

By: Paul Wickenden, Overview, Scrutiny and Localism Manager

To: Health Overview and Scrutiny Committee – 26 March 2010

Subject: Item 5. Forward Work Programme.

1. Background

(1) In previous discussions that the Committee has had about different ways to restructure and refocus the Health Overview and Scrutiny Committee, one of the recurring themes has been that the Committee's meetings should be more focused on adding value to the planning, provision and operation of healthcare in Kent.

(2) Recent events have meant that the scheduling of important topics has had to be revised. This paper sets out:

- a) A revised work programme for the next sequence of meetings;
- b) An outline of how it is proposed topics for discussion during meetings will be developed in future and how the input of Members will be invited at an earlier stage.

2. Revised Work Programme

(1) It is proposed that the main items at the next three meetings will be as follows:

- a) 14 May 2010 (NB: please note revised date) –
 - 1) The Future of PCT Provider Services and the Use of Community Hospitals.
- b) 11 June 2010 –
 - 1) Diagnostics – Waiting Times.
 - 2) PCT Strategic Commissioning Plan Update.
- c) 23 July 2010 –
 - 1) Accessing Mental Health Services.
 - 2) Update on Health and Transport.

(2) Meetings have also been scheduled for:

- a) 3 September 2010;
- b) 15 October 2010; and

c) 26 November 2010.

(3) No topics have been decided for these meetings, but a draft work programme will be presented to the Committee at a future meeting following the regular meetings with the Chairman, Vice-Chairman, spokesmen of the other political groups and partner colleagues.

3. Topic Development

(1) Attached to this report are a series of summaries of the next few topics which will come before this Committee. Background information is provided along with a series of suggested questions to ask of attendees in advance of the meeting.

(2) Members of the Committee are invited to discuss these topics with a view to making suggestions as to what should be the appropriate focus of discussion and are asked to submit any additional questions they would like answered so that these can be incorporated into the letter requesting information for inclusion in the Agenda.

(3) There will still be topics on occasion which will need to be discussed but for which time will not allow this process to be used.

4. Recommendations

- (1) The Committee is asked to consider whether this proposed method will enable more value to be added to the overview and scrutiny of health matters;
- (2) The Committee is asked for its suggestions as to questions they would like to see answered as part of the discussion on scheduled topics and items for inclusion in the future.

Topic	The Future of PCT Provider Services and the Use of Community Hospitals	
Date of Meeting	14 May 2010	
Background		
<u>Provider Services</u>		
<p>On 30 October 2009, Members of the Committee heard from representatives from NHS Eastern and Coastal Kent and NHS West Kent on the future of the part of the PCT which provided community health services as part of the national policy of separating commissioner and provider functions. Work was still ongoing as to the choice of final model of provider services and both PCTs present agreed to seek the Committee's views once the shape was clearer.</p> <p>The NHS Operating Framework for 2010/11 requires PCT proposals to be agreed with the SHA by 31 March 2010. Guidance published the Department of Health on 5 February 2010 said that any new provider form will have to be implemented by 31 March 2011 (or otherwise as agreed with the Strategic Health Authority).</p> <p>Community health services cover a range of services provided by a number of different staff groups. It can include allied health professionals such as physiotherapists, community nurses, health visitors, community dentistry, family planning and community rehabilitation. This is not exhaustive.</p>		
<u>Community Hospitals</u>		
<p>Eastern and Coastal Kent Community Services are responsible for the services at Faversham Cottage Hospital, Queen Victoria Memorial Hospital (Herne Bay), Sheppey Community Hospital (Minster), Sittingbourne Memorial Hospital, Victoria Hospital (Deal) and Whitstable and Tankerton Hospital.</p> <p>West Kent Community Health is responsible for the services at Edenbridge and District Memorial Hospital, Gravesham Community Hospital (Gravesend), Hawkhurst Community Hospital, Livingstone Hospital (Dartford), Sevenoaks Hospital, and Tonbridge Cottage Hospital.</p> <p>NHS Medway (the provider arm is called Medway Community Care) is responsible for St. Bart's Hospital in Rochester, Wisdom Hospice in Rochester and three Healthy Living Centres across Medway.</p> <p>The Royal Victoria Hospital at Folkestone and Buckland Hospital at Dover are part of East Kent Hospitals University NHS Foundation Trust.</p>		
Suggested Attendees		
<ul style="list-style-type: none"> NHS Eastern and Coastal Kent (commissioner and 	<ul style="list-style-type: none"> NHS Medway Provider Services 	

<ul style="list-style-type: none"> • provider) • NHS West Kent (commissioner and provider) 	<ul style="list-style-type: none"> • East Kent Hospitals University NHS Foundation Trust • Kent Adult Social Services • LINK
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Suggested Questions

