • Develop an action plan to deliver any recommendations from the independent review	• The review will report to the Head of Patient Safety and be presented to the Patient Safety Committee and commissioners. It will be reported on as a Commissioning for Quality and Improvement (CQUIN) target for 2014/15
We will provide clear examples of changes and improvements in services as a result of patient feedback, including complaints or concerns	• Use Patient Stories for the Board (see section below) • Work with teams to identify examples of service changes based on patient feedback	• Provide a regular report to commissioners regarding examples of service changes in relation to patient feedback
We will improve patient satisfaction with our complaints process	• Ensure complaints are responded to in a timely and proportionate manner according to the results of the independent review • Send a satisfaction survey to all complainants once their complaint has been responded to	• Complaints responses will be monitored through regular reports to the Governance and Risk Committee and Board • Results of the satisfaction survey will be monitored by the complaints team and reported to commissioners as a CQUIN target for 2014/15

Pull out as a quote:

PEG members welcomed a focus on complaints and feel that it is vital to ensure that we address complaints in a timely and concise manner.

3.3.2 The Patient Experience Group

The Patient Experience Group (PEG) will continue to act as a forum to ensure that patients, carers and members of the public have a voice and are involved in the development, scrutiny and improvement of our services.

We will work with the PEG to implement recommendations for 2014/15 from the recent PEG review. These include:

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
We will formalise the feedback loop between PEG and the Board *(The PEG is chaired by a non-executive director)*	• An update in the form of a 'Board communique' will be developed by the PEG for the Board • Board members will be invited to attend PEG	• The PEG update will be presented to Board each month by the non-executive director who chairs the PEG • The Board will monitor members' uptake of the invitation to attend PEG
We will provide training and development for PEG members	• Develop and deliver a patient leadership programme • Provide 'in house' training for PEG members regarding specific issues, e.g. involvement in staff recruitment/training	• The PEG will report on progress and evaluation through the chair (a non-executive director) to the CityCare Board
We will involve the PEG in staff training	• Include a PEG member in induction training for all staff • Support PEG members to deliver this induction training through support and training from the Patient and Public Engagement team	• The PEG will report on progress and evaluation through the chair (a non-executive director) to the CityCare Board

3.3.3 Patient Stories

Listening to stories and personal accounts can be powerful incentives for change. Patient Stories enable us to learn about what works well and what doesn't work so well, based on actual experience.

What we plan to achieve	How we plan to achieve it	How we will monitor and report on our progress
We will capture and record individual Patient Stories We will capture and record information from people accessing our services in community settings	• Develop a template for collecting information from patients who agree for us to share their stories • Develop guidance on the process for sharing Patient Stories	• Include this information in regular reports to the Governance and Risk Committee and the Board.

Pull out as a quote:

PEG members welcomed the idea of 'Patient Stories'. They said we need to develop ways of recording these and using them to evidence patient experience.

Part 4

Board Assurance

The Board is accountable for our Quality Account and has assured itself that the information presented in this report is accurate.

4.1 Review of services

During 2013/14 CityCare provided 63 NHS services, and sub-contracted 14 NHS services (or elements of NHS services) to permitted material sub-contractors.

CityCare has reviewed all the data available on the quality of care in line with the requirements of those commissioning these services.

The income generated by the NHS services reviewed in 2013/14 represents 99.42% of the total income generated from the provision of NHS services by Nottingham CityCare for 2013/14.

4.2 Participation in clinical audits

During 2013/14, no national clinical audits and no national confidential enquiries covered NHS services that CityCare provides.

However, CityCare reviewed the reports of 18 local clinical audits in 2013/14 and we intend to take the following actions to improve the quality of healthcare provided:

The audit **(2012/13 unless stated otherwise)**	**Areas we will focus on:**
Essential Steps, Hand Hygiene and Sharps Bins	• Adherence to 'bare below the elbows', Hand Hygiene and Personal Protective Equipment Policies • Safe handling and disposal of sharps
Record Keeping	• Review the use of various systems and cascade key messages and guidance • Improve collection and accuracy of certain data including equality data
Pressure Ulcer	• Adopt a Zero Tolerance culture and utilise the Stop the Pressure campaign

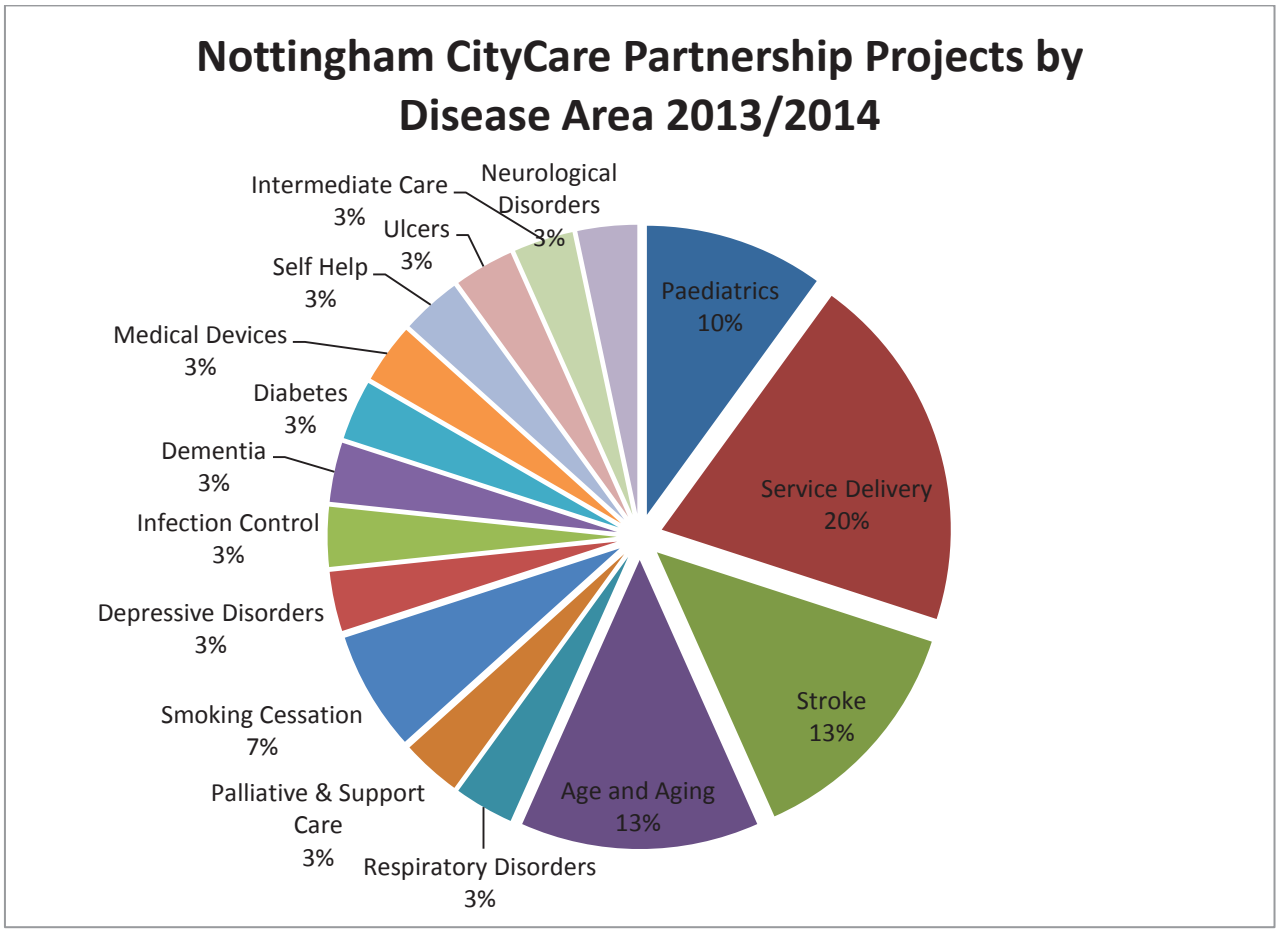
Prevention	• Include Tissue Viability Link Nurses in education and monitoring
Link Schemes	• Further facilitate and develop the work of link clinicians to support the Infection Prevention and Control team, the Tissue Viability team, the Community Diabetes team, and the Continence Advisory Service
National Audit of Intermediate Care (non-mandatory)	• Increase client participation in service development
Resuscitation	• Ensure facemasks or face shields are available and that clinical staff attend training
Baby Friendly Initiative	• Improve training for staff, peer supporters and breastfeeding women
Falls and Bone Health Service	• Develop a single Falls and Bone Health assessment and assess nurse-led clinics in GP practices
Personal Health File/Health Action Plans (HAPs)	• Continue to distribute HAPs and record as per service specification and policy
Clinical Management Plans in Care Homes	• Findings to be incorporated into development of the new Care Homes Team
Anticipatory Medicines for Fast Track Patients	• Offer further ward clinician training on the Fast Track tool and expectations for transfer
Controlled Drugs	• Develop and deliver training for relevant staff
Healthy Child Programme	• Ongoing training in a variety of key subjects
Environmental Infection Control	• Complete the action plan identifying environmental and cleaning issues
School Nurse Child Protection	• Ensure timely home visits for health assessments, and timely and regular follow up by the school nurse where this has been identified as a need
Vaccine Storage Audit 2013/14	• Improve training on and implementation of the policy and guidance on vaccine fridges

