

## **Kent Health Overview and Scrutiny Committee Briefing**

### **Dermatology update – May 2019**

#### **Background**

In September 2018 Medway NHS Foundation Trust (MFT) served notice on their Dermatology service including the cancer pathways. As a result Medway, Dartford, Gravesham and Swanley (DGS) and Swale CCGs jointly commenced procurement to identify a new provider to deliver Dermatology services.

Following a successful procurement process the contract for the North Kent Dermatology Service was awarded to DMC Healthcare as of 1<sup>st</sup> April 2019.

#### **Mobilisation and Exit Update**

DMC, Medway NHS Foundation Trust and the CCGs worked closely throughout the mobilisation to plan for a smooth transition between service providers, aligning the mobilisation and exit plans to provide assurance that the key risks and milestones were considered and addressed collaboratively. The three stakeholder organisations met on a weekly basis as a minimum, with ad-hoc meetings and teleconferences scheduled as required, to address and manage upcoming milestones and issues. The regular communication continued into the early weeks of service mobilisation to provide further assurance that all outstanding issues were resolved and that the transition was complete.

It was recognised that with only seven weeks to transfer services there would be challenges and risks associated with the mobilisation, however the collaborative working approach ensured mitigating actions were identified and the new service successfully mobilised on 1<sup>st</sup> April 2019 as intended; albeit with additional issues arising which required resolution subsequently.

Some of the issues addressed during the mobilisation were:

#### **1. Difficulties identifying premises in DGS Locality**

As there were not previously any Dermatology clinics or services in this locality DMC had to source new premises to adhere to the requirements of the specification. Although discussions were initiated during the procurement process and DMC included details of the proposed sites within the ITT bid, since being awarded the contract DMC experienced a number of difficulties in securing clinical space in their preferred locations. This was immediately flagged to the CCGs who provided support to identify alternative options and providing contact details to escalate discussions with individuals at preferred sites.

Mitigation: This risk was mitigated and as of April 2019 DMC will have one clinic in DGS (The Gateway). DMC is actively sourcing a suitable location for a secondary clinic within the DGS footprint; with the view of monitoring demand to identify where further clinic(s) should be located.

## **2. Uncertainty about staff TUPE resulting in difficulties clinic planning**

DMC held regular meetings with staff members and MFT HR to understand the volume and skillset of staff who intended to transfer to DMC from 1<sup>st</sup> April however there were difficulties in obtaining this information. There was an acknowledged risk that the intended transfer of staff was not guaranteed until 1<sup>st</sup> April 2019. The uncertainty regarding the inherited staff mix created difficulties planning clinics; although DMC already has adequate workforce to mobilise the service their preference was to locally place and utilise the staff who TUPE as of 1<sup>st</sup> April. DMC requested a pause in the service during the first week of April to enable the transferring staff to undergo an induction programme and also allow them to book patients into the correct clinic once there was clarity on the staffing arrangements. This request was deemed reasonable by the CCG and therefore granted.

Mitigation: Due to the ongoing uncertainty relating to TUPE, particularly relating to medical staff (consultants and doctors) and concern about the potential backlog that was due to be transferred, DMC took the decision to plan the clinics from 1<sup>st</sup> April based on their current workforce with the view of introducing any TUPE staff into local roles as their transfer was confirmed, following the staff induction programme. DMC shared their full clinic list with MCCG for the first two weeks of April providing assurance that the service would mobilise as planned and how their intention to address the backlog.

## **3. Lack of clarity regarding the size of the MFT backlog**

Due to uncertainty regarding the volume of the backlog there were difficulties clinic planning and agreeing a cut-off date for new referrals. DMC, MFT and Medway CCG met to discuss a way forward and this was resolved. Communications and updates were jointly developed circulated to key stakeholders including patients (current and future), referrers and other providers

Mitigation: DMC used the activity that was available to them (including the activity shared in the procurement documentation) and local knowledge to re-analyse the data and develop their backlog management plan. DMC notified the CCG of their intention to run significantly higher numbers of clinics in the first few months of mobilisation (approximately 24 clinics / 1000 appointments per fortnight) with the aim of addressing the backlog by June 2019. The introduction of the tele-dermatology app is expected to manage new referrals (received as of 1<sup>st</sup> April) to allow DMC to utilise their clinic appointments to address the backlog whilst not adding to this significantly, ensuring patients are being treated in turn and reducing waiting times where a face to face appointment is required.

