

Great Yarmouth and Waveney Joint Health Scrutiny Committee

Date: **Friday, 22 October 2010**

Time: **10.30 am**

Venue: **The Jack Payne Community Room, The Cobholm and Lichfield Health and Resource Centre, Pasteur Road, Great Yarmouth, Norfolk (see location details attached to the agenda for further information)**

Persons attending the meeting are requested to turn off mobile phones.

Members of the public or interested parties who have indicated before the meeting that they wish to speak will, at the discretion of the Chairman, be given five minutes at the microphone. Others may ask to speak and this again is at the discretion of the Chairman.

Membership –

MEMBER

John Bracey
Michael Carttiss (Chairman)
Michael Chenery of Horsbrugh
Mr P Collecott
Tony Goldson
David Harrison
Susan Vincent
Colin Walker
Shirley Weymouth
Anne Whybrow

AUTHORITY

Broadland District Council
Norfolk County Council
Norfolk County Council
Waveney District Council
Suffolk County Council
Norfolk County Council
Forest Heath District Council
Suffolk Coastal District Council
Great Yarmouth Borough Council
Suffolk County Council

For further details and general enquiries about this Agenda please contact the Committee Administrator:

Tim Shaw on 01603 222948
or email timothy.shaw@norfolk.gov.uk

1 Apologies

2 Glossary of Terms and Abbreviations (Page)

3 Minutes

To confirm the minutes of the meeting of the Great Yarmouth and Waveney Joint Health and Scrutiny Committee held on 27 July 2010. (Page)

4 Members to Declare any Interests

Please indicate whether the interest is a personal one only or one which is prejudicial. A declaration of a personal interest should indicate the nature of the interest and the agenda item to which it relates. In the case of a personal interest, the member may speak and vote on the matter. Please note that if you are exempt from declaring a personal interest because it arises solely from your position on a body to which you were nominated by the County Council or a body exercising functions of a public nature (e.g. another local authority), you need only declare your interest if and when you intend to speak on a matter.

If a prejudicial interest is declared, the member should withdraw from the room whilst the matter is discussed unless members of the public are allowed to make representations, give evidence or answer questions about the matter, in which case you may attend the meeting for that purpose. You must immediately leave the room when you have finished or the meeting decides you have finished, if earlier. **These declarations apply to all those members present, whether the member is part of the meeting, attending to speak as a local member on an item or simply observing the meeting from the public seating area.**

5 To receive any items of business which the Chairman decides should be considered as a matter of urgency

6 NHS Specialist Beds for Older People with Mental Health Needs

To receive a report by Chris Humphris, Deputy Director of Commissioning and Performance, NHS Great Yarmouth and Waveney (Page)

7 Out of Hours GP Service for the Great Yarmouth and Waveney Area

To receive a report by James Elliott, Deputy Director of Commissioning and Performance, NHS Great Yarmouth and Waveney (Page)

8 Pharmaceutical Needs Assessment – Public Consultation (Page)

Introduction from Francoise Price, Deputy Head of Prescribing and Medicines Management, NHS Great Yarmouth and Waveney

9 Forward Work Programme

To consider and agree the forward work programme (Page)

10 Agree dates for meetings in 2011

Members are asked to bring their diaries with them to the meeting

11 Information Only Items:

These items are not intended for discussion at the Committee meeting. Further information may be obtained by contacting the named officer for each item. Alternatively, Members may wish to consider whether there are any matters arising from this information that warrant specific aspects being added to the forward work programme or future information items.

- Verbal report from Shirley Weymouth and Anne Whybrow on meetings between commissioners and patient/carer representatives regarding proposals for ME/CFS Services
- Verbal update on proposals for ME/CFS Services from James Elliott, Deputy Director of Commissioning and Performance, NHS Great Yarmouth and Waveney
- Update on transfer of Community Services
- Consultation on the NHS White Paper 'Equity and Excellence: Liberating the NHS'
- Outcome of consultations on Shrublands Health Centre and Greyfriars walk-in centre
- Current terms of reference for the Joint Health Scrutiny Committee

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Date Agenda Published: 14 October 2010



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Great Yarmouth and Waveney Joint Health Scrutiny Committee – 22.10.10

Glossary of Terms and Abbreviations

A&E	Accident and Emergency department
CRHT	Crisis Resolution and Home Treatment team
CIC	Community Interest Company
CV	Contract Variation
EEAST	East of England Ambulance Service Trust
GYWCS	Great Yarmouth and Waveney Community Services
HSC	Health Scrutiny Committee
IST	Intensive Support Team
KPI	Key Performance Indicator
LINK	Local Involvement Network
OOH	Out of Hours
PCT	Primary Care Trust
PNA	Pharmaceutical Needs Assessment
SHA	Strategic Health Authority
SIH	Suffolk Integrated Health (part of the Harmoni organisation which is currently contracted to provide Out of Hours services in the Great Yarmouth and Waveney area)
SPN	Special Patient Note
TCN	Take Care Now (the provider of Out of Hours services in the NHS Great Yarmouth and Waveney area prior to 1 April 2010)

**Please note that the minutes for this meeting were
produced by Suffolk County Council**

**For information on the 2009 meetings, papers and minutes of this committee, please visit the
[Suffolk County Council Website](#).**

NHS Specialist Beds for Older People with Mental Health Needs

Suggested approach from the Scrutiny Support Manager

1. Background

- 1.1 The Joint Committee received a formal consultation from NHS Great Yarmouth and Waveney in September 2007 about the removal of Older People's Mental Health specialist assessment beds from Northgate Hospital in Great Yarmouth to Carlton Court in Lowestoft. This was seen as an interim arrangement and the PCT committed itself to a formal consultation on longer-term plans for providing specialist in-patient beds.
- 1.2 The Joint Committee recognised that the facilities at Carlton Court were a great deal better than those at the Northgate Hospital but expressed concern that patients' families, particularly from the north of Great Yarmouth, might experience difficulties in travelling to Carlton Court by public transport. It also asked to be kept informed about long-term plans for in-patient provision. The Joint Committee has received regular updates from the PCT and has learned that there has been very limited uptake of assistance with transport arrangements by relatives or friends of patients at Carlton Court, whereas staff transport has been well used.
- 1.3 In May 2009, Norfolk LINK raised a concern with the Joint Committee about the placement of patients at the Julian Hospital, Norwich, due to insufficient beds at Carlton Court. The PCT attributed this to refurbishment work at Carlton Court and reassured the Joint Committee that the numbers had reduced since the establishment of a Crisis Resolution and Home Treatment Team, now called the Intensive Support Team (IST).
- 1.4 In the last report to the Joint Committee on this subject (November 2009), the PCT reported that the new arrangements at Carlton Court and the creation of the Crisis Resolution and Home Treatment Team had resulted in savings of over £0.5 million a year. It was envisaged that any change to these arrangements would risk losing all of these savings. The report also addressed the wider context of improving all services for people with dementia, in line with the National Dementia Strategy. It was therefore proposed by the PCT, and accepted by the Joint Committee, that a formal consultation on NHS Specialist Beds for Older People with Mental Health Needs be conducted from April 2010 as part of a wider consultation on the PCT's plans to develop dementia services.
- 1.5 At its meeting on 22 September 2010, the Board of NHS Great Yarmouth and Waveney was informed that a stakeholder meeting had been held on 27 August to begin the pre-consultation process. The main conclusion from this meeting was that no advantage could be identified in relocating beds from Carlton Court and that on the contrary the cost of any such move would be

more than the savings that had been achieved. It was therefore proposed that there should instead be a programme of patient and public engagement running on a continual basis. Full details are given in the attached report from the Deputy Director of Commissioning and Performance, NHS Great Yarmouth and Waveney.

