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NOTTINGHAM CITY COUNCIL
HEALTH SCRUTINY COMMITTEE

Date: Thursday, 19 November 2015

Time: 1.30 pm

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

Corporate Director for Resilience

Governance Officer: Clare Routledge **Direct Dial:**

AGENDA		**Pages**
1	**APOLOGIES FOR ABSENCE**	
2	**DECLARATIONS OF INTEREST**	
3	**MINUTES**	3 - 6
4	**QUALITY OF GP PRACTICES WITHIN NOTTTINGHAM CITY** Report of Head of Democratic Services	7 - 26
5	**CONTRACTING AND PERFORMANCE MANAGEMENT IN RESIDENTIAL CARE** Report of Head of Democratic Services	27 - 38
6	**HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16** Report of Head of Democratic Services	39 - 48

IF YOU NEED ANY ADVICE ON DECLARING AN INTEREST IN ANY ITEM ON THE AGENDA, PLEASE CONTACT THE GOVERNANCE OFFICER SHOWN ABOVE, IF POSSIBLE BEFORE THE DAY OF THE MEETING

A PRE MEETING FOR COUNCILLORS ONLY WILL TAKE PLACE AT 1.00 PM THE GROUND FLOOR COMMITTEE ROOM.

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

CITIZENS ARE ADVISED THAT THIS MEETING MAY BE RECORDED BY MEMBERS OF THE PUBLIC. ANY RECORDING OR REPORTING ON THIS MEETING SHOULD TAKE PLACE IN ACCORDANCE WITH THE COUNCIL'S POLICY ON RECORDING AND REPORTING ON PUBLIC MEETINGS, WHICH IS AVAILABLE AT WWW.NOTTINGHAMCITY.GOV.UK. INDIVIDUALS INTENDING TO RECORD THE MEETING ARE ASKED TO NOTIFY THE GOVERNANCE OFFICER SHOWN ABOVE IN ADVANCE.

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG on 22 October 2015 from 13.30 - 15.03

Membership

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

Colleagues, partners and others in attendance:

Clare Routledge	-	Senior Governance Officer
Zena West	-	Governance Officer
Pete McGavin	-	Healthwatch Nottingham
Martin Gawith	-	Healthwatch Nottingham
Dave Miles	-	Assistive Technology Project Manager
Barbara Vines	-	Citizen

33 APOLOGIES FOR ABSENCE

Councillor Corall Jenkins – annual leave
Councillor Chris Tansley – other business

34 DECLARATIONS OF INTEREST

None.

35 MINUTES

The Committee confirmed the minutes of the meeting held on 24 September as a correct record and they were signed by the Chair.

36 UPDATE ON THE ADULT INTEGRATED CARE PROGRAMME

Dave Miles, Assistive Technology Project Manager, updated the Committee on the Adult Integrated Care programme, assistive technology is defined as highlighting the following points:

(a) Assistive Technology (AT) is defined as any product or service designed to enable independence for disabled and older people;

(b) Telecare is the continuous, automatic and remote monitoring of real time emergencies and lifestyle changes over time in order to manage the risks associated with independent living;

(c) Telehealth monitoring is the remote exchange of physiological data between a patient at home and medical staff at hospital to assist in diagnosis and monitoring;

(d) Telemedicine is the practice of medical care using interactive audio visual and data communications. This includes the delivery of medical care, diagnosis, consultation and treatment, as well as health education and the transfer of medical data;

(e) linked telecare equipment is connected via an alarm to the Nottingham City Homes call centre, and includes items such as carbon monoxide detectors, motion sensors, fall detectors, bed occupancy sensors, flood detectors, epilepsy sensors and smoke detectors. Excluding pendant alarm only users, there are 6,230 telecare users in Nottingham;

(f) stand alone telecare equipment either connects to alarms within the house, to alert a carer in the house for example, or works on its own to prevent accidents in the home. Such equipment includes bath over flow devices, easy to use mobile phones, automatic pill dispensers, and clocks designed to be easier to use for patients with Alzheimer's;

(g) the telecare service has a user cost of £3.95 per week, which includes a 24 hour monitoring and response service;

(h) the telehealth service currently has 230 patients. It is a handheld device which collects diagnostic information (such as height, weight, blood pressure, heart rhythm, details of symptoms) and sends data to a nurse for analysis. The device can speak the questions out loud, in case of literacy issues, and also present questions in alternative languages;

(i) the telehealth devices have been helping patients to better understand their own conditions. They are primarily being used by patients with COPD (Chronic Obstructive Pulmonary Disease), heart failure, diabetes, or stroke. The oldest current user is 91 years old;

(j) the device readings are sent to a web-based system for nurses to access and monitor. Alerts will be triggered if the readings are outside of the patient's normal range, and the contact centre will be automatically called;

(k) it is hoped that the device can be rolled out to an extra 2,000 people in the next 3 years. There are 114,000 people in the city with long term health conditions, but the device may not be suitable for all of them;

(l) use of the telehealth devices is clinician-led. Nottingham City Homes install the devices, train the patients, monitor alters, and act on alerts (for example by contacting the patient, their next of kin, or their nurse);

(m) there has been a small level of resistance from some GPs, who fear that the device may result in more work for them. Greater communication of the management of the alerts may be required. As the alerts are monitored, any

alerts that do make it through to a GP would be relevant and beneficial for managing the patient's condition;

(n) if the device's battery is running low, an alert is sent to Nottingham City Homes, who will arrange for the battery to be replaced;

(o) the device is often introduced whilst patients are in hospital wards (i.e. after a heart attack or stroke). Training and education can start on the ward, enabling readings to be operational after the patient has been discharged;

(p) 95% of assistive technology users feel safer and more independent at home. 75% of carers report feeling less stressed than before. There have been increased staff referrals and increased staff views that assistive technologies fit into social care and health priorities, and have an impact on service user outcomes;

(q) Integrated care programme timescales are as follows:
- Reablement and Urgent Care by January 2016;
- Integrated access point, with 1 contact number, available by April 2016;
- Supported self-care – a Bulwell pilot started in October 2015, with Citywide roll out due by October 2016;
- 7 day services – gradual migration, with increased hours pilots in areas;
- Care Delivery Group activity – further development is underway;

(r) questionnaire feedback regarding the Integrated Care Programme has been largely positive (although survey returns have been relatively low). 90%+ of respondents felt they were treated with dignity and respect. 83% would recommend the service to friends / family. Respondents 'Strongly agree' that they have enough time to talk to the carer / practitioner. The majority of comments were positive, with a few suggested improvements. 53% of practitioners at baseline agreed that 'Patients/ service users and carers are generally satisfied with the care they receive'; increasing to 70% at follow up;

(s) staff survey responses included: More confidence in the types of information which can be shared, more informed about other services and to contact others to provide support, improved citizen experience compared to 12 months ago, and better understanding of how roles relate to Care Delivery Group. However, there are still reports that citizens still have to repeat themselves when coming into contact with different services;

(t) the Better Care Fund consists of £5.3 billion nationally, towards integrating social care and health. Locally the budget is for £25.5 million, but this is not new money, the fund comes about from merging existing funds to deliver services better. Nottingham is one of only 7 areas to have had their Better Care Fund plan signed off first time, and is in the top 3 plans in the country.

During discussions further information was provided:

(u) a judgment on patients capacity would be required, and the devices would not be given to any patient who would not be able to use them, or to provide accurate information themselves. Some patients may value human contact,

and wish to retain contact with their health practitioner in person. Assessments are also made as to when the devices become unsuitable again, i.e. if the patient develops dementia;

(v) currently 51% of users of the Telehealth device have COPD, 37% have heart failure, and the rest have complex medical needs. 47% of referrals come through community matrons;

(w) transfer of data is encrypted to NHS standards;

(x) Nottingham City Clinical Commissioning Group and Nottingham City Council have been awarded Vanguard status around new care models. This will bring in new money, and will help relevant parties to think differently about how older people are cared for in care homes, and how their medical information is collected. Video links with nurses in nursing homes have been shown to reduce hospital admissions by 35%.

