

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 19 November 2015 from 1.30pm – 4.03pm

Membership

Present

Councillor Ginny Klein (Chair)
Councillor Anne Peach (Vice Chair)
Councillor Ilyas Aziz
Councillor Corall Jenkins
Councillor Neghat Nawaz Khan
Councillor Dave Liversidge
Councillor Chris Tansley
Councillor Merlita Bryan

Absent

Councillor Jim Armstrong

Colleagues, partners and others in attendance:

Rav Kalsi	- Senior Governance Officer
Noel McMenamin	- Governance Officer
Lynette Daws	- NHS Nottingham City CCG
Alastair McLachlan	- NHS Nottingham City CCG
Maria Principe	- NHS Nottingham City CCG
Steve Oakley	- Head of Contracting and Procurement
Sharon Ribeiro	- Lead Contract Performance Manager Care and Support
Barbara Vines	- Citizen

38 APOLOGIES FOR ABSENCE

Councillor Jim Armstrong (leave)

39 DECLARATIONS OF INTEREST

None.

40 MINUTES

The minutes of the meeting held on 22 October 2015 were agreed as a true record and they were signed by the Chair.

41 QUALITY OF GP PRACTICES WITHIN NOTTINGHAM CITY

The Committee considered a report of NHS Nottingham City Clinical Commissioning Group (CCG) introduced by Maria Principe, Director of Quality and Delivery, Dr

Alistair McLachlan, Corporate Medical Lead, and Lynette Daws, Assistant Director of Primary Care Development on the quality of GP practices in Nottingham City.

CCG colleagues made the following points:

- (a) The CCG has now fully delegated responsibility for the commissioning of general practice in Nottingham, having taken over from NHS England in April 2015. There are currently 57 GP practices, with over 200 GPs delivering patient care to just over 360,000 citizens;
- (b) There are 3 different types of contract for practices providing core primary care services. These are General Medical Services (GMS) contracts, Personal Medical Services (PMS) contracts and Alternative Provider Medical Services APMS contracts. The term 'core primary care service' is not defined nationally, and differs between CCGs;
- (c) PMS and APMS contracts are better funded than GMS contracts, reflecting the greater access to the increased number of services provided;
- (d) Enhanced Services, including childhood influenza vaccination, alcohol services and enhanced primary care support need enhanced levels of provision, and are commissioned by NHS England, Nottingham City Council and the CCG. In addition, there are Any Qualified Provider (AQP) contracts with GP practices for services including ear irrigation and Phlebotomy services;
- (e) GP Out Of Hours Services, providing access to medical advice, treatment and care, is currently provided by Nottingham Emergency Medical Services;
- (f) The CCG has established governance arrangements in place to ensure performance and quality in GP practice service delivery. Its Primary Care Performance and Quality Steering Group regularly reviews a performance dashboard for GP practices, tracking performance against strategic indicators;
- (g) Practices triggering 5 or more indicators require escalated monitoring until performance improves. The Steering Group also considers complaints and investigates specific incidents of concern;
- (h) The CCG supports an annual peer Practice Visit Programme, which provides the opportunity to review performance against such national indicators as cancer screening, acute admissions, outpatient referrals and Accident and Emergency admissions. In addition, the Care Quality Commission (CQC) has carried out 15 GP Practice inspections in Nottingham City since April 2014. Improvement Action Plans have been put in place for the 3 practices identified as needing improvement;
- (i) While recruitment and retention of GPs is a national issue, Nottingham faces particular challenges for longer term service provision, including having high levels of GPs nearing retirement, the highest number of single-handed practices. The use of locums has plugged the gap to an extent, but is expensive and is not sustainable;
- (j) Health Education East Midlands has launched a GP Fellowship Scheme to encourage locally-trained GPs to remain in Nottingham on completion of training. It will take some time before the impact of the scheme can be fully assessed;
- (k) Measures to improve access to primary care services in Nottingham include: extended hours enhanced service (36 GP practices have signed up), weekend opening, where 6 practices open for 4 hours on Saturday and/or Sunday as part of a pilot initiative, and

47 practices have signed up to a responsiveness contract, incorporating an access audit, reviewing appointments systems and receptionist training;

- (l) A 'mystery shopper' survey of all 57 GP practices was also conducted, with positive outcomes in terms of offering same day appointments (68%) and the great majority of contact proving friendly and helpful;
- (m) Access to primary care services is beginning to improve, but more work is needed at a time when pressures on services will increase due to an ageing population.