2. Suggested action

2.1 It is suggested that members of the Joint Committee:

- consider the attached report and raise any outstanding questions or concerns.
- decide whether they wish to nominate any of their number to represent the Joint Committee in the engagement programme.
- decide whether they wish to receive 'information only' updates at meetings in the foreseeable future or to include this issue on the forward work programme as a scrutiny item. In the latter case, members are asked to specify the issues you wish to look at and the outcomes you hope to achieve by undertaking further scrutiny.

Officer Contact:

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Brief for the Great Yarmouth and Waveney Joint Health Scrutiny Committee on plans for Older People's Mental Health NHS Specialist Beds

1 Introduction

This paper covers the future plans for NHS Specialist Older People Mental Health beds and seeks agreement from Great Yarmouth and Waveney Joint HSC to proceed to an extensive patient and public engagement process focused around our Dementia Strategic action plan, rather than a formal public consultation focused on the beds.

2 Background

- 2.1** In 2005 a multi-agency project group was formed to look at redesigning services for older people with mental health needs in the Great Yarmouth and Waveney area. At that time there were inpatient beds for older people with mental health needs located at Northgate hospital in Great Yarmouth and Carlton Court near Lowestoft. These consisted of 26 assessment beds at Northgate Hospital equally divided into those for people with Dementia care and those for older people with functional mental health problems. There were 34 beds at Carlton Court for older people who met the eligibility criteria for NHS continuing care and 2 NHS continuing care respite beds.
- 2.2** The multi-agency project group undertook an "Options Appraisal" in relation to future bed provision. The review identified the following key points:
- The need to improve the environment to achieve single sex privacy and dignity criteria in line with national standards.
 - Concerns relating to clinical standards and outcomes.
 - Poor staff morale, recruitment and retention difficulties due to the inadequate environment.
- 2.3** It was noted that the inpatient facility at Northgate Hospital was originally built as Maternity Wards and was not deemed to be suitable or able to be upgraded to meet current standards.
- 2.4** By contrast the wards at Carlton Court were designed to meet the often challenging and complex needs of older people with mental health problems.
- 2.5** The proposed interim solution was to relocate all the acute assessment beds to Carlton Court. A total of 24 assessment beds, again equally divided between the two groups were to be provided at Carlton Court.
- 2.6** At the same it was proposed to use some of the resources freed up as a result of moving inpatient facilities, to support more people before they needed these facilities and after they had been discharged.

2.7 It was proposed to create a crisis resolution and home treatment team (CRHT) based at Carlton Court, but covering the whole of NHS Great Yarmouth and Waveney's area.

2.8 Following the consultation it was agreed to implement the proposed transfer of beds from Northgate Hospital to Carlton Court and the development of the specialist community support service. The transfer of beds occurred in March 2008 and the new CRHT was established from October 2008. The CRHT is now called the IST (Intensive Support Team).

2.9 It was further agreed that, following a period in which the new configuration of services could be evaluated, NHS Great Yarmouth and Waveney (NHS GYW) would prepare proposals for the future long term use of NHS specialist beds and that these would be expected to be subject to a formal public consultation.

3 Pre-consultation process

3.1 The pre-consultation process began with a stakeholder meeting on August 27th to plan the next steps for public consultation on. Those present at the meeting included a Norfolk LINK member, carer representation, clinical expertise with medical and nursing staff, local authority representation, PCT commissioners.

3.2 A number of options for the future configuration of beds were identified in addition to the status quo. These all involved moving some of the existing beds to Great Yarmouth from Carlton Court.

3.3 It was acknowledged that in the original move of the assessment beds to Carlton Court there was substantial net "efficiency" revenue saving in excess of £500,000 even after the investment in the establishment of specialist Crisis Resolution and Home Treatment team. This saving was shared between NHS GYW and the Trust and essentially formed part of the overall 2008/9 contract settlement.

3.4 The economies of scale in co-locating the assessment beds with the continuing care beds and other services at Carlton Court in pre-existing accommodation were considerable both in relation to staffing and facilities costs.

3.5 The difficulty that the group identified was that, in producing any option that involves splitting the existing beds and locating some of them in the Great Yarmouth area, the reverse would be true. The additional cost (to NHS GYW) of supporting any option to move beds from Carlton Court to Great Yarmouth would also be in excess of £500k per annum including staffing and accommodation costs. This assumes that suitable new build accommodation could be provided as there is no existing accommodation that would be suitable.

- 3.6** At the meeting it was evident that there was no appetite to relocate beds. It was felt that the service quality has been significantly raised and anecdotal feedback heard by stakeholders confirmed this. The key issue that arose when the beds were moved was the issue of transport for relatives from Great Yarmouth to Carlton Court. A transport scheme was set up and promoted to relatives when the move took place. Neither NHS GYW nor Norfolk and Waveney Mental Health Foundation Trust have received any complaints regarding this issue. In order to ensure that this is accessible and effectively promoted to relatives this service will be audited in January during the engagement programme. The findings will help to further improve this scheme.
- 3.7** It was unanimously agreed by all members present at this pre-consultation meeting that launching a public consultation was no longer desirable, and that a programme of regular stakeholder engagement and involvement was preferable. A public consultation is a costly exercise which costs on average around £10,000. The members of the pre-consultation group suggested that in this new period of economic austerity now faced by the public sector, NHS GYW may be asked by the public why we are spending money on a consultation which will not lead to a reconfiguration of services and therefore does not actually require a full public consultation.

4 Patient and public engagement requirements

- 4.1** For the past 18 months we have been involving patient groups, LINKs and stakeholders and partners in discussing services. We have actively participated in county-wide activities within Norfolk and Suffolk as well as organising local meetings. (We held a Dementia Workshop at the King's centre in July 2009 with over 40 stakeholders attending. We have also participated in the Norfolk Stakeholder event at the UEA in September 2009 and the Norfolk Dementia Strategy consultation meeting at the King's Centre in January 2010. Most recently we ran a session focusing on dementia and complex patients at the Great Yarmouth and Waveney Clinical Summit day at Great Yarmouth racecourse.)
- 4.2** Given that at present there will be no change in the manner that services are delivered or the range of services available to users, the duty to involve through formal consultation under section 242 (1B) does not arise (as per Real Involvement guidance - October 2008 - page 55).
- 4.3** However, it is recognised that a planned programme of stakeholder events with staff, patients, carers and local voluntary groups (workshops, surveys and focus groups etc) running on a continual basis will be extremely effective and more useful for the whole system development than a 12 week public consultation.
- 4.4** During the next eight months, NHS GYW will be engaging widely with stakeholders, clinicians and patients groups to seek their views. Patient feedback has already shaped the service through survey findings, an audit of

feedback to date on the service, the views of LINKs representatives and views from local patient groups. A communications and engagement plan has been produced for wider engagement and the service specification will be updated iteratively to take account of views and ideas. Key project milestones are:

4.5 Setting up a dementia strategy steering group

The first meeting of the Steering Group is scheduled for November 5th. Members of the group include:

- Norfolk LINK – Currently Tony Woods
- Suffolk LINK – currently Dr Jean McHeath
- Great Yarmouth and Waveney Multi-Agency Partnerships – Ian Southam (from Norfolk)
- Local clinicians and managers from Norfolk and Waveney Mental Health Foundation Trust
- Barry Pinkney - Clinical lead for Dementia at James Paget University Hospital Foundation Trust
- Dr Ayrdn Ross – GP lead for mental health
- Representatives from Norfolk and Suffolk Adult Community Services
- NHS Great Yarmouth and Waveney commissioners

4.6 Preparing a local campaign for rollout in spring

The details of this campaign are yet to be worked out and will be determined by the Dementia Strategy group. The campaign is expected to raise public awareness about the benefits of an early diagnosis and the services and support available to people.