RESOLVED to:

1) thank Dave Miles for his update and note the contents;

2) invite Dave Miles back to the Health Scrutiny Committee in April for a further update, to include an equality impact assessment of Assistive Technology.

37 HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2015/16

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

(a) further detail was requested regarding a briefing note on Bowel Cancer screening;

(b) Equality Impact Assessments were added to the Workplan.

RESOLVED to note the work programme for the Health Scrutiny Committee for 2015/16.

HEALTH SCRUTINY COMMITTEE
19 NOVEMBER 2015
PRIMARY CARE SERVICES IN NOTTINGHAM CITY
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 The Health Scrutiny Committee will receive a detailed report on the quality of primary care medical services delivered by General Practice (GP) within Nottingham city.

2. Action required

2.1 The Committee is asked to use the information provided to scrutinise the quality of primary care services, specifically primary care medical services delivered by General Practice within Nottingham city, to ensure the services being delivered are meeting the needs of the local population.

3. Background information

3.1 In April 2015 Nottingham City Clinical Commissioning Group (CCG) took on full responsibility for commissioning general practice which includes the management of the primary care services budget, management of GP contracts and practice mergers and list closures and serious incidents. The CCG continues to work closely with NHS England North Midlands Primary Care Hub.

3.2 Nottingham city has the highest percentage of GPs aged over 55 years, the highest number of single handed practices and the highest list size per full time equivalent doctor than any other local Clinical Commissioning Groups, so workforce recruitment and retention is a key challenge.

3.3 Within the city there are a total of 57 GP member practices, with over 200 GPs delivering services to a population of over 363,000 registered patients. Practice list sizes range from 1,100 to 12,000, with the two university practices having the largest list sizes of 16,000 and 39,000.

This includes:

- thirteen single handed practices;
- four practices are run by external provider organisations, including one charity;
- the rest of the practices are delivered through partnership agreements.

3.4 In 2014 Nottingham City Clinical Commissioning Group developed its Primary Care Vision which focuses on five areas:

- integrate primary and community and social care;
- standardise and improve access;
- utilise and adapt innovative technology and best practice;
- develop shared workforce/working;
- promote and shared responsibility of health.

3.5 GP Clusters and Care Delivery Groups (CDG) have been established, to ensure closer working between member practices and social care.

3.6 Since April 2014, fifteen practices have received an inspection from the Care Quality Commission (CQC), with:

- one practice considered inadequate;
- two requiring improvement;
- ten rated good ;
- two rated outstanding.

3.7 Practices who have received a less than good rating following a CQC inspection are encouraged to seek support from neighbouring practices, as well as access to national support. For the three practices who were rated “requires improvement” or “inadequate” action plans have been implemented and the practices will receive an unannounced inspection by the CQC to monitor progress.

3.8 In addition the CCG meets monthly with the CQC to share intelligence regarding all 57 practices and each practice receives an annual visit by the CCG to review performance and share best practice.

3.9 Over the next twelve months Nottingham City CCG will refresh its Primary Care Vision, continue its commitment to transform primary care and out of hospital care more widely, by developing Multi-Speciality Community Providers and develop the use of Assistive Technology within primary care.

3.10 The Director of Quality and Delivery at Nottingham City Clinical Commissioning Group will present this report and will be accompanied by the Corporate Medical Lead.

4. List of attached information

4.1 Primary Care Services in Nottingham City Report – November 2015.

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

5.1 None.

6. Published documents referred to in compiling this report

6.1 http://www.nottinghaminsight.org.uk/insight/search/list.aspx?fl=139191

6.2 http://www.cqc.org.uk/

7. Wards affected

7.1 All.

8. Contact information

Clare Routledge, Health Scrutiny Project Lead
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Primary Care Services in Nottingham City

1. Introduction and Summary

The purpose of this paper is to provide the Health Scrutiny Committee with an update on the quality of primary care services, specifically primary care medical services delivered by General Practice, within Nottingham City.

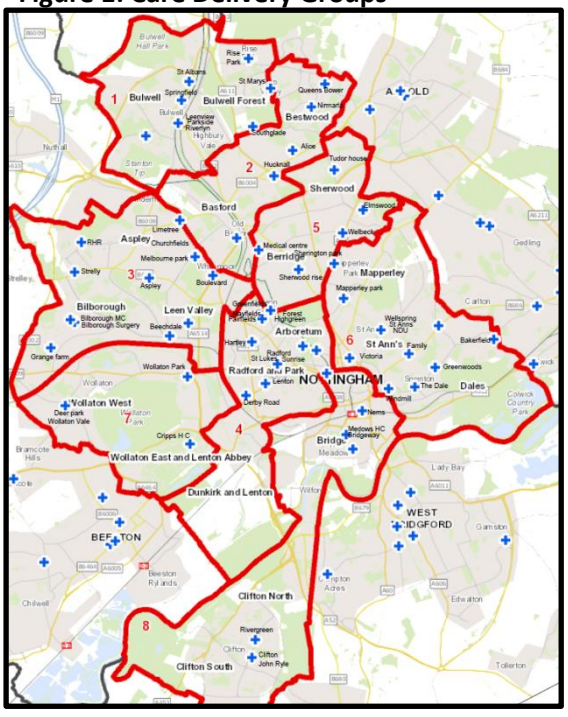
Nationally it is recognised that primary care services are facing increased demand from an ageing population with increased morbidity. The number of consultations in Primary care has increased to over 340 million currently & with the transfer of care into the community this is likely to increase further. GP services are facing workforce pressures, with an ageing workforce and difficulties in recruiting GPs in some parts of the country. This paper provides an overview of the primary care medical services delivered within Nottingham City and the processes established by Nottingham City Clinical Commissioning Group and NHS England North Midlands to assure the delivery of good quality primary care.

2. Primary Care Providers within Nottingham City

Over 363,000 patients are registered with a Nottingham City GP. The population is diverse and multi-cultural, with high rates of deprivation and poor health with lower life expectancy than local areas. Around 60,000 students attend the City's two universities. People living in the poorest wards e.g. St Ann's and Arboretum are living on average 10 years less than those in the most affluent ward of Wollaton West.

There are a total of 57 GP member practices within the City with over 200 GP's delivering their services. There are 13 single handed practices, 4 practices are run by external provider organisations including one charity with the remaining practices delivered through partnership arrangements. Practice raw list sizes range from 1,100 to 12,000 patients; the two university practices have the largest list sizes of 16,000 and 39,000.

Figure 1: Care Delivery Groups



Since the establishment of the CCG in April 2014 and as outlined within the CCG's Constitution, member practices have been organised into groups of GP practices ("GP Clusters") which are based partly on geographical location and partly on inter practice relationships and culture. The GP Clusters provide a forum for groups of member practices to work together in a shared framework to support the development of commissioning priorities and channel their knowledge and experience into service redesign and quality improvement.

More recently, to support the health and social care integration agenda and the CCG's Primary Care Vision, member practices have been organised into one of eight Care Delivery Groups (CDGs) as demonstrated in Figure 1. Health and social care services are being redesigned to deliver more localised services at this CDG level.

GP primary care services are delivered in a variety of locations across the City including NHS owned health centres, owner occupied and privately leased buildings and NHS managed LIFT buildings. All premises have been reviewed by the CQC as part of the GP medical service registration process to confirm they are fit for purpose and meet the necessary standards in relation to access and hygiene. 8 practices deliver primary care services alongside health and social care services from within the four Nottingham City contact centres (Bulwell Riverside, St Ann's Valley Centre, The Mary Potter Centre and Clifton Cornerstone). Through the development of the CCGs Estates Strategy each member practices' estate has been reviewed to understand the current position in terms of estate utilisation and the requirements of this with the future development of CDGs and direction of integrated care.