4.3 Participation in clinical research

CityCare was involved in conducting 26 clinical research studies in Age and Ageing, Neurological Conditions, Service Delivery, Stroke, Palliative and Support Care, Smoking Cessation, Respiratory Disorders and Paediatrics amongst others during 2013/14.

The number of patients receiving NHS services provided or sub-contracted by CityCare in 2013/14 that were recruited during that period to participate in research approved by a National Research Ethics Committee was 327.

38 CityCare clinical staff participated in research approved by a research ethics committee during 2013/14. These staff participated in research covering Service Delivery, Primary Care and Stroke Rehabilitation.



4.4 Goals agreed with commissioners – use of the CQUIN payment framework

During 2013/14, 2.5% of CityCare's income was conditional on achieving optional quality improvement and innovation goals agreed between CityCare and Nottingham City CCG, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The table below describes the details of the incentives set by Nottingham City CCG.

Nottingham City CCG

CQUIN Reference	Measure	Q1	Q2	Q3	Q4
1.1 - Safety Thermometer	Patients with category 2-4 pressure ulcer	√	√	√	×
2.1 - Friends and Family - old	Friends and Family test carried out in areas already rolled out	-	√	√	x
2.2 - Friends and Family - new	Friends and Family test rolled out to new areas	√	√	√	√
3.1 - Dementia Lead/Training	Staff training	√	-	-	√
4.1 - Smoking - BI Delivery	Delivery of 'brief interventions' to patients who smoke	x	x	x	
4.2 - Smoking - Quit Dates	Patients with documented 'quit date'	x	x	x	
5.1 - Catheter Training	Staff receiving and completing training	x	√	x	x
5.2 - Catheter Framework	Staff demonstrating competency following training	/	/	/	/
6.1 - Care Planning for LTC	Survey of patients on involvement in care planning	√	√	√	√
7.1 - Crisis Referral	Referrals from GPs	/	x	√	x
8.1 - Memory Clinic	Patient referrals	-	-	-	√
9.1 - Palliative Care ACP	Patients with an Advanced Care Plan	X	√	√	
10.1 - Hospital Avoidance	Number of unplanned admissions	√	√	√	√
11.1 - Neurology Referral	Referrals from GPs to the Community Neurology Service	√	√	√	√
12.1 - Health Needs Assessment	Reviews completed on time	x	x	√	
12.2 – Checklist	Continuing care decisions communicated 28 days from referral	-	√	√	
13.1 - ICES Equipment	Management of equipment	√	√	√	√
AQP Podiatry Patient Satisfaction	Patient satisfaction survey	-	√	√	√

Key

Green - Achieved target

Orange - Partly achieved target

Red- Not achieved target

Purple - No target to achieve

Grey - Awaiting results

Further details of the agreed goals for 2013/14 and for the following 12 month period are available on request from customercare@nottinghamcitycare.nhs.uk.

4.5 What others say about CityCare

Statement on Care Quality Commission (CQC) registration

CityCare is required to register with the Care Quality Commission and it is currently registered with no conditions on its registration.

CityCare has been subject to two routine (scheduled but unannounced) inspections during this year, one on each of our registered locations (Walk-in Centre and headquarters). The CQC has **NOT** taken any enforcement action against CityCare as of 31 March 2014.

One inspection concentrated on our headquarters location during March 2014 and assessed Outcome 16 which looked at 'The quality checking systems to manage risks and assure the health, welfare and safety of people who receive care'. We are very happy to report that the organisation was found to have met this standard demonstrating it has '*an effective system to regularly assess and monitor the quality of service that patients receive'*. This followed a successful, earlier inspection the previous year which also found this location to be fully compliant with the standards inspected.

Lyn Bacon, Chief Executive and Sarah Kirkwood, Director of Operations, Nursing and AHPs said: "The latest inspection of our headquarters is the result of continuous commitment and dedication from all staff at CityCare to provide high quality services that make results like this possible."

The second inspection assessed our Walk-in Centre location (August 2013), where the CQC was satisfied that the organisation met the standards for Outcome 2 - consent to care and treatment; Outcome 4 - people get safe and appropriate care that meets their needs and supports their rights; and Outcome 17 - people have their complaints listened to and acted on properly. We are happy to report that during this inspection, the CQC were satisfied with action that we took in relation to a compliance action from the previous year: they

found CityCare now met this standard (Outcome 14) reporting '*Staff were supported to deliver care and treatment safely and to an appropriate standard.*'

However, they did identify some issues for the organisation to address. CityCare was issued one compliance action following this inspection in relation to Outcome 8 - cleanliness and infection prevention and control, regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010. Although we have policies in place, an audit plan that monitored those policies, positive observations made of staff and positive feedback from patients, the CQC found that '*During our tour of the premises we observed that not all areas of the environment were well maintained. We also saw that seating in some parts of the premises was not made of a material that could be easily cleaned. We saw handwashing facilities in treatment rooms were not in line with infection control guidance. Some areas of the environment had deteriorated and could not be effectively cleaned. This meant that patients were not cared for in an environment that minimised the risk of infection.'* The above issues had been identified during an annual infection prevention and control audit carried out by CityCare two months earlier and the Infection Prevention and Control Team had begun to liaise with the organisation that owns and maintains the health centre buildings in relation to the findings.

However following the inspection, we immediately took further action to:

- ensure all areas controlled by CityCare were being cleaned and regularly monitored.
- Regarding the environmental concerns, liaised further with the other organisations involved in providing the building and facilities, to ensure a workplan was in place to rectify replacement of facilities required. We are in liaison with the CQC to update them on progress with this and we expect this work programme to be remedied shortly.

Full details of our registration and those reports can be found at **www.cqc.org.uk**.

4.6 Data quality

CityCare are taking action to improve data quality following the East Midlands Internal Audit Service (EMIAS) reviews of Performance Reporting and of Data Quality in Community Nursing.

CityCare has used the findings of the 360 Assurance review of Health Visiting to improve data quality in the Health Visiting service.

CityCare will continue to provide information on data quality performance to services to support the improvement of data quality.

4.7 NHS Number and General Medical Practice Code Validity

CityCare did not submit records during 2013/14 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data, as this is not applicable to us as a community service.