4.7 Running workshops with local stakeholders

Two stakeholder workshops are planned. The first has been arranged for November 10th in Great Yarmouth (venue to be confirmed). The second will be held in January in Beccles. In addition “mini-workshops” will be held at future meetings of the Great Yarmouth and Waveney Multi-Agency Partnerships. Members of the Joint HSC will be invited to all of these events.

Chris Humphries
Deputy Director of Commissioning and Performance

11th October 2010

Out of Hours GP Service for the Great Yarmouth and Waveney Area

Suggested approach from the Scrutiny Support Manager

1. Background

- 1.1 At its meeting on 12 May 2010, the Joint Committee received a report from the Deputy Director of Commissioning and Performance, NHS Great Yarmouth and Waveney entitled 'Update on Great Yarmouth and Waveney Out of Hours Service'. This report focused on three key phases:
- Phase 1 – the transfer of the contract for the Out of Hours service from Take Care Now (TCN) to Harmoni with effect from 1 April 2010
 - Phase 2 – the development of a revised service specification to tender for a new out of hours provider
 - Phase 3 – the future vision and direction for out of hours services as a fundamental element of a revised urgent/unplanned/unscheduled care pathway
- 1.2 The following key points were made in the report:
- The current contract with Harmoni was due to expire in October 2010 but may be extended to April 2011 to allow more time for Phase 2.
 - Given an extension to the current contract, it was anticipated that the procurement process using the revised service specification would run from July to December 2010, with the transition of the management of the service from January to March 2011.
 - There was no requirement for formal consultation on the change in provider given that it would not impact on the manner of service delivery or the range of services provided. However, Norfolk and Suffolk LINKs, as well as a range of other stakeholders and partners, had already been involved in developing the revised service specification and there would be wider engagement in the tendering process.
 - It was planned to move to an integrated out of hours service that will include all health providers, Social Services and appropriate voluntary agencies. A comprehensive strategy for urgent care would be completed by October 2010 to inform the 2011/12 contracting round.
 - It was expected that the changes arising from Phase 3 would constitute a substantial variation in the provision of services and the Joint Committee would be informed of the timescales for a full public consultation.
- 1.3 The Joint Committee asked for this item to be added to its forward work programme for six months time, and particularly to be kept informed of developments in relation to Phases 2 and 3 as outlined in the report.

2. Suggested action

2.1 It is suggested that members of the Joint Committee:

- Consider the attached report by the Deputy Director of Commissioning and Performance, NHS Great Yarmouth and Waveney, and raise any outstanding questions or concerns.
- Clarify whether NHS Great Yarmouth and Waveney still intends to consult on its integrated urgent care pathway and, if so, what the expected timescales and arrangements will be.
- Depending on the above, agree to add scrutiny of Integrated Urgent Care Services to its forward work programme for January or April 2011.

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Great Yarmouth and Waveney

Brief for the Great Yarmouth and Waveney Joint Health Scrutiny Committee Update on Out of Hours services

Purpose

At the Joint HSC meeting in May 2010, when the managed transition of the local Out of Hours service from Take Care Now to Harmoni was outlined to Members, it was agreed that an update position would be brought to the October meeting, in particular highlighting the extension of the contract. This paper addresses 3 issues related to out of hours services as follows;

1. An update on the contract extension with Suffolk Integrated Health (SIH), local OOH service, part of the Harmoni organisation.
2. A note of the recent SHA Intensive Support Team (IST) visit and
3. Feedback from the recent audit of why patients use out of hours services locally.

1. Contract Extension

1.2 Background

Following a full tendering and evaluation process, Take Care Now Ltd were awarded the NHS GYW OOH contract with effect from 15 October 2007 for 3 years with the possibility of a further 2 year extension.

The TCN model assumed a very flexible service with economies generated through shared triage and call handling services based in Ipswich. It also assumed an ability to attract clinicians and particularly GPs at rates below similar areas, therefore with a dependence on clinicians from outside the local system and indeed the country. In reality this has led to recruitment and retention issues of local GPs and Nurses – quality, efficiency, rotas, and a perceived loss of public confidence locally.

Following the national inquiry resulting from the death of a patient under the care of a TCN OOH doctor, and the loss of the Suffolk OOH contract, TCN recognised that they could not continue to provide OOH services in the long term. In discussion with NHS GYW, and following a process of acquisition, Harmoni took on responsibility for all existing TCN contracts from April 2010. This included the GYW contract for the remaining period of 6 months to October 2010.

When considering the managed transition of the OOH service from TCN to Harmoni, via the formal acquisition process, the NHS GYW Board were keen to ensure that the process and service maintained consistency, continuity and patient safety with the least possible disruption to patients. This was recognised as particularly important to a service that has had considerable challenges and difficulties over the last few years.

During this process the Board were supportive in principle of an extension to the existing contract, to allow the implementation of NHS GYW's Integrated Urgent Care Strategy and the procurement of some or all of the elements of that strategy, including a full comprehensive and integrated OOH service.

Since the acquisition and transfer of responsibility for the delivery of the service to Harmoni, it has become clear, following a detailed review process, that this contract was always a "loss leader" for Take Care Now (TCN) and on taking over the contract Harmoni/Suffolk Integrated Healthcare (SIH) continued to lose money in order to provide as clinically safe a service as possible, a position which they indicated that they were 'unable and unwilling to sustain' (July 2010).

Discussion and negotiations have taken place over the summer to clarify the position and to reach a position where a mutually suitable agreement could be reached regarding the extension of the contract in the short term, until a full procurement process could be undertaken.

The option of an extension for a period of up to 9 months, July 2011, was discussed and agreed by the NHS GYW Board at its September meeting.

1.3 Contract extension key benefits

A revised "enhanced" OOH specification has been developed through a local working group consisting of both local clinicians and patient representatives, including Norfolk and Suffolk LINKs. The revised specification forms the basis of the service agreed as part of the contract extension.

The "enhanced" specification includes the following:

- Delivery of the national and regional standards and requirements
- Delivery of a new clinical model, with particular emphasis on GP establishment and comprehensive filling of rotas
- Development of a patient pathway to flow patients from either call handling or triage stage to local facilities i.e. Greyfriars
- Warm transfer of calls from EEAST 999 crews to ensure a responsive access to GP clinical advice and help reduce emergency pressures.
- Develop the pool of local clinicians GPs and nurses, to work across the OOH periods.
- Develop a system to ensure that patients identified through local case management teams have a Special Patient Note (SPN) record in place.