Appendix 1 outlines the 57 practices by CDG along information on their list size.

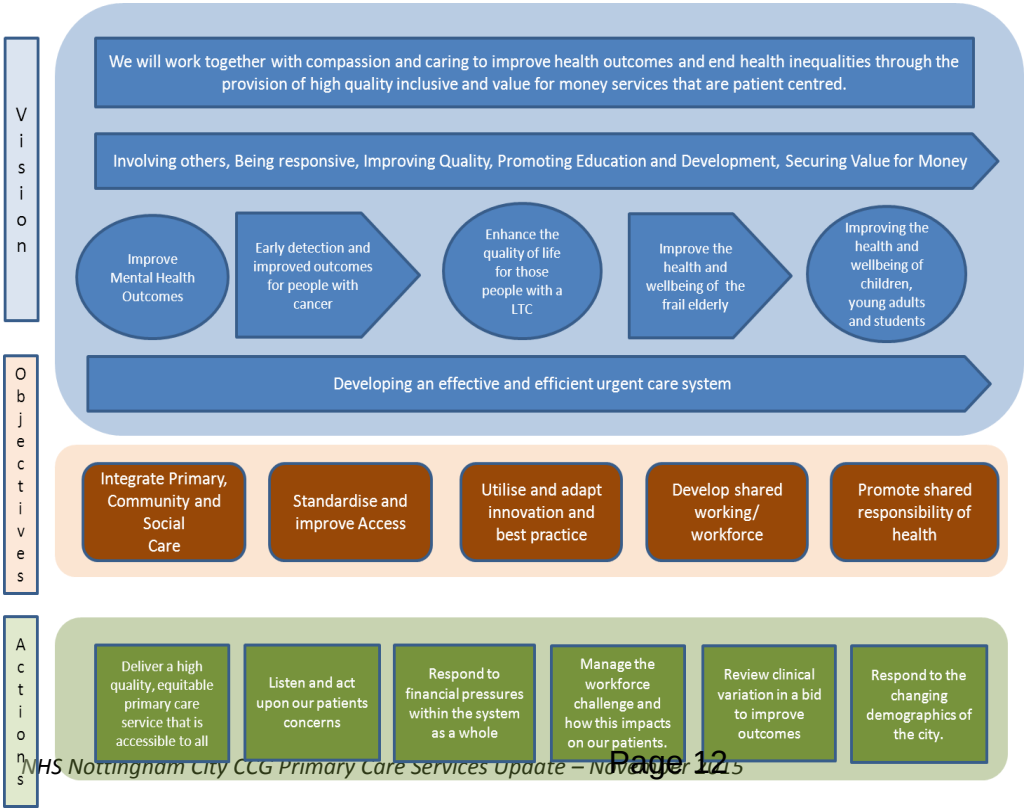
Nottingham City Council's Public Health team have produced Care Delivery Group Health Profiles for 2015-16, these include deprivation and ethnicity information by CDG along with Diabetes, CHD, COPD, mental health and dementia prevalence for the practices within that CDG. The health profiles can be found at http://www.nottinghaminsight.org.uk/insight/search/list.aspx?fl=139191

3. CCG Primary Care Vision

In 2014 the CCG developed its Primary Care Vision; this was presented to the Health and Wellbeing Board in April 2014. Figure 2 represents the CCG's Primary Care Plan on a page. The vision focuses on five key deliverables:

- Integrate primary community and social care
- Standardised and improve access
- Utilise and adapt innovative technology and best practice
- Develop shared workforce/working
- Promote shared responsibility of health

Figure 2 – Primary Care Plan on a page



The CCG has commissioned an independent external evaluation of the Vision from the Office for Public Management (OPM), an interim report is due to be presented to the CCG in December 2015 with a final report due in April 2016.

4. Primary Care Commissioning

In April 2015 the CCG took on fully delegated responsibility for commissioning general practice. Under the Co-Commissioning agenda, the CCG is now responsible for management of the primary care services budget which enables us to make decisions in relation to the commissioning, procurement and management of primary medical services contracts to meet our local population needs aligned with our primary care vision. The CCG is now responsible for the management of the GP contracts; approval of practice mergers and list closures, decisions in relation to the management of poorly performing GP practices and premises costs directions functions. Responsibilities around the individual GP performers list, revalidation and appraisal remain with NHS England.

The CCG works closely with the NHS England North Midlands Primary Care Hub to deliver our fully delegated responsibilities. See section 5 below on the management of primary care performance and quality.

4.1 GP Core Services and Contracting

The delivery of GP primary medical services can be categorised into two groups, “core” primary care services and “enhanced” primary care services.

4.1.1 Core Primary Care Services

The CCG, supported by the Primary Care Hub, oversees delivery of the core primary care services by one of three types of contract. The type of contract awarded was historically determined by the PCT, however all core contracts are funded on a £ per patient basis. The table below demonstrates the number of practices managed on the three types of contract within Nottingham City.

Type of contract	Number of practices
General Medical Services (GMS)	30
Personal Medical Services (PMS)	24
Alternative Provider Medical Services (APMS)	3

NHS England is leading a review over the next 5 years of all PMS contracts to understand the differential in payment for “core” primary care services compared to those delivered within the GMS contracts. The review will identify the additional payments made for services delivered above “core” services to those PMS practices. Within Nottingham City, a handful of PMS contracted practices are in negotiation with the CCG and NHS England regarding the funding of additional services which they believe they deliver above “core” services. As a result of this national review some practices are facing financial risks around reduced income which need to be carefully managed by the independent providers.

The contracts for the three APMS practices are due to expire within the next 12 months. The CCG and Primary Care Hub are currently finalising commissioning intentions for these services and the procurement process is expected to start imminently.

4.1.2 Enhanced Services

Enhanced services require an enhanced level of provision above what is required under core GMS contracts. These are non-mandatory services and following the introduction of the Health and Social Care

Act these services are commissioned by NHS England, the Local Authority and CCG's. Those commissioned by Nottingham City Council and the CCG are locally designed to meet the needs of the local population. For the CCG commissioned enhanced services, the CCG awarded three year NHS Standard Contracts to all practices through a Single Action Tender procurement process from 1st April 2014.

2015/16 "Enhanced Services" commissioned		
NHS England	**Nottingham City Council**	**Nottingham City CCG**
• MenB • MenACWY • Directed Enhanced Services (DES) Directions • Avoiding unplanned admissions: proactive case finding and patient review for vulnerable people • Childhood seasonal influenza vaccination programme • Seasonal influenza and pneumococcal polysaccharide vaccination programme • Meningococcal freshers vaccination programme • Pertussis (pregnant women) vaccination programme • Shingles (catch up) vaccination programme • Facilitating timely diagnosis and support for people with dementia	• Alcohol • Asymptomatic Chlamydia Screening • Asymptomatic Sexual Health Screening • CVD Risk Assessment 2010-11 • Implanon (registered and non-registered patients) • IUDs (registered and non-registered patients) • Sexual Health Screening Level 2 • Substance Misuse (GPwSI Accredited)	• Asylum Seekers • Homeless • Warfarin Anticoagulation Level 2 • PSA monitoring • Near patient testing under a shared care protocol – Rheumatology • Near patient testing under a shared care protocol re – Gastroenterology • Near patient testing under a shared care protocol – Respiratory • Near patient testing under a shared care protocol – Dermatology • Enhanced primary care support to Care homes

4.1.3 Additional Primary Care Services

The CCG also holds a number of Any Qualified Provider (AQP) contracts with GP practices for the delivery of community based services, these include:

- Treatment Room
- Ear Irrigation
- H Pylori
- ECG's
- Adult Phlebotomy
- Paediatric Phlebotomy
- Domiciliary Phlebotomy

Individual procurement exercises were held for each of the above services and required interested providers, including GP practices, to submit a tender for each service. 42 practices were successful in bidding to deliver these services, 15 practices chose not to tender for these additional services; however, the AQP services have been commissioned so that both registered and non-registered patients can access the services from any location across the city to reduce the variation in delivery and access to services across Nottingham city.

