

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 25th January, 2019

10.00 am

**Council Chamber - Sessions House, Maidstone,
Kent, ME14 1XQ**





AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 25th January, 2019, at 10.00 am
Council Chamber - Sessions House

Ask for: **Jill Kennedy-Smith**
Telephone: **03000 416343**

Tea/coffee will be available 15 minutes before the start of the meeting

Membership

- Conservative (11): Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman), Mrs P M Beresford, Mr A H T Bowles, Mr N J D Chard, Mr N J Collor, Mrs L Game, Ms S Hamilton, Mr P W A Lake, Mr K Pugh and Mr I Thomas
- Liberal Democrat (1) Mr D S Daley
- Labour (1): Mr D Farrell
- District/Borough Representatives (4): Councillor J Howes, Councillor M Lyons, Councillor D Mortimer and Councillor M Peters

Webcasting Notice

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UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

- | Item | Timings* |
|---------------------------------------------------------------------------|----------|
| 1. Membership | |
| To note that Mr D Farrell has replaced Ms K Constantine on the Committee. | |
| 2. Substitutes | |

3. Declarations of Interests by Members in items on the Agenda for this meeting.
 4. Minutes (Pages 7 - 20)
 5. Sustainability and Transformation Partnership (STP) Primary Care Workforce (Pages 21 - 32) 10:00
 6. Single Pathology Service for Kent and Medway (Pages 33 - 38) 11:00
 7. NHS North Kent CCGs: Urgent Care Review Programme 11:30
 - a) NHS Dartford, Gravesham and Swanley CCG (Pages 39 - 50)
 - b) NHS Swale CCG (Pages 51 - 60)
 8. Urgent Primary Care Services: Integrated Care 24 (IC24) (Pages 61 - 64) 12:15
- BREAK (12:45 – 13:30)**
9. Wheelchair Services in Kent (Pages 65 - 76) 13:30
 10. NHS East Kent CCGs: Financial Recovery Plan (Pages 77 - 80) 14:00
 11. NHS Medway CCG and NHS North Kent CCGs - Dermatology Services: Written Update (Pages 81 - 86) 14:30
 12. Flash Glucose Monitoring: Written Update (Pages 87 - 90) 14:40
 13. Draft Work Programme (Pages 91 - 94) 14:50
 14. Date of next programmed meeting – Friday 1 March 2019

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

**Timings are approximate*

Benjamin Watts
General Counsel
03000 416814

17 January 2019

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

KENT COUNTY COUNCIL**HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber - Sessions House on Friday, 23 November 2018.

PRESENT: Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman), Mrs P M Beresford, Mrs R Binks (Substitute) (Substitute for Mr N J D Chard), Mr N J Collor, Ms K Constantine, Mr D S Daley, Mrs L Game, Ms S Hamilton, Mr P W A Lake, Mr K Pugh, Mr I Thomas, Cllr J Howes, Cllr M Lyons, Mr D Mortimer and Cllr Mrs M Peters

ALSO PRESENT: Mr S Inett

IN ATTENDANCE: Dr A Duggal (Deputy Director of Public Health, KCC), Ms J Frazer (STP Programme Lead, KCC) and Mrs J Kennedy-Smith (Scrutiny Research Officer, KCC)

UNRESTRICTED ITEMS**87. Declarations of Interests by Members in items on the Agenda for this meeting.**

(Item 2)

- (1) Mrs Game declared an interest as the Chair of the QEQM Hospital Cabinet Advisory Group at Thanet District Council.
- (2) Mr Lyons declared an interest in relation to Agenda Item 11, Kent and Medway Non-Emergency Patient Transport Service, as a previous user of the service.
- (3) Mr Thomas declared an interest, in relation to any discussion regarding a new hospital in Canterbury, as a member of the Canterbury City Council's Planning Committee.

88. Minutes

(Item 3)

- (1) RESOLVED that the Minutes of the meetings held on 20 July 2018, 13 September 2018 and 21 September 2018 are correctly recorded and that they be signed by the Chair.
- (2) The Chair informed the Committee that following communications received by Members regarding Flash Glucose Monitoring and the subsequent NHS England announcement a report will be provided to the Committee in January 2019.

89. Kent and Medway Strategic Commissioner

(Item 4)

Simon Perks, Director of System Transformation, Kent and Medway STP was in attendance for this item.

- (1) The Chair welcomed Mr Perks to the Committee. Mr Perks began by informing the Committee that Mr Douglas had been called for Jury Service and was not available to attend. Mr Perks said that Mr Douglas, Accountable Officer and Dr Bob Bowes, Chair of the Steering Group are leading the Programme and that he was supporting them both.
- (2) Mr Perks drew attention to the two diagrams presented in the report and explained that they gave a conceptual outline, and that work was being undertaken in December with Providers and Commissioners to add detail to this. He highlighted that the NHS Improvement and NHS England consultation, launched last week on their future shape, will in turn shape the strategic commissioning role for Kent and Medway. Mr Perks continued that the Vanguards on integrated care systems, operating across the country, were working on the learning and would also provide guidance.
- (3) Mr Perks emphasised that it was important to get it right and be progressive in approach as Kent and Medway was the sixth largest STP area in the country and the process would clearly have implications for the population. Mr Perks highlighted that there were many operational and financial challenges that face the system. He said integrated provision at a local level, such as the Whitstable Vanguard can show benefits but acknowledged that within the health system there were differences in decision making such as Freestyle Libre and IVF that could not be ignored and that he hoped to move to a coherent single decision-making process. Mr Perks understood there were concerns about a single strategic commissioner and the facilitation of services at a local level, but work was being undertaken to address this.
- (4) Members enquired about the system being similar in nature to previous NHS structures and potential changes in legislation. Mr Perks said that he did not anticipate any legislative change and that any new commissioning entity will have to be in a form of CCG. He confirmed that CCG Chair have come to a view on the forming of a single commissioner across Kent and Medway, but it was to be remembered that they are membership organisations, with members needing to be convinced of all the arguments.
- (5) Members expressed concern about finances, including transitional time and costs and workforce. Mr Perks said that the early work within the STP was to build a business case which would show the financial gap projections. He said that the Strategic Commissioner would utilise variation data to understand variations in resources deployed against outcomes attained. He acknowledged the transactional costs of the current system, with a lot of commissioner time being spent on operating contracts in the commissioner/provider split, was not a good use of effort and time. Mr Perks elaborated on the design process of Care Pathways, which he believed were created in isolation and emphasised that benefits could be seen in bringing those together.
- (6) Mr Perks explained that there was a real difference in this revised commissioning arrangement. The STP was being led by clinicians with clinical leadership being intrinsic in a way never seen before.

- (7) Mr Perks agreed that workforce was a bigger issue than money. Work was being undertaken to harmonise agency pay rates and to introduce capping but there was a concern that staff were not available in the first instance. Mr Perks continued by explaining that integration would assist the nature of provision and that teams covering broad specialisms helping manage workload, enrich job planning and aid retainment. He believed that the STP collaboration could bring benefits, referencing the Kent and Medway Medical School's successful application as an example.
- (8) A Member asked about timelines and for specific plans to be brought to the Committee. Mr Perks informed the Committee that the ambition was to have the Strategic Commissioner up and running in April 2020, with integrated care providers working within 24 months post-2020. He confirmed that this was broad thinking, but that NHS England and NHS Improvement would be involved in the process.
- (9) The Chair enquired about the first area of STP focus on cancer services. Mr Perks said that in the summer the Steering Group looked at areas that could be comfortably commissioned once across the County. Cancer access standards were an issue and there were several parties involved in the organisation and commissioning of services. He said that any work undertaken would be reported back to Committee.
- (10) Mr Perks continued that future commissioning approaches could be focussed on digital and estate infrastructure. He confirmed that a Joint Committee of Clinical Commissioning Groups (JCCCG) would provide oversight of these areas.
- (11) Ms Frazer, Kent County Council STP Programme Lead, was invited to speak by the Chair. Ms Frazer explained that the elements referenced by the Chair were being developed now with the STP looking at pathways and ways to improve integration.
- (12) Ms Duggal, Deputy Director of Public, Kent County Council was invited to speak by the Chair. Ms Duggal said that as part of the work being undertaken prevention was a key element, such as the smoking cessation service.
- (13) RESOLVED that the report be noted, and the Kent & Medway STP be requested to provide a detailed update in six months' time.

90. NHS North Kent CCG: Financial Recovery Plan

(Item 5)

Gail Arnold, Deputy Managing Director for Dartford, Gravesham and Swanley and Swale CCGs and Reg Middleton, Chief Finance Officer, West Kent CCG and in an Interim Capacity for Dartford, Gravesham and Swanley and Swale CCGs.

- (1) The Chair welcomed the guests to the Committee. Mr Middleton began by explaining that the system had faced considerable challenges over the last number of years and emphasised that they were entering the next financial year in a similar position, with much work to do. Mr Middleton acknowledged that

collaborative and partnership working would help tackle this. He said that the achievement of financial balance was possible but tight for Swale CCG and that the Dartford CCG position will be an overspend of some magnitude with an outturn of £9/10m deficit rather than the planned break even. Mr Middleton reported that the two Acute systems were also financially challenged.

- (2) Mr Middleton drew attention to the end of the report and the local systems approach which was showing that the CCGs were working in a different way to tackle the significant challenges. He said that this included reduction in unwarranted clinical variation, tight contract management and by working with joined up thinking to avoid moving issues around the system.
- (3) Ms Arnold highlighted to the Committee the Quality, Innovation, Productivity and Prevention (QIPP) programme and said that they were now on track for delivery, however reduction in unwarranted clinical variation was varied. She continued that one of the key issues within the system was a struggling workforce.
- (4) Members commented on medicine management in respiratory conditions, deficit positions, and staff turnover. Ms Arnold said that there was a relatively high level of admissions to hospital for uncontrolled respiratory problems and a more proactive approach was needed in the form of prevention and improved medicine management.
- (5) Mr Middleton said that the position historically in relation to Swale CCG and Medway NHS Foundation Trust related to the payment by results system and tensions regarding payment. In this financial year the Lead Commissioner, Medway CCG agreed a block contract which brought stability to the health system. Mr Middleton emphasised that there was a downside however for the CCG in terms of financial movement when intervention took patients out of the acute setting.
- (6) Mr Middleton said that in relation to staff turnover some changes had been reflective of transitioning across the STP and is in part reflective of changes taking place in the NHS. He said there is a sense that talent available across the CCGs is used in an effective way and in turn will lead to positivity in the future, but he did admit that morale is difficult, and that staff were being supported through this period.
- (7) Members asked about primary and acute system incentivising of best practice, Multi-Disciplinary Teams (MDT) and estates management. Ms Arnold said that incentivising of best practice was the process of making sure money in the system was in the place it should be to make improvements. The use of the word incentive in the NHS included the example of funding clinicians time to redesign pathways and time to reinvent.
- (8) Ms Arnold described the MDT approach and the referral process, acknowledging requirements were not always relating to healthcare such as lack of social contact. Ms Arnold said that there were Health and Social Care Coordinators and third sector signposting ensuring that everyone was proactive to intervene before a medical need.

- (9) Ms Arnold said that investment had been made in new estate including GP estate, highlighting that recruitment in GPs and staff was easier if the estate is good. She noted new ways of working such as new opening times and three shift days.
- (10) Mr Inett enquired about patient experience during reduction of deficits and new systems. Ms Arnold said that pathways were planned based on the needs of the patient. She noted that over time inefficiencies begin to happen due to system evolution but if the approach is taken to plan the best pathway you mitigate problems further down the system. She acknowledged that it is difficult to establish processes to move money, particularly when there are limitations on finance but pathways delivering to patient needs deliver better outcomes. Mr Middleton referred to community services investment and that the CCG had chosen to invest this year in local care services because it was the right thing to do.
- (11) The Chair emphasised that the Committee should be kept informed of any changes within the CCGs.
- (12) RESOLVED that the report be noted, and NHS North Kent CCGs be requested to provide an update at the appropriate time.