In addition to these enhancements NHS GYW and Harmoni have agreed to pilot a “single point of access” service. This is consistent with the NHS GYW Integrated Urgent Care Strategy. This would enable patients to call one number to receive urgent care advice and treatment, 24/7. It is intended that this service will be operational from November/December 2010, and will help inform a refined specification for full procurement.

Following approval from the Board in September, a contract variation (CV) has been agreed with SIH. This includes further local Key Performance Indicators (KPIs), in particular focussing on shift occupancy across the service and a refreshed recruitment strategy from SIH to ensure that a comprehensive clinical service is available against the revised establishment model. The current range of national Quality Indicators will remain and NHS GYW, in conjunction with the new GP Consortium, will continue to monitor the delivery of the service closely.

A full procurement for a new OOH service and a local call centre will continue, with the anticipated implementation of the new service from July 2011.

2 IST Visit

An East of England intensive support team (IST) assurance visit, designed to evaluate the quality of commissioning and contract monitoring arrangements, took place on 15 September 2010. Feedback from the visit was very positive and the team were impressed with the progress made. The final report is subject to review by the Board and will be published following the next NHS GYW Board meeting in November.

3 Feedback from the patient’s perspective

To help gain insight into why people use the out of hours service, 411 on-street interviews were conducted across Great Yarmouth and Waveney in early June. All respondents were screened to ensure they lived in the NHS GYW catchment area and quotas were set for gender, age, social grade, ethnicity and working status.

The research findings strongly indicated the need to increase awareness and comprehension of urgent care and OOH services. It also indicated that A&E typically attracts patients for non-critical injuries because of the perceived immediate attention, and that they value the accessibility, medical expertise and facilities offered by this service. They trust and have confidence in the service provided by A&E.

Accessibility featured in the research as being an issue to using urgent care / OOH services. It was suggested that as well as the current provision in Great Yarmouth, Beccles and Halesworth, consideration needs to be given to increasing the provision of urgent care / OOH service in the area – possibly looking at Lowestoft and Gorleston in the first instance.

The research findings have been carefully considered by the unplanned care board and have helped to inform the unplanned care strategy. To ensure that the entire process is designed with patients in mind, we have a LINK representative (representing both Norfolk and Suffolk LINK) sitting on the unplanned care programme board.

4 Summary

Members of the HOSC are asked to note the progress made with the contract extension with Suffolk Integrated Health, the IST visit and the feedback from the research into people's use of out of hours services.

James Elliot

Deputy Director of Commissioning and Performance

11th October 2011

Pharmaceutical Needs Assessment (PNA) – Public Consultation

Suggested approach from the Scrutiny Support Manager

1. Background

- 1.1 Regulations to the Health Act 2009 require all Primary Care Trusts (PCTs) in England to publish a Pharmaceutical Needs Assessment by 1 February 2011. Guidance from the Department of Health makes it clear that a key purpose of such an assessment is to “help PCTs to target specific local needs and focus subsequent commissioning on local priorities.” It also warns that PCTs could face Judicial Review if they fail to consult properly or take into consideration the results of the consultation exercise undertaken.
- 1.2 A report from Francoise Price, Deputy Head of Prescribing and Medicines Management at NHS Great Yarmouth and Waveney, is attached. This gives details of the process followed in producing the PNA, including the involvement of key partners and stakeholders as well as local people. The Executive Summary from the full PNA document, which amounts to 180 pages, is reproduced at Appendix A to this report and the views of key partners at Appendix B.
- 1.3 Public consultation on the PNA was launched on 10 September and has been extended to 26 November 2010 (the initial end date, which appears in the consultation document, was 9 November). The PCT’s consultation document is included with the agenda papers for today’s meeting. It includes a ‘Summary Questionnaire’ and a more detailed ‘Comprehensive Questionnaire’ aimed at organisations and stakeholders.

2. Suggested action

- 2.1 Francoise Price, Deputy Head of Prescribing and Medicines Management at NHS Great Yarmouth and Waveney, and the author of the PNA document, will attend today’s meeting to introduce the consultation document and answer any questions that Members may have.
- 2.2 Members will then need to decide whether to:
 - Not make a formal response to the consultation, or
 - Respond as individual members of the public, or
 - Make a joint response as a Committee
- 2.3 Should the Committee decide to make a joint response, the ‘Comprehensive Questionnaire’ would seem the most appropriate means to do so. Given that this entails responding to up to 15 recommendations, Members may wish to send their views to the Scrutiny Support Manager for collation and submission by 19 November at the latest.

2.4 Members may also wish to ask questions or comment on the consultation arrangements.

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Brief for the Great Yarmouth and Waveney Joint Health Scrutiny Committee on the Pharmaceutical Needs Assessment (PNA)

1. Introduction

The Health Act 2009 contains powers within it to require Primary Care Trusts to develop and publish PNAs by 1 February 2011. The National Health Service (Pharmaceutical Services and Local Pharmaceutical Services)(Amendment) Regulations 2010 which came into force on 24 May 2010 define pharmaceutical services and lay out the minimum content of a PNA.

A PNA is a tool used in the commissioning of pharmacy services. It reviews current provision of pharmaceutical services to the characteristics of NHS Great Yarmouth and Waveney's (NHS GYW) population and priorities for improving health and wellbeing.

2. PNA timeline

The PNA project, PNA Board composition and Terms of Reference were approved by the Clinical Executive Committee of NHS GYW on 13 May 2010.

The first meeting of the PNA Board was on the 27 May 2010, chaired by NHS GYW's Medical Director. The Board meets bi-monthly.

Members of the PNA Board:

Norfolk LINK

Suffolk LINK

NHS GYW Engagement Manager

NHS GYW board and PNA lead (Chair) – *Dr Jamie Wyllie*

NHS GYW board Non-Executive Director – *Anna Lincoln*

NHS GYW associate director of communications and engagement (or named deputy)

Norfolk and Waveney Local Medical Committee representative – *Simon Lockett*

Suffolk and Great Yarmouth Local Pharmaceutical Committee representative – *Paul Duell*

Project Manager – *Amanda Brown*

Director of Public Health - *Dr Alistair Lipp (or named deputy)*

Director of commissioning – Harper Brown (or named deputy)

Head of primary care contracting - *Elaine Bond*

Practice Based Commissioning - *Andy Evans*

Medicines Management – *Françoise Price and Roisin Hawkes*

Chair of Local Pharmacy Forum – *Brian Jolley*

Minute taker and administrative support

The first meeting of PNA Working Group took place on 7 June 2010, chaired by the project manager. This group meets bi-weekly.

Members of the working group:

Project Manager (Chair) – Amanda Brown (when in post Elaine Bond and Françoise Price in the interim)

Public Health – Tim Winters or named deputy

Primary Care Contracting – Elaine Bond or named deputy

Practice Based Commissioning – Andy Evans or named deputy

Prescribing and Medicines Management – Françoise Price and Roisin Hawkes

Local Pharmaceutical Committee – Paul Duell

Communications – Natalie Williams and Sandy Griffiths

Dispensing Doctor Representation

The PNA working group agreed the consultation plan and time line on the 5 July 2010 and obtained approval from NHS East of England (SHA) that the working group could be developed into the pre-consultation group. Both Norfolk and Suffolk LINK members were represented at this point. The first pre-consultation meeting took place on the 2 August 2010

2.1 Public Research to inform the content of the PNA

400 face to face interviews were conducted in the week commencing 15 June 2010. 500 questionnaires for self-completion were delivered to GP practices and 47 community pharmacies – 244 were returned. Evaluation was completed by 12 July 2010 and presented to the working group on 19 July 2010 and to an extra-ordinary PNA Board meeting held on the 22 July 2010.