4.2 GP Out of Hours Services

The GP Out-of-Hours Service provides access to medical advice, treatment and care, whenever GP surgeries are closed, for problems that are considered to be urgent and cannot wait till the surgery next opens. Currently, NEMS provide this service for approximately 118 hours a week, including all evenings, nights, weekends and public holidays. It covers a total population of approximately 720,000 patients

registered with around 120 local GP practices within the Nottingham City, Rushcliffe, Nottingham North & East, and Nottingham West CCG boundaries.

The service was recently re-procured and NEMS Community Benefit Services Limited, the incumbent provider, was the successful bidder. The new contract started in October 2014 and runs to September 2017 at which point the commissioners have the option to extend the contract by another 2 years.

The service is managed through monthly service review meetings led by Nottingham City CCG, as lead commissioner, which include achievement against performance criteria and quarterly Clinical Governance reports.

5. Management of Primary Care Performance and Quality

To ensure that the CCG is able to effectively discharge its delegated functions in line with the Delegation Agreement issued by NHS England, an exercise was undertaken to map out where responsibilities for operational delivery and governance oversight sit within the CCG.

5.1 Primary Care Commissioning Panel

In response to national requirements following the introduction of Co-Commissioning a Primary Care Commissioning Panel has been established. In accordance with our Constitution, the panel operates as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers introduced through Co-Commissioning. The Panel is accountable to the CCG's Governing Body and is subject to any directions made by NHS England or by the Secretary of State.

5.2 Primary Care Performance and Quality Steering Group

The CCG's Primary Care Performance and Quality Steering Group (PCPQSG) supports the operational delivery and oversight of responsibilities in relation to the management of primary medical services contracts, enhanced services, Local Incentive Schemes and the management of poorly performing GP practices.

A review and escalation process is used to monitor performance, quality and contractual concerns. Where a concern is identified both hard and soft intelligence is gathered and presented to the steering group to identify whether a deep dive review is required and to inform the action taken. In most cases the action taken will involve members of the steering group visiting the practice to discuss the identified concern and agreeing an action plan for improvement. Action plans are continuously reviewed and where it is identified that there is insufficient progress for improvement and/or a lack of engagement from the practice the concern is escalated to the Primary Care Commissioning Panel. Where relevant, concerns are also raised to the appropriate Governing Body sub-committee for quality and performance.

5.2.1 Performance Dashboard

A performance dashboard is reviewed regularly by the steering group which incorporates performance against CCG strategic indicators, indicators from the national Primary Care Web Tool and the recently re-launched CQC intelligent monitoring information. See **Appendix 2** which includes a list of the indicators monitored within the dashboards. The dashboard utilises a rag rating and scoring system and is used alongside soft intelligence to inform performance reviews.

In line with the CCG's quality and performance escalation process, where a practice is identified has having more breached than 5 key performance indicators the CCG enters the "turnaround stages".

The performance dashboard is under review to ensure it is fit for purpose in line with our delegated functions and as such is not yet available within the public domain. However, the Public Health profiles referred to in section 2 of this paper include information within the public domain relating to MMR and diphtheria immunisation uptake. Available at http://www.nottinghaminsight.org.uk/insight/search/list.aspx?fl=139191

5.2.2 Practice Visit Programme

Since 2011 a practice visit programme had operated within Nottingham City. This is a peer support programme whereby all practices are visited annually to review their performance in relation to national indicators e.g. cancer screening, A&E attendances, acute admissions, outpatient referrals and QOF performance. The annual visit gives practices an opportunity to reflect on their performance, feedback to the CCG on local services and pathways and share best practice tips with other practices. All practices are expected to agree on one action following their practice visit from a pick list in an outlying area of performance, this could include reviewing and understanding A&E attendance, outpatient referrals or increasing immunisation and screening uptake.

The PCPQSG oversees the practice visit programme and the visit reports are one form of intelligence used in the wider review of practice quality and performance.

5.2.3 Care Quality Commission

Since April 2014 all GP providers have been required to register their services with the Care Quality Commission (CQC). To date, 15 practices have received inspections from the CQC. The table below details which practices have been visited and their overall rating.

Practice Name	Inspection Date	Overall rating
Beechdale Surgery	05-Nov-14	**Good**
Bridgeway Practice	01-Jun-15	**Good**
Churchfields Medical Practice	26-Nov-14	**Good**
Clifton Medical Practice	24-Nov-14	**Good**
Fairfields Practice	04-Nov-14	**Good**
Greenfields Medical Centre	10-Oct-14	**Requires improvement**
Mapperley Park Medical Centre	14-Mar-15	**Inadequate**
Mayfield Medical Practice	15-Oct-15	**Good**
Meadows Health Centre	18-Nov-14	**Good**
Medical Centre at Zulu Road	17-Nov-14	**Good**
Platform One	30-Jun-15	**Outstanding**
Radford Medical Practice	03-Nov-14	**Good**
Sherwood Rise Medical Centre	11-Nov-14	**Requires improvement**
University of Nottingham Health Service	18-Jun-15	**Outstanding**
Victoria Health Centre	03-Nov-14	**Good**

For the three practices above who were given an overall rating of “Requires Improvement” or “Inadequate” action plans have been put in place by the practice to improve performance and the practices will receive another unannounced inspection by the CQC to check on progress. Copies of the full inspection reports can be reviewed at http://www.cqc.org.uk/

Practices who have received a less than good rating following a CQC inspection are encouraged to seek support from neighbouring practices. The Department of Health and NHS England have also

commissioned the Royal College of General Practitioners (RCGP) to provide a pilot programme offering expert peer and support for GP practices that enter special measures following inspection by the CQC.

The CCG has established monthly meetings with the CQC to share intelligence about the 57 practices, these meetings are also used to gather pre-inspection information prior to CQC visits and are an opportunity for the CQC to share draft inspection reports with the CCG prior to publication.

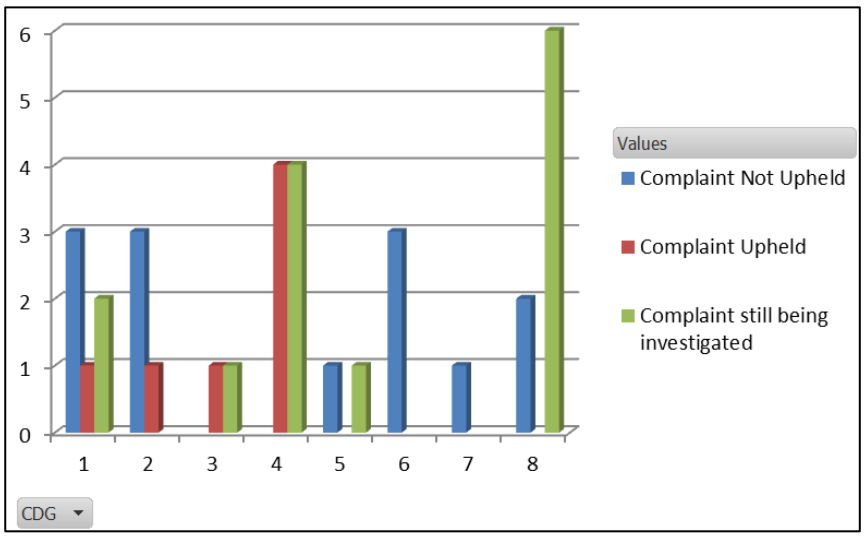
The PCPQSG is responsible for the identification of performance concerns and decisions in relation to the management of poorly performing GP practices, including decisions and liaison with the CQC, in line with the Delegation Agreement.

