

NOTTINGHAM CITY COUNCIL

JOINT CITY AND COUNTY HEALTH SCRUTINY COMMITTEE

MINUTES of the meeting held at LB 31-32 - Loxley House, Station Street, Nottingham, NG2 3NG on 19 April 2016 from 10.15 - 12.02

Membership

Present

Councillor Ginny Klein (Chair)
Councillor Eunice Campbell
Councillor Parry Tsimbiridis (Vice Chair)
Councillor Pauline Allan
Councillor Richard Butler
Councillor John Clarke
Councillor John Handley
Councillor Colleen Harwood
Councillor Jacky Williams
Councillor Anne Peach
Councillor Merlita Bryan
Councillor Corall Jenkins
Councillor Chris Tansley
Councillor Mrs Kay Cutts MBE

Absent

Councillor Carole-Ann Jones
Councillor Ilyas Aziz

Colleagues, partners and others in attendance:

Vicky Bailey	- Chief Officer, Rushcliffe Clinical Commissioning Group
Nikki Pownall	- Programme Manager Urgent Care, Nottingham City Clinical Commissioning Group
Caroline Shaw	- Chief Operating Officer, Nottingham University Hospitals
Helen Tait	- General Manager, Circle
Martin Gately	- Lead Officer for Health Scrutiny, Nottinghamshire County Council
Jane Garrard	- Senior Governance Officer
Noel McMenamin	- Governance Officer

65 APOLOGIES FOR ABSENCE

Councillor Ilyas Aziz (other Council business)
Councillor Carole Ann Jones (leave)

This was the Committee's final meeting with Councillor Ginny Klein as Chair, and the Committee thanked her for her hard work and commitment to the Committee's work over the year.

66 DECLARATIONS OF INTERESTS

None.

67 MINUTES

The minutes of the meeting held on 15 March 2016 were agreed as a true record and they were signed by the Chair.

68 DERMATOLOGY ACTION PLAN MONITORING

The Committee considered a report updating it on issues affecting dermatology in Nottinghamshire, in line with a commitment to monitor the implementation of recommendations arising from the Clough Independent NUH Review of Dermatology Services.

Vicky Bailey, Chief Officer, Rushcliffe Clinical Commissioning Group (CCG), Caroline Shaw, Chief Operating Officer, Nottingham University Hospitals (NUH) Trust and Helen Tait, General Manager, Circle Group briefly introduced the report, providing the following information:

- (a) Recruitment and retention of dermatologists remained a national concern. Commissioners continued to meet at a regional (East Midlands) level to consider commissioning issues and concerns, but there were no quick and easy solutions;
- (b) 5 acutely ill patients needed to be transferred to the University Hospitals of Leicester for urgent inpatient care, but no additional cases or issues had arisen;
- (c) NUH has since been inspected by the Care Quality Commission and no patient impact issues were raised in respect of dermatology services provided by the Circle Group.

The following issues were raised during discussion:

- (d) It was explained that demand for dermatologists was very competitive nationally, with specialists tending to locate where they attended University. Commissioners were aware that areas with a strong research profile fared better in recruiting and retaining staff;
- (e) A councillor commented that more engagement with 6th Form colleges could help impact the region's recruitment and retention gap in the longer term;
- (f) Commissioners confirmed that patient transfers between providers happened routinely, and that different commissioning models were currently being assessed to draw up a Memorandum of Understanding between the Circle Group and the University Hospitals of Leicester;
- (g) it was explained that acutely ill patients receiving inpatient care were 'residual issues' because the extent of the issue was previously unknown, but commissioners and providers acknowledged that it would be appropriate to change the wording going forward;
- (h) it was confirmed that the 'survey of attendees' referred to in the action plan was a survey of professionals, not service users;

- (i) the roll-out of tele-dermatology services in GP practices has also had a positive impact both on service provision and the patient experience, and Healthwatch Nottingham and Nottinghamshire confirmed that no issues and concerns have been raised by their groups on dermatology issues.