2.2 GP involvement

GP representation came via the Local Medical Committee representation on the PNA Board.

A request was sent to all seven GP dispensing practices for nomination for representation on the working group. Southwold and Coastal Village surgeries expressed interest but ultimately did not attend meetings. Due to unavailability it was agreed that all meeting minutes would be sent to Dr Steven Taylor at Coastal Villages.

Practice Based Commissioners were represented by Andy Evans at both working group and PNA board level.

The penultimate draft PNA was sent electronically to all 137 GPs in Great Yarmouth and Waveney on 12 August 2010 for comment by 25 August 2010. Four comments were received back and incorporated into final draft PNA.

2.3 Pharmacist involvement

The Local Pharmaceutical Committee provided a representative for both the PNA Board and working group.

The chair of the pharmacy forum sat on both the PNA Board and working group.

The working group developed a questionnaire for pharmacies to complete relating to current and potential future services. This questionnaire was based on the national template developed by the Pharmaceutical Services

Negotiating Committee. The responses were gathered and incorporated into the PNA.

2.4 Public involvement

Norfolk and Suffolk LINK members were on both the PNA Board and working group.

Hard to reach groups were contacted by a specialist social worker. She talked to various communities and reported back to the PNA working group via NHS GYW's engagement manager.

2.5 Public consultation

The final PNA (draft) was signed off electronically by the PNA Board.

The public consultation was launched on 10 September 2010. A link to the document was sent to all consultees as required by regulation and on NHS GYW's list of consultees; also the Local Pharmaceutical Committee, Local Medical Committee and Practice Based Commissioners.

The public consultation has been extended to 26 November 2010 following DH guidance issued after the launch date. Hard copies of the full PNA have been sent to all GPs and pharmacies plus key stakeholders.

Posters and consultation documents have been sent to all GPs and pharmacies plus stakeholders.

The public consultation will end on the 26 November 2010 and the working group will consider feedback and update the PNA accordingly. The PNA will go to the January NHS GYW Board meeting for approval and will be published on 1 February 2011.

Francoise Price

Deputy Head of Prescribing and Medicines Management

11 October 2010

Pharmaceutical Needs Assessment

EXECUTIVE SUMMARY

What is a pharmaceutical needs assessment?

A pharmaceutical needs assessment (PNA) is a tool used in the commissioning of pharmacy services. It is an established process within organisations charged with the delivery of health and health-related services to a population. The process uses data to build a profile in health terms of the examined populace. It reviews current provision of pharmaceutical services to the characteristics of our population and our priorities for improving health and wellbeing and reducing health inequalities in Great Yarmouth and Waveney.

This assessment was carried out in 2010 using available public health data and responses from pharmacy contractors and the public. From time to time the data will be updated via supplementary statements to this document. There will be a full refresh of the document no later than February 2014.

What are pharmacy services?

Pharmaceutical services are delivered by a range of providers; community pharmacies, dispensing doctors, internet pharmacies, appliance contractors and hospital pharmacies.

There are 49 community pharmacy contractors in Great Yarmouth and Waveney. Of these one is wholly internet based, there are 100 hour pharmacies (pharmacies that are open for 100 hours per week) and one is an ESPLPS (essential small pharmacy local pharmaceutical services). In addition there are seven dispensing GP practices that provide a dispensing service to eligible registered patients.

All community pharmacy contractors operate under a nationally agreed contractual framework that was put in place in April 2005. This framework comprises three tiers of services – essential, advanced and local enhanced services. Essential and advanced services are determined nationally. Local enhanced services, however, can be commissioned by NHS Great Yarmouth and Waveney directly with its contractors.

- **Essential services** are those which every pharmacy must provide, including dispensing.
- **Advanced services** are those which, subject to accreditation requirements, a pharmacy contractor can choose to provide. At present the advanced services are Medicines Use Review (MUR), Appliance Use Reviews (AUR) - where a pharmacist discusses with a patient their use of the medicines they are taking

or the appliance they are using and whether there are any problems which the pharmacist can help resolve, and Stoma re-customisation which is where an appropriately trained or qualified person with the patient ensures correct use and proper fitting of the stoma appliance.

- **Local enhanced services** such as stop smoking services and chlamydia treatment and screening, are commissioned locally by NHS Great Yarmouth and Waveney directly with contractors via the Local Pharmaceutical Committee (LPC).

Why we undertook a pharmacy needs assessment

The purpose of the PNA is to compare our existing pharmacy services to the health characteristics of our population, to help reduce health inequalities and address the pharmaceutical needs of the population. The JSNA for Great Yarmouth and Waveney identified the following as key health priorities:

- Achieve the fastest rate of health improvement by being in the top 10% in England for selected indicators.
- Achieve a 20% reduction in inequalities across our community for selected indicators.
- *Improve access, choice and personalisation of our healthcare services.*
- Improve overall quality, safety and experience of our healthcare services for patients, carers and staff.

What we did

To better understand how pharmacy services could support NHS Great Yarmouth and Waveney in addressing its health priorities the PNA considered a number of questions including:

- What is the provision of pharmacy service to our population and is this adequate?
- How is the pharmacy contractual framework effectively used for the benefit of the population of Great Yarmouth and Waveney?
- How can community pharmacy, through its nationally commissioned or through locally commissioned services, support us to deliver our priorities for health and wellbeing for the population of Great Yarmouth and Waveney?

To answer these questions and identify how pharmacy services can help deliver the key health priorities identified above we:

- interviewed a cross section of the public asking for their views on pharmacy services;

- asked members of the public to complete a questionnaire on pharmacy services (see questions at appendix 5);
- surveyed all pharmacies within Great Yarmouth and Waveney area (see attached survey at appendix 5);
 - undertook a mapping exercise to review current service provision, consider data to support the identification of patient need;
 - reviewed data on pharmacy services, for example time taken to travel to pharmacies, their location and relationship to levels of need and deprivation;
 - reviewed the provision of enhanced services.

There was a very good level of response to the interviews, questionnaires and surveys. Public research was conducted by Insight Track during June 2010. It conducted 415 face- to- face interviews across the whole of Great Yarmouth and Waveney. Questionnaires for self-completion by patients were distributed through pharmacies and GP surgeries. A total of 244 self-completed questionnaires were returned to Insight Track. The results of the research have been incorporated into the PNA.

A significant amount of data representing a snap shot of current pharmaceutical services was reviewed and analysed as part of the PNA. The information and data presented in maps and tables is based upon the returned questionnaires and data available to NHS Great Yarmouth and Waveney.

What did we find?