5.3 Management of complaints and incidents

Under fully delegated co-commissioning the CCG is now responsible for the management of all serious incidents (SI), this involves the CCG's quality governance team reviewing the SI investigation reports produced by the practices ensuring that lessons are learned and action plans are in place. All SI's are reported to the CCG's PCPQSG to be considered and triangulated with the other performance and intelligence information for primary care providers. Between April and October 2015 there have been 10 SI's reported within the primary medical services, of these 4 have been "closed" whereby the SI has been fully investigated and lessons learned are being shared across the practices. 2 SI investigation reports have been received from the practice by the CCG and are in the process of being reviewed, the remaining 4 SI's are still under investigation by the practices and reports are expected from these practices shortly.

NHS England remains responsible for the management of complaints made about individual GPs and GP practices. NHS England does share with the CCG a summary of the individual complaints received by practice / GP and also a copy of the final response, however, the investigation of each complaint is completed by NHS England. The CCG's PCPQSG receives regular updates on the complaints received for all primary care providers and this information is triangulated with other intelligence in line with the quality and performance escalation process. For information, there have been 34 complaints received between April and September 2015 across 20 Nottingham City GP practices, 7 of which were upheld and 14 are still under investigation by NHS England. The graph below demonstrates this by Care Delivery Group.

17 complaints (50%) received were about Treatment and Care, for example not referring to secondary care, missed or delayed diagnosis. 7 complaints (21%) related to access, for example availability of appointments.



If a patient wishes to complain about the primary care services received from the GP practice they should follow the NHS Complaints procedure. Patients can make a complaint directly to their practice; all practices are required to have complaints policies available at reception and/or on their website. However, if patients feel uncomfortable about complaining to their GP surgery then they can make a complaint to NHS England at one of the below addresses:

NHS Complaints by email	**NHS Complaints by post**
england.contactus@nhs.net In the subject line please state: "*For the attention of the complaints team*"	NHS England PO Box 16738 Redditch B97 9PT

If a patient is unhappy with the outcome of their complaint they can refer the matter to the Parliamentary and Health Service Ombudsman, who is independent of the NHS and government.

The Parliamentary and Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

6. GP Workforce

The challenges with the GP workforce have been highly reported in the media and in June 2015 the Secretary of State for Health set out further details of a 'New Deal for General Practice' to help go further in transforming the quality of services and access to care, in line with the Five Year Forward View. The Government has committed to increasing the primary and community care workforce by at least 10,000 including an estimated 5,000 more doctors working in general practice by 2020. Health Education England is leading work on developing the primary care workforce, including helping primary care introduce new workforce models that maximise the contribution of a range of other health and care professionals.

6.1 Becoming a GP

The process of becoming a GP takes a total of 10 years, as outlined below. Further information can be found on the Royal College of GP's website.

Years 1 – 5 ***Medical School***	All individuals interested in choosing medicine as a career are first required to complete and pass a Medical Degree which usually lasts for five years. It is a broad and extensive training programme and it usually requires three good A levels (average AAB) to be accepted into medical school.
Years 6 & 7 ***Foundation Training***	After successful completion of the medical degree, students complete a two year Foundation Programme, this is undertaken by all doctors and acts as a bridge between medical school and speciality training. This programme enables students to get experience from a series of placements in a variety of specialities and healthcare settings. It is during the foundation training that individuals are able to register fully with the GMC. It is after the completion of the Foundation Training that students decide on their specific area of medicine.
Years 8, 9 and 10 ***Speciality Training***	If a student has opted to work within General Practice they complete a 3 year training programme to specialise in general practice. This is includes completion by the GP trainees of the Royal College of GPs Assessment (MRCGP), this is an integrated training and assessment programme including Applied Knowledge, Clinical Skills Assessment and

	Workplace-Based Assessment. Upon successful completion of the specialty training individuals are awarded a Certificate of Completion of Training and their name is placed on the GP register allowing them to practice as a GP.

After fully completing their training GPs are required to keep up to date with relevant information. To this end each GP has an annual appraisal which demonstrates that they have assessed their educational needs & have taken steps to satisfy any unmet needs. This can take many forms such as audit of their care, colleague and patient feedback and learning from significant events. Although this appraisal is formative every 5 years this total body of work is scrutinised in more detail in the revalidation process which if satisfied allows the GP to continue to practise for 5 further years providing that they successfully complete ongoing annual appraisal.

The CCG is committed to supporting the development and training of primary care staff. We commission medical cover from NEMS which enables all GP's and Practice Managers to attend Protected Learning Time events. These are both citywide and practice based, and allows the practices to have protected time to learn and understand about a range of areas including new NICE guidelines, revisions to local care pathways and national directives.

6.2 Local Workforce and Actions

In the East Midlands the workforce crisis for Primary Care is evident with 38% of training posts for the Vocational Training Scheme not being filled in 2015. Nottingham City has the highest percentage of GPs over 55years, the highest number of single handed practices and the highest list size per full time equivalent doctor than other local CCGs.

To address this, general practice has increasingly been using Locum's to deliver core primary are services, however, the costs of this use are increasing and is unsustainable.

Health Education East Midlands (HEEM) recently launched the GP fellowship scheme (May 2015). The purpose of the scheme is to encourage locally trained GPs to stay and work in the area they trained i.e. Nottingham. There are no guarantees but participating in the programme may help to influence newly qualified GPs to stay which can only be a positive outcome for Nottingham City and its vision to improve primary care services. This also provides an opportunity for practices that have struggled to recruit to have access to GPs and through a supported programme promote the benefits of working in a challenging environment. The programme will be evaluated by HEEM.

Nottingham City CCG currently hosts one GP fellow who is participating in the scheme and it is hoped that if the scheme evaluates successfully this may become mainstreamed in future.

7. Access

7.1 Access to primary care services

Improving and reducing inequality of access is one of the key aims of the CCG's primary care vision. A number of initiatives have been commissioned to improve access to GP services, including:

- **Extended Hours Enhanced Service** – this national enhanced service supports practices to offer clinical sessions outside of their core contracted hours of 8am – 6:30pm Monday to Friday in order to meet the needs of those patients for whom attending the surgery during core hours was

inconvenient or impossible. 36 practices within the City have signed up to deliver this service and in Quarter 1 2015/16 they delivered a total of 1446 additional clinical hours, and 1169 additional clinical hours in Q2.

- **Weekend opening** – In October 2013 the Prime Minister announced a new £50 million GP Access Fund to help improve access to general practice. Under this programme the CCG invited practices to participate in a weekend opening pilot. Six practices are currently participating in this pilot which provides routine core primary care services on a weekend to both registered and non-registered patients. The practices have been open on a Saturday and/or Sunday for 4 hours since September 2014. The CCG has recently agreed to extend this pilot to 31st March 2016. The opening of these GP practices on a weekend has provided an additional 21 clinical hours, equivalent to 165 additional appointments on a Saturday and 66 additional appointments on a Sunday. Between September 2014 and August 2015 6,642 patients have accessed the GP practices on a weekend.
- **Responsiveness contract** – The CCG invited GP practices to sign up to a 1 year responsiveness contract which ran from September 2014 – August 2015. 47 practices signed up to the service which included the following elements:
    - *Stage one* – the practice participated in an access audit by one of three independent organisations (commissioned by the CCG). The organisations reviewed the configuration of the appointment systems, ensuring that systems were as efficient as possible and maximising appointments. This included looking at triage systems and mapping appointments to demand. 44 practices completed this stage;
    - *Stage two* – the practice chose whether to implement the recommendations following the access audit or could submit a business case to the CCG demonstrating how they would improve access and address the findings from the audit. 32 practices completed this stage
    - *Reception staff training* – All 49 practices sent their front line reception staff to training commissioned by the CCG. The training supported the receptionists in how to best manage conversations with patients, particularly around the access to appointments and signposting patients to other appropriate services. The training evaluated extremely well and the CCG has committed to continue with this training programme for all new receptionist staff across all practices.
- **Mystery Shopper** – As part of the responsiveness contract the CCG commissioned a mystery shopper exercise. All 57 practices were telephoned on two different occasions and visited once. Key findings from the report include:
    - Over two thirds of all practices (68%) were able to offer a same day appointment immediately, or offer some form of triage appointment;
    - 87% of all practices had routine weekday appointments available within 2 weeks of the call;
    - Most calls were answered quickly by staffs that were friendly and helpful in trying to find suitable appointments.

