

Great Yarmouth and Waveney Joint Health Scrutiny Committee, 22 January 2016

Information Bulletin

The Information Bulletin is a document that is made available to the public with the published agenda papers. It can include update information requested by the Committee as well as information that a service considers should be made known to the Committee.

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1. **Briefing update (December) on Oulton Medical Centre and Marine Parade practices**



***Great Yarmouth and Waveney
Clinical Commissioning Group***

HealthEast

In October 2015 the Care Quality Commission applied to the Magistrates Court for an urgent cancellation of the CQC registration of Oulton Medical Practice and Marine Parade Practice in Lowestoft under section 30 of the Health and Social Care Act 2008.

This was a very unusual and unprecedented situation which affected more than 5,000 patients. NHS Great Yarmouth and Waveney Clinical Commissioning Group and NHS England worked closely together to put in place some urgent interim arrangements which meant that patients from Oulton village practice were seen by Bridge Road GP practice and patients from Marine Parade continued to be seen at the Kirkley Mill Health campus where a GP service for Marine Parade patients was provided by Victoria Road surgery.

Since then there has been a patient engagement exercise carried out by the CCG and NHS England to help inform the long-term solution for those 5,000 patients.

NHS England has now made a decision that there should be a **managed list dispersal**. The CCG will work with the Bridge Road GP Practice and Victoria Road Surgery, who are offering temporary care to the patients affected by the closure, to see if they have the capacity to provide a long term service. Other practices in the

area may also be asked if they have spare capacity and could accept a defined number of patients. This option allows practices to plan their services and ensure they can recruit any additional staff to cover the extra patients.

Managed list dispersal means that all patients will now be written to by NHS England and allocated a named GP practice and will not need to do anything unless they exercise their option to choose another GP practice.

Lorraine Rollo
Head of Communications and Engagement
30 December 2015

For further information please contact: Lorraine Rollo, Head of Communications and Engagement (HealthEast); Email: lrollo@nhs.net, Telephone: 01502 719582.

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2. Briefing for Great Yarmouth and Waveney Health Scrutiny Committee on Sands Lane development



**Great Yarmouth and Waveney
Clinical Commissioning Group**

HealthEast

NHS Great Yarmouth and Waveney CCG is aware of the proposed development of an additional 800 homes at Sands Lane, Oulton Broad and that it has recognised a need for additional health services.

This planning application will be discussed at the CCGs January Infrastructure group and, in particular, how the [section 106](#) money can be used to support additional health services in the area to meet this additional demand.

Lorraine Rollo
Head of Communications and Engagement
6 January 2016

For further information please contact: Lorraine Rollo, Head of Communications and Engagement (HealthEast); Email: lrollo@nhs.net, Telephone: 01502 719582.

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3. Great Yarmouth and Waveney Clinical Commissioning Group's (GYWCCG) Approach to Delivering Services to Children who have an Autistic Spectrum Disorder (ASD)



**Great Yarmouth and Waveney
Clinical Commissioning Group**

HealthEast

Introduction and Background

Previous update submitted to the Great Yarmouth and Waveney Health Scrutiny April 2015; this is an update as requested following the April meeting and to questions raised by Cllr Shirley Weymouth.

Current Position

Q1: Progress with plans to move to a single access for referrals and single assessment to treatment processes so that GYW become one team with one pathway?

GYWCCG's 2016/17 published commissioning intentions include a review of the Community Paediatric services and the Autism pathway will form part of this review. The service is currently reviewing the referral process and clinical pathways and there is a regular multi-disciplinary meeting and a project plan with the aim of completing this review by the end of the summer 2016.

Q2: Integration – health, social care and schools need to work more closely to ensure that students do not ‘fall off a cliff face’, particularly when they reach 18, where lack of support means they cannot remain in a college environment. This applies particularly to those whose disability has not been formally diagnosed while they were at school and also to Looked after Children?

GYWCCG currently host the Designated Clinical Officer post. This post was recommended as part of the Children's and Families Act 2014. The individual has been in post since September 2015 and is the key link for health between Education and Social Care. This post holder's role includes providing professional expertise to the co-ordinating and implementation of the Children's and Families Act 2014 for Special Education Needs and Disabilities (SEND) in order to improve the outcomes for children and young people with SEND from ages 0-25 covering the give Norfolk and Waveney Clinical Commissioning Groups (CCGS). GYWCCG is also undertaking a learning disability service re-design which will offer an enhanced service from the community learning disability/CAMHS teams for adults and children as part of this re-design looking to develop the young people services from 0-25 years (currently 0-18 years). The local CAMHS team currently work 0-25 years meaning that there is continuity for the young people and improved transition.

Q3: Local authority leadership – there needs to be more work with schools to ensure that all children with special needs, including those with autism get the best opportunities in the later stages of their education. A lot of effort goes in to transfers between years six and seven, including transfer of confidential information but from year 10 – 11 the process is very patchy across different schools. Consistent and active review of students needs at that point would be helpful.

The Designated Clinical Officer regularly meets with the Local Authority and Education. The transition of young people who had a statement and required an

Education Health and Care Plan aged 16 to Colleges has been prioritised by the Local Authority.

Q4: Standardisation of approach – Norfolk and Suffolk have a different approach to assessment for Education Care and Health Plans. It is felt that Suffolk’s approach is more conducive to co-production with students / parents than Norfolk’s

The Local Authorities are the lead Agency with the Education Health and Care plan process which is still in its early stages. Health through the Designated Clinical officer can ensure that any Health recommendations are reported to the Local Authorities.

Current risks

There continues to be difficulties in recruiting community paediatricians to the area (there is currently one vacancy filled with a locum) and waiting lists have been improving but remain longer than 18 weeks. As stated earlier GYWCCG published commissioning intentions 2016/17 include a review of the Community Paediatric services and the Autism pathway will form part of this review. The service is currently reviewing the referral process and clinical pathways and there is a regular multi-disciplinary meeting and a project plan with the aim of completing this review by the end of the summer 2016.

Next Steps

Continue with the implementation of the Children’s and Families Act 2014.

Patricia Hagan
Head of Children, Young People and Maternity Services
January 2016.

For further information please contact: Lorraine Rollo (Head of Communications and Engagement); Email: lrollo@nhs.net, Telephone: 01502 719582.