When we reviewed all the findings we found:

- the majority of people rated pharmaceutical services either as very good (55%) or good (37%);
- over 90% of people reported being happy with their ability to access pharmacies. This recognises the contribution of three 100 hour pharmacies in our area;
- people consider accessing a range of pharmaceutical services if available through community pharmacies;
- community pharmacies are clustered within areas identified as having the highest burdens of ill health and overall need;
- there is good coverage of pharmacies with 100% of the population able to access a pharmacy within 20 minutes;
- NHSGYW has a higher number of pharmacies per 100,000 head of population than both the East of England and England averages
- Pharmacies dispense a high number of prescriptions per month compared to the average for the East of England and England although below average of Office of National Statistics cluster group

Conclusion

There appears to be adequate provision of essential, advanced and enhanced pharmaceutical services. As we have seen, NHS Great Yarmouth & Waveney PCT has a greater than average number of pharmacies per 100,000 head of population and delivery of advanced services also exceeds the national average. NHS GYW will in the first instance explore using the existing network of community pharmacies to meet any potential unmet need before considering new market entrants to resolve gaps.

Based on data available at the time of developing this PNA, including the results of public research, it is believed that no gaps in pharmaceutical services have been identified. In some areas uptake of enhanced services by community pharmacy may be improved to offer patients more choice. Recommendations 1, 3 and 6 below identify enhanced services that are currently being provided by other NHS providers. Increased patient choice may be created by encouraging our existing community pharmacies to deliver these services.

We have identified that the contractual framework is being used for the benefit of the population of Great Yarmouth and Waveney and that implementation of the recommendations set out below will further enhance effectiveness and maximise benefits.

We note that it is essential to work with our community pharmacists and their teams to review skill mix and look to workforce development in order to meet possible future demands for pharmaceutical services.

NHS Great Yarmouth and Waveney will continue to develop its pharmacy and community pharmacy commissioning strategy. This will maximise their potential in delivering a safe, effective and more personalised NHS

GYW's vision is "to provide the population of Great Yarmouth and Waveney with the fastest improving health in England and ensure access to the highest quality health services possible within our resources." The PNA recommendations below seek to support and enhance our existing pharmaceutical services and deliver our vision.

Recommendations

Goal 1: Achieve the fastest rate of health improvement by being in the top 10% in England for selected indicators.

- Four lifestyle interventions :smoking; low fruit and vegetable consumption; lack of physical activity; excess alcohol.

PREVENTION

Recommendation 1:

Work with our community pharmacies to increase the uptake of pharmacies offering NHS funded Stop Smoking services especially in the central Great Yarmouth locality.

Recommendation 2:

Work with our community pharmacies to maximise benefit from essential services of health promotion and signposting.

- Four clinical risk factors –:blood pressure; blood cholesterol; blood sugar and being overweight.

EARLY IDENTIFICATION

Recommendation 3:

Work with our community pharmacies to develop and deliver a community pharmacy based NHS Health Check service for 40 – 74 year olds as which will supplement that delivered through GP surgeries.

- Four Long term conditions: circulatory disease, diabetes, cancers and respiratory disease.

BETTER MANAGEMENT

Recommendation 4:

Work with our community pharmacies to ensure patients being treated with medicines for circulatory disease, diabetes, cancer and respiratory problems obtain the maximum benefit from their treatment through effective use of advanced services (MUR)

Recommendation 5:

Work with our pharmacists to ensure their knowledge and skills are available to other initiatives such as community matrons and virtual wards to ensure patients are able to remain in the community and reduce unnecessary hospital admissions. Eg expand Norfolk medicines support service

Goal 2: Achieve a 20% reduction in inequalities across our community for selected indicators.

- Working in partnership to reduce inequalities in the socio-economic drivers of ill health eg teenage pregnancies; tobacco and mental health.
- Ensuring better use of universal services eg immunisation, screening.
- Providing targeted services for deprived communities and marginalised groups eg health trainers, substance misuse.

WORKING IN PARTNERSHIP

Recommendation 6:

Work with our community pharmacies to increase the uptake of pharmacies offering NHS funded emergency hormonal contraceptive services and develop a comprehensive sexual health service through community pharmacy to enhance access to services such as chlamydia screening and treatment, condom schemes and pregnancy testing.

ENGAGE WITH OUR COMMUNITIES

Recommendation 7:

Develop a communications strategy that enhances awareness of NHS funded pharmaceutical services provided within the community.

TARGETED SERVICES

Recommendation 8:

Continue to provide accessible substance misuse services and explore the possibility of increasing service provision and enhancing the service to include screening.

Recommendation 9:

Explore the option of developing health trainer teams within community pharmacy, targeting those areas with greatest health need in the first instance.

Goal 3: Improve the access, choice and personalisation of our healthcare services.

- Making it more convenient to access care when urgently needed
- Ensuring that, where appropriate and cost-effective, services are provided more conveniently and closer to where patients live.

BETTER USE OF PRIMARY AND COMMUNITY SERVICES

Recommendation 10:

Ensure widespread access to good quality community pharmacy and pharmaceutical services remains high, especially within our more deprived communities

Recommendation 7:

Develop a communications strategy that enhances awareness of NHS funded pharmaceutical services provided within the community

Goal 4: Improve the overall quality, safety and experience of our healthcare services for patients, carers and staff.

SAFETY

Recommendation 14:

That NHS Great Yarmouth and Waveney provides such support as may be necessary and appropriate, to help pharmacy contractors achieve compliance with the requirements of the community pharmacy contract.

WORKFORCE STRATEGY

Recommendation 15:

That NHS Great Yarmouth and Waveney works with our pharmacists to develop a skill mix which will support increasing demand for essential services and enhance the role of pharmacists and their teams in helping deliver the vision of the fastest improving health in England.

By implementing these recommendations we will ensure the continued development and improvement of pharmaceutical services in Great Yarmouth and Waveney. This is vital to ensure we meet and exceed the health and pharmaceutical needs of our population.

Pharmaceutical Needs Assessment

Comments from the Local Pharmaceutical Committee Chief Officer, the Secretary of the Norfolk & Waveney Local Medical Committee and the Board representative for Waveney, Suffolk LINK

Suffolk and Great Yarmouth Local Pharmaceutical Committee (LPC) has been pleased to support the development on the new Pharmacy Needs Assessment document for NHS Great Yarmouth and Waveney. Community pharmacy has always played a valuable role in supporting patients obtain and effectively use their medication. The 2008 Pharmacy White paper '*Pharmacy in England Building on the Strengths- delivering the future*' has outlined a vision of how community pharmacy can utilise their clinical skills more for the benefit of the local population. We fully endorse this change and believe that the Pharmacy Needs Assessment document will become a valuable tool in identifying how pharmacy can be used to address unmet health needs and design new care pathways.

Community pharmacy can become a more effective member of the local primary care team by ensuring that each pharmacy is used to support local clinical priorities and being part of a joined up approach to health care provision.

Paul Duell

Local Pharmaceutical Committee Chief Officer

Who could disagree with the idea of the Pharmaceutical Needs Assessment (PNA)? In essence, it is an attempt to pull together useful information on what pharmaceutical services are provided - where, when, and by whom. This is clearly an essential resource if PCTs, and their successors, are to improve the availability and appropriateness of pharmacy. Of course, most of this data already exists within PCTs, but with each NHS reorganisation, such as the one upon which we are about to embark, some gets lost – so it is wise to capture it now in one place.

NHS Great Yarmouth and Waveney PCT has written this excellent draft PNA to a very tight timetable, as set by the last government. The Local Medical Committee (LMC) had input at PNA Board level and Great Yarmouth and Waveney (dispensing) practices were given the opportunity to contribute via a "working group".