  The CCG will shortly be sharing the results of this exercise with member practices to highlight areas of both good feedback and also where improvements are required. The CCG is also exploring options to continue this exercise at CDG level to further monitor the access and waiting times within neighbourhood areas.

- **AQP Services** – as previously highlighted in section 4.1.3 patients now have more choice and greater access to services such as wound dressing, phlebotomy and ear irrigation following the

introduction of the AQP contracts. Patients can chose whether to receive this service from their registered practice or access the service from another practice and / or Nottingham CityCare across the 8 CDGs.

7.2 GP Appointment systems

Each practice is responsible for the design and management of their individual appointment systems, this includes decisions around whether they choose to implement a form of triage (GP or Nurse) prior to patients booking appointments, the number of appointments available for urgent same day access and the proportion of GP and/or nurse appointments that are available to pre-book in advance.

Through the responsiveness contract referred to earlier, practices were invited to participate in a review of their access to facilitate change within primary care, in particular look at ways to improve access, guiding and advising patients more effectively and efficiently through NHS services. Through this process the CCG have been able to stimulate some degree of change in the delivery of primary care, including the increased use of telephone triaging, the development and upskilling of staff and redesign of current patient demand management. Early data received from practices regarding the responsiveness contract suggests that all participants have increased their current triaging capacity to help manage their demand or have introduced it into their usual day to day business or as a means of managing demand for home visits.

There are national clauses within the core GP contract that require all practices to make the following available to patients to improve access to their services:-

- Online booking of appointments;
- Online ordering of repeat prescriptions; and
- Online access to view a patient's own summary care record.

Did Not Attend rates (DNAs) remain a particular challenge within the locality with circa 50,000 appointments missed in 2013. All practices have access to "one way" text messaging services to use for appointment reminders and health campaigns for their patients. For the past 12 months the CCG has funded additionally functionally to enable patients to reply to their appointment reminder text and cancel their appointment ("two way"). If a patient replies "Cancel" to the text message the booked appointment is automatically removed from the practices booking system and is available to re-book. There are 47 practices signed up to this additional functionality and between March - September 2015 6,615 appointments have been cancelled using this functionality. This allows practice teams more adequate time to allocate these appointments to other patients. During the same period 154,267 health campaign messages have been sent out to patients containing reminders for vaccinations and CCG messages regarding winter pressure.

7.3 GP Patient Survey

The latest results of the GP Patient Survey have recently been published, these relate to patient feedback received between January – March 2015. This is an England-wide survey, providing practice-level data about patient's experiences of their GP practices. Participants in the survey represent only a sample of the total population and therefore should be treated with some caution, the national response rate for the survey was 33%.

The findings from the survey for Nottingham City have remained fairly similar to the previous year's results and the CCG results are broadly in line with the reported national results.

The CCG is further reviewing this information and triangulating it with local data and intelligence at induvial practice level as part of our quality and performance review of the GP practices. Key points from the survey included:

	National Results July 2015	July 2015 Nottingham City CCG	July 2014 Nottingham City CCG
Overall, how would you describe your experience of your GP surgery?	85% Good 5% Poor	84% Good 6% Poor	84% Good 5% Poor
Generally, how easy is it to get through to someone at your GP Surgery on the phone?	71% Easy 26% Not Easy	71% Easy 24% Not Easy	71% Easy 24% Not Easy
How helpful do you find the receptionists at your GP Surgery?	87% Helpful 11% Not Helpful	87% Helpful 10% Not helpful	87% Helpful 10% Not helpful
The last time you wanted to see or speak to a GP or Nurse, were you able to get an appointment to see or speak to someone?	85% Yes 11% no	83% Yes 12% No	83% Yes 12% No
How convenient was the appointment you were able to get?	92% Convenient 8% Not convenient	92% Convenient 8% Not convenient	91% Convenient 9% Not convenient
Overall, how would you describe your experience of making an appointment?	73% Good 12% Poor	73% Good 11% Poor	73% Good 12% Poor
How satisfied are you with the hours that your GP surgery is open?	75% Satisfied 10% Dissatisfied	76% Satisfied 9% Dissatisfied	78% Satisfied 8% Dissatisfied

8. Future developments

Within the next 12 months the CCG will be refreshing our Primary Care Vision ensuring that this continues to support one of the key strategic aims set out by the NHS Five Year Forward View of breaking down traditional barriers between different primary care services and wider out of hospital care services. We are committed to transforming primary care and out of hospital care more widely, through the development of Multi-Speciality Community Providers (MSCPs) and develop the use of Assistive Technology within primary care.

9. Conclusion

The initiatives put in place to date to improve access to primary care are beginning to show signs of early improvement across a number of areas and intelligence sources; however, there is still much further work to be done. This is alongside the increasing challenges faced with the recruitment of GPs and financial costs of locums faced by primary care.

The CCG has robust mechanisms in place to monitor the quality and performance in primary care, and our close working relationships with stakeholders to deliver the responsibilities of our delegated functions will continue.

Appendix 1 – GP practice list size

Cluster	Practice Name	Practice Code	CDG Group	Raw List Size	Weighted List Size
Robin Hood	Leen View Surgery	C84043	1	8630	9805
Robin Hood	Parkside Medical Practice	C84064	1	6775	7360
Norcom	Rise Park Surgery	C84129	1	6723	6858
City Central	Riverlyn Medical Centre	C84717	1	2946	3039
City Central	Springfield Medical Centre	C84138	1	2674	2751
City Central	St Albans Medical Centre/ Nirmala Medical Centre	C84004	1	7571	7991
City Central	St Mary's Medical Centre	C84145	1	1101	1120
Norcom	Hucknall Road Medical Centre	C84078	2	12672	12725
Norcom	Queens Bower Surgery	C84135	2	4463	4401
Norcom	Southglade Health Centre (SSAFA)	Y03363	2	1909	1898
Norcom	The Alice Medical Centre	C84695	2	3138	3081
Robin Hood	Limetree Surgery	C84694	3	3413	3773
Norcom	Aspley Medical Centre	C84091	3	7269	7984
Norcom	Beechdale Surgery	C84704	3	3763	4099
Norcom	Boulevard Medical Centre	C84650	3	1751	1813
Norcom	Bilborough Medical Centre/Assarts Farm Medical Centre	C84688	3	9527	9747
Norcom	Churchfields Medical Practice	C84034	3	9963	10522
Norcom	Grange Farm Medical Centre	Y03124	3	3094	3533
Norcom	Melbourne Park Medical Centre	C84116	3	7747	8526
Norcom	RHR Medical Centre	C84680	3	2929	2951
Norcom	Strelley Health Centre	C84698	3	4231	4419
City Central	Bilborough Surgery	C84647	3	1450	1887
Robin Hood	Lenton Medical Centre	C84633	4	2198	1978
Robin Hood	Radford Medical Practice/NTU	C84117	4	16652	14391
Robin Hood	St Luke's Surgery	C84136	4	3754	3812
Robin Hood	Sunrise Medical Centre/Practice	C84714	4	6951	5091
Robin Hood	The Fairfields Practice	C84105	4	6997	6838
Robin Hood	The Forest Practice	C84103	4	5278	5218
Robin Hood	The High Green Medical Practice	C84691	4	10293	9385
Norcom	Derby Road Health Centre	C84039	4	9602	9546
City Central	Greenfields Medical Centre - Sharma	C84104	4	2148	2149
City Central	Mayfield Medical Practice	C84676	4	2661	2516
City Central	Radford Health Centre - Phillips	C84096	4	3531	3515
Robin Hood	Sherwood Rise Medical Centre	C84628	5	5366	5164
Norcom	Elmswood Surgery	C84011	5	9106	9570
Norcom	Sherrington Park Medical Practice	C84682	5	4139	4165
Norcom	Tudor House Medical Practice	C84619	5	6001	5970
Norcom	Welbeck Surgery	C84664	5	3682	3680
City Central	The Medical Centre - Irfan	C84151	5	2122	2135
Robin Hood	Bakersfield Medical Centre	C84693	6	5017	5343
Robin Hood	Dale Surgery	C84672	6	4182	4090
Robin Hood	Family Medical Centre	C84018	6	8636	9608
Robin Hood	Greenwood & Sneinton FMC	C84063	6	6594	7273
Robin Hood	Mapperley Park Medical Centre	C84602	6	2230	2311
Robin Hood	Victoria Health Centre/Mapperley Surgery	C84085	6	7776	8616
Robin Hood	Wellspring Surgery	C84072	6	9770	11410
Robin Hood	Windmill Practice	C84683	6	7745	8471

