

NOTTINGHAM CITY COUNCIL

HEALTH SCRUTINY PANEL

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

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

✓ indicates present at meeting

Colleagues, partners and others in attendance:

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

43 APOLOGIES FOR ABSENCE

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

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

44 DECLARATIONS OF INTERESTS

None

45 MINUTES

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

46 NOTTINGHAM CITYCARE PARTNERSHIP COMPLAINTS HANDLING

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

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

- (a) the service has been running since April 2011 and in that time a total of 132 complaints have been reported. This relatively small number is reflective of the nature of the service as well highlighting that complaints are often dealt with in different ways. In many cases where issues can be dealt with immediately, they are often recorded as 'concerns' and only become formal complaints where an issue is considered to be of a serious nature;
- (b) in comparison to the number of complaints, the service has receives 15 'concerns' on a quarterly basis and 20-25 compliments per quarter. The service has captured limited data in relation to ethnic origin and disability because it is difficult to ask questions relating to these parameters via a telephone conversation with a distressed member of the public;
- (c) the majority of complaints received relate to treatment and care. Two complainants have approached the Ombudsman and of these two cases, so far the Ombudsman have upheld the process followed by Notts CityCare;
- (d) the process is managed by a dedicated complaints officer who operates as a first point of contact. Contact details for the complaints service is included in a range of literature and staff members are briefed to respond to complaints appropriately. Service users are encouraged to use the complaints procedure;
- (e) dedicated complaints officers will encourage responsible managers to hold face to face meetings with complainants where it is proportionate to do so. All response letters are screened by the Director of Operations and Nursing and contact details for the Ombudsman service will be included for complainants. Although relevant team managers investigate complaints, independent investigators are appointed if significant risk is identified;
- (f) as part of the governance process, information on all complaints are collated on a quarterly basis and reported to the Governance and Risk Committee;
- (g) planned improvements to the service includes ensuring that a proportionate response is given where possible. Where complaints are able to be resolved quickly and easily the service will consider providing a rapid response;
- (h) the service will look to develop a web based system that can be accessed by investigating team managers ensuring a quicker and more efficient process. Further planned improvements include ensuring that a satisfaction survey is sent to all complainants when a complaint is closed and to improve the collection of demographic data.

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

- (i) when a complaint is received, CityCare will initially establish whether it relates to a CityCare service provision and not only sign-post complainants but ensure that the appropriate service contact the complainant. Where a complaint refers to a number of providers, including CityCare, they will coordinate a response on behalf of all providers;
- (j) further work is required to encourage service users to make complaints where appropriate and this is included in a range of CityCare literature;
- (k) there is concern about the number of different providers citizens have to complain to about services and that this can be confusing as the general perception of the NHS is as a single entity. There is a feeling that a single point of access for citizens to make complaints to and receive responses from in relation to NHS services is needed.

RESOLVED to

- (1) thank CityCare for their informative presentation and reassurance that the complaints procedure and the proposed changes are robust;**
- (2) look into developing a single point of contact for NHS complaints for citizens which is inclusive of all the different healthcare providers.**

47 SOUTH NOTTS TRANSFORMATION

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

The Chair highlighted the following information:

- (a) the South Notts Transformation Board worked in groups on how to tackle the impending rises in costs for acute care and adult social care. Currently the deficit is £8m but this is expected to rise to £100m by 2017 due to a range of issues such as the ageing population and associated factors;
- (b) during the session, workshops were split into the following four groups: reactive, proactive, urgent care and children's care. The group with a 'reactive' focus included a number of GP's with concerns inevitably focussing on the need to move resources from acute care to primary care. Currently there is a deficit of almost 400 GP trainees each year and whilst training practice nurses to do more is possible there is no funding for this at the moment.

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

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

RESOLVED to

- (1) note the update on the South Notts Transformation Board;**
- (2) report the Panel's concern over the disparity of GP practices in Nottingham who are either not informing or offering patients the Annual Health Check, via the appropriate forum;**
- (3) engage with GP's to ensure that they offer Annual Health Checks to their patients.**

48 DRAFT WORK PROGRAMME 2014/15

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

- (a) 'Dr First' pilot – where patients talk to their Dr over the phone first to receive advice and if they actually need an appointment;
- (b) Family Nurse Partnership – there have been reports that children are entering school at a reduced developmental stage and that schools do not appear to be aware of the Family Nurse provision. Clarity on whether this scheme is actually making a difference and to explore the ongoing concerns that children are developmentally not ready to go to school;
- (c) School Nurse review – following concerns regards a shortage of school nurses in Nottingham, the Panel would like to establish the reasons for this disparity;
- (d) Mental health beds shortage – Following reports of mental health bed shortages which force patients out of the city, the Panel requested an update on the wider factors determining access to mental health beds in the city;
- (e) the Panel requested an update on the transition procedures from Child and Adolescent Mental Health Services (CAMHS) to adults services and the issue of young people with eating disorders being sent to Leicester for treatment.