4.8 Information Governance Toolkit attainment levels

The Information Governance Toolkit measures CityCare's performance against 39 requirements. CityCare's Information Governance assessment report overall score for 2013/14 was 66% and was graded green (satisfactory). CityCare strives to continually improve quality and therefore, as a minimum, will seek to maintain level 2 compliance in all the requirements and work progressively towards achievement of level 3.

4.9 Clinical coding error rate

CityCare was not subject to the Payment by Results clinical coding audit during 2012/13 by the Audit Commission.

4.10 Incident reporting

In 2013/14 there were **3,015** incidents reported, of which **2,492** resulted in no harm or were categorised as minor injury requiring first aid. This is an increase in the number of patient safety incidents from last year when 2,207 incidents were reported. There have been no *never events* reported this year. *Never events* are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented.

The following are updates on our quality improvement areas:

1. Continue to improve the way information is made available to teams so that they are able to see trends to be addressed

One area of focus is stage 3 and 4 pressure ulcers. All of these are investigated to check how they developed, the care provided and to see whether there was anything that could have been done to prevent their development (if there was more that could be done these are classed as avoidable). The numbers of avoidable pressure ulcers have decreased overall, indicating that training on SSKIN bundles provided to teams has resulted in a reduction of avoidable pressure ulcers.

2. Continue to build a safety culture by encouraging the reporting of incidents and supporting the recognition and sharing of lessons that can be learned

The Quality and Safety team has developed a template to share key learning from the Patient Safety and Infection Prevention and Control Group. This is cascaded via members who act as patient safety champions.

A learning and embedding event was co-facilitated by the Head of Patient Safety, Head of Tissue Viability, and former Coroner Nigel Chapman. The event was open to all staff and was well attended. We will offer this session several times a year.

3. Training in Root Cause Analysis
A half-day course for all senior managers on serious incident investigations provided additional skills for serious incident investigations and report writing.

4. Senior managers will be trained in Being Open:
Being Open is included in all patient safety training and we have introduced combined incident and complaints investigation training for managers.

Part 5

Other quality measures

In addition to the priorities set in last year's report, we are looking back on other quality measures including within safeguarding adults and children, infection prevention and control, pressure ulcer prevention and our staff survey.

5.1 Safeguarding

During the last year:

- We appointed a Lead Practitioner for Safeguarding Adults in June 2013. They have undertaken training as a PREVENT trainer and will cascade this to relevant staff
- We introduced a new 'think family' scenario into Safeguarding level 1 and induction training to consider the implications of concerns on a family rather than just those who are the subject of the concerns
- We achieved compliance targets for mandatory safeguarding training. All staff now receive induction training, renewed annually, on confidentiality, including the principles of sharing patient information
- Frontline staff from a range of services supported clients and their families by enabling early intervention for dementia, and we achieved the CQUIN target of 45 referrals to memory clinics. We also identified an operational lead for the Mental Capacity Act *(Find out more about our quality priorities related to dementia on page xx.)*
- The Safeguarding Group, chaired by the Executive Lead for safeguarding, replaced the previous separate Adults and Children's Safeguarding committees. The establishment of a Serious Case Review Implementation and Learning Group has been agreed
- Safeguarding Children Nurse Specialists commenced a development programme to enable them to work as part of an integrated safeguarding team. Two Safeguarding Practitioners have been appointed to work across both the Adults and Children's agenda
- The Safeguarding Team received training in authoring Serious Case Reviews (SCRs) and will facilitate internal learning events

- A new model of supervision for staff working with children and young people has been partially implemented. This will be completed in July 2014 and will enable a 'think family' approach to supervision and see teams and services reflecting together
- Implementation of strengths-based training using a Signs of Safety approach began within Children's Services and Common Assessment Framework (CAF) training has been reviewed
- The Common Assessment Framework Tracker for CAFs recommended from supervision, advice or DART has been introduced
- In November 2013 70 GPs, health visitors and school nurses attended CityCare's first Partnership Safeguarding Conference.

5.2 Infection prevention and control

Zero tolerance to avoidable infections

During 2013/14:

- Two-yearly training for clinical staff - 86% have been trained
- 89.7% of staff have had their clinical practice observed
- 88% of clinical staff have undertaken a hand hygiene assessment
- 65% of CityCare staff had an influenza vaccination
- CityCare purchased fob watches for clinical staff to ensure adherence to 'bare below the elbows'
- Quarterly cleanliness audits were undertaken by domestic supervisors. These are also enhanced by monthly unannounced drop in visits to ensure the clinical environments are clean and clutter free to facilitate cleaning.

The Department of Health sets population-based targets for certain avoidable infections, which health economies work towards together. Patients move between primary and secondary care so a consistent approach is vital. We input to these targets and review progress along with commissioners and other health and social care providers each quarter.

	Target for Nottingham City	Actual
Clostridium difficile	No more than 61	50
MRSA (blood stream infections)	Zero	1

5.4 Pressure ulcer prevention

Our 'Stop The Pressure' campaign is improving pressure ulcer prevention, with all patients at risk and their carers provided with new information and SSKIN bundles of care - Surface, Skin, Keep moving, Incontinence management and Nutrition.

We have taught carers about what to look for, how to protect skin and what to do if the early symptoms of pressure damage start, and a new strategy and more extensive training is ensuring all staff understand and help prevent pressure ulcers.

Every stage 3 or 4 pressure ulcer is considered a serious incident and is investigated to find its cause. This increases our knowledge so that we can prevent pressure ulcers occurring.

5.5 Staff survey

Engaged staff are essential for delivery of top quality services. We carried out a staff survey in December 2013 to February 2014. Our response rate was 53%, with 754 of the workforce at that time responding. These are the highlights for the last year:

- 66% had training above and beyond their essential training
- 80% had an appraisal
- 80% are able to make suggestions to improve the work of their team
- 78% meet frequently to discuss their team's effectiveness
- 91% would recommend CityCare as a place to work (yes or maybe)
- 80% would be happy with the standard of care provided by CityCare if a friend or relative needed treatment (15% answered N/A)
- 76% agree CityCare acts on concerns raised by patients or service users (22% neither agree or disagree)
- 83% are satisfied with the quality of work and patient care they are able to deliver.

Part 6

What other people think of our Quality Accounts

NHS Nottingham City CCG

Healthwatch

Nottingham City Health Scrutiny Panel

Part 7

Our commitments to you

Placing the patient at the heart of our care

CityCare is a values-led, people business. Our brand and our brand values are reflected across everything we do, placing the patient at the heart of our delivery.

We will ensure there is a further focus on quality and a culture of continuous improvement, and we will drive our standards in putting people first, supporting our patients in feeling

cared for, safe, and confident in their treatment, with services delivered by a caring and compassionate workforce.

The CQC is currently consulting on changes to their regulations, inspection process and standards, with the process due to run until the end of June 2014. We have made links with one of the pilot sites at fellow social enterprise *Provide* to learn as much as we can from this process and ensure we remain at the forefront of quality and safety standards.

Equality and diversity

Everyone at CityCare is fully committed to promoting equality, diversity and human rights and achieving the elimination of unlawful discrimination. To make our vision a reality, we are determined to promote equality of access and identify and eliminate any inequalities in all aspects of our service provision and employment.

We are also committed to making sure that our patients and our staff are treated fairly, with dignity and respect and afforded equality of opportunity to develop their full potential.

Listening to feedback on this report

We would like to thank all the stakeholders, patient and community groups who gave their feedback and suggestions for the content of this report *(see page xx and the consultation notes available on our website as an appendix to this report)*, and thanks also to all the staff involved in producing this document.

We will listen to their feedback on this report and use their feedback for developing quality improvement priorities for 2015/16. We welcome feedback from all readers on this report and our work on our quality priorities.

If you would like to give us your thoughts on this report, or get involved in the development of next year's report, please contact the Patient and Public Involvement team on 0115 883 9678, email customercare@nottinghamcitycare.nhs.uk or write to Patient Advice and Liaison Service, Nottingham CityCare Partnership, 1 Standard Court, Park Row, Nottingham, NG1 6GN.