Robin Hood	Wollaton Vale Health Centre	C84635	7	2639	2471
Norcom	Deer Park Family Medical Practice	C84044	7	8145	7816
Norcom	Wollaton Park Medical Centre	C84122	7	7291	6891
Unicom	Cripps Health Centre	C84023	7	39359	25494
Robin Hood	Bridgeway Practice	C84092	8	4397	5156
Robin Hood	Clifton Medical Practice	C84046	8	8257	9141
Robin Hood	John Ryle Medical Centre	C84081	8	6299	6763
Robin Hood	Meadows Health Centre - Larner	C84144	8	3583	4216
Robin Hood	Rivergreen Medical Centre	C84060	8	8693	9285
Unicom	NEMS - Platform One Practice	Y02847	8	8741	8605

Appendix 2 – Key Performance Indicators

CCG GP Dashboard (strategic indicators)

ACS Admissions (per 1000)
Avoidable A&E (per 100)
Satisfaction with GP (%)
Imms & Vacs (%)
Cervical screening (%)
Bowel screening (%)
Prescribing (practice ranking)
Blood Pressure (%)
Diabetes (%)
Flu Vacs (%)
Cancer Emergency admissions (per 100,000)
Cancer Emergency presentations (per 100,000)

Primary Care Web Tool

Emergency Cancer Admissions (per 100)
Two Week Wait (%)
Emergency Admissions (per 1000)
A+E Attendances (per 1000)
CHD Admissions (per 100)
Asthma Admissions (per 100)
Diabetes Admissions (per 100)
COPD Admissions (per 100)
Dementia Admissions (per 100)
ACS Admissions (per 1000)
Diabetes BP monitoring (%)
AF on anticoagulation (%)
Cervical Smears (%)
Diabetes Cholesterol monitoring (%)
Diabetes HbA1C monitoring (%)
CHD cholesterol monitoring (%)
Health checks for mental illness (%)
Flu Vaccination in over 65s (%)
Flu Vaccination in at risk patients (%)
Diabetes Retinal Screening (%)
AF Prevalence (Ratio)
CHD Prevalence (Ratio)
COPD Prevalence (Ratio)
Asthma Prevalence (Ratio)
Diabetes Prevalence (Ratio)
COPD Diagnosis (%)
Asthma Diagnosis (%)
Exception Rate (%)
Antidepressants (No per Unit)
Insulin Prescribing (%)
Ezetimibe Prescribing (%)
Antibacterial prescribing (No per Unit)
Cephalosporins and Quinolones (%)
Hypnotics prescribing (No per Unit)
NSAIDS prescribing (%)
Patient experience (%)
Getting through by phone (%)
Making an Appointment (%)
Assessment of Depression Severity (%)
SMI and a BP check (%)
SMI and a Cholesterol Check (%)
SMI and a BM Check (%)

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HEALTH SCRUTINY COMMITTEE
19 NOVEMBER 2015
CONTRACTING AND PERFORMANANCE MANAGEMENT IN RESIDENTIAL AND NURSING CARE
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 The Health Scrutiny Committee will receive an update on the contracting and performance management taking place within residential and nursing care homes within the city.

2. Action required

2.1 Health Scrutiny Committee members are asked to scrutinise the Quality Monitoring Framework that is now in operation for all residential and nursing care homes within Nottingham City (including older people, mental health, physical disabilities and sensor impairment and learning disability).

3. Background information

3.1 The Quality Monitoring Framework consisting of 43 indicators was introduced in 2013 by Nottingham City Council. Results for the 83 residential and nursing care homes in Nottingham City are shown via a RAG rating of red, amber and green.

3.2 Robust guidance is issued to providers outlining the expectation and evidence required prior to annual visits and highlights areas of excellence and poor performance, assisting providers to assess the quality of their services.

3.4 There is a joint contract in place whereby Nottingham City Council monitors residential homes and Nottingham City Clinical Commissioning Group monitors nursing homes to reduce duplication. There is also joint working with Nottinghamshire County Council regarding provision in the County. Nottingham City Council leads on Provider Failure Procedure for city based homes.

3.5 Monthly meetings are also held with the Care Quality Commission (CQC) to discuss residential and nursing care home performance. The recruitment and retention of nurses into nursing homes remains a challenge.

3.6 Locally a decision has been taken to publish the Quality Monitoring Framework ratings, in order to offer citizens informed choice in selecting a residential or nursing care home.

3.7 A review of pricing in residential and nursing care homes was undertaken in 2012. Currently Nottingham City Council has one base rate for all residential and nursing care homes, which is £469.28 per week to deliver a core service, this will rise to £497.00 by 2017. Specialist services are agreed on an individual basis.

3.8 Both the Provider Failure Procedure and pricing for residential and nursing care homes services have received national recognition.

3.9 Members of Nottingham City Council's Strategy and Commissioning team will attend the Health Scrutiny Committee to present this item.

4. List of attached information

4.1 Contracting and Performance Management in Residential Care – Presentation November 2015.

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

5.1 None.

6. Published documents referred to in compiling this report

6.1 None.

7. Wards affected

All.

8. Contact information

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Contracting and Performance Management in Residential Care

Strategy and Commissioning

Nottingham City Council

Agenda

1. Contracting - Current Position
2. Quality Monitoring of Care Homes
3. Outcome of visits
4. Performance Management
5. Contract Escalation
6. Strategic Review of Care Home Provision
7. Pricing

Nottingham City Council

Contracting for Residential Care: Current Position

83 Residential and Nursing Care Homes in Nottingham City

- 41 Older People
- 13 Mental Health
- 3 Physical Disabilities and Sensory Impairment
- 26 Learning Disability

CQC no longer define the category of care as part of the registration process. They will confirm whether the home delivers residential or nursing care services. Therefore the breakdown above is approximate as some providers offer services across various categories of care.

