

## **MINUTES**

**JOINT HEALTH SCRUTINY COMMITTEE  
21<sup>st</sup> April 2015 at 10.15am**

### **Nottinghamshire County Councillors**

Councillor P Tsimbiridis (Chair)  
Councillor P Allan  
Councillor J Clarke  
Councillor Mrs K Cutts MBE  
Councillor C Harwood  
A Councillor J Handley  
Councillor J Williams  
Councillor S Wallace

### **Nottingham City Councillors**

Councillor G Klein (Vice- Chair)  
Councillor E Campbell  
Councillor C Jones  
A Councillor T Molife  
Councillor E Morley  
A Councillor T Neal  
A Councillor B Parbutt  
Councillor A Peach

### **Officers**

Julie Brailsford - Nottinghamshire County Council  
Martin Gately - Nottinghamshire County Council  
Claire Routledge - Nottingham City Council

### **Also In Attendance**

Nicky Bird - Mansfield & Ashfield CCG  
Dr Stephen Fowlie- NUH Medical Director & Deputy Chief Executive  
Claire Grainger - Healthwatch Nottinghamshire  
Dr Julie Hall - NHS Foundation Trust  
Michelle Peet - Project Lead on Electronic Prescribing  
Ruth Sargent - Head of Specialised Mental Health & Learning Disabilities  
Sarah Skett - NHS England  
Dawn Smith - Nottingham City Clinical Group  
John Wallace - NHS Foundation Trust

## **MEMBERSHIP CHANGE**

It was reported that Councillor Mrs K Cutts MBE had been permanently appointed to the committee in place of Councillor Dr J Doddy.

It was also reported that Councillor S Wallace had been appointed in place of Councillor R Butler for this meeting only.

## **MINUTES**

The minutes of the last meeting held on 10<sup>th</sup> March 2015, having been circulated to all Members, were taken as read and were confirmed and signed by the Chair.

## **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor B Parbutt and Councillor T Neal.

## **DECLARATIONS OF INTERESTS**

There were no declarations of interest.

## **NUH PHARMACY INFORMATION – GP SURVEY & ELECTRONIC PRESCRIBING**

Nicky Bird, Senior Prescribing and Interface Officer for Mansfield and Ashfield Clinical Commissioning Group (CCG) (on behalf of Nottinghamshire County CCG's) and Michelle Peet, the Project Lead on Electronic Prescribing gave a presentation on the results of a survey of hospital outpatient prescriptions and the Electronic Prescription Service. The survey had previously been requested by the committee. The survey was sent to 160 CCG's and 85 had responded resulting in a 50% response rate. The survey showed that up to 10 patients a week were taking prescriptions, mainly from NUH City and QMC, to Doctor's surgeries, the main reason being due to the long wait at NUH pharmacy.

Michelle Peet explained that there were currently two electronic prescribing systems. The first was a system used within the hospital for Doctor's to send prescriptions electronically to the hospital pharmacy. The second was where patients nominated a preferred dispenser in their community and the local GP sent the prescription directly to them for dispensing.

Following the presentation the following comments and additional information was provided in response to questions:-

- The survey had only included outpatients as inpatients should be discharged with a supply of medication.
- A 48 hour window is required by GP's to transcribe and dispense hospital prescriptions.
- The transfer of the cost from the hospital to the GP depended on the drug prescribed. There had been a trial when the hospital completed a form regarding medication required for the patient to take to their GP for prescribing. The information was often incomplete and the trial had ceased.

- Not all GP's were signed up to the electronic prescribing service. It had been trialled for 2 years and currently 50% of practices were signed up to it and looking to increase this to 60 to 70% in the next financial year. It was not mandatory for GP's to join this service; they had to plan when it was financially appropriate for their practice to migrate their systems.
- Medication returned to pharmacies could not be reused as it was not known if they had been stored correctly.
- Technology and software issues meant that it was difficult to find one prescribing system that sat comfortably with all parties.
- The electronic prescribing system used by Doctors within hospitals also generated an electronic patient discharge sheet; this included lots of patient information and reduced the problems associated with poor handwriting.
- Printing the cost of drugs on prescriptions whilst deterring some from ordering unnecessarily, had resulted in some patients stopping necessary medication due to the cost.
- The Area Prescribing Committee looked at the effectiveness, cost and systems used within Nottingham and Nottinghamshire.