HEALTH SCRUTINY PANEL
28 MAY 2014
ADULT INTEGRATED CARE PROGRAMME
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To receive an update on progress of the Adult Integrated Care Programme.

2. Action required

2.1 The Panel is asked to use the information provided at the meeting to inform questioning and discussion about the Adult Integrated Care Programme.

3. Background information

3.1 The Adult Integrated Care Programme was established in July 2012 to change the way health and social care is commissioned and provided for older people and those with long term conditions.

3.2 In May 2013 the Panel heard that an integrated care model was being developed based around the introduction of 8 Care Delivery Groups across the City, made up of groups of GP practices and multi-disciplinary neighbourhood teams of health and social care staff. The model would also take a new approach to assessment and re-ablement and make use of assistive technology. It was intended that the Care Delivery Group approach would be implemented from January 2014.

3.2 It is a priority within the Joint Health and Wellbeing Strategy to “improve the experience of and access to health and social care services for citizens who are elderly or who have long term conditions”. Progress against this theme is next due to be reported to the Health and Wellbeing Board in June 2014.

3.3 The Programme Manager for Adult Integrated Care will be attending the meeting to provide an update on progress of the programme and implementation of the Care Delivery Groups.

4. List of attached information

None

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

Report to and minutes of meeting of the Health Scrutiny Panel held on 29 May 2013

7. Wards affected

All

8. Contact information

Jane Garrard, Overview and Scrutiny Review Co-ordinator
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

HEALTH SCRUTINY PANEL
28 MAY 2014
NOTTINGHAM CITY HEALTH AND WELLBEING BOARD, HEALTHWATCH NOTTINGHAM AND HEALTH SCRUTINY WORKING AGREEMENT
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To consider the proposed working agreement between the Health and Wellbeing Board, Healthwatch Nottingham and Health Scrutiny.

2. Action required

2.1 The Committee is asked to
a) approve the Nottingham City Health and Wellbeing Board, Healthwatch Nottingham and Health Scrutiny Working Agreement; and
b) delegate authority to the Health Scrutiny Panel Chair to approve minor changes and updates to the Agreement.

3. Background information

3.1 The Health and Wellbeing Board, Healthwatch Nottingham and the Health Scrutiny function (which is carried out by both the Health Scrutiny Panel and the Joint City and County Health Scrutiny Committee) share a common goal of improving health and social care services to benefit the health and wellbeing of citizens. All three have a role to play in reviewing and making recommendations about the way local services are planned and delivered. However, without due consideration for the complementary roles, there is potential for duplication when reviewing the health and social care system, and a lack of understanding about how the 3 bodies could, and should interact.

3.2 In consultation with the Chair, lead officers have developed a working agreement between the three bodies. This is based on the relevant legislation and good practice.

3.3 The working agreement was approved by the Health and Wellbeing Board on 30 April. It will be taken to the Healthwatch Nottingham Board for approval in due course. It is proposed that authority be delegated to the Health Scrutiny Panel Chair to make any minor changes required following this process.

4. List of attached information

4.1 The following information can be found in the appendices to this report:

Appendix 1 – Health and Wellbeing Board, Healthwatch Nottingham and Health Scrutiny Working Agreement

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

Report to and minutes of meeting of the Health and Wellbeing Board held on 30 April 2014

7. Wards affected

All

8. Contact information

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Nottingham City Health and Wellbeing Board, Healthwatch Nottingham and Health Scrutiny Working Agreement

Contents

1. Purpose of the Agreement

This Agreement sets out the relationship between the Nottingham City Health and Wellbeing Board, Healthwatch Nottingham and Nottingham City Council's Health Scrutiny function.

Health and Wellbeing Boards and Local Healthwatch were formed as a result of the 2012 Health and Social Care Act, which also expanded the role of Health Scrutiny. Whilst these bodies have specific distinct functions, there is potential for overlap in their work and opportunities for them to work in a complementary fashion whilst maintaining their independence.

The Agreement clarifies the key roles of the 3 bodies, their legal obligations to each other and how they will work together to improve the health and social care services for people in Nottingham.

2. Role of Nottingham City Health and Wellbeing Board

The Nottingham City Health and Wellbeing Board is the city's lead multi-agency partnership for improving health and wellbeing and reducing health inequalities of the citizens of Nottingham City. Functions of the Health and Wellbeing Board include:

- Supporting the development of improved and joined up health and social care services.
- Overseeing, where appropriate, the use of relevant public sector resources across a wide spectrum of services and interventions to ensure outcomes from health care, social care and public health interventions.
- Developing and overseeing the implementation of the Joint Health and Wellbeing Strategy.
- Developing and overseeing the implementation of the Joint Strategic Needs Assessment and the Pharmaceutical Needs Assessment.
- Overseeing joint commissioning and joined up provision for citizens, patients, social care service users and carers, including social care, public health and NHS services with aspects of the wider local authority agenda that also impact on health and wellbeing, such as housing, education and the environment.
- Considering local commissioning plans to ensure that they are in line with the Joint Health and Wellbeing Strategy.
- Promoting public involvement in the development of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.
- Being one of the theme partnerships within the One Nottingham partnership family to lead on the Nottingham Plan to 2020 Healthy Nottingham priority.

3. Role of Healthwatch Nottingham

Healthwatch Nottingham will:

- Use its seat on the Health and Wellbeing Board to ensure that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment.
- Enable people to share their views and concerns about their local health and social care services and understand that their contribution will help build a picture of where services are doing well and where they can be improved.
- Give authoritative, evidence-based feedback in relation to the commissioning and delivery of local health and social care services.
- Help and support the Board to make sure that services really are designed to meet citizens' needs.
- Be inclusive and reflect the diversity of the community it serves.

4. Role of Health Scrutiny

Overview and scrutiny helps to provide accountability and transparency in local public services. It is an opportunity for non-executive councillors to review policies, decisions and services of the City Council and other organisations operating in Nottingham to ensure they meet the needs of the community and, where necessary, makes recommendations for improvement.

Health Scrutiny not only holds Council decision makers to account but also reviews and scrutinises commissioning and delivery across the health and social care system to ensure reduced health inequalities, access to services and the best outcomes for local people. Scrutiny can make reports and recommendations to NHS bodies and providers of NHS funded services. When a substantial change to a local health service is proposed, Health Scrutiny should be consulted and has a statutory role to ensure that the public interest has been taken into account and the proposed change is in the best interests of local health services.

There are two Health Scrutiny committees:

- Health Scrutiny Panel (for health and adult social care matters in Nottingham City)
- Nottingham City and Nottinghamshire County Joint Health Scrutiny Committee (for health matters across the Greater Nottingham area)

For the purpose of this Agreement the term 'Health Scrutiny' refers to both of these Committees.

5. Legal Obligations between the 3 Bodies

All three bodies have a legal basis and within their statutory functions there are specific legal obligations that exist between them.

- The Health and Wellbeing Board has a duty to involve Healthwatch. Nottingham in the preparation of the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.
- The Health and Wellbeing Board has a duty to have a voting representative from Healthwatch Nottingham.
- Healthwatch Nottingham must appoint one person to represent it on the Health and Wellbeing Board.
- Healthwatch Nottingham must provide a copy of its annual report to Health Scrutiny.
- Health Scrutiny has a responsibility to review and scrutinise matters relating to the planning, provision and operation of health services in Nottingham and make reports and recommendations to relevant decision makers, including the Health and Wellbeing Board.
- Health Scrutiny must acknowledge and respond to referrals from Healthwatch Nottingham.

6. Local Commitments between the 3 Bodies

The Health and Wellbeing Board, Healthwatch Nottingham and Health Scrutiny will:

a) have a shared understanding of each other's roles, responsibilities and priorities
b) work in an open and constructive way
c) work in a climate of mutual respect and courtesy
d) respect each other's independence and autonomy.