1. What decisions have been made about the future direction of community services in Kent?
2. What is the timeline of key organisational and service changes?
3. What are the plans for the use and development of community hospitals in the future?
4. Can you outline the differences between the commissioner and the provider functions of your organisation?
5. What services does your PCT Provider Service (PCTPS) provide?
6. How many staff are employed by your PCTPS, and what staff groups does this include?
7. How many properties, including the community hospitals, does your PCTPS own or manage?
8. What are the governance arrangements of your PCTPS and how does this connect with the commissioning side of the PCT?
9. How much is spent on community services each year?
10. How are community services commissioned and funded?
11. What may be the impact of the current financial situation?
12. What role have other organisations played in the development of your proposals – for example other PCTs, other provider Trusts in Kent and Medway, NHS South East Coast?
13. What is the definition of a ‘community hospital’?
14. What is the difference between the community hospitals you are responsible for and hospitals like the Royal Victoria Hospital in Folkestone run by an Acute Trust?
15. Can you provide a list of what services you currently provide at each community hospital?
16. Are there any plans to add to or remove any of these services in the future?
17. Are there any inpatient beds at your community hospital?
18. If there are, how many are there and what is the average length of stay?
19. How do community hospitals work with other Trusts and Social Services (such as receiving patients discharged from Acute Trusts)?

Members are invited to name the five questions they feel should have priority and/or suggest additional questions.

Topic	Diagnostics – Waiting Times	
Date of Meeting	11 June 2010	
Background		
<p>A diagnostic test or procedure is one which is used to identify a person's disease or condition and which allows a medical diagnosis to be made. As such they are regarded as a key component of the 18-week referral to treatment pathway. In this context diagnostics covers imaging (such as ultrasound), endoscopy, pathology and the elements of physiological measurement (such as ECGs and audiology assessment).</p> <p>The Department of Health collects and publishes information on the number of patients waiting for imaging, physiological assessments and endoscopies and within this focuses on those waiting longer than 6 weeks and those waiting longer than 13 weeks. In the NHS Operating framework for 2010/11, one of the supporting measures for the 18-week target is the number of patients waiting less than 6 weeks for a diagnostic test.</p> <p>Diagnostic tests are increasingly available in community settings as well as acute hospitals and are carried out by a range of different staff groups.</p>		
Suggested Invitees		
<ul style="list-style-type: none"> • East Kent Health Economy (team representing PCT and Acute sector) • West Kent Health Economy (as above) 	<ul style="list-style-type: none"> • LINK • Kent Local Medical Committee 	
Suggested Questions		
<ol style="list-style-type: none"> 1. How many people resident in your PCT area receive the key diagnostic tests (imaging, physiological assessments and endoscopies) and how long do they wait? 2. How many people have their diagnostic tests carried out in a) acute hospitals b) community and primary care settings? 3. How much is spent on diagnostics? 4. How patients exercise choice when choosing where to have a diagnostic test? 5. Are there any areas of weakness which have been identified and what measures have been put in place to improve the situation? 6. What changes have there been to how and where diagnostic tests are carried out in recent years? 7. Specifically, what plans have been, or are being made, to modernise pathology services across Kent? 8. How are test results communicated to a patient's GP, how long does this normally take, and are there any specific challenges in this area? 		

Members are invited to name the five questions they feel should have priority and/or suggest additional questions.

This information is requested by: 1 April 2010 (please send to the HOSC Researcher)

Topic	Primary Care Trust Strategic Commissioning Plans – An Overview	
Date of Meeting	11 June 2010	
Background		
<p>Strategic Commissioning Plans (SCPs) are rolling five-year plans in which each Primary Care Trust sets out its overarching aims for the future and provides details of the priorities for investment and updates of programmes underway.</p> <p>SCPs are produced in consultation with a variety of stakeholders and feedback is received from the Strategic Health Authority before the final version goes to the Department of Health.</p> <p>By their very nature, SCPs cover a wide area and contain a lot of detail.</p>		
Suggested Invitees		
<ul style="list-style-type: none"> • NHS Eastern and Coastal Kent • NHS West Kent 	<ul style="list-style-type: none"> • LINK 	
Suggested Questions		
<ol style="list-style-type: none"> 1. What are the overarching aims of your SCP? 2. What are the priorities for investment and developments over the next five years? 3. How has the changing financial climate impacted on the development of your commissioning intentions? 4. How is your organisation looking to make savings from improved efficiencies? 5. How have you been involving stakeholders? 6. Are there any plans for major service reconfigurations in Kent? 7. What role does the Strategic Health Authority and Department of Health play in the development and implementation of the SCP? 8. What key challenges remain from previous SCPs? 9. In absolute terms and as a proportion of your overall budget, how much are you planning to spend and invest in the following areas: 		

- Primary and community care
- Acute care
- Mental health
- Ambulance services
- Continuing care
- Specialised commissioning

10. How will you ensure the messages contained in your SCP are communicated to the public, key stakeholders and staff?

Members are invited to name the five questions they feel should have priority and/or suggest additional questions.

This information is requested by: 1 April 2010 (please send to the HOSC Researcher)