## **4. Current and ongoing arrangements for MDTs**

The mobilisation of the new service has identified some issues with the current arrangements for MDT meetings.

The North and West Kent CCG commissioning leads have been working collaboratively with key stakeholders including the Cancer Alliance, Specialised Commissioning and the local Dermatology providers (DMC and Sussex Community Dermatology Service) to agree an interim process to ensure the departure of MFT

does not negatively impact on patients whilst resolving and agreeing the arrangements for the provision of local and specialist MDTs going forward. All providers are considering the changes to service provision as an opportunity to ensure MDTs are correctly commissioned and attended in the future and are compliant with local and national guidance.

**Mitigation:** Due to the complexity of this issue it was recognised that a long term solution could not be agreed and implemented by 1<sup>st</sup> April 2019. The key stakeholders have agreed that specialist MDTs will continue following the same format with the minor amendments of Queen Victoria Hospital (QVH) hosting the meetings with DMC sending the North Kent patients to QVH for presentation. This provides assurance that there will not be a reduction in service provision or patient care whilst the longer term process is being finalised. DMC Healthcare has established a local MDT which continues to be held on a weekly basis as was previously in place.

DMC has also submitted a request to NHS England to ensure the future MDTs are subject to appropriate review.

### Current Update

The Dermatology service successfully mobilised on 1<sup>st</sup> April 2019 as intended. The CCG continues to communicate with DMC on a regular basis to monitor progress and ensure that the transition of services has been seamless. Acknowledging the service is in the very early stages of mobilisation, to date DMC has assured MCCG the clinics are being well utilised and clinic planning remains on going and will be reflective of demand.

During the April 2019 the new provider made available in excess of 1,200 clinical slots and over 1000 patients were seen (see tables below)

Outpatient Attendances							
Provider	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
MFT	470	527	456	473	381	214	0
DMC		104	183	97	65	21	1067
<b>Total</b>	<b>470</b>	<b>631</b>	<b>639</b>	<b>570</b>	<b>446</b>	<b>235</b>	<b>1067</b>

2 week wait performance	78%  All breaches were pre-mobilisation and inherited from the previous provider.
No of 52w breaches	68
Reduction of backlog in April	488

DMC has received significantly higher than anticipated volumes of calls (46,000 in April 2019) as a result of the transfer of services which has resulted in patients experiencing delays and difficulties contacting DMC. To respond to this DMC increased their telephone lines and issued staff with mobile phones to ensure outgoing calls to reschedule/book appointments continued whilst ensuring the maximum numbers of incoming enquiries from patients are responded to. A dedicated email address has also been circulated which offers an alternative method of communication for patients. DMC endeavours to respond to urgent queries e.g. medication enquiries within 24 hours and routine enquiries in 5 days. Once the backlog patients have been contacted and appointed DMC will commence scheduling appointments for referrals received via the new service pathway.

### **Waiting list and service backlog**

To address the backlog DMC will continue to hold a significantly higher number of clinics to ensure patients are treated as quickly as possible and to prevent the backlog negatively impacting on the new service. Based on the current trajectory the backlog is anticipated be cleared by June 2019. The majority of 52 week breach patients have been treated with the exception of about 14 of which 12 require patch testing which was delayed due to the restrictive working days in April; there were 120 in total and following clinical review this list was reduced by approximately 25% as these patients were discharged without needing another appointment

As the timeframe between contract award and service commencement was extremely short there are elements of the mobilisation that remain ongoing into the early stages of service delivery; including the finalisation of Key Performance Indicators and mobilisation of all clinics. The CCG will continue to work collaboratively with DMC to ensure the service meets the requirements of the specification.

### **Next Steps**

DMC and MCCG continue to work closely to ensure that the impact of the service changes is monitored via regular telephone calls and meetings as required. Once the service is mobilised and the backlog position is stabilised monitoring of the service will move to the standard contractual monitoring approach as detailed and agreed in the contract e.g. monthly contract review meetings and monthly submissions of datasets including activity and KPIs.

The service will also be monitored and reviewed based on patient and referrer feedback.