Each body will produce and maintain an up-to-date work programme that is shared with each other to enable issues of mutual concern to be identified at an early stage and dealt with in a way that makes best use of respective roles, responsibilities and resources and avoids duplication. On major pieces of work requiring engagement, involvement or consultation of services users, carers and the public, the bodies will work collaboratively to agree roles and responsibilities. Where possible, the three bodies will seek to agree joint responses to consultation.

In working together recognition will be given to Healthwatch Nottingham's position as a member of the Health and Wellbeing Board; and the impact that this might have on its contribution to the work of Health Scrutiny, when that work relates to the Health and Wellbeing Board and its decisions and activities.

The successful application of the principles and commitments set out in this Agreement will depend on effective communication between the three bodies. Every effort will be made to ensure ongoing open communication and regular informal meetings will be arranged to facilitate this.

The Health and Wellbeing Board will:

- Share the Board and Commissioning Executive Group's work plan with Health Scrutiny and Healthwatch Nottingham.
- Update Health Scrutiny on its progress with the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy.
- Take account of and respond to the opinions of Healthwatch Nottingham.
- Be subject to scrutiny by the Council's Health Scrutiny Committees and provide information[1] and attend meetings as requested to assist in their scrutiny work.
- Take account of and respond to comments, reports and recommendations submitted by Health Scrutiny.
- Request Health Scrutiny (subject to available resource) to undertake a particular piece of work within its remit. (Health Scrutiny may choose not to do so).
- Request (subject to available resource) Healthwatch Nottingham to undertake a particular piece of work in order to inform the Board of public opinion and experience of services where there are particular concerns and enable the public to influence decisions. (Healthwatch Nottingham may choose not to do so).

Meetings of the Health and Wellbeing Board which includes Healthwatch Nottingham, are held in public and representatives of Health Scrutiny Panel and Joint City and County Health Scrutiny Committee will be welcome to attend.

Healthwatch Nottingham will:

- Share its work programme with the Health and Wellbeing Board and Health Scrutiny.
- Provide relevant public opinions/experiences about services to support the development of JSNA chapters.
- Highlight concerns about services to Health Scrutiny and, where appropriate, make referrals in line with the process set out in Section 7 of this agreement.
- As a member of the Health and Wellbeing Board, provide information and challenge from the perspective of the public, service users and carers as well as appropriate intelligence on any strategic and/or commissioning concerns.
- Work with the Health and Wellbeing Board and Health Scrutiny to provide information and comments as the public champion.
- Regularly inform Health Scrutiny of current issues and, in exceptional circumstances, request Health Scrutiny to consider whether a formal referral to the Secretary of State for Health is required.

[1]The Board and its partners will not be required to provide:

- Confidential information which relates to and identifies an individual unless the information is disclosed in a form ensuring that individuals' identities cannot be ascertained, or an individual consents to disclosure.
- Any information, the disclosure of which is prohibited by or under any enactment.
- Any information, the disclosure of which would breach commercial confidentiality.
-

- Provide Health Scrutiny with information as requested for specific topics and issues regarding patient and user experiences and access to services (subject to available resource).
- Acknowledge and respond to referrals from Health Scrutiny in line with the process set out in Section 7 of this agreement.

Health Scrutiny will:

- Share the Health Scrutiny Panel and Joint City and County Health Scrutiny Committee work programmes with Healthwatch Nottingham and the Health and Wellbeing Board.
- Seek views of Healthwatch Nottingham and the Health and Wellbeing Board when formulating Health Scrutiny work programmes.
- Hold the Health and Wellbeing Board to account for its work to improve the health and wellbeing of the population of Nottingham City and to reduce health inequalities, including its responsibilities in relation to the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment.
- Make reports and recommendations to the Health and Wellbeing Board as a result of scrutiny activity, including any concerns identified regarding the commissioning and/or delivery of local health and care services with a view to influencing future commissioning plans.
- Request Healthwatch Nottingham (subject to available resource) to submit relevant intelligence and information to support scrutiny work.
- Invite representatives of Healthwatch Nottingham to attend and, at the Chair's discretion, speak at Health Scrutiny meetings.
- Request Healthwatch Nottingham (subject to available resource) to undertake a particular piece of work in order to inform Health Scrutiny activity. In exceptional circumstances, this may include requesting that Healthwatch Nottingham use its 'Enter and View' powers where there is an issue of particular concern. (Healthwatch Nottingham may choose not to do so).
- Take account of and respond to the views and recommendations of Healthwatch Nottingham and the Health and Wellbeing Board.
- Acknowledge and respond to referrals from Healthwatch Nottingham in line with the process set out in Section 7.
- Refer relevant issues to Healthwatch Nottingham in line with the process set out in Section 7.
- Consider Healthwatch Nottingham's annual report.

Meetings of the Health Scrutiny Panel and Joint City and County Health Scrutiny Committee are held in public and representatives of Healthwatch Nottingham and the Health and Wellbeing Board will be welcome to attend.

7. Referrals between Healthwatch Nottingham and Health Scrutiny

Referrals from Healthwatch Nottingham to Health Scrutiny

If, during the course of its work, Healthwatch Nottingham identifies an issue that it feels warrants exploration by Health Scrutiny it can make a referral. Referrals should

be made in writing to the lead health scrutiny councillor via the Council's Overview and Scrutiny Team. Referrals should set out:

- the nature of the referral
- the reason why the referral is being made
- any evidence about the issue
- what action it is proposed should be taken

Referrals will be acknowledged and considered at the next available meeting of the appropriate Health Scrutiny Committee. Healthwatch Nottingham will be informed of the outcome of this consideration and if the request is supported, any actions planned and progress then made in investigating the issue. If Health Scrutiny decides not to act on a referral it will provide reasons for not doing so.

Referrals from Health Scrutiny to Healthwatch Nottingham

If, during the course of its work, Health Scrutiny identifies an issue that it feels warrants exploration by Healthwatch Nottingham it can make a referral. Referrals should be made in writing to the Healthwatch Nottingham Managing Director. Referrals should set out:

- the nature of the referral
- the reason why the referral is being made
- any evidence about the issue
- what action it is proposed should be taken

Referrals will be acknowledged and considered. Health Scrutiny will be informed of the outcome of this consideration and if the request is supported, any actions planned and progress then made in investigating the issue. If Healthwatch Nottingham decides not to act on a referral it will provide reasons for not doing so.

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HEALTH SCRUTINY PANEL
28 MAY 2014
GP PRACTICE CHANGE - THE PRACTICE NIRMALA
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To provide information on GP practice changes - The Practice Nirmala, Bulwell.

2. Action required

2.1 The Committee is asked to consider the information provided.

3. Background information

3.1 NHS England Derbyshire and Nottinghamshire Area Team has advised of changes to a GP practice in Nottingham - The Practice Nirmala, Bulwell. A report outlining the changes and plans for future arrangements is attached.

3.2 It is not intended that a representative of the NHS England Area Team will attend the meeting to discuss the changes outlined in the report. If a Panel member has a particular issue that they wish to raise in relation to this change they should contact Jane Garrard, Overview and Scrutiny Co-ordinator as soon as possible in advance of the meeting.

4. List of attached information

4.1 The following information can be found in the appendices to this report:

Appendix 1 – The Practice Nirmala – Briefing Overview 15/05/2014 from NHS England Derbyshire and Nottinghamshire Area Team

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

None

7. Wards affected

All

8. Contact information

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Derbyshire & Nottinghamshire Area Team

The Practice Nirmala – briefing overview:
15/05/2014

Derbyshire & Nottinghamshire Area Context:

Derbyshire & Nottinghamshire Area Team directly commissions Primary Medical Service for approximately 2 million patients. Specifically, the Area Team contracts with277 GP practices across the two counties, each with an average of just over 7000 patients. National benchmarks indicate that each full time GP manages a list of 1800 to 2000 patients.