During discussion, a number of points were made:

- (n) medical students were attracted primarily to London and Oxford, and to core cities such as Manchester, Leeds, Sheffield and Birmingham. Cambridge has also established itself as a leading medical research centre. While its university was popular among medical undergraduates, Nottingham needed to 'up its game' in becoming a more attractive city in which to live and work, as well as in which to study;
- (o) some foreign recruitment has taken place locally in the past, but a low percentage stay in the region in the long term, with language being the main barrier to settling. CCG colleagues also pointed out that staffing challenges existed for practice nurses and health visitors, which impacted on GP Practice performance;
- (p) it was acknowledged that there is currently not enough exposure to GP practice experience during medical training, and on-the-job training is unlikely to increase, due to cost;
- (q) while CCG colleagues expressed the view that placing GPs in A&E clinics helped address national A&E waiting times, it was a stop-gap solution which redirected GP capacity from the communities they were employed to serve;
- (r) 'Do Not Attend' levels remain a significant challenge. The CCG has introduced 'two-way' appointment texting functionality, so that reminder texts for appointments could be responded to by patients, cancelling appointments where appropriate.

RESOLVED

- (1) to thank Ms Principe, Dr McLachlan and Ms Daws for their interesting and informative report and presentation;**
- (2) to receive an update on the performance of GP Practices at the Committee's November 2016 meeting.**

42 CONTRACTING AND PERFORMANCE MANAGEMENT IN RESIDENTIAL CARE

Steve Oakley, Head of Contracting and Procurement and Sharon Ribeiro, Lead Contract Performance Manager Care and Support introduced a report updating the Committee on contracting and performance management in residential and nursing care.

Mr Oakley and Ms Ribeiro made the following points:

- (a) There are currently 83 residential and nursing care homes in Nottingham City. Although the Care Quality Commission (CQC) no longer defined the category of care as part of

the registration process Around 50% care primarily for older people, while the remainder cater for mental health, physical disabilities and sensory impairment and learning disability;

- (b) A Quality Monitoring Framework is in place to measure the quality of care provision. The Framework has 43 indicators and is applied across all categories of care provision to provide consistent outcomes;
- (c) The focus of performance management is to improve performance, not to 'catch out' providers, and there are comprehensive guidance notes in place to assist providers assess and improve the quality of their own services;
- (d) Action plans for underperforming providers are monitored closely, and if improvement is not forthcoming there is a sliding scale of intervention, ranging from Notices to improve through to contract suspension, 90-day Notices and termination of contracts;
- (e) The City Council conduct monitoring visits for residential care homes and the Nottingham City Clinical Commissioning Group (CCG) carry out visits of nursing homes. The City Council and CCG meet monthly to share information and best practice, and there are also close links with Nottinghamshire County colleagues;
- (f) A major issue is the retention of nursing home nursing provision, as both agencies and hospital trusts pay more for trained staff;
- (g) A review of pricing took place in 2012, when the City Council agreed a single base rate for all residential and nursing care home provision. The current base rate is £469.28 per week, while specialist services are agreed on an individual basis.

The following issues were raised during discussion:

- (h) The City Council gave 2 weeks' notice of inspections, unless the provider had an action plan or Notice to Improve, in which case visits were unannounced. The results of annual inspections were publicly available;
- (i) Mr Oakley undertook to provide Committee members with a copy of the 43 performance indicators, including an explanation where these were weighted;
- (j) The City Council still had 4 residential care homes. Performance was improving, but there was further room for improvement;
- (k) The market in Nottingham was oversupplied in respect of residential care for older people, but there was pressure on places for nursing home care and for specialist care. Newly-established homes tended to struggle initially because of needing to employ sufficient staff to provide core services before the home reached optimum capacity;
- (l) the procedures now in place were designed to 'develop and improve' rather than to 'performance manage', and were much effective both at prevention and at addressing concerns quickly and at source;
- (m) the City Council's commitment to paying Living Wage rates will put financial pressure on the Council, as Nottingham had a relatively low percentage of self-funders compared to the national average;
- (n) Mr Oakley confirmed that work was ongoing on developing a dashboard/RAG rating system for home care, and will be in a position to take an update report on this and on pricing to the Committee's April 2016 meeting.

RESOLVED

- (1) **To note the report and presentation and to thank Mr Oakley and Ms Ribeiro for the information provided to the Committee;**
- (2) **To consider both pricing issues and RAG ratings for Home Care at the Committee's April 2016 meeting.**

43 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16

Rav Kalsi, Senior Governance Officer, presented a report on the work programme for the Health Scrutiny Committee for 2015/16.

The Committee approved the following changes:

- Move consideration of **Dementia Services in Nottingham City** from December 2015 to January 2016, as a stand-alone item;
- Move consideration of the **CityCare Partnership draft Quality Account** from January 2016 to February 2016.

RESOLVED to approve the changes to the work programme 2015/16.