91. Dartford and Gravesham NHS Trust: Update

(Item 6)

Louise Ashley, Chief Executive, Dartford and Gravesham NHS Trust and Helen Mencia, Deputy Director of Nursing and Quality, Dartford and Gravesham NHS Trust were in attendance for this item.

- (1) The Chair welcomed the guests to the Committee. Ms Ashley informed the Committee that she was new to Kent and had started in the role of Chief Executive of the Trust over 4 weeks ago. She said that the Trust had had a successful year, with a commitment to clinical quality. She provided an example of holistic care within the Trust.
- (2) Ms Ashley referred to operational and clinical performance and that many standards were being achieved, emphasising the importance of these targets to patients. She said that the 4-hour wait was averaging at 90%, but that the recently changed target of 95% had not been met.
- (3) Ms Ashley highlighted the Foundation Healthcare Group. The Trust along with Guy's and St Thomas' NHS Foundation Trust were making the most of the partnership, with the alliance delivering good clinical outputs, developments for staff and improvements for patients in Kent.
- (4) Ms Mencia informed the Committee that in reference to infection prevention and control incidences, there was a very enthusiastic and effective Infection and Control Team supporting frontline staff through practice and training.
- (5) Ms Mencia highlighted to the Committee that the Trust was disappointed to receive the CQC overall rating of 'requires improvement'. She said that a lot of activity had been undertaken since the inspection and publication of the report,

with a focus on quality, as well as working with CCGs and Healthwatch to support inspection and engagement visits. Ms Mencia said that sharing good and bad practice at all levels was helping to enhance governance and provide support to staff.

- (6) A Member highlighted some key workstreams including Private Finance Initiatives (PFI) coming to the end of contracts and penal issues for providers when the hospital is handed over at the end of the contract, emphasizing that the NHS should be receiving facilities that are as good as new; that revenue sharing of a reduction in corporation tax should be explored with key decision makers; and that the Trust should consider signing up to the Vanguard on Trusts paying business rates, should a leading group be established. Ms Ashley endeavoured to follow up on the points raised.
- (7) Members enquired about the CQC overall rating, finances and performance. Ms Ashley emphasised that in relation to the overall rating, discussions across the trust had taken the holistic view that people had just taken their eye off the ball but that she was encouraged by new personnel who were making a huge difference. She continued that an interim meeting had taken place and the CQC were impressed with the developments. Ms Ashley informed the Committee that in two years she aimed for the Trust to have a CQC overall rating of 'outstanding'.
- (8) Ms Ashley said that there were daily tough decisions on patient safety experience versus money. She highlighted that due to performance against A&E and financial targets not being met meant the loss of Provider Sustainability Fund funding, worsening an already large deficit. She acknowledged that NHS Improvement had not placed the Trust in Special Measures as they awaited changes within the governance structure to be implemented.
- (9) Members enquired about staffing, morale and 'Freedom to Speak Up' Guardians. Ms Ashley informed the Committee that the vacancy rate was 12 to 13% but highlighted that there were two issues in relation to staffing – the vacancy rate and a staffing review. The staffing review identified that in relation to nursing there had been understaffed wards in budget terms and as a result agency nurses were hired to maintain patient safety. Ms Ashley said that work was now being undertaken to employ permanent staff. Ms Ashley said that 250 European staff had been affected by the recent 'settled status' issue but that the Trust had agreed to fund these costs. She said that the Trust is working with Health Education England to get the best for the area but that National and London issues were having an impact. Ms Ashley emphasised that the ongoing problems with financial deficits meant that staff were warier to join but she was encouraged by a new doctor training scheme which would be innovative.
- (10) Ms Ashley said that 'Freedom to Speak Up' was incredibly important and the current Head of Midwifery was the 'Freedom to Speak Up' Guardian and had appointed eight others across the Trust. She said there is a whole infrastructure in place to address bullying and harassment.

- (11) RESOLVED that the report be noted, and Dartford and Gravesham NHS Trust be requested to provide an update at the appropriate time.

92. South East Coast Ambulance Service NHS Foundation Trust (SECAMB): Update
(Item 7)

Joe Garcia, Executive Director of Operations, James Pavey, Regional Operations Manager, and Ray Savage, Strategy & Partnerships Manager, South East Coast Ambulance Service NHS Foundation Trust were in attendance for this item.

- (1) The Chair welcomed the guests to the Committee and with agreement proceeded directly to questions.
- (2) Members enquired about the Kent and Medway Stroke Review including service modelling, improvement of service for stroke patients and travel times. Mr Savage informed the committee that there had been no issues with the modelling and that the Trust was still on track to deliver requirements, with no changes based on the proposed option currently being discussed. Mr Pavey reiterated from the ambulance service perspective it is about the taking the patient to the right place first time. He said that work undertaken from the Trauma Network, due to no trauma centre being available in Kent had led to actual lives being saved as the outcome has been better. Mr Pavey highlighted that the Trust has been trialling Ipad use for online consultation with a Stroke Consultant, in the Ashford and Thanet area.
- (3) Members enquired about handover delays. Mr Pavey advised that handover delays were and remain an issue in Kent as well as nationally and that NHS England and NHS Improvement took a very close interest in this. He said that winter would see a low tolerance for handover delay and improve patient safety. Mr Pavey said that the Trust had employed a Senior Nurse with a community background to help lead, discuss and improve things for the region. He said that the Trust have made some significant progress, through system-wide solutions but that they were not being complacent. Mr Garcia confirmed that the Senior Nurse role had led to the overall handover delay being at a level lower than it had been in the last two and half years on some sites, but not all.
- (4) Members asked about response times, fleet management and recruitment. Mr Garcia said that in relation to response times it was recognised that the Trust is challenged in category 3 responses. He said that the Ambulance Response Programme (ARP) introduced a change to the way the Trust responds. Mr Garcia emphasised that the Trust was well above the national average for high acuity, categories 1 and 2, but that brings in to the equation the resourcing issues that the Trust has. He said that Kent has seen a greater increase in terms of activity in comparison to other areas in the region over the last ten years and was performing well. Mr Garcia said that there was an anticipated improvement to all categories and bring category 3 under one hour on 90% of all those cases.
- (5) Mr Garcia said that the Trust had purchased 101 new vehicles for this year. Mr Garcia said that he had also purchased 30 second hand vehicles for winter so that the Trust could take advantage of the significant levels of recruitment that

had been undertaken. He confirmed that the Trust will have an additional 174 FTE by December 2018 and would increase further by the end of January 2019. Mr Garcia emphasised that this was with a view to accelerating the required workforce trajectory that was identified in the 'Demand and Capacity' review which had been agreed by all CCGs. He said that in vehicle terms the Trust would have a net increase over the next year by a further 60 compared to this time last year and by 75 by the end of 2020/21.

- (6) Mr Pavey confirmed that there was a significant number of private providers available to be able to meet areas of peak demand. Mr Garcia emphasised that that 'Demand and Capacity' review should help increase the workforce and reduce demand for private provision.
- (7) Mr Inett asked about CCG performance requirements, workforce and retention. Mr Garcia said that following last years CQC inspection the Trust had a Quality Summit which defined the support that the system could give for hospital handovers. He said that this was split into east and west, predominantly Kent, East Sussex and the rest of the region. He confirmed work taskforces were led by Chief Operating Officers from acute trusts, with the whole process chaired by NHS Improvement, leading to successful system wide involvement in comparison to this time last year.
- (8) Mr Garcia confirmed that nationally paramedics have been banded up a level which had in turn impacted on banding throughout the Trust. He said they were in the process of taking a business case to the Board to increase banding for specialist paramedics and had introduced changes to work patterns by running rotational pilots where staff rotate through a primary care setting and ambulance response setting to give variation to the working experience.
- (9) A Member enquired about Brexit and the associated impacts on the Trust. Mr Pavey acknowledged that there is a lot of uncertainty with Kent which was particularly challenged at times with road networks, exemplified by when Operation Stack was implemented. He said that it was a very difficult thing to predict in terms of impact but there was contingency planning being undertaken with agency counterparts.
- (10) RESOLVED that the report be noted, and SECAMB be requested to provide an update in June 2019.

93. CCGs Annual Assessment 2017/18 (Written Update)

(Item 8)

- (1) The Committee considered a report by the seven Kent CCGs on the CCG Annual Assessment 2017/18 and provided the key actions from their improvement plans.
- (2) RESOLVED that the report be noted, and the Kent CCGs be requested to provide an update to the Committee annually.

94. NHS West Kent CCG: Financial Sustainability

(Item 9)

Adam Wickings, Deputy Managing Director and Reg Middleton, Chief Finance Officer, NHS West Kent CCG were in attendance for this item.

- (1) The Chair welcomed the guests to the Committee. Mr Middleton informed the Committee about some key aspects of the West Kent system and stated that in the future there was the potential for working towards a system control total and lead to better harmonisation. Mr Middleton emphasised that the West Kent system was significantly challenged and most obviously in the acute trust environment. He said that as a system, this financial year, they expect to be close to a balanced system, which would be a considerable achievement.
- (2) Members enquired about system-based cost savings opportunities and over-prescribing. Mr Middleton said that this was a wide range of savings schemes including CCG dispensing expectations and practice variation. He said that work was being undertaken with medicine advisors and practice colleagues to identify areas of waste. Mr Middleton advised that there was also the opportunity to review price related issues.
- (3) Mr Middleton said that as part of the programme, medicine advisors were utilised in supporting practices in medicine utilisation reviews which were designed to address not only waste but potential for harm.
- (4) Members asked about delivery systems. Mr Wickings said that some models were extremely transactional and challenging, with more collaborative ways to work with providers, through aligned or incentivised contracts, sought.
- (5) The Chair enquired as to how the work being undertaken by the CCG was corresponding with the Strategic Commissioner work. Mr Wickings said that the CCG fully endorsed the single commissioner on a Kent and Medway wide basis. He emphasised that there were certain things that required a clinically assisted footprint for Kent and Medway such as cancer and diagnostics. He highlighted that there were a lot of partners trying to work together to decide on the footprint.
- (6) A Member asked about the commissioning of new integrated diabetes care and the inclusion of the Flash Glucose Monitoring devices. Mr Middleton said that as Members were aware, the recent announcement on Flash Glucose Monitoring that from 1 April 2019 there is the expectation that all CCGs will prescribe such products according to certain criteria. He confirmed that the CCG had been looking at the policy and impact testing for the local population. Mr Middleton said that the CCG expected this to be broadly financially neutral.
- (7) RESOLVED that the report be noted, and NHS West Kent CCG be requested to provide an update at the appropriate time.

95. Kent and Medway Integrated Urgent Care Service Procurement
(Item 10)

Adam Wickings, Deputy Managing Director, NHS West Kent CCG and Procurement Senior Responsible Officer on behalf of all Kent and Medway CCGs was in attendance for this item.

