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To: Health Overview and Scrutiny Committee – 14 May 2010

Subject: Item 4. Intended Outcomes: the Future of PCT Provider Services and the Use of Community Hospitals

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 the outcomes it would like to achieve. Another has been the need to make the work of the Committee more accessible to members of the public.

(2) This paper is intended to be a way to progress towards achieving these twin aims. Two sets of questions are set out below, both of which the meeting will look to having answered by the end of the meeting: the strategic, overarching questions, and the more detailed questions. These have been sent to the attendees in advance of the meeting.

2. Hierarchy of Questions

(1). Strategic 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?

(2). Detailed Questions

- 4) Do you have plans for any public consultations as a result of changes to community services community hospitals?
- 5) Can you outline the differences between the commissioner and the provider functions of your organisation?
- 6) What services does your PCT Provider Service (PCTPS) provide?
- 7) How many staff are employed by your PCTPS, and what staff groups does this include?
- 8) Specifically, what role do health visitors play within community services, how many are currently employed, and how many have been employed in each of the last five years?
- 9) How many properties, including the community hospitals, does your PCTPS own or manage?
- 10) What are the governance arrangements of your PCTPS and how does this connect with the commissioning side of the PCT?
- 11) How much is spent on community services each year?

- 12) How are community services commissioned and funded?
- 13) What may be the impact of the current financial situation?
- 14) What role have other organisations played in the development of your proposals – for example the Kent LINK, other PCTs, other provider Trusts in Kent and Medway, NHS South East Coast?
- 15) What is the definition of a 'community hospital'?
- 16) 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?
- 17) Can you provide a list of what services you currently provide at each community hospital?
- 18) Are there any plans to add to or remove any of these services in the future?
- 19) Where are Minor Injury Units (MIUs) provided and how do the services delivered here differ from those provided in acute settings such as Accident and Emergency Departments and Emergency Care Centres?
- 20) Have you any plans to develop/change MIU provision?
- 21) Are there any inpatient beds at your community hospitals?
- 22) If there are, how many are there and what is the average length of stay?
- 23) How do community hospitals work with other Trusts and Social Services (such as receiving patients discharged from Acute Trusts)?

3. Recommendations

- (a) The Committee is asked to assess whether the outcomes in section 2 above have been achieved or if further information on this topic is required by the Committee.