RESOLVED to

- (1) thank commissioners and service providers for attending the meeting;**
- (2) agree that, in view of the successful implementation of the dermatology action plan to date and its positive impact on the patient experience, no further scrutiny of the service was required at this time.**

69 URGENT CARE RESILIENCE PROGRAMME

Caroline Shaw, Chief Operating Officer, Nottingham University Hospitals (NUH) Trust and Nikki Pownall, Programme Director, Urgent Care, Nottingham City Clinical Commissioning Group (CCG) introduced a report and presentation, updating the Committee on the delivery of urgent care services by NUH during the winter of 2015/16. Ms Shaw and Ms Pownall made the following points:

- (a) Performance in quarters 3 and 4 fell away, in part down to high levels of staff changes and departures, an increase in admission of over-85s and an outbreak of Norovirus in 4 out of 5 community facilities. There is no one cause for the increase, and no single solution;
- (b) In managing winter pressures, 38 extra beds had been located at both Queen's Medical Centre and the City Hospital and £1.1 million invested. In order to strike a balance between emergency, cancer and planned operations in the busiest winter months, elective surgeries were reduced;
- (c) There has been a reduction in the number of vacancies recorded across the service. There are currently 8.7 whole time equivalent (WTE) registered nursing vacancies as opposed to 18.8 WTE vacancies recorded in March 2015. This demonstrates a stabilising staffing situation;
- (d) The Committee commended both the clear and comprehensive information provided, and the positive approach commissioners and providers demonstrated to find solutions in a challenging environment.

A number of points were raised during the discussion which followed:

- (e) Ms Pownall advised that tracking mental health patients in the Emergency Department (ED) was a key and ongoing work strand within the Urgent and Emergency Care Vanguard;
- (f) The involvement of GPs in the Urgent Care and Emergency Care Vanguard had proved effective in Nottingham, though less in driving down response times and more in providing better quality care and patient experience. The Urgent Care Centre was a valuable GP/nurse-led facility where walk-in patients could be assessed initially;

- (g) The Committee asked that the evaluation of the Urgent and Emergency Care Vanguard, with a focus on the GP element of the process, be put on the Committee's work programme;
- (h) It was explained that fewer and fewer trusts are able to achieve the national target of 95% of ED patients being treated within 4 hours, and that administering safe and appropriate care was the overriding priority. There are indications of a national move towards a more achievable target of 85%;
- (i) A roof collapse at the City Hospital was in an empty emergency 'decamp' ward held in reserve as part of the NUH Estates Strategy, and was not in public use;
- (j) Divisional nurse leads were in place for each division to help drive performance and ensure, for example, that scripts were written up in a timely way by junior doctors to minimise delays for patients;
- (k) It was acknowledged that more work was needed in changing Occupational health models and in reducing numbers of elderly frail patients presenting at ED;
- (l) Staffing issues were becoming less acute. There were no vacancies at the consultancy level, and the Advanced Nurse Practitioner role will enable better nurse retention;
- (m) Ms Pownall reported improvements in performance at the interface/exchange of patients from the East Midlands Ambulance Service, and Nottingham did not have incidents of ambulance 'stacking' outside EDs seen elsewhere in the NHS.

RESOLVED to

- (1) thank Ms Shaw and Ms Pownall for their presentation and involvement in the subsequent discussion;**
- (2) add 'Evaluation of the Urgent and Emergency Care Vanguard, with a focus on the GP involvement in its delivery' and 'primary care at the front door' to the Committee's work programme;**
- (3) to request an update on the service at the Committee's April 2017 meeting.**

The Committee considered the report of the Head of Democratic Ser about the Committee's work programme for the remainder of 2015/16 and into 2016/17. Jane Garrard, Senior Governance Officer, gave the following update:

- (a) consideration of NHS11 has been deferred until May 2016 because of work currently taking place to re-procure the service;
- (b) all Quality Account study groups have now met. Further meetings are planned to consider final draft Quality Accounts in late May/early June 2016;
- (c) the Committee will consider the Urgent Care Resilience programme at its April 2017 meeting, in line with the resolution at minute 69 above.

RESOLVED to note the report and update.

71 DEVELOPING WORK PROGRAMME 2016/17

The Committee noted the report of the Head of Democratic Services without discussion.