- (1) Mr Wickings began by informing the Committee that as they were aware NHS 111 had a chequered history which lead to a new national model with a higher degree of clinical intervention. He highlighted that the service was integrated with urgent care systems and that it was important to note.
- (2) Mr Wickings referred to the procurement process and informed the Committee that the response was such that they could not continue with the procurement but due to commercial sensitivity could not elaborate further. He said that at the same time a similar situation arose in Sussex, with discussions taking place on proposals for a combined procurement. He confirmed that the interim arrangement with SECAMB had now been signed.
- (3) A Member referred to the recent media reports regarding IC24 and safe staffing. Mr Wickings said that he met with them regularly as part of the contract monitoring process and the evidence was that the staffing was satisfactory but reiterated that he was concerned that the report did not match the evidence presented to the CCG and would form part of the next monitoring meeting. He endorsed the provider presenting to Committee on the concerns raised, if this was felt necessary.
- (4) The Chair emphasised that she wished to be presented with a written report addressing concerns and then have subsequent attendance should it be required.
- (5) A Member enquired about the combined procurement, scale of procurement and the imposition of such a service by NHS England. Mr Wickings confirmed that it was not imposition but rather enthusiasm for larger scale procurements. He said that very detailed work on advantages and disadvantages of such procurement had been undertaken. Mr Wickings said that advantages included a single call centre, streamlined administration processes, an aid to recruitment and provide cost savings. He said that there would also be disadvantages such as local issue difficulty.
- (6) RESOLVED that:
 - (a) an update be provided to the Committee at the conclusion of the procurement for the Kent and Medway NHS 111 and Clinical Assessment Service;
 - (b) NHS Dartford, Gravesham and Swanley CCG be invited to present a comprehensive update on the Local Urgent Care Programme in January 2019;
 - (c) the outcome of Swale and Medway CCGs Local Urgent Care Programme procurement be presented to the Committee at the appropriate time;
 - (d) a written report on operation and staffing of IC24 be provided to the Committee for assurance.

96. Kent and Medway Non-Emergency Patient Transport Service Performance
(Item 11)

Stuart Jeffrey, Deputy Managing Director, North & West Kent CCGs and Lead for Kent and Medway Patient Transport) and Russell Hobbs, Managing Director, G4S were in attendance for this item.

- (1) The Chair welcomed the guests to the Committee. Mr Jeffrey began by informing the committee of the significant improvements following the true up exercise at the start of the year. Mr Hobbs provided a background to the history of the service and said that the rebasing exercise had successfully concluded. He confirmed that this had led to additional staff and vehicles being deployed in Kent with the overall trajectory of improvement required over six months being met. Mr Hobbs highlighted the following key points:
 - Call handling had improved considerably and was now under 60 seconds and ever increasing;
 - Improvement in engagement and communications including the introduction of a relationship manager;
 - Significant improvements in inwards and outwards journeys;
 - Increased monitoring of waits to aid patient flow.
- (2) Mr Hobbs emphasised that complaints remained higher than he would like but they were not complacent; the service understood the key themes and were learning from them for continual improvement.
- (3) Members enquired about fleet management including third party vehicles, the service call centre and patient experience. Mr Hobbs said that third party suppliers was part of the provision and within the industry was used to meet periods of increased demand; the cost of this was met by the provider. Mr Hobbs committed to provide the Committee with numbers of third-party vehicles used.
- (4) Mr Hobbs informed the Committee that within Kent most of the controllers were based in the hospitals; a patient transport liaison officer for ward liaison and a controller who manages the day to day allocation of vehicles and staff. Mr Hobbs confirmed that the service has an enquiry line and a separate booking line with improved response times.
- (5) Mr Jeffrey informed the committee that the clinical manager and operational manager would work with patients should they have concerns about length of journey and associated impacts. He confirmed that the provider would not become involved in those discussions.
- (6) A Member complimented the provider on the patient experience data and the manner of the staff and feelings of safety throughout the journey.
- (7) Mr Hobbs informed the Committee about the 'Back to Greens' programme which provided valuable feedback to the senior management team regarding the patient experience and as a result some changes have been commissioned.
- (8) A Member enquired about Brexit and the associated impacts on the service. Mr Hobbs said that contingency planning was being undertaken but the service was not an emergency service and did not have blue light use.

- (9) The Chair asked about vacancy rates and reaching a full complement. Mr Hobbs said that currently there was 42 vacancies in Kent with 44 people in training, screening or vetting but not operational currently. He confirmed that operationally on a monthly basis it adds up to 72,000 delivery hours made up of fully employed staff, bank staff and third-party support.
- (10) RESOLVED that the report be noted, and NHS North and West Kent CCGs be requested to provide an update in June 2019.

97. Healthwatch Kent: Annual Report
(Item 12)

Steve Inett, Chief Executive, Healthwatch Kent was in attendance for this item.

- (1) Mr Inett began by the informing the committee that the report presented provided an overview of what Healthwatch Kent were delivering throughout the year. He highlighted the recent example of Wheelchair Services in Kent and joint working with the Committee and said that he would welcome more opportunity to carry out such working together. He emphasised that the challenge for Healthwatch was that their style was to work collegiately with services and would raise concerns directly to find a resolution but would be interested to learn how items come in to the Committee. He highlighted that qualitative feedback received by Healthwatch does not at times match the statistical evidence gathered so saw opportunities for future working.
- (2) Members enquired about Kent County Council's Peoples' Panels, STP involvement and disabled parking access engagement. Mr Inett said that the Panels were instigated a few years ago in response to the social care transformation programme being undertaken at the Council. He said that Healthwatch were concerned that the Council did not always have the networks to be able to talk to the public in a quick and easy way to be able to get a view on meaning and communication of proposals. Mr Inett informed the Committee that the core membership would be sourced from the various forums and more diversity would be added when required.
- (3) Mr Inett said that as part of the STP, Healthwatch were asked to help set up a Patient and Public Advisory Group who met monthly, and which he Chairs. He said that they look at strategic plans for the STP and had representatives attending STP workstreams with Mr Inett providing input at a senior level as part of the Programme Board on patient and public involvement. Mr Inett highlighted that as a result the STP had agreed to adopt a co-production approach with the public and go beyond regular engagement on relevant workstreams.
- (4) Mr Inett said that Healthwatch had recently set up a neurological services forum focusing on the needs of patients when visiting some of the larger hospitals. He said as part of the discussion disabled parking challenges were identified, an example being of a person attending an appointment on their own. Mr Inett highlighted that issues around disabled parking were generally not uncommon and stated that parking at County Hall was at times challenging.
- (5) The Chair agreed to note those concerns and pass on Mr Inett's comments to the relevant service.

- (6) A Member enquired about alternative reporting sources such as volunteer drivers. Mr Inett welcomed that idea and said that they have an engagement process with community and voluntary groups but would consider ways to engage with this network.
- (7) The Chair concluded by saying the Committee were happy to work with Healthwatch to address areas of concern raised and on behalf of the Committee expressed appreciation for the work of Healthwatch volunteers.
- (8) RESOLVED that:
 - (a) the report be noted;
 - (b) the Committee express appreciation for the work of Healthwatch volunteers;
 - (c) Healthwatch Kent be requested to provide an update to the Committee annually.

98. Future Meeting Dates

(Item 13)

- (1) RESOLVED that the future meeting dates for 2019/20 be noted.

99. Date of next programmed meeting – Friday 25 January 2019

(Item 14)

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Item 5: Sustainability and Transformation Partnership (STP) Primary Care Workforce

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 25 January 2019

Subject: Sustainability and Transformation Partnership (STP) Primary Care Workforce

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Kent & Medway Sustainability and Transformation Partnership (STP).

It provides additional background information which may prove useful to Members.

1. Introduction

- (a) The Health Overview and Scrutiny Committee as part of its key tasks and underpinned by Part 4 of The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 may:

'...examine the strategic direction for local health services, how the key objectives and priorities have been determined and whether there exists the means to achieve them, in terms of plans, resources, skills and capabilities.'

- (b) The Committee have requested a report from the Kent & Medway STP on the work being undertaken as part of the Workforce Workstream with a specific focus on the Primary Care Workforce.

2. Recommendation

RECOMMENDED that the report be noted, and the Kent & Medway STP be requested to provide an update following the publication of the Primary Care Strategy.

Background Documents

None

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KENT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

25 JANUARY 2019

SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) PRIMARY CARE WORKFORCE

Report from: Anne Tidmarsh, Senior Responsible Officer, STP Workforce
Simon Dunn, STP Clinical Lead, Workforce & Chair of STP
Primary Care Workforce Group

Author: Rebecca Bradd, STP Workforce Programme Director

Summary

This report will provide the Kent HOSC with an overview of the Kent primary care workforce position, particularly general practice; the actions being taken by the Kent and Medway STP Primary Care Workforce Group to address the primary care workforce challenges and how this aligns to the STP Primary Care Board developing strategy.

1. Background

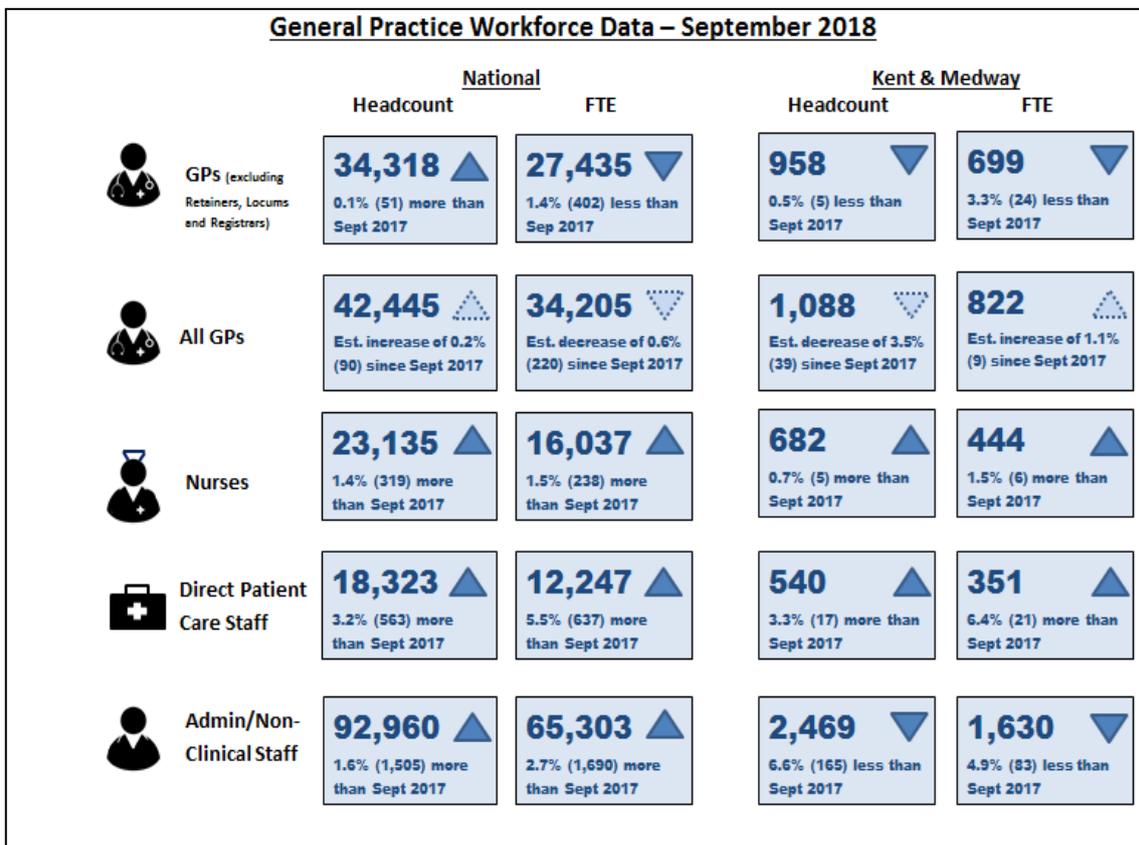
- 1.1 Primary care is fundamental to the delivery of health and wellbeing in Kent and Medway. For 90% of patients this is the first interaction that they will have with health services and early access to these services will have a significant impact on patient outcomes and their appropriate use of other health and care services. A key driver for access to services is the availability of primary care workforce, more traditionally GPs, but also the wider clinical and professional workforce.
- 1.2 In Kent and Medway, the predominant provision of primary care is through general practice. There are 226 general practices across Kent and Medway.
- 1.3 Primary Care Networks (collaborations of practices, community, mental health, social care, pharmacy, hospital and voluntary services)) are also being developed across Kent and Medway (Appendix 1) in an effort to proactively support people with multiple co-morbidities to improve their health and wellbeing and ease pressure on health and care services, working in partnership as multidisciplinary teams with wider health, social care and

voluntary providers. This also provides an opportunity for general practice and other providers to share workforce and workload. Based on GP registered lists, they typically serve populations of 30-50,000 – being small enough to care, and big enough to thrive. In many areas, multiple networks have come together to form GP federations (Appendix 2) – large groups of practices that form an organisational entity and are able to provide more economies of scale without losing the local focus of the individual networks.