Within the Nottingham City area there are currently 61 GP practices with an average of 5800 registered patients per practice. The lower average list size is due to the higher proportion of GPs working in single GP practices within the city.

Derbyshire & Nottinghamshire Area Team has been working with each of the 10 local Clinical Commissioning Groups within the area to help build a Primary Care Strategy to ensure that primary medical services in the area are sustainable and effective.

Many of the themes identified by the Clinical Commissioning Groups indicate a move to having fewer practices with a greater number of patients per practice. Having a greater number of patients in each practice enables a robust infrastructure within the practice.

Growing pressures on General Practices has made it increasingly difficult for smaller practices to offer the same range of services as larger practices as well as contribute to and deliver on national programmes made available to practices through Enhanced Services contracts. This includes work on areas such as Patient Participation and Extended Hours Access. Services such as Patient Participation, Extended Hours Access and the new Avoiding Unplanned Admissions Enhanced Services require a high level of administration, clinical and practice management support to deliver which is not achievable by smaller practices.

The Practice Nirmala:

The Practice Nirmala is located in Bulwell and has a registered list of 2090 patients. The practice operates on the national General Medical Services (GMS) contract which the Area Team contracts for with The Practice PLC. The practice has generally been regarded by the Area Team as an achieving practice on quality measures however it is not always able to participate in the full range of Enhanced

Services offered by NHS England and does not currently offer Extended Hours Access to patients whereby practices open outside of normal working hours of 8am - 6pm to offer patients greater flexibility of appointments.

For the past three and a half years the service has been run by a national organisation called The Practice PLC; the organisation also trades under the name 'Chilvers Mcrea'.The Practice PLC holds contracts for over 50 GP surgeries and GP-led Health Centresnationally.

The regular salaried GP, Dr Khondaker, left The Practice Nirmala in February 2014. The Practice PLC has informed the Area Team that the clinical staff (one GP and one Practice Nurse) working in the practice are engaged on a temporary/locum basis and are not employed by The Practice (salaried).

The practice registered list peaked in 2009/10 and has been declining since. In the past 12 months the practice has had a net loss of 75 patients, reducing the list size by 3.6%. The practice is now the 10th smallest of the 61 in Nottingham City. The decline in patient numbers is the 10th highest rate in the city.It is the view of the Area Team that the rate of decline on the small list size is not sustainable for the practice.

Notice of termination:

In April 2014 The Practice PLC gave notice to the Area Team to terminate the contract for The Practice Nirmala with a 6 month notice period. In giving notice, The Practice PLC cited the practice was no longer commercially viable as the reason for the terminating the contract.

Future arrangements consideration:

Following receiving the notice of termination of the practice contact by The Practice Plc, the Area Team has undertaken a review to determine the course of action for the registered list of patients. The review included the status of the practice, local populationdemands and the wider availability of services nearby.

In reviewing the current arrangements, the Area Team had regard for the large number of practices within the locality; these include four smaller than average practices. The Area Team also had regard for the practice views on the ability to accommodate new patients.

In considering the potential future arrangements, the Area Team sought the views of Nottingham City Clinical Commissioning Group for how the arrangements for the fit with the local aspirations as outlined by the Clinical Commissioning Group for the local Primary Care Strategy. Nottingham City Clinical Commissioning Group is supportive ofa proposal not to replace this provider and to enable patients to choose from the range of alternative practices that are currently within the area.

The Area Team considered the information provided by the incumbent provider, that the practice is not currently commercially viable. In understanding this information, the Area Team has reflected that the viability of a practice directly impacts on the ability of a provider to ensure that a clinically safe and effective number of GP and practice nurse appointments are available for patients to access.

The Area Team's Primary Care Panel met to consider the options for the future of The Practice Nirmala's patients on 17 April 2014. The Primary Care Panel heard the views of the Local Medical Committee for Nottinghamshire who advocated for dispersing the list of patients.

The Primary Care Panel decided to support the option to disperse the registered list of patients by 30 September 2014 when the existing GMS contract terminates. This decision was made subject to the undertaking of engagement with relevant stakeholders including patients and neighbouring practices prior to list dispersal.

Engagement process:

The Area Team and The Practice PLC are working together to ensure that all stakeholders are fully informed on the changes; a full Stakeholder Engagement Plan has been developed to ensure that stakeholders are considered and appropriate communications are provided.

Current status:

The Area Team is currently working with The Practice PLC to implement the Stakeholder Engagement Plan and work through the agreed Exit Plan for The Practice PLC to ensure that services remain stable and safe through the exit period and that patients are fully supported in finding a new practice.

Stakeholders of The Practice Nirmala
Engagement Period: 1 April 2014 – 30 September 2014

Key aims of the engagement:

1. To ensure all affected parties are aware of the change.

2. To create a mechanism for receiving feedback on the change.

3. To address any key concerns raised by stakeholder and assess if these are viable to be incorporated into any future plans.

4. To establish a basis of concerns and aspirations on which to feedback to stakeholder groups following the merger.

Stakeholder group	**How we plan to engage with the group:**	**How / when completed**
Registered Patients of The Practice Nirmala	The Practice PLC will engage practice staff and the Patient Participation Group to be able to relay accurate information to enable patients to be informed verbally. Key concerns to be captured and fed back to the Area Team. Staff and PPG to be briefed ahead of the planned mailshot.	Planned 1-15 June 2014.
	The Area Team will write to each household with details of the closure and information to support patient choice in finding a new practice with practices in the proximity of Nirmala.Wider information to be supported by use of NHS Choices and patients to be enabled to feedback to the practice or to the Area Team via a selected email address.	Planned 15-23 June 2014.
	The Practice PLC will follow the mailshot by providing the information materials to patients through the practice website, displaying within the reception area of the practice and including messages on the footer of prescriptions.	Planned 23 June 2014 – 30 September 2014.
	The Area Team will undertake a second mail shot to households that have not registered at a new practice to provide a follow up letter with details of the closure and information to support patient choice in finding a new practice.	Planned 18 August 2014 – 01 September 2014.

	The AT will undertake an assessment to consider any final actions to inform patients of the closure. The assessment will consider factors such as the number of patients who have remained on The Practice Nirmala following receipt of the initial and follow up letter. Potential actions could include a further letter, targeted telephone calls or press release.	Planned 15 September 2014 -19 September 2014.
Practice staff	All affected practice staff have been fully briefed and engaged.	Completed 28 April 2014.
Patient Participation Group	The Practice PLC will meet with the PPG and/or the PPG Chair (depending on availability) to discuss the proposals including support mechanisms for patients.	Planned 19-23 May 2014.
Councillors / Nottinghamshire Health Overview and Scrutiny Committee	The Area Team will contact the Nottingham Health Overview and Scrutiny Committee to provide details of the termination notice by The Practice PLC and the proposed engagement process. The Area Team will attend the 28 May 2014 Committee date if required. Following the Committee date the Area Team will write to the Councillors identified through the Nottingham City Council portal: Brian Grocock, David Smith, and Michael Wildgust.	Planned 28 May 2014 – 4 June 2014.
Nottinghamshire Local Medical Committee	The Area Team will seek the views of Nottinghamshire Local Medical Committee in making arrangements for the registered patient list of Nirmala. This will be done through the Primary Care Panel on 17 April 2014.	Completed 17 April 2014.
Local MP	The Area Team will contact Graham Allen MP to provide details of the termination notice by The Practice PLC and the proposed engagement process. *Update: meeting scheduled 23 May 2014.*	Planned 28 May 2014 – 4 June 2014 *23 May 2014*
Healthwatch Nottinghamshire	The Area Team will provide information to Healthwatch with information relating to the closure and to provide copies of the communication to each household (with details of the closure and information to support patient choice in finding a new practice).	Planned 1 June 2014.
Health and Wellbeing Board	The Area Team will write to the Health and Wellbeing Board to provide an overview of the changes.	Planned 1 June 2014.
Neighbouring practices / other constituent practices of Nottingham City	Practices in close proximity of The Practice Nirmala will be initially contacted informally for capacity verification.	5-9 May 2014.
	The Area Team will inform all Nottingham City GP practices.	Planned 1 June 2014.