RESOLVED, subject to the addition of an update on:

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

to note the work programme.

49 WALK IN CENTRES

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

- (a) there are currently two walk in centres in Nottingham city centre, the NHS Walk in Centre on London Road which operates from 7 am to 9 pm every day and the 8 am – 8 pm Health Centre on Upper Parliament Street, which also operates everyday. Both contracts are due to end April 2015 and in line with EU procurement regulations a review will take place which will look at their contracts;
- (b) the annual cost of the Walk in Centre equates to £20.96 per patient and £38 for an out of region patient. There is no cross charge for Nottinghamshire County or out of area patients at the 8 – 8 centre;
- (c) the 8 – 8 centre offers a primary medical service which includes cervical screening, vaccinations, maternity services and minor surgery. The remainder of the service operates on a drop-in basis;
- (d) there is currently an element of duplication of service as many patients will use the Walk in Centre instead of a GP service. A dental service is however, commissioned separately. A snap shot of activity at the Walk in Centre suggests that the majority of day-patients visit on Sundays;
- (e) a survey of 733 patients highlighted that 69% felt that visiting the Walk in Centre was their first choice. If the Walk in Centre was not open, 58% would visit their GP and 34% would visit their accident and emergency department. When asked why patients chose the Walk in Centre, 29% said it was because no appointments are required, whereas 19% felt that visiting the Walk in Centre was convenient for their working arrangements. Of the 733 patients surveyed, 48% resulted in self-care at home, 27% resulted in treatment plus a prescription and 13% were directed to immediate care;
- (f) findings thus far suggest that patients currently use the Walk in Centre as an extension of primary care services and the assumption would be that the majority of service users choose the Walk in Centre as their 1st choice because of convenience. There is a clear duplication between the 8 – 8 service and the Walk in Centre which equates to double payments for GPs, the Walk in Centre and the 8 – 8 service. In the event that the Walk in Centre was closed, an increased amount of resource would be available across the Health Community;
- (g) feedback amongst NHS Nottingham City GP members highlighted a strong feeling that a city based resource was needed however, agreed that there is a duplication in provision in both the Walk in Centre and the 8 – 8 provision.

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

- (h) the findings of the NHS Nottingham City GPs member feedback include migrating the Walk in Centre and the 8 – 8 provision to one service, allowing the use of resources to commission additional enhancements, rather than duplicating services. Further findings point to continuing to commission a city centre service which is considered important to patients;
- (i) the next stage of the process is to present the concept of an urgent care centre to Clinical Commissioning Group members, the Clinical Council, Clinical Congress, Overview and Scrutiny Committee and the People's Council which is considered a key patient representative body. The involvement of Healthwatch Nottingham will be sought to ensure that the hard to reach parts of communities are consulted appropriately;
- (j) the second phase of the process is to develop a service model which includes ideas for a new service that meets the needs of providers and patients. This will include inviting clinicians to events to propose new ideas. Public engagement will also take place via interactions on the web;
- (k) the third step will be to define the service via a specification based on all stakeholder feedback before finally entering a procurement process in June 2014. It is envisaged that the service will go live on 1 April 2015.

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

- (l) following a discussion, the Panel agreed that this is a substantial variation or development in service as proposals highlighted in the course of the meeting pointed to a major change to the service experienced by patients. The Director of Primary Care Development and Service Integration at Nottingham City Clinical Commissioning Group would be scheduled to attend a meeting of the Panel towards the end of May to present the proposals prior to the publication of the contracts in June 2014;
- (m) many patients are choosing to attend the Walk in Centre and the 8 – 8 service over their GPs because this is often more convenient for their circumstances. This results in a 'double' cost for the NHS as GPs are paid an allowance for their patients;
- (n) proposals for a new service will include:
 - Urgent care treatment;
 - Treating minor injuries;
 - Diagnostics including x-rays etc (for minor injuries, alleviating the burden on emergency departments);
 - Continuing to provide drop-in service (as it is recognised not everyone has a registered GP/some prefer to access drop in session for convenience/close to work etc);

- (o) consultation on 23 April with clinicians will include discussion on the 'Corby Model' which includes much of the current services but expands by offering more flexibility for non-life threatening injuries including Xrays, having more specialist services which could prevent people from having to visit emergency departments. The consultation process starts on 27 March and will be announced local radio stations and via the Nottingham Post;
- (p) the Panel suggested that it would welcome a service which had a closer relationship with Nottingham University Hospital (NUH) where the new urgent care centre was delivered by a partnership including NUH.

RESOLVED to

- (1) support the proposals to expand the service and to agree that the proposals constitute a significant variation or development in service;**
- (2) request that the outcome of the consultation and proposed model will be presented to Health Scrutiny Panel at an additional meeting in May;**
- (3) request that the Primary Care Strategy be presented to Health Scrutiny Panel at a future meeting date.**