- 1.4 This paper focuses on the general practice workforce, recognised nationally as well as in Kent and Medway to be a key priority for workforce focus due to sustainability of practices on the most part due to the continued availability of workforce.
- 1.5 The Kent and Medway Sustainability and Transformation Partnership (STP) have prioritised primary care as a key workstream. The Primary Care Board are currently developing a Primary Care Strategy for Kent and Medway, and the supporting Primary Care Workforce Group has developed a Primary Care workforce transformation plan which is summarised in this paper.

2. Primary Care Workforce position

2.1 The most recent workforce data (September 2018) is shown below:



2.2 In Kent and Medway:

- All CCGs have lower numbers of GPs when compared nationally – there would be 181 more GPs and five CCGs have lower numbers of practice nurses- 27 more practice nurses if we were at national average
- 12% of all GP posts are vacant, and 53% of these have been for at least a year, with all practice nurse vacancies having been vacant for more than 6 months – locum doctors make up 8% of the workforce
- 26% of GPs are 55 years and over and therefore nearing retirement, the largest ageing GP workforce in England (19.4%)
- a lack of growth in GP workforce (down 11% in Kent and Medway compared to 2% nationally)
- limited number of trainees converting into GPs in Kent and Medway (around 40%).

2.3 Primary care workforce activities are being undertaken across Kent and Medway at practice, federation and CCG level. Three Community Education Training Hubs are in place (funded by Health Education England) across North Kent, West Kent and East Kent providing local education and workforce development support, working alongside CCGs, Federations and the Local Medical Committee working with general practices to develop their workforce, introduce new and enhanced multidisciplinary roles, support student and trainee placements and provide education, training and networking opportunities.

2.4 Good examples of local workforce development can be seen across Kent and Medway through this approach but it is recognised that this is not consistent across practices and strategy development and funding could be better utilised by coordinating these efforts at a Kent and Medway level whilst ensuring local resources, innovation and local delivery is not stifled. Examples of activities undertaken have included:

- Creating primary care led multidisciplinary teams using wider workforce and working with partners to reduce reliance on GPs and allocate workload appropriately to wider workforce with enhanced skill set i.e. Encompass workforce model and Thanet Primary Care Home workforce model
- Introduction of primary care physiotherapy services, use of primary care community pharmacists and paramedics as alternative ways of delivering services, managing workload and supporting patients
- Developed skills of the primary care workforce such as care navigation i.e. in West Kent 470 receptionists trained and use of social prescribing services for patients to navigate and access appropriate alternative services
- Offered upskilling of the workforce through programmes in the community such as acutely ill patients (100 system nurses) and community diabetes in East Kent (30 Foundation places, 24 PITSTOP places)
- Community Education Provider Networks have worked with GP providers on retention initiatives for the First Five, Last Five programmes with £192,850 awarded by NHS England to develop these initiatives further

3. Primary Care Workforce Transformation

3.1 The Primary Care Workforce Group was introduced as part of the STP governance to support primary care workforce leads to develop a Workforce Transformation Plan through shared priorities, coordinated effort, transparent and shared funding and share local learning and experience as well as best practice from other areas. This group is chaired by Simon Dunn, Clinical Chair for Canterbury and Coastal CCG and representation on the group includes the STP Workforce leads, Local Medical Committee, Provider Practice Management, Community Education Training Hubs and CCG leads, Health Education England and NHS England Primary care leads.

Primary Care Transformation Plan

3.2 The Ambition is for Kent and Medway to be **a great place to work, live and learn**. To deliver the ambition and address critical workforce challenges it is intended that a Kent and Medway Academy for Health and Social Care be introduced working collectively to:

- **Promote Kent and Medway** as a great place to work
- **Maximise supply** of health and social care workforce
- Create **lifelong careers** in health and social care
- Develop our **system leaders** and encourage **culture change**
- Improve **workforce wellbeing, inclusion and workload** to increase retention

3.3 A summary of the Workforce Transformation Plan for Primary Care is shown below.

Workforce: our plan for Primary Care



3.4 Key deliverables for 2019/20 include:

- Undertaking a Kent and Medway and international GP and primary care recruitment campaign
- Developing GP and Advanced Practitioner portfolio careers and flexible working offers to support locum conversion and retention
- Supporting retention of the primary care workforce throughout their careers through the NextGen programme, careers counselling (First Five, Middle Five, Last Five programmes) and retirement planning
- Developing GP and primary care leaders through leadership programmes such as Practice Manager development, mentorship and coaching
- Developing virtual student and trainee networks and Communities of Practices across Kent and Medway
- Increasing supply of the primary care workforce through growth of new and enhanced roles and primary care placements in the Kent and Medway Medical School
- Supporting retention of the primary care workforce through workforce engagement, workforce redesign and high impact actions
- Supporting the development of new primary care integrated delivery i.e. GP Federations and Primary Care Networks
- Developing local workforce planning capability and capacity
- Growing the care navigation and social prescribing workforce
- Organisational Development support for the 37 Primary Care Networks including the rollout of the OD toolkit
- Esther coaching and training across primary care

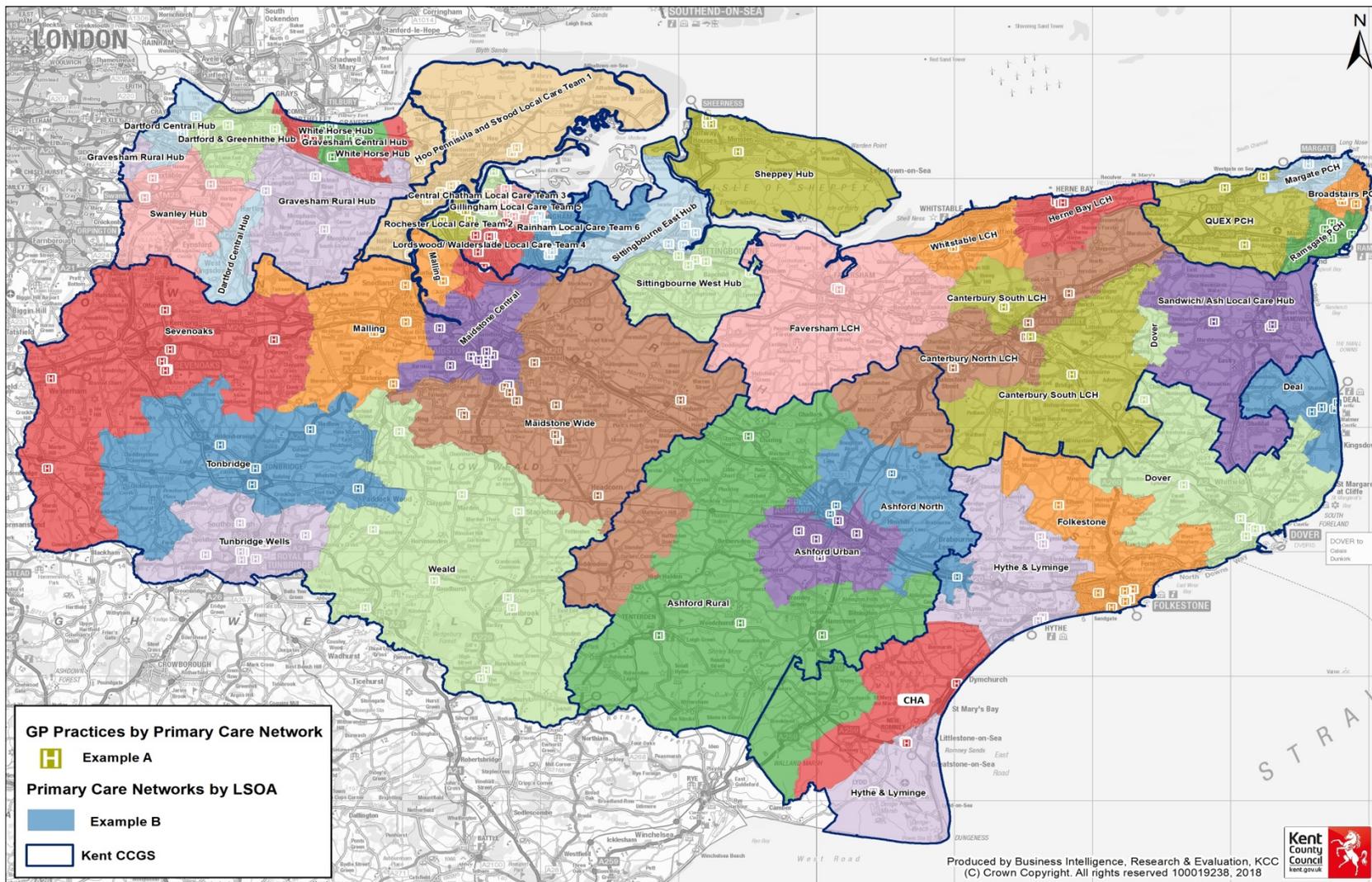
3.5 £1.5 million has been identified through the STP Primary Care Group by Health Education England and NHS England to support the implementation of this plan.

Next Steps and Kent and Medway Primary Care Strategy

3.6 The STP Primary Care Workforce Group will be responsible for the delivery of the Primary Care Workforce Transformation Plan. Oversight of its progress will be undertaken by both the STP Primary Care Board and the STP Workforce Board.