Is the PNA a threat or an opportunity? This is probably a more important question, at least for the foreseeable future, for NHS Great Yarmouth and Waveney PCT, its patients and pharmacists, than for the GPs that the LMC represents. Clearly, if the PNA reveals a gap in the provision of pharmaceutical services, then the PCT will look to fill that gap, either through an existing, or a new, provider. In the more rural areas, where patients have the benefit of doctor dispensing, my longstanding impression is that pharmacies have already opened wherever they are viable. I don't see that a PNA will make a huge difference to that fundamental, financial, fact.

For the avoidance of doubt: the only pharmaceutical service that GPs provide is the dispensing of medication for patients to whom they dispense.

I understand that in Great Yarmouth and Waveney pharmacists, dispensing (and non-dispensing) GPs and the PCT work well together, so finalising this PNA, and using it, will, no doubt, be straightforward.

Dr Simon Lockett

Secretary, Norfolk and Waveney Local Medical Committee

Suffolk LINK are pleased to be associated with the activity and adoption of the PNA by NHS Great Yarmouth and Waveney PCT.

The addition of a member of the Project team and Board has provided involvement and inclusion in the development of such a strategic document supporting the pharmaceutical needs of Great Yarmouth and Waveney. With its adoption, it will enhance and strengthen many aspects of Pharmacy within the area, not least ensuring that the public/patient is able to access their medicine or other Service categories supplied from a Pharmacy or Prescribing GP.

A.L.Pettit

Board representative for Waveney, Suffolk LINK.



**Great Yarmouth and Waveney Joint Health Scrutiny
Committee
Proposed Forward Work Programme**

ACTION REQUIRED

Members are asked to:

- suggest issues for the forward work programme that they would like to bring to the Committee's attention
- consider whether there are topics to be added
- consider and agree the scrutiny topic below
- provide clear information about why each item is on the forward work programme

Please consider issues of priority, practicality and potential outcomes you wish to achieve before adding to the work programme.

<i>Meeting dates</i>	<i>Briefings/Main scrutiny topic/initial review of topics/follow-ups</i>	<i>Approach</i>
**January 2011		
**April 2011	<p>5 Year Strategic Plan – To provide an update on achievements and difficulties over the preceding 12 months and priorities for the next 12 months.</p> <p>Acute Hospital Care – to scrutinise progress against the strategic plan to improve preventative and community support for some services to reduce the need for hospital based service provision. (Committee Decision 11/3/10)</p> <p><u><i>Suggested item:</i></u> Transfer of Community Services – to provide an update on proposals to transfer community services to a Social Enterprise.</p>	<p><i>Scrutiny</i></p> <p><i>Scrutiny</i></p> <p><i>Scrutiny</i></p>
** July 2011	No items currently scheduled	

** date not yet scheduled

Provisional dates for consultations / update reports to the Joint Committee:

1. **Continuing Care Consultation –** dates of consultation not yet known.
The Joint Committee has expressed a desire to consider the consultation when it is available.



Great Yarmouth and Waveney

Briefing for Great Yarmouth and Waveney Joint Health Scrutiny Committee Community Services Transfer Project

In our last report to the Health Scrutiny Committee in July 2010, NHS Great Yarmouth and Waveney (NHS GYW) reported that it had been reviewing the options for achieving the transfer of its provider services arm, Great Yarmouth and Waveney Community Services (GYWCS) to another organisation. In particular, NHS GYW has been exploring the possibility of creating a much more integrated care system within Great Yarmouth and Waveney in which the main care providers would work more closely together and focus on developing more streamlined and efficient ways of delivering quality care to patients.

Workshops were held in June and again in August, involving local leaders in health, social and primary care, the third sector and patients' representatives to develop ideas about how this more integrated way of providing services might become a reality. Community Services are at the heart of the local care system, in turn both supporting and depending upon a network of relationships to deliver effective care to people in their own homes. The transfer of GYWCS from the PCT therefore represents an opportunity to find new ways of overcoming some of the organisational barriers between local health and social care partners which affect the delivery of care. Attention has been focused on how integration could be achieved between community services and primary care, especially with the formation of the new Great Yarmouth and Waveney GP commissioning consortium, HealthEast Community Interest Company (CIC). An option appraisal was carried out and discussions were held with the SHA.

GYWCS, as service providers, and NHS GYW, as commissioners of health care, both concluded that the option that offered the best opportunity for developing community health services was for GYWCS to form a Social Enterprise. It allows the possibility of closer integration with primary care and other partners in the delivery of health and social care in Great Yarmouth and Waveney and fits with the agreed direction of travel within the local health and social care economy of developing an integrated care system based first on working in partnership and using competition to drive improvement when needed.

A programme of staff engagement was conducted during August and early September, with presentation and discussion sessions and an on-line survey to hear the questions and viewpoints of staff to inform the decision making process. As a result of this and consideration by its senior management, GYWCS submitted an Expression of Interest to the NHS GYW Board under the 'Right to Request' guidance, which gives community

services the right to request that their PCT give them the opportunity to seek to establish a Social Enterprise.

This request was considered and approved by the NHS GYW Board at its meeting on 22 September 2010. This gives GYWCS the go-ahead to prepare a business plan and to set out the arrangements they would put in place for the new organisation. In due course these will require approval from the NHS GYW Board and the SHA before a final decision on establishing the Social Enterprise is made. Staff support for the transfer of GYWCS into the new Social Enterprise is vital, so engaging the staff in this process will be key, so that they can understand the implications for themselves and so that they can participate in the development of plans for the new organisation.

If at any stage it becomes clear that a viable Social Enterprise can not be created, the NHS GYW Board stated that its fall back plan would be to go out to tender to find an existing provider organisation to which GYWCS could be transferred.

The next steps are to develop the business plan, to put in place a robust programme of staff and stakeholder engagement and to prepare GYWCS to undergo the various tests that will demonstrate it has the strength to become a successful Social Enterprise providing community services to the people of Great Yarmouth and Waveney. It is expected that the business plan will be ready for approval in January 2011 and that the organisation will be in shadow form by April 2011.

Peter Gosling

Project Director

peter.gosling1@nhs.net

11th October 2011



Great Yarmouth and Waveney

Brief for the Great Yarmouth and Waveney Joint Health Scrutiny Committee on the NHS White Paper - 'Equity and Excellence: Liberating the NHS'

1. Introduction

NHS Great Yarmouth and Waveney's response to the national consultation on the NHS White Paper – 'Equity and Excellence: Liberating the NHS' (published on 12th July), was submitted to the Department of Health on Tuesday 5th October. This can be viewed in full on our website. Our response also included comments on the five consultation documents issued since White Paper publication. These documents are:

- *Commissioning for Patients*
- *Local Democratic Legitimacy in Health*
- *Regulating Healthcare Providers*
- *Transparency in Outcomes*
- *Review into arms length bodies*

2. Consultation activity

We completed a wide range of consultation activities to inform our response, drawing feedback from a wide range of stakeholder events, meetings and other engagement activities. Externally these included:

- Local White Paper Listening Event on 9th September 2010, very well attended and rated highly as an extremely valuable event
- Publication on our website and intranet with links to the Department of Health website, including 'tweets'
- Public Board meetings, Board Development Days, Clinical Executive Committee, Executive Committee, Executive to Executive meetings with our local Trusts
- Chief Executive and Chairman presenting to a range of partners in formal meetings
- Feature in our local magazine delivered to 106,000 homes across our patch
- News releases with wide coverage plus radio interviews

3. Summary of our Response to the Consultation from NHS Great Yarmouth and Waveney

NHS Great Yarmouth and Waveney fully supports the drive to make the NHS one of the best health services in the world, in line with our ambition to deliver 'the fastest improving health in England'. Our response supported the general

direction, and the radical change it will bring; clinicians know their patients and should be able to make decisions on their behalf and take responsibility for budget management. We are committed to the principles set out in the White Paper to place power in the hands of those closest to patients, indeed we are already well on the way to this in Great Yarmouth and Waveney, forging strong and enduring relationships with our clinical community (see section 4 below). Our concerns remain around the detail; there are still many unanswered questions.