Nottingham City Council

Quality Monitoring Framework

- Developed as a tool to measure quality of care provision – 43 indicators
- Same Framework used across all care provision (residential care, Home Care, CSE etc.)
- Robust guidance notes produced for Providers outlining what we will be looking at and where we would expect to find evidence/outcomes
- Highlights areas of excellence and poor performance through a scoring system
- Providers issued with copy of Framework prior to annual quality monitoring visit
- Assists Providers to assess quality assure their own services

Nottingham City Council

Outcome of visits

	2014/15				2015/16		
	Red	Amber	Green		Red	Amber	Green
OP	14	16	9		4	22	13
PDSI	0	2	0		0	1	1
MH	2	5	3		1	6	3
LD	2	10	4		2	7	7
Total	18	33	16		7	36	24

Note that these figures will not match the totals on slide 3 as some homes have closed and some have opened so only used homes that had scores for both years

Nottingham City Council

Performance Management

- Annual Quality monitoring visit completed
  - NCC visit Residential Homes
  - CCG visit Nursing Homes
- Action plans monitored with underperforming homes
- Monthly contract meetings with CCG
- Attend/engage monthly multi-agency Quality Assurance Information Meetings
- Attend/engage in Provider Investigation Procedure meetings
- Lead on Provider Failure Procedure
- Link with County Colleagues in relation to Provision in the County

Nottingham City Council

Contract Compliance Escalation

Stages: -

1. Requirement to Improve
2. Contract Suspension
3. 90 Day Final Notice
4. Terminate Contract

Nottingham City Council

Strategic Review of Care Home Sector

- Involving City and County Council as well as NHS commissioners
- Looking at what leads to quality provision
- Identifying markers for good and poor practice
- Developing processes across partners for managing poor performance

Nottingham City Council

Pricing for Residential and Nursing Care Home Services

- Review of pricing was undertaken in 2012 to ensure a fair price for care was paid.
- Following consultation a four year approach to reaching a fair price was agreed.
- Nottingham City Council has one base rate for all residential and nursing care homes. Currently £469.28 per week.
- New contract included core elements which would be expected to be delivered as part of the 'core' service.
- Specialist services are agreed on an individual basis

Nottingham City Council

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HEALTH SCRUTINY COMMITTEE
19 NOVEMBER 2015
WORK PROGRAMME 2015/16
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

1.1 To consider the Committee's work programme for 2015/16 based on areas of work identified by the Committee at previous meetings and any further suggestions raised at this meeting.

2. Action required

2.1 The Committee is asked to note the work that is currently planned for municipal year 2015/16 and make amendments to this programme if considered appropriate.

2.2 Committee members may wish to consider the composition of the proposed Study Group considering End of Life Services, which has been scheduled to take place during the autumn period.

3. Background information

3.1 The Health Scrutiny Committee 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.

3.2 The Committee 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 Committee 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 Committee.

3.5 Councillors are reminded of their statutory responsibilities as follows:

While a 'substantial variation or development' of health services are 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 Committee 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 Committee 2015/16 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 Committee 2015/16 Work Programme

27 May 2015	• **Flu Immunisation** To consider the progress of the children's flu immunisation programme, targeting of flu immunisations to children and adults, the relationship between flu in adults and flu in children; and the benefits and potential disadvantages of vaccination in children. (NHS England/Public Health England/ NCC) • **Nottingham CityCare Partnership Quality Account 2014/15** To consider the draft Quality Account 2014/15 and decide if the Committee wishes to submit a comment for inclusion in the Account (Nottingham CityCare Partnership) • **Extended work programme planning session** To agree a draft work programme for 2015/16 and agenda items for June and July meetings
18 June 2015	• **Ada's Story** 2 short dvd's providing an understanding of the integrated care programme model within the city (Nottingham City Clinical Commissioning Group) • **Consideration of the 2015/16 Work Programme**
23 July 2015	• **Progress in the implementation of the Care Act** To receive a second report on the implementation of the Care Act within the city (Nottingham City Council) • **Healthwatch Nottingham** To receive and give consideration to the Annual Report of Healthwatch Nottingham

	(Healthwatch Nottingham) • **Progress in transition of children's public health commissioning for 0-5 year olds to Nottingham City Council** To receive a progress report on the transition arrangements prior to the September 2015 transfer (Nottingham City Council/NHS England) • **Review of school nursing services** To gain a greater understanding of issues being considered within the review of school nursing services (Nottingham City Council) • **Proposed GP mergers in Sneinton** To receive details of the proposed merger of two local practices in Nottingham (NHS England) • **Consideration of the 2015/16 Work Programme**
24 September 2015	• **Sex and relationships education in schools** To receive a report on sex and relationship issues experienced by young people in schools (Nottingham City Council) • **Strategic response to reducing Health Inequalities in the City** To receive a report on health inequalities reduction activities within the City (items of focus will include life expectancy, obesity, smoking cessation, mental health) (Nottingham City Council) • **End of Life Services/Palliative Care Health Scrutiny Committee Study Group Scope** To agree the scope of the study group (Nottingham City Council) • **Nottingham University Hospitals Cleanliness issues** To receive a report in relation to the cleanliness of NUH (NUH) • **Consideration of the Work Programme 2015/16**

22 October 2015	• **Implementation of the Better Care Fund** To receive a report on implementation and impact of the Better Care Fund (Nottingham City Clinical Commissioning Group) • **Telecare/Telehealth** To have a greater understanding of the working relationship between the two components (Nottingham City Clinical Commissioning Group/Nottingham City Council) • **Integrated Care Programme** To receive an update on delivery timescales and service user/staff survey results (Nottingham City Clinical Commissioning Group) • **Consideration of the Work Programme 2015/16**
19 November 2015	• **Quality of GP practices within Nottingham City** To consider the quality of GP provision in the City (Nottingham City Clinical Commissioning Group) • **Contracting and Performance Management In Residential Care** To consider the Quality Monitoring Framework (Nottingham City Council) • **Consideration of the Work Programme 2015/16**

17 December 2015	• **Dementia Services within Nottingham City** To receive an overview of Dementia services available across the city (Nottingham City Clinical Commissioning Group/Nottingham City Council/Nottingham CityCare Partnership) • **Female Genital Mutilation** To receive information on how FGM is being addressed within the city (Nottingham City Council) • **Palliative Care/End of Life Study Group Report** (Nottingham City Council) • **Consideration of the Work Programme 2015/16**
21 January 2016	• **Consideration of the draft 2015/16 Nottingham City Care Partnership draft Quality Account** (Nottingham CityCare Partnership) • **Consideration of the Work Programme 2015/16**
18 February 2016	• **Understanding Equality Impact Assessments Briefing** (Nottingham City Council) • **Consideration of the Work Programme 2015/16**
17 March 2016	• **Strategic response to reducing Health Inequalities in the City** **(**Nottingham City Council**)** • **Consideration of the Work Programme 2015/16**
21 April 2016	• **Urgent Care Services Centre Progress** (Nottingham City Clinical Commissioning Group/Nottingham CityCare Partnership) • **Update on the Adult Integrated Care Programme (Assistive Technology, Better Care Fund and Integrated Care Programme)** (Nottingham City Clinical Commissioning Group/Nottingham City Council)

	• **Consideration of the Work Programme 2015/16**

Briefing note updates to be provided to the Health Scrutiny Committee:

- Update on bowel cancer screening uptake
- Update on NHS Health Check Programme performance

Proposed visits by the Health Scrutiny Committee:

- Nottingham CityCare Partnership Clinics within Boots, Victoria Centre (Autumn 2015)
- Urgent Care Centre (Spring 2016).

Health Scrutiny Committee Study Group:

- Review of End of Life Services (Autumn 2015, 4 members of HSC to be involved in the scoping and reviewing activities)
- Service user experience of care at home services (spring 2016, 4 members of HSC to be involved in the scoping and reviewing activities)

Items to be scheduled for 2016/17:

- Nottingham CityCare Partnership Quality Account 2015/16 (May 2016)
- Flu Immunisation

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