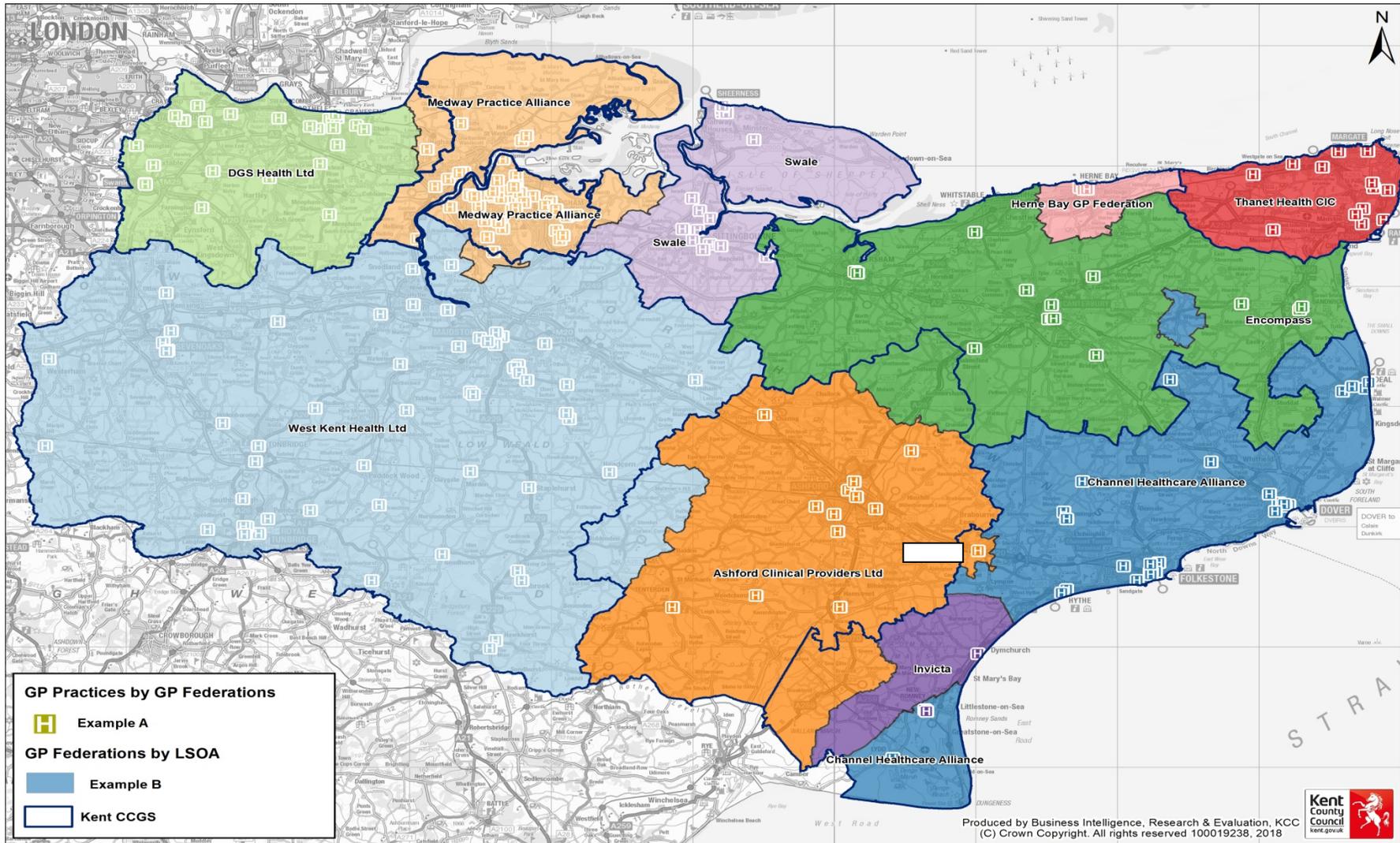
3.7 The Primary Care Board are in the process of developing a Primary Care Strategy which will incorporate the workforce transformation plan. The NHS Long Term Plan additionally promises extra money for primary and community care, and this will be factored into local plans when we have more information on the specifics of this funding.

Appendix 1- Kent and Medway Primary Care Networks*



(* note that the Networks are indicative and these will develop)

Appendix 2- Kent and Medway Federations*



(* note that the Federations will likely develop)

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General Practice Workforce Data – September 2018

National

Kent & Medway

Headcount

FTE

Headcount

FTE



GPs (excluding Retainers, Locums and Registrars)

34,318 ▲

0.1% (51) more than Sept 2017

27,435 ▼

1.4% (402) less than Sep 2017

958 ▼

0.5% (5) less than Sept 2017

699 ▼

3.3% (24) less than Sept 2017



All GPs

42,445 ▲

Est. increase of 0.2% (90) since Sept 2017

34,205 ▼

Est. decrease of 0.6% (220) since Sept 2017

1,088 ▼

Est. decrease of 3.5% (39) since Sept 2017

822 ▲

Est. increase of 1.1% (9) since Sept 2017



Nurses

23,135 ▲

1.4% (319) more than Sept 2017

16,037 ▲

1.5% (238) more than Sept 2017

682 ▲

0.7% (5) more than Sept 2017

444 ▲

1.5% (6) more than Sept 2017



Direct Patient Care Staff

18,323 ▲

3.2% (563) more than Sept 2017

12,247 ▲

5.5% (637) more than Sept 2017

540 ▲

3.3% (17) more than Sept 2017

351 ▲

6.4% (21) more than Sept 2017



Admin/Non-Clinical Staff

92,960 ▲

1.6% (1,505) more than Sept 2017

65,303 ▲

2.7% (1,690) more than Sept 2017

2,469 ▼

6.6% (165) less than Sept 2017

1,630 ▼

4.9% (83) less than Sept 2017

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Item 6: Single Pathology Service for Kent and Medway

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 25 January 2019

Subject: Single Pathology Service for Kent and Medway

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Kent and Medway STP.

It provides additional background information which may prove useful to Members.

1. Introduction

- (a) On 21 September 2018 the Committee received a report on a single pathology service for Kent and Medway. The review, undertaken by provider NHS Trusts across the county, is about creating a single service in response to the National Pathology Network Strategy. Miles Scott, Chief Executive of Maidstone and Tunbridge Wells NHS Trust is the Chair of the Pathology Review Steering Group.
- (b) The provider trusts involved in the review are:
- Medway NHS Foundation Trust
 - Dartford and Gravesham NHS Trust
 - East Kent Hospitals University NHS Foundation Trust
 - Maidstone and Tunbridge Wells NHS Trust.
- (c) The Committee recommended that an update be provided in January 2019.

2. Recommendation

RECOMMENDED that the report be noted, and the Kent and Medway STP be requested to provide an update at the appropriate time.

Background Documents

Kent County Council (2018) *'Health Overview and Scrutiny Committee (21/09/2018)'*,
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7921&Ver=4>

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Single Pathology Service for Kent and Medway – update for Kent Health Overview and Scrutiny Committee

1. Background

- 1.1. Two reviews carried out by Lord Carter indicated potential savings of upto £200million nationally from unwarranted variation and consolidation in pathology services.
- 1.2 Following this a review of pathology services across Kent and Medway was initiated, driven by a desire to deliver a sustainable and improved service, as well as national requirements to develop a pathology network.
- 1.3 A pathology network has been formed for Kent and Medway, one of 29 such networks across England.
- 1.4 The chief executives of the four acute trusts in the county agreed to work towards a single pathology service in the spring of 2018, and confirmed a clear goal, key principles and requirements on which to base a Strategic Outline Case (SOC).

2. Goal for the single pathology service

- 2.1. The following goal for the project was agreed early on:

“The creation of a single pathology service across Kent and Medway under a single management to deliver high quality, sustainable pathology services and embrace new technologies and diagnostics requirements of primary and secondary care.

It will become a nationally leading pathology service in the areas it concentrates on by 2030 and the best place to learn, work and research. The service will deliver a net £5.6million reduction in its own costs from 2017/18 outside any investments in the new single service. This will be secured by 2020/21 and will be net of individual trust efficiency requirements for 2018/19 - 2020/21 for the pathology services.”

3 Strategic objectives

- 3.1 The strategic objectives have been identified:
 - 1) Clinically and financially sustainable single pathology service based on a strong, viable service – clinically led, standardised, innovative and creative.
 - 2) High quality diagnostic service for patients, hospital and GPs, which meets current and future needs.
 - 3) Creating a workforce which feels valued, involved and owns the single pathology service as partners in the service, and a great place to work.
 - 4) Transforming service models in the pathology service in Kent to deliver

technological change – more responsive service, increased efficiency and meaningful roles for staff.

5) Managing transition to a new single service in a creative, competent manner.

4 Key principles

4.1 A common set of key principles has been developed, and all four acute trusts have signed up to these.

4.2 Learning from previous collaborations has been, and continues to be, important in ensuring the achievement of this project, and shared principles lay the foundation for future success.

4.3 Our key principles are:

- A single organisation contracting with commissioners for pathology services
- Every trust should benefit from the creation of a single pathology service
- Joint venture between the four Trusts based on a model of shared ownership
- Agnostic view on where direct access pathology and other services should be located; all major acute emergency sites will require an essential services laboratory
- Target operating model to include public/private partnerships
- Service models based on two core requirements – sustainable quality and financial and regularity delivery
- All partners agree investment needed to secure reconfiguration of services – should be based on best option
- Partners commit to developing a pathology consortium in 2019.

5 Vision for the future service

5.1 As part of the development of the Strategic Outline Case (SOC) we have set out the key requirements for the single pathology service under the following headings:

- Quality
- Financial, regulatory and strategy
- Workforce.

5.2 It was also important to identify the vision for the service. Representatives from the pathology service joined a workshop to produce the vision, which is included in the SOC:

“We will create a single pathology service across Kent and Medway which delivers high quality, modern diagnostics services to secondary and primary care, which are affordable to Trusts and commissioners and are delivered in a single pathology organisation where the best people wish to learn, work and research.”

5.3 The Programme Board is really clear that the project should deliver a sustainable pathology service for the county, and is ambitious around the benefits it will achieve.

5.4 The benefits can be summarised under these four headings:

- Standard Operating Procedures – this will ensure a consistently high

standard of service leading to a better service for patients.

- IT – for the first time systems will be linked and standardised across all parts of Kent and Medway.
- Equipment – the project will remove inconsistencies across the service and ensure all labs have the equipment they need to best serve pathology needs.
- Procurement – single processes will ensure consistency and best value.

6 Staff engagement

- 6.1 The project is clinically led, with clinical leads from each Trust involved at every stage. Pathology staff have been engaged in the development of the SOC and will be involved in the OBC.
- 6.2 We will adhere to a single set of change principles in line with Trust organisational change policies and following employment law, good practice and NHS and Trust values and behaviours. We are aiming for harmonisation of HR policies where possible before any organisational change.
- 6.3 Open and transparent communications with staff is in place, through regular bulletins, face-to-face briefings and open staff forums. We also have a good level of engagement with union representatives.

7 Next steps

- 7.1 The Strategic Outline Case is currently being considered by boards of the four acute trusts.
- 7.2 The next stage will be to develop the Outline Business Case, with the aim of this being approved by boards in the summer of 2019, after which it will be submitted to NHS Improvement.
- 7.3 A Final Business Case will then be written for approval towards the end of 2019.
- 7.4 Subject to all approvals, implementation will begin in 2020, with further phases of implementation through to 2024.

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Item 7a: North Kent CCGs: Urgent Care Review Programme – Dartford, Gravesham and Swanley CCG

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 25 January 2019

Subject: North Kent CCGs: Urgent Care Review Programme – Dartford, Gravesham and Swanley CCG

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS Dartford, Gravesham and Swanley CCG.

It provides additional background information which may prove useful to Members.

1. Introduction

- (a) On 27 January 2017 the Committee considered an update following the re-establishment of the urgent and emergency care programme in North Kent. The scope of the programme had changed from the one originally presented to the Committee on 10 October 2014 and 26 January 2016. The Committee agreed the following recommendation on 27 January 2017:

RESOLVED that the report be noted and NHS Swale CCG and NHS Dartford, Gravesham and Swanley CCG be requested to present the case for change and proposed clinical models to the Committee in March.

- (b) On 14 July 2017, following postponement due to the KCC election, the Committee considered the Case for Change and Proposed Clinical Model of Care and agreed that the proposed changes to urgent and emergency care by the North Kent CCGs not to be a substantial variation of service.
- (c) On 23 November 2018 the Committee considered a report on the Kent and Medway NHS 111 and Clinical Assessment Service. The report referred to the agreement by NHS Dartford, Gravesham and Swanley CCG to allow a period for pause to allow time to reshape the urgent care model. The Committee agreed to invite the CCG to present a comprehensive update in January 2019.
- (d) Due to the potential requirement for further consultation the Committee may wish to consider the proposals in more detail.