Local community pharmacies	The Area Team will inform all Nottingham City Community Pharmacies.	Planned 1 June 2014.
Any other local health providers as applicable	The Area Team will inform the range of providers within the local health economy in line with normal procedures for change.	Planned 1 June 2014 – 30 September 2014.

HEALTH SCRUTINY PANEL
28 MAY 2014
GP PRACTICE CHANGE – MERGER OF BOULEVARD MEDICAL CENTRE AND BEECHDALE SURGERY
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To provide information on GP practice changes - merger between Boulevard Medical Centre and Beechdale Surgery.

2. Action required

2.1 The Committee is asked to consider the information provided.

3. Background information

3.1 NHS England Derbyshire and Nottinghamshire Area Team has advised of changes to two GP practices in Nottingham – merger of Boulevard Medical Centre and Beechdale Surgery. A report outlining the changes is attached.

3.2 It is not intended that a representative of NHS England Area Team will attend the meeting to discuss the changes outlined in the report. If a Panel member has a particular issue that they wish to raise in relation to this change they should contact Jane Garrard, Overview and Scrutiny Co-ordinator as soon as possible in advance of the meeting.

4. List of attached information

4.1 The following information can be found in the appendices to this report:

Appendix 1 – Proposed merger of Beechdale Surgery and Boulevard Medical Centre – update 15/05/2014 from NHS England Derbyshire and Nottinghamshire Area Team

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

None

7. Wards affected

All

8. Contact information

Jane Garrard, Overview and Scrutiny Review Co-ordinator
Tel: 0115 8764315
Email: jane.garrard@nottinghamcity.gov.uk

Derbyshire & Nottinghamshire Area Team

Proposed merger of Beechdale Surgery and Boulevard Medical Centre: Update 15/05/2014

Introduction:

Derbyshire & Nottinghamshire Area Team has received an applicationproposing the merger two practices Beechdale Surgery (439 Beechdale Road, Nottingham, NG8 3LF) and (635 Western Boulevard, Nottingham, NG8 5GS). Both of these practices are constituents ofNottingham City Clinical Commissioning Group.

Beechdale Surgery and Boulevard Medical Centre are located approximately 1 mile apart in the north-west side of Nottingham City on and near to a main 'A' road respectively.

Beechdale Surgery has approximately 4000 patients and operates from a premise within a parade of shops. Dr M Bicknell is senior partner of the contract; the practice has 3 GPs in total which provide 2.0 Whole Time Equivalent (WTE) GP time.

Boulevard Medical Centre has approximately 1750 patients; it is a single GP contract with Dr Kachroo. Dr Kachroo is keen to secure the future arrangements for the practice in the context of his pending retirement.

The premise currently utilised by Boulevard Medical Centre is a 1930s converted house that requires redevelopment and investment in order to meet the standards no required for Primary Medical Services.

Proposal

The practices have jointly approached the NHS England Area Team to seek permission to merge the practice; this proposal requests the continuation of both contracts on a separate basis and the continuation of both practice premises-accordinglythis does not require patients to change the arrangements for how to access Primary Medical Services. If approval is given, the Beechdale Medical Group will be formed in September 2014.

In considering this application, Derbyshire & Nottinghamshire Area Team have sought the view of Nottingham City Clinical Commissioning Group. Nottingham City Clinical Commissioning Group is in development for the Primary Care Strategy within

the area. The Clinical Commissioning Group has indicated that this change would fit with the Primary Care Strategy as their preference would be support the merger in this form, this being preferential to Boulevard Medical Centre continuing as a single handed practice.

Impact/benefits for local population

The main benefit to patients is the continuation of core services from the current premises for the patients of Boulevard Medical Centre. The proposal for premise improvement will enhance the quality of the service and accessibility.

The merger will also improve Boulevard Medical Centre patients access to a range of services provided outside of core contract; these included additional Enhanced Services and services commissioned under the Any Qualified Provider (AQO)model from Nottingham City CCG such as Treatment Room services, Ear Syringing, Phlebotomy, and ECG.

The merger will enable patients of both practices to have the flexibility to be seen at either premises, and will also provide an increase choice of clinicians for patients to consult with.

There are no plans to make changes to the current arrangements for appointment systems, opening hours and practice boundaries as a result of the merger.

Derbyshire & Nottinghamshire Area Team Area Team consideration:

The Area Team considered this application at the Primary Care Panel on 17 May 2014. The Area Team has given its support to this application subject to the following conditions:

- Both practices are expected to complete a period of engagement with patients and stakeholders on the future arrangements for patient services to ensure full awareness of the changes.

- The practices have confirmed to the Area Team arrangements to ensure appropriate medical cover will be in place following the planned retirement of Dr Kachroo.

Stakeholders of Beechdale Surgery and Boulevard Medical Centre

DRAFT – TIMESCALES TBC

Key aims of the engagement:

1. To ensure all affected parties are aware of the change
2. To create a mechanism for receiving feedback on the merger
3. To address any key concerns raised by stakeholder and assess if these viable to be incorporated into any future plans for the practice
4. To establish a basis of concerns and aspirations on which to feedback to any stakeholder groups following the merger

Stakeholder group	How we plan to engage with the group	When or how completed
Registered patient population at Beechdale Surgery	- Information on website - Notification on practice electronic notice board - Leaflets within the waiting room - Notification on repeat prescription slip - Patient Participation Group	
Registered patient population of Boulevard Medical Centre	- Information on website - Leaflets within the waiting room - Patient Participation Group	

	- Notification on repeat prescription slip	
Practice staff	Written letter to each staff member and opportunity for further discussion as follow up	
Patient Participation Group of each practice	Joint Meeting of both Patient Participation Groups	
Nottinghamshire LMC	Verbal and written approval	
District Councillors	Letter to Councillor Alex Norris (Chair of Health and Wellbeing Board) Letter to Councillor Glyn Jenkins	
Local MP	Letter to Mr Graham Allen, MP	
Health and Wellbeing Board	Letter to Councillor Alex Norris and personal meeting by request	
Nottinghamshire Health Overview and Scrutiny Committee	Letter	
Neighbouring practices / other constituent practices of CCG	Letter to Dr Arun Tangri, Dr Safiy Karim and Dr Hugh Porter Cluster Chairs, Nottingham City CCG	
Healthwatch	Letter	
Local community pharmacies of both practices	Letter	
Any other local health providers as applicable	Letter to the Chief Executive and Medical Director of the local Healthcare Trust	

Dear Patient

Proposed Merger – Beechdale Surgery and Boulevard Medical Practice

We are writing to you as a patient registered with Beechdale Surgery or Boulevard Medical Centre to advise you of plans to merge the two surgeries together under the umbrella organisation of the Beechdale Medical Group.

We are proposing to join these two practices together to form a new merged practice from 1st July 2014. We want to share with you the reasons why we think these changes will benefit patients from both practices and are also keen to hear your views on this.

The context for this is as the patients at the Boulevard Medical Centre are probably aware, Dr Kachroo has reached a point in his career when he is wishes to take his retirement, having served his practice population for many years and of course wishes to ensure the continuance of excellent medical care and services for all of his patients.

The Beechdale Medical Group will continue to maintain medical services at both sites, continuing to operate as the Beechdale Surgery and the Boulevard Medical Centre. Telephone access and opening times will remain unchanged but patients from either surgery will also be able to obtain appointments and services from either surgery according to desire and convenience.