The committee were informed that Mo Rahman, Head of Pharmacy at NU H would be attending the June meeting to provide more information regarding NUH pharmacy delays.

### **RAMPTON HOSPITAL VARIATIONS OF SERVICE**

Ruth Sargent, Head of Commissioning, Sarah Scott, NHS England, John Wallace, Clinical Director at Rampton and Dr Julie Hall, Forensic Healthcare gave a briefing on the Rampton Hospital Variations of Service. The new Offender Personality Disorder (OPD) strategy was approved by Ministers in 2011. It was explained that they currently did not know the speed of the impact of new services. The current predictions were that the first ward at Rampton could close in 2016. Staff and patients had been consulted on a regular basis, patients had been assured that they would not be moved until clinically appropriate and it was not anticipated that there would be any significant changes in staffing.

Following the presentation the following comments and additional information was provided in response to questions:-

- The trust had been notified of the changes in June 2014 and this raised criticism from the committee regarding the length of time it had taken for them to be informed.
- It was hoped that there would be a reduction of prisoners being admitted to hospital as the default position for offenders with personality disorders was that they should be managed within the prison. There would be investment in to prisons and probation services to help them manage prisoners with OPD.

Treatment environments were running in several long stay prisons and the pathway started in probation as soon as prisoners were convicted.

- There were other pathways for juvenile offenders. It was preferred not to label people with a personality disorder but it was recognised that they had needs.
- Lessons had been learnt from the closure of Broadmoor hospital and these would help with the change in service at Rampton.
- It was anticipated that more personality disorder beds would be required at Rampton hospital.
- There was assurance that the variation of service would not pose a risk to the community.
- There were currently 44 admissions of OPD patients per year and the average length of stay was for 7 years.

The committee requested that an update was provided in 6 months.

### **URGENT WINTER CARE PRESSURES – FUTURE PLANNING**

Dr Stephen Fowlie, NUH Medical Director & Deputy Chief Executive and Dawn Smith, Chief Operating Officer, Nottingham City Clinical Group, gave a presentation on Improving Emergency Patient Flow In Our Health and Social Care Community, focusing on future planning for urgent winter care pressures. 2014/2015 was the busiest winter on record, the flu season had started early along with nor virus and there had also been significant staff sickness absences during this period.

There had been 52 patients who had breached the twelve hour response time. A review had been undertaken of all of these patients and no significant safety issues were found.

Following the presentation the following comments and additional information was provided in response to questions:-

- The surgical assessment unit (triage) had significantly reduced the amount of time that patients had to stay in hospital and also improved the flow from the Emergency Department (ED) to other services.
- The ED was less reliant on agency staff than other hospitals and tried to use bank staff where possible.
- Planning for the Easter holiday had included four GP's working at the front doors of the ED, Triage nurses could not send patients away in the same way that a GP could, the impact of this was still being assessed.
- There was a national advertising campaign to advise patients to phone the 111 service rather than going straight to the ED.

- Through the Better Care Fund it was anticipated that early intervention for patients in Care Homes would have a positive impact before they were admitted in to hospital. However, it was difficult to assess the success of any early intervention due to the speed with which many elderly people deteriorated.
- There had been significant improvements in the discharge pathway from hospital and work with partner organisations had helped this. It was difficult to discuss discharge arrangements with patients and relatives when the patient was still not well.

## **WORK PROGRAMME**

The contents of the Work Programme were noted.

The committee were informed that the next meeting on 16<sup>th</sup> June 2015 would be held at Loxley House, Nottingham City Council.

The meeting closed at 12.40pm.

Chairman