2. Potential Substantial Variation of Service

- (a) The Committee is asked to review whether the Dartford, Gravesham and Swanley Urgent Care Review Programme proposals constitute a substantial variation of service.
- (b) Where the Committee deems the proposed changes as not being substantial, this shall not prevent the HOSC from reviewing the proposed changes at its discretion and making reports and recommendations to the NHS.

3. Recommendation

If the proposed change to urgent care in Dartford, Gravesham and Swanley is substantial:

RECOMMENDED that:

- (a) the Committee deems proposed changes to urgent care in Dartford, Gravesham and Swanley to be a substantial variation of service.
- (b) Dartford, Gravesham and Swanley CCG be invited to attend this Committee and present an update at an appropriate meeting once the timescale has been confirmed.

If the proposed change to urgent care in Dartford, Gravesham and Swanley is not substantial:

RECOMMENDED that:

- (a) the Committee does not deem the proposed changes to urgent care by the Dartford, Gravesham and Swanley CCG to be a substantial variation of service.
- (b) Dartford, Gravesham and Swanley CCG be invited to submit a report to the Committee in June 2019.

Background Documents

Kent County Council (2014) 'Health Overview and Scrutiny Committee (10/10/2014)', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5400&Ver=4>

Kent County Council (2016) 'Health Overview and Scrutiny Committee (26/01/2016)', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=6256&Ver=4>

Kent County Council (2017) 'Health Overview and Scrutiny Committee (27/01/2017)', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7507&Ver=4>

Kent County Council (2017) 'Health Overview and Scrutiny Committee (14/07/2017)', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7530&Ver=4>

Kent County Council (2018) 'Health Overview and Scrutiny Committee (23/11/2018)', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7923&Ver=4>

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Dartford, Gravesham and Swanley

Urgent Care Review Programme Update

Report prepared for: Kent County Council [KCC]
Health Overview and Scrutiny Committee [HOSC]
25 January 2019

Reported by: Gerrie Adler, Director of Strategic Transformation representing
Dartford, Gravesham and Swanley, and Swale CCGs

Shelley Whittaker, Head of Communications and Engagement,
Dartford, Gravesham and Swanley, and Swale CCGs

1. Introduction

This paper provides the Kent Health Overview and Scrutiny Committee with an update on the Dartford, Gravesham and Swanley Clinical Commissioning Group's (DGS CCG) urgent care review programme.

2. Background

The case for change, along with the proposed clinical model of care, was last presented to the Committee in July 2017.

The potential urgent and emergency care model options presented at that time were based upon a review and consideration of national requirements, feedback gained from engagement events held with GPs, a 'whole system' event that took place in November 2016 and a listening event held with the public in February 2017, as well as resource and financial considerations.

The model options included the re-procurement of NHS111 services, supported by an enhanced Integrated Clinical Advice Service with improved system interoperability, and the re-procurement of GP out-of-hours services.

For face-to-face services, although the co-location of an urgent treatment centre with the Darent Valley Hospital Emergency Department, was originally supported by the CCG Governing Body as it offers many benefits including but not limited to the potential for rapid escalation, as well as falling in line with national strategy, as outlined in NHS England's 'Urgent Treatment Centres – Principles and Standards' (July 2017); due to time and resource constraints it was felt that establishing such a model by July 2019 would not be possible and therefore the Gravesham Community Hospital site was accepted as a 'next best' solution.

Key issues affecting this decision were, (i) the requirements to deliver new procured services at the end of existing contracts for the Minor Injuries Unit, the Walk-in Centre, and the GP out-of-hours services, (ii) the capital thought to be required to pursue the option to co-locate with Darent Valley Hospital's Emergency Department, (iii) the CCG's position at the time meant that it was prudent to pursue a preferred option that could be implemented within the required timeframe, that met national standards but which did not represent a significant variation, and that required no/very limited capital investment, whilst maximising the use of existing primary care estate.

For these reasons the CCG focused on siting the future urgent treatment centre at Gravesham Community Hospital, a site already home to the Minor Injuries Unit, and only 1.3 miles away from the current Walk-in Centre for the contract period of 5 years (plus a possible 2 year extension). This would also allow the Fleet Healthcare Campus in Northfleet

(current home to the Walk-in Centre) to be re-designed to increase primary care access over time.

The Committee supported the CCG's case for change, and the CCG's assertion, supported by advice from the Consultation Institute, that the proposed clinical model options were not a substantial variation, and therefore no period of formal public consultation was required.

Following the Committee's support of the case for change and proposed clinical model of care in July 2017, and as a result of close partnership working across all Kent and Medway CCGs, the services outlined within the case for change formed part of a single procurement endeavour for 'Integrated Urgent Care Services (IUCS)' which went to market in late February 2018. The procurement structure consisted of two lots:

- Lot 1: telephony services (i.e. NHS111 and Integrated Clinical Advice Service) across eight Kent and Medway CCGs, and
- Lot 2: four urgent treatment centres and GP out-of-hours services across the three North Kent and Medway CCGs.

A decision to discontinue the Integrated Urgent Care Services procurement process was taken in April 2018, by all Kent & Medway CCGs, following a concern that the process to date would not adequately demonstrate value for money, and could not result in a contract award across all of the services for which suppliers were sought.

Following the decision to discontinue the IUCS procurement in April 2018, careful consideration was given to the way in which services might best be procured in future, not only to demonstrate value for money, but also to meet the demands, and exploit the opportunities, arising from the changing healthcare landscape as a result of strategic developments created by the Sustainability and Transformation Partnership (STP) working and other CCG accomplishments over that year.

Key changes affecting DGS CCG have included, but not been limited to, (i) significant changes in the CCG leadership team across all Kent and Medway CCGs, (ii) improved CCG financial performance, and (iii) the close collaborative working relationship between the CCG and Dartford & Gravesham NHS Trust who provide the acute service at Darent Valley Hospital.

Plans were amended in the following ways:

- IUCS telephony services (i.e. NHS 111 and Integrated Urgent Care Services) timeline has been extended by 12 months to ensure an effective mobilisation period for any new provider, and to allow NHS England Integrated Urgent Care Services standards to be met in the interim period. Kent and Sussex CCGs have agreed a combined

approach to the procurement of future IUCS telephony services, and procurement for these new services will begin in early 2019.

- The face-to-face services for Medway and Swale CCGs that had featured in Lot 2, were decoupled from the IUCS procurement and a separate procurement exercise was carried out for these services alone. The procurement was discontinued without award in November 2018 due to the service specification being proven to be unaffordable. A full service specification review is underway.
- For face-to-face services in DGS CCG, the procurement has been paused for between 12 – 24 months to allow the CCG sufficient time to explore the potential of siting the urgent treatment centre on the front door of the Darent Valley Hospital site, which would be more in line with national strategy.

3. Exploration of Darent Valley Hospital Site

As outlined in NHS England’s ‘Urgent Treatment Centres – Principles and Standards’ (July 2017), “there are advantages if [urgent treatment centres] can be co-located alongside hospital A&E departments to allow the most efficient flow of patients to the service that best serves their need”.

The centralisation of walk-in services at the Darent Valley Hospital site was identified as the CCG’s preferred option at the Listening Event held on 10th February 2017. Below are some excerpts from the ‘Appendix C Listening Events Report’ slides 14-17 which accompanied the CCG’s previous case for change submission to the HOSC in July 2017 and present some of the views expressed by the public at the time:

Question 3 Narrative: 10th February (DGS CCG locality)

Centralisation of Walk-In Services at DVH

The preferred model includes the provision of an Urgent Care Centre (UCC) at the front door of Darent Valley Hospital Emergency Department (ED). This service is for patients with conditions that cannot wait for the next GP appointment, but who do not need the ED. The UCC would be led by GPs, and would operate 24/7 in line with ED. Patients would be assessed when they arrive at the UCC by a clinician and only those patients who present with a life threatening emergency will be referred to the ED. This will help protect the specialist services for those patients who really need it. All other patients will be seen and treated by GP services (this may include GP, nurse, paramedic, pharmacist etc).

We think the benefits of this aspect of the model are:

- Simplifies services
- More local services open for longer
- Centralisation of urgent care walk-in services allows us to improve the range of care that can be provided
- Allows us to protect ED specialist services for patients that really need it
- Increased efficiency
- Attractive to skilled workforce and may reduce vacancies

Q 3: How do you feel about these proposed changes and the benefits we have outlined above? (1/2)

Access	Behaviour
<ul style="list-style-type: none"> - Gravesham Minor Injuries and Fleet Campus Walk in Centre invaluable for <i>local access</i> Gravesham - 2 minutes from train station. - Like it at the hospital as <i>quick access to support services</i> - <i>Transport</i> - if at DVH public transport relatively OK but pay for parking; Patient transport for people who need to see someone quickly rather than urgently - Accessing DVH is difficult at times – particularly from rural areas. Use <i>Age UK/voluntary?</i> - <i>Transport to/parking</i> (price/spaces) at DVH can be challenging. How well does the Fast Track route work? Particularly when Bluewater is busy - <i>Transport links</i> to the hubs? - <i>Ambulance</i> from MIU to DVH - Not an ambulance but similar e.g. like <i>patient transport system</i> - <i>Buses not always suitable</i> if unwell 	<ul style="list-style-type: none"> - <i>Not going to change people</i> going to A&E – need ‘bouncers’; Because its free you go there – supermarkets aren’t free! People say they’ve paid for it, they have a right - <i>Cost of not turning up</i> for appointments - Very lucky to have <i>NHS</i> but its <i>abused</i> - <i>Should it be at DVH</i> or do we accept that people will go there anyway? - People are <i>not listening</i> to the advice not to go to A&E – people still presenting to A&E when they don’t need to be there - Good idea + <i>educates people</i> where they could be - <i>Question ‘why are they here’</i> rather than hand out treatment and discharge - Need to <i>turn people away</i> if they don’t need to be there – not let them wait, then be told they need to see their GP

Q 3: How do you feel about these proposed changes and the benefits we have outlined above? (2/2)

<p>Services</p> <ul style="list-style-type: none"> - <i>Pre-triage</i> at front door (e.g. Kings College) - St John's <i>volunteers</i> in hubs - Developments to put <i>money into NHS to improve services?</i> To be considered at planning stage - <i>One stop shop</i> to stop revolving door - <i>Social care</i> element needed in <i>A&E</i> - <i>Sub-urgent care</i> in the 3 <i>hubs</i> rather than MIU/ walk in centre - <i>Hubs replacing</i> MIUs/Walk In Centres - Hubs must be <i>well advertised</i> and <i>well supported</i> by the 'system' 	<p>Workforce</p> <ul style="list-style-type: none"> - <i>Skilled person triaging</i> – critical. Competent/confident enough to refer appropriately - Can't <i>paramedics triage?</i> - Still have a <i>problem with staffing</i> –attracting staff especially so close to London
<p>Demand</p> <ul style="list-style-type: none"> - Impact on <i>waiting times</i> - Concerns about <i>population growth</i> and coping with increased demand - One stop shop – could <i>perpetuate or solve</i> demand issue 	

Comments and Questions

“good idea overall” “got to be done”

“I’ve got four separate facilities and a GP, so how to consolidate that so I know how to utilise in the most appropriate ways”

<p>QUESTIONS</p> <ul style="list-style-type: none"> - Would <i>MIU and WIC at Gravesham</i> go? - Will <i>UCC be clogged up</i> (A&E by a different name?) - What is the <i>difference?</i> People are currently triaged in A&E - What if there's a <i>queue</i> and you have life threatening condition? What if someone doesn't speak up? - What's the <i>plan for the old Gravesham Hospital site?</i> - Will the <i>money</i> that was sent on <i>redesigning the DVH A&E</i> now be <i>wasted?</i> - <i>Residential care</i> – how will the model work for these people? - Could there be a <i>delay for those being triaged</i> who may have serious condition? - Could there be a <i>unit for inebriated/intoxicated?</i> Can be distressing with drunk or crisis occurring whilst waiting

As these excerpts show, the feedback for this option was largely positive, but with concerns raised regarding access to parking access and parking costs at the Darent Valley Hospital site.