4. Progress in the Development of a GP Consortia in Great Yarmouth and Waveney

In Great Yarmouth and Waveney we are making strong progress towards forming a new 'GP Commissioning Consortium', as set out in the NHS White Paper proposals. Since the announcement by the Government of this service transformation, local doctors and senior managers at NHS Great Yarmouth and Waveney have been discussing the future and how the healthcare decisions will be made for the area.

In August, doctors across the 26 practices in Great Yarmouth and Waveney agreed to form one GP group to cover the whole area, with a population of 230,000. The group will, for the time being, be a 'community interest company' called 'HealthEast'. This has been formed with the intention to become the local GP consortium for people in Great Yarmouth and Waveney.

This rapid progress reflects the excellent close working in Great Yarmouth and Waveney between managers, GPs and front-line clinicians at the James Paget University Hospitals NHS Foundation Trust, working together to make joined up decisions. This existing relationship will help ensure a smooth transition to what we expect will become the new system led by GPs.

Reflecting our commitment to clinician engagement, we also held our first Clinical Summit in late September. Seventy clinicians came together to share and develop innovative ideas for change together. The summit was organised in response to the current challenging financial environment, which will force the NHS to find more efficient and cost effective ways of delivering services in the future without compromising on safety or quality. In NHS Great Yarmouth and Waveney, we have a commitment to integrated care as part of this ethos.

5. Conclusion

Further documents are expected as part of the White Paper, in particular one on the human resources framework, and one on the future of Public Health services. We will keep the Health Scrutiny Committee up to date on the progress of these as developments arise.

Rebecca Driver
Associate Director of Communications and Engagement

11th October 2010



Great Yarmouth and Waveney

Brief for the Great Yarmouth and Waveney Joint Health Scrutiny Committee on two Estates Schemes – Shrublands in Gorleston and Greyfriars in Great Yarmouth

1. Introduction

At NHS Great Yarmouth and Waveney's Board meeting on 22nd September, estates business cases for Shrublands at Gorleston and Greyfriars at Great Yarmouth were fully approved. This paper provides a brief summary for the Health Scrutiny Committee of these two important estates developments.

2. Shrublands

A modular building will be created on the Shrublands site in Gorleston's Magdalen Way. The Gorleston Medical Centre, which is currently housed in cramped premises in Stuart Close, will be relocated to this, alongside a variety of community services currently based at James Paget University Hospitals NHS Foundation Trust.

The modular building will be in place for up to five years while permanent accommodation is developed at Shrublands. The scheme represents a £2.65 million development.

The proposal to relocate the Gorleston Medical Centre received strong support during our recent public consultation. The two-storey building will accommodate a GP practice and a range of other services, such as physiotherapy, podiatry and speech and language therapy. As well as being easier for people to access, the services will be provided in much more spacious surroundings, so improving the experience people have when using healthcare in this part of Gorleston.

3. Greyfriars

In Great Yarmouth, the old Congregational Hall will be converted, before becoming a permanent home to the existing Greyfriars Health Centre, currently housed in temporary buildings next door. This is a £2.05m project.

The Congregational Hall will be converted into a permanent home for the neighbouring GP-led health centre and walk-in clinic, which is open 12 hours a day, 365 days a year.

The service was the first of its kind in the region when it opened in May 2009. It has been provided from a temporary location while a permanent solution was considered so that the benefits of the new service could be provided two

years earlier than waiting for the development of the permanent facilities. All of the existing services offered at Greyfriars, such as blood tests, weight management and drug and alcohol services, will continue in the new development. Clinical space will also be available for health and social care partners to use, which means patients will gain from the added convenience of accessing all the services they need under one roof.

4. Conclusion

This significant investment of nearly £5 million underlines NHS Great Yarmouth and Waveney's commitment to giving our population easy access to high quality services, delivered in a modern, fit for purpose environment where the commitment of the NHS locally to clinical teaching can also be fulfilled. Construction work on both schemes begins in October and is due for completion in summer 2011.

Rebecca Driver

Associate Director of Communications and Engagement

11th October 2010

**Great Yarmouth and Waveney Joint Health Scrutiny Committee
Structure and Terms of Reference**

1. Structure of the Committee (agreed by Norfolk Health Overview and Scrutiny Committee on 8 March 2007)

1.1 The committee to be composed of ten members.

1.2 Both authorities to appoint five members to the committee.

1.3 The membership from Norfolk to comprise the Chairman of Norfolk Health Overview and Scrutiny Committee and four other members of the Committee, to include the Great Yarmouth District Council member.

- The membership will need to be politically balanced to the political make-up of Norfolk County Council (i.e. 4 Conservative and 1 Liberal Democrat from June 2009).

1.4 To be quorate the committee requires three committee members to be present.

1.5 Each authority is allowed to substitute for the committee members.

1.6 The resourcing and costs of the committee will be shared between the two authorities.

2. Terms of Reference (agreed by Norfolk Health Overview and Scrutiny Committee on 9 July 2009)

2.1 The Joint Scrutiny Committee will meet for scrutiny of the health service in the Great Yarmouth and Waveney locality, as deemed necessary by the Chairmen of either Norfolk Health Overview and Scrutiny Committee and the Suffolk Health Scrutiny Committees.

2.2 General health service issues within the Great Yarmouth and Waveney area will be scrutinised either by Great Yarmouth and Waveney Joint Health Scrutiny Committee or by Norfolk Health Overview and Scrutiny Committee and / or Suffolk Health Scrutiny Committee as deemed necessary by the Chairman of either Norfolk Health Overview and Scrutiny Committee and / or Suffolk Health Scrutiny Committee.

2.3 In carrying out review and scrutiny of a particular matter the Committee shall have regard to any guidance issued by the Secretary of State; invite interested parties to comment on the matter; and take account of relevant information available to it.

2.4 In response to 'substantial variation' in the health service the Joint Scrutiny Committee can make recourse to the Secretary of State without referring to either the Norfolk Health Overview and Scrutiny Committee or the Suffolk Health Scrutiny Committee.

2.5 Where the Joint Health Scrutiny Committee makes such reports and recommendations the report will be consensual and shall include:

- An explanation of the matter reviewed or scrutinised;
- A summary of the evidence considered;
- A list of participants involved in the review or scrutiny;
- Any recommendations on the matter reviewed or scrutinised.

2.6 The Joint Health Scrutiny Committee does not have the power to call in Cabinet decisions of either Suffolk County Council or Norfolk County Council.