As part of this process we believe that patients will benefit from access to a greater range of appointments and clinical skills across the two medical teams and will also be able to obtain extra clinical services that are offered at either site. A new joint practice booklet will be produced to outline what each surgery has to offer

We will be ensuring that all patients affected by the proposed changes have the chance to keep up to date with the latest news and have the opportunity to raise questions to share views with members of the practice teams. We will use the feedback we receive to consider how the new practice will work in the future. We

believe it's important that everybody's views are considered, so please do take the time to let your practice team know your views.

We will be holding open sessions where you can come along and speak to members of both practices and to NHS England representatives. These will take place on the following days:

Event 1 – Boulevard Medical Centre – TBC
Event 2 – Beechdale Surgery – TBC

To ensure that we have adequate provision for the numbers attending, please could you notify your attendance to either Beechdale Surgery on 0115 929 0754 or the Boulevard Medical Centre on 0115 978 6557

If you have any specific access requirement for these events please confirm these on booking e.g. hearing loop.

Information about the proposal will be on display in the practice waiting room and the practice team will also be able to help you with any queries.

You can have your say in a number of ways:

Write to Dr Marcus Bicknell at Beechdale Surgery, 439 Beechdale Road, Nottingham, NG8 3LF

Write to Dr Maharaj Kachroo at Boulevard Medical Centre, 635 Western Boulevard, Nottingham, NG8 5GS.

You can also email the practices via their Practice Managers:

usha.kachroo@gp-C84650.nhs.uk (Boulevard Medical Centre)
amanda.magee@gp-C84704.nhs.uk (Beechdale Surgery)

- Write to Derbyshire and Nottinghamshire Area Team (part of NHS England) at:

Primary Care Commissioning
Derbyshire & Nottinghamshire Area Team
Birch House, Ransom Wood Business Park
Southwell Road West
Mansfield
Nottinghamshire
NG21 0HJ

- Email Derbyshire and Nottinghamshire Area Team (part of NHS England) on **e.derbyshirenottinghamshire-gpnotts@nhs.net**

- Attend the open events:

- Event 1 – Boulevard Medical Centre – Thursday 25th April 2014 2 pm
- Event 2 – Beechdale Surgery – Thursday 9th May 2014 – 2 pm

We will be looking forward to hearing from you, meeting you personally if you so desire and to working together for the improvement and maintenance of your future health and wellbeing needs.

Yours sincerely

Dr Marcus Bicknell & Dr Maharaj Kachroo

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HEALTH SCRUTINY PANEL
28 MAY 2014
WORK PROGRAMME 2014/15
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To consider the Panel's work programme for 2014/15, based on areas of work identified by the Panel at previous meetings and any further suggestions raised at this meeting.

2. Action required

2.1 The Panel is asked to note the work that is currently planned for municipal year 2014/15 and make amendments to this programme if considered appropriate.

3. Background information

3.1 The Health Scrutiny Panel is responsible for carrying out the overview and scrutiny role and responsibilities for health and social care matters and for exercising the Council's statutory role in scrutinising health services for the City. The terms of reference for the Panel is included elsewhere on this agenda.

3.2 The Panel is responsible for determining its own work programme to fulfil its terms of reference. The work programme is attached at Appendix 1.

3.3 The work programme is intended to be flexible so that issues which arise as the year progresses can be considered appropriately. This is likely to include consultations from health service providers about substantial variations and developments in health services that the Panel has statutory responsibilities in relation to.

3.4 Where there are a number of potential items that could be scrutinised in a given year, consideration of what represents the highest priority or area of risk will assist with work programme planning. Changes and/or additions to the work programme will need to take account of the resources available to the Panel.

3.5 Councillors are reminded of their statutory responsibilities as follows:

While a 'substantial variation or development' of health services is not defined in Regulations, a key feature is that there is a major change to services experienced by patients and future patients. Proposals may

range from changes that affect a small group of people within a small geographical area to major reconfigurations of specialist services involving significant numbers of patients across a wide area.

This Panel has statutory responsibilities in relation to substantial variations and developments in health services set out in legislation and associated regulations and guidance. These are to consider the following matters in relation to any substantial variations or developments that impact upon those in receipt of services:

(a) Whether, as a statutory body, the relevant Overview and Scrutiny Committee has been properly consulted within the consultation process;

(b) Whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation;

(c) Whether a proposal for changes is in the interests of the local health service.

Councillors should bear these matters in mind when considering proposals.

3.6 Nottingham City and Nottinghamshire County Councils have established a Joint Health Scrutiny Committee which is responsible for scrutinising decisions made by NHS organisations, together with reviewing other health issues that impact on services accessed by both City and County residents.

4. List of attached information

4.1 The following information can be found in the appendix to this report:

Appendix 1 – Health Scrutiny Panel 2014/15 Work Programme

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

None

7. Wards affected

All

8. Contact information

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APPENDIX 1

Health Scrutiny Panel 2014/15 Work Programme

28 May 2014	• **Nottingham CityCare Partnership Quality Account 2013/14** To consider the draft Quality Account 2013/14 and decide if the Panel wishes to submit a comment for inclusion in the Account (Nottingham CityCare Partnership) • **Adult Integrated Care** To review progress in the Adult Integrated Care Programme (lead – Nottingham City CCG) • **Health Scrutiny, Healthwatch and Health and Wellbeing Board Working Agreement** To agree a protocol guiding the relationship between health scrutiny, Healthwatch Nottingham and Nottingham City Health and Wellbeing Board • **Walk In Centres** To consider the outcomes of consultation and engagement carried out in relation to remodelling Walk-in Centres/ development of an Urgent Care Centre and next steps in development of the proposals (Nottingham City CCG) • **GP Practice Change - The Practice Nirmala** To consider proposals to close The Practice Nirmala (NHS England Derbyshire and Nottinghamshire Area Team) • **GP Practice Change - Merger of Boulevard Medical Centre and Beechdale Surgery** To consider proposals to merge Boulevard Practice and Beechdale Practice (NHS England Derbyshire and Nottinghamshire Area Team)
30 July 2014	• **Discussion with Portfolio Holder for Adults and Health/ Chair of the Health and Wellbeing Board** To consider the Portfolio Holder for Adults and Health's work over the last year and progress in delivery of

	objectives relating to health and adult social care; current areas of work; and priorities and plans for 2014/15. (Nottingham City Council) • **Healthwatch Nottingham Annual Report** To receive, and give consideration to the Annual Report of Healthwatch Nottingham (Healthwatch Nottingham) • **Integration of Public Health within Nottingham City Council** One year on, to review the integration of public health within the Council, including how the Public Health Grant is used to address wider determinants of health. (Nottingham City Council) • **Transfer of health visiting commissioning (tbc)** To consider plans for the transfer of health visiting commissioning responsibilities to the City (Nottingham City Council)
24 September 2014	• **NHS Health Check Programme** To review performance of the NHS Health Check Programme and progress in access for individuals not registered with a GP (Nottingham City Council)
26 November 2014	
28 January 2015	• **Nottingham CityCare Partnership Quality Account 2014/15** To consider performance against priorities for 2014/15 and development of priorities for 2015/16 (Nottingham CityCare Partnership)
25 March 2015	

To schedule

- Implications of the Care Act for the Council
- Implications of the Cavendish Review (review of healthcare assistants and support workers in NHS and social care) for Nottingham
- Transition between CAMHS and adult mental health services
- School nurse service
- Implementation of Strategy to Reduce Avoidable Injuries in Children and Young People
- Findings of the Strategic Review of the Care Home Sector
- The strategic response to health inequalities/ to what extent is the JHWS supporting a reduction in health equalities?
- How is public health contributing to progress with carbon emission reductions, energy savings and sustainable development?
- Sex and Relationships Education in schools

Scrutiny Review Panel

- Service user experience of care at home services (autumn 2014)

Items to be scheduled for 2015/16

May 2015

CityCare Partnership Quality Account 2014/15