Since this time Dartford and Gravesham NHS Trust have confirmed that Darent Valley Hospital's physical site could accommodate, without significant capital requirement, an urgent treatment centre co-located with the Emergency Department. This would be an expansion of the existing primary care streaming service that has operated at the Trust since late 2017.

4. Options Under Consideration

The case for change, presented to the Committee in July 2017, remains the same and it is therefore proposed that the CCG pursue two possible options:

- (i) Co-location of walk-in services currently provided by the Minor Injuries Unit at Gravesham Community Hospital, the Walk-in Centre at Fleet Health Campus (also known as the Whitehorse Walk-in Centre), and GP out-of-hours base sites*, to provide an urgent treatment centre sited at Gravesham Community Hospital.
- (ii) Co-location of all urgent care walk-in services (i.e. the services currently provided at the Minor Injuries Unit at Gravesham Community Hospital, the Walk-in Centre at Fleet Health Campus, GP out-of-hours base sites*, and the primary care streaming service at Darent Valley Hospital) to provide an urgent treatment centre co-located with the Emergency Department at Darent Valley Hospital.

The period of pause will allow the CCG time to fully explore these options.

** The GP out-of-hours home visiting service will continue to be provided under both options.*

5. Communications and Engagement

The Gravesham Community Hospital urgent treatment centre site option has already been assessed as part of the proposals presented to the Committee in July 2017. At the time the Committee supported the CCG's assertion, supported by advice from the Consultation Institute, and the outcome of an intensive local community engagement exercise undertaken, that as the proposal involves relocating provision of services 1.3 miles further towards a town centre location with improved public transport, the option was not a substantial variation, and therefore no period of formal public consultation was required.

The revival of the option to co-locate urgent care walk-in services at Darent Valley Hospital involves the relocation of two urgent care walk-in services (i.e. the Minor Injuries Unit at

Gravesham Community Hospital and the Walk-in Centre at Fleet Health Campus). The CCG therefore believes that a full public consultation will now be required.

A detailed communications and engagement plan is being developed with plans for a consultation later this year.

Healthwatch Kent has been notified, and some pre-consultation engagement with stakeholders has been carried out with the public at roadshows in the local area, and with a survey. Further pre-consultation engagement with stakeholders is being planned.

6. Interim Period

Existing providers have been made aware of the current pause, and of the opportunity to explore another site option, and all have committed to working collaboratively to ensure services are maintained.

Until such time as the public consultation is complete and the site of the future urgent treatment centre is agreed, urgent care services will continue to be provided. It is likely however that the NHS national requirement for minor injuries units and walk-in centres to be replaced by urgent treatment centres will not be achieved for DGS CCG by 1st December 2019.

The CCG is working closely with NHS England to manage this and the CCG is fully engaged in the NHS England Assurance Process for Service Reconfiguration.

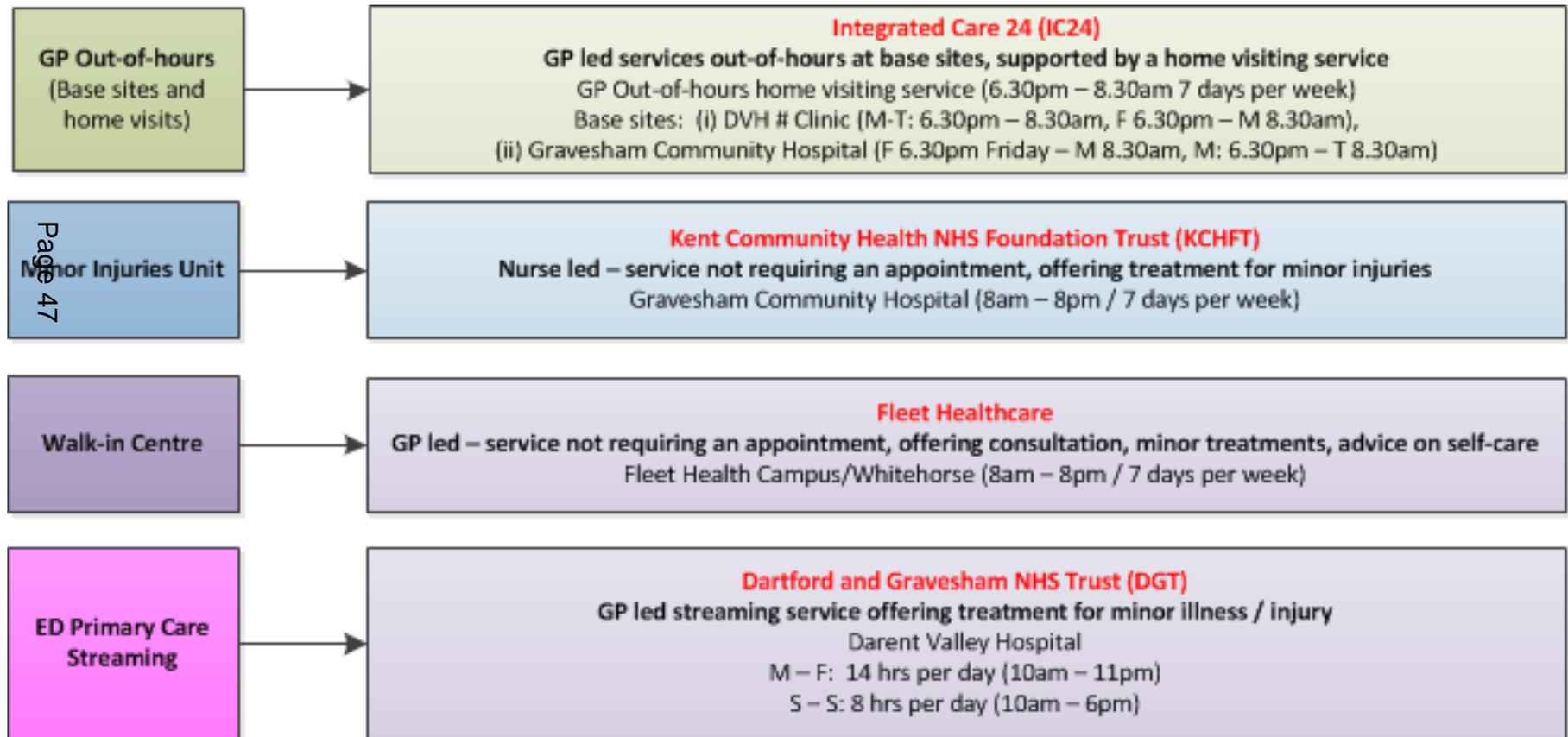
7. Indicative Timeline and Next Steps

The timeline has yet to be finalised however given the period of purdah relating to the district councils holding whole council elections in May 2019, it is anticipated that the consultation document will be ready to share with the Committee post purdah and will be closely followed by the commencement of a full public consultation.

The outcome of the consultation will be known, and will have been considered by the CCG's Governing Body, before the end of the year, but no services will be changed during the winter period to avoid any additional pressure on the system during this time.

The outcome of the consultation, and the Governing Body's decision regarding site for the urgent treatment centre, will be shared with the Committee as soon as it is available.

DGS - Current Urgent Care Services



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Item 7b: North Kent CCGs: Urgent Care Review Programme – Swale CCG

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 25 January 2019

Subject: North Kent CCGs: Urgent Care Review Programme – Swale CCG

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS Swale CCG.

It provides additional background information which may prove useful to Members.

1. Introduction

- (a) On 27 January 2017 the Committee considered an update following the re-establishment of the urgent and emergency care programme in North Kent. The scope of the programme had changed from the one originally presented to the Committee on 10 October 2014 and 26 January 2016. The Committee agreed the following recommendation on 27 January 2017:

RESOLVED that the report be noted and NHS Swale CCG and NHS Dartford, Gravesham and Swanley CCG be requested to present the case for change and proposed clinical models to the Committee in March.

- (b) On 14 July 2017, following postponement due to the KCC election, the Committee considered the Case for Change and Proposed Clinical Model of Care and agreed that the proposed changes to urgent and emergency care by the North Kent CCGs not to be a substantial variation of service.
- (c) On 23 November 2018 the Committee considered a report on the Kent and Medway NHS 111 and Clinical Assessment Service. The report referred to the concluding phase of the Swale and Medway Local Urgent Care Programme procurement. The Committee agreed that the outcome of the procurement be presented to the Committee at the appropriate time.

3. Recommendation

RECOMMENDED that:

- (a) the Committee receive an update on the CCG's procurement progress in March 2019.

Background Documents

Kent County Council (2014) '*Health Overview and Scrutiny Committee (10/10/2014)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MIId=5400&Ver=4>

Kent County Council (2016) '*Health Overview and Scrutiny Committee (26/01/2016)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MIId=6256&Ver=4>

Kent County Council (2017) '*Health Overview and Scrutiny Committee (27/01/2017)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MIId=7507&Ver=4>

Kent County Council (2017) '*Health Overview and Scrutiny Committee (14/07/2017)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MIId=7530&Ver=4>

Kent County Council (2018) '*Health Overview and Scrutiny Committee (23/11/2018)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MIId=7923&Ver=4>

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Swale Urgent Care Review

Programme Update

Report prepared for: Kent County Council [KCC]
Health Overview and Scrutiny Committee [HOSC]
25 January 2019

Reported by: Gerrie Adler, Director of Strategic Transformation representing
Dartford, Gravesham and Swanley, and Swale CCGs

Shelley Whittaker, Head of Communications and Engagement,
Dartford, Gravesham and Swanley, and Swale CCGs

1. Introduction

This paper provides the Kent Health Overview and Scrutiny Committee with an update on the Swale Clinical Commissioning Group's (Swale CCG) urgent care review programme.

2. Background

The case for change, along with the proposed clinical model of care, was last presented to the Committee in July 2017.

The potential urgent and emergency care model options presented at that time were based upon a review and consideration of national requirements, feedback gained from engagement events held with GPs, a 'whole system' event that took place in November 2016 and two listening events held with the public in both Sittingbourne and Sheppey localities in February 2017, as well as resource and financial considerations.

The model options included the re-procurement of NHS 111 services, supported by an enhanced Integrated Clinical Advice Service with improved system interoperability, and the re-procurement of GP out-of-hours services.

For face-to-face services, the model maintained urgent care walk-in services at both Sittingbourne Memorial and Sheppey Community Hospitals (including GP out-of-hours base sites and home visiting service). The proposed model consisted of the same/similar services improved through integration but did not represent a significant variation to current services. Patients wanted to be able to continue to access the same types of services in the same place as they currently do, but with services improved through greater integration between services on each site (e.g. Minor Injuries Unit and Walk-in Centre style services), and between services across the two community hospital sites. The mobile Walk-in Centre was included in the proposed model. Benefits were expected to come from a single provider model with improvements to patient experience and care navigation. The risk that services may well be more expensive to commission was recognised at the time.

The Committee supported the CCG's case for change, and the CCG's assertion that the changes to the Swale urgent care model did not involve a change to the way in which patients access services, and therefore were not a substantial variation.

No period of formal public consultation was required, however Swale CCG carried out further engagement activities over July and August 2017 with a range of key stakeholders (including current providers), and with the public, which included co-design of the service specification.

As a result of close partnership working across all Kent and Medway CCGs, the services outlined within the case for change formed part of a single procurement endeavour for 'Integrated Urgent Care Services (IUCS)' which went to market in late February 2018. The procurement structure consisted of two lots:

- Lot 1: telephony services (i.e. NHS111 and Integrated Clinical Advice Service) across eight Kent and Medway CCGs, and
- Lot 2: four urgent treatment centres and GP out-of-hours services across the three North Kent and Medway CCGs.

The CCG specific service specifications were combined, with the core elements required of all services in line with national guidance forming the main part of the document, but with local CCG customisation to ensure feedback from the engagement process was represented.

A decision to discontinue the Integrated Urgent Care Services procurement process was taken in April 2018, by all Kent & Medway CCGs, following a concern that the process to date would not adequately demonstrate value for money, and could not result in a contract award across all of the services for which suppliers were sought.

Following the decision to discontinue the IUCS procurement in April 2018, careful consideration was given to the way in which services might best be procured in future, not only to demonstrate value for money, but also to meet the demands, and address the opportunities, arising from the changing healthcare landscape as a result of strategic developments created by the Sustainability and Transformation Partnership (STP) working and other CCG accomplishments over that year.

Plans were amended in the following ways:

- IUCS telephony services (i.e. NHS111 and Integrated Urgent Care Services) timeline was extended by 12 months to ensure an effective mobilisation period for any new provider, and to allow NHS England Integrated Urgent Care Services standards to be met in the interim period. Kent and Sussex CCGs have agreed a combined approach to the procurement of future IUCS telephony services, and procurement for these new services will begin in early 2019.
- For face-to-face services in DGS CCG, the procurement was paused for between 12 – 24 months to allow the CCG sufficient time to further explore the potential of siting the urgent treatment centre on the front door of the Darent Valley Hospital site, which would be more in line with national strategy.

- The face-to-face services for Swale and Medway CCGs that had featured in Lot 2, were decoupled from the IUCS procurement and a separate procurement exercise was carried out for these services alone.

3. Swale and Medway CCG – Procurement of face-to-face services

The services tendered as part of the Swale and Medway CCG procurement exercise were as follows:

- Swale CCG: Two Urgent Treatment Centres (UTCs) each open 12 hours per day, one on each community hospital site (Sittingbourne Memorial and Sheppey Community Hospitals), supported by a mobile service, and with GP OOH services (including base site(s) and home visits).
- Medway CCG: One 24 hour UTC located at NHS Medway Foundation Trust providing all requirements of a UTC including direct booking from 111/CAS with the addition of receiving patients from the ED at Medway Foundation Trust via a locally developed streaming model. The model also required the provision of co-locating GP OOH services at this site (including base site(s) and home visits).

The procurement was discontinued in November 2018 without making any award, on the grounds that the published service specification was proven, through the procurement process, to be unaffordable. Existing providers of urgent care services will continue to provide services until a full service specification review is completed, and decisions made regarding future services are implemented.

It is recognised that the latest developments may well require formal public consultation.

4. Service Specification Review

The case for change, presented to the Committee in July 2017, remains the same, but the CCG has approached the market and found that the range of services requested was unaffordable; as a result, a full service specification review is required.

This review is in the early stages and no findings can yet be shared, however, the range of services, and the siting of those services will need to be explored, and any areas of potential duplication, or waste identified so that the services procured address the needs of the local Swale population but are also sustainable and affordable.

Benefits of this later stage review are that (i) the impact of improvements in primary and local care services such as GP extended access for example can be considered, as well as (ii) allowing an extended review of patient flows across Medway and Swale based on the extended running of the Urgent Treatment Centre at Medway Maritime Hospital, and finally (iii) the workforce model across Medway and Swale can be similarly considered.

5. Communications and Engagement

If the service specification review identifies options that are considered to represent a significant variation, the CCG recognises that a full public consultation may be required.

Healthwatch Kent has been notified and the CCG is developing a communications and engagement plan to ensure all key stakeholders and the public are aware of progress towards a final model.

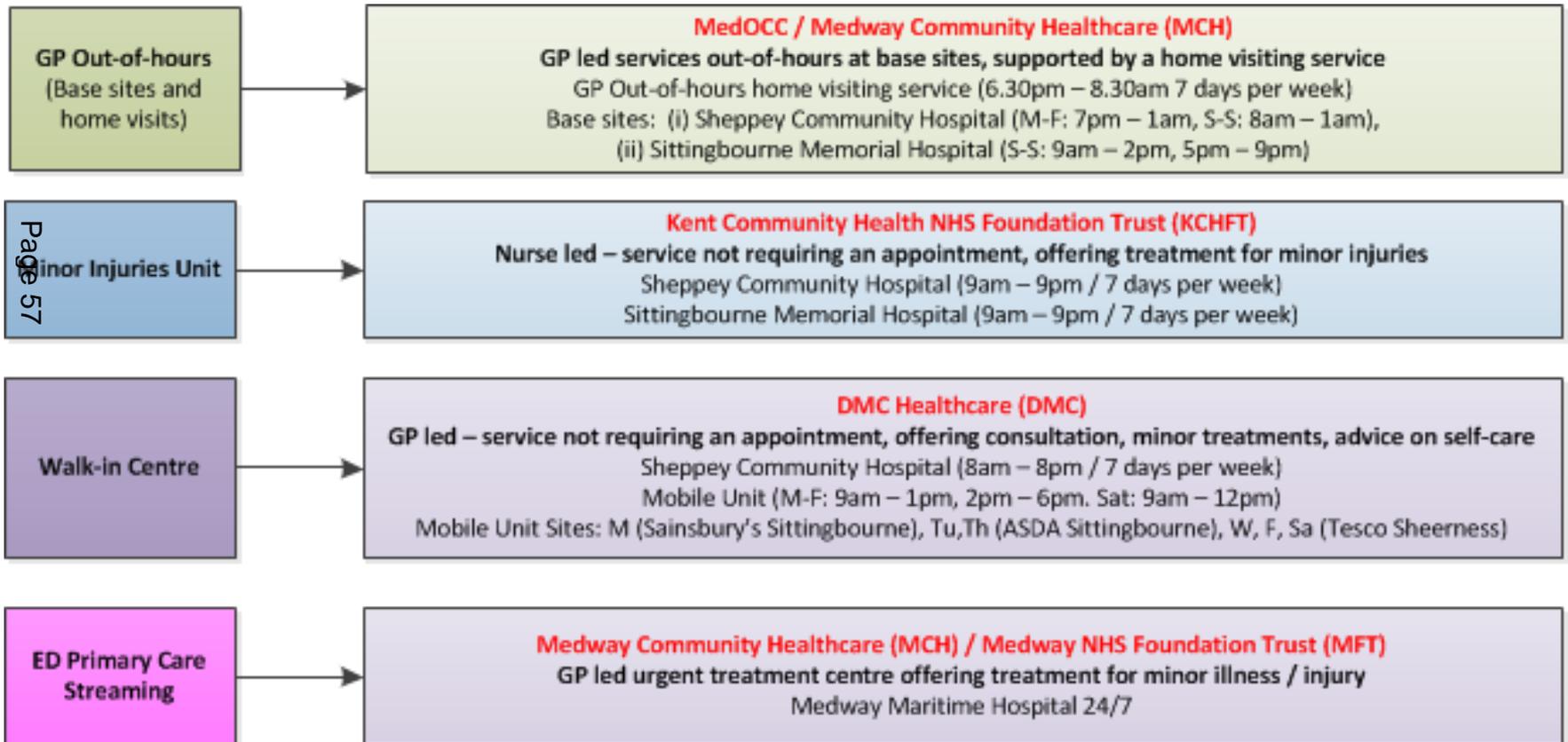
6. Indicative Timeline and Next Steps

The timeline will be dependent upon the need for formal public consultation, but any timeline identified will adhere to the period of purdah relating to the district councils holding whole council elections in May 2019.

The CCG would like to update the Committee again on progress in March 2019.

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Swale – Current Urgent Care Services



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Item 8: Urgent Primary Care Services: Integrated Care 24 (IC24)

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 25 January 2019

Subject: Urgent Primary Care Services: Integrated Care 24 (IC24)

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Integrated Care 24 (IC24).

It provides additional background information which may prove useful to Members.

1. Introduction

- (a) On 23 November 2018, the Committee received a report regarding an update on the Kent and Medway NHS 111 and Clinical Assessment Service Procurement. A Member referred to a media report regarding IC24 and safe staffing. The Committee agreed the following recommendation:

RESOLVED that:

- (a) an update be provided to the Committee at the conclusion of the procurement for the Kent and Medway NHS 111 and Clinical Assessment Service;*
 - (b) NHS Dartford, Gravesham and Swanley CCG be invited to present a comprehensive update on the Local Urgent Care Programme in January 2019;*
 - (c) the outcome of Swale and Medway CCGs Local Urgent Care Programme procurement be presented to the Committee at the appropriate time;*
 - (d) a written report on operation and staffing of IC24 be provided to the Committee for assurance.*
- (b) NHS West Kent CCG, on behalf of all Kent and Medway CCGs, were subsequently requested to provide a written update and following a request from the CCG and IC24 shall present the report to the Committee.

2. Recommendation

RECOMMENDED that the report be noted.

Item 8: Urgent Primary Care Services: Integrated Care 24 (IC24)

Background Documents

Kent County Council (2017) '*Health Overview and Scrutiny Committee (20/09/2017)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7788&Ver=4>

Kent County Council (2018) '*Health Overview and Scrutiny Committee (26/01/2018)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7639&Ver=4>

Kent County Council (2018) '*Health Overview and Scrutiny Committee (27/04/2018)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7846&Ver=4>

Kent County Council (2018) '*Health Overview and Scrutiny Committee (23/11/2018)*',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7923&Ver=4>

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Briefing Paper - Urgent Primary Care Services

Background and Context

Integrated Care 24 (IC24) is a not for profit social enterprise, which provides the urgent primary care service across Kent (excluding Medway & Swale) and has some 25 years' experience in providing these services.

This paper provides a briefing to HOSC on the clinical model across the Kent locality.

Our delivery model is in line with national guidance and the on-going development of Integrated Urgent Care with links to all other local hospital, ambulance and community hubs and services.

Urgent primary care consists of NHS 111, face to face appointments (either as a base appointment or home visit), telephone advice, and 'walk-in' patients. Within Kent IC24 provide both NHS111 and face to face appointments in East Kent and in both North Kent and West Kent we only provide the face to face appointments with NHS111 being provided by SECAMB. These services are delivered either remotely (over the phone) or face to face and dependent on the clinical need of the patient. Our staffing model consists of a team of multidisciplinary clinicians competent in delivering urgent primary care led by GPs and including Advance Nurse Practitioners (ANPs) and Urgent Care Practitioners (UCPs).

Working with our CCGs and NHS England (NHSE) we have adopted NHSE integrated urgent care (IUC) service specification and NHSE IUC workforce blueprint. These important documents clearly set out the composition of a multi-disciplinary urgent care workforce model, which is consistent with our Kent Locality. This is a national approach to delivering face to face urgent primary care, unlike the traditional model of out of hours care, which was entirely dependent on GPs. The urgent care workforce mirrors the changes that have also been made in the modern in-hours primary care workforce of GPs, ANPs and UCPs.

How does the service operate?

Our senior management team responsible for the provision of services in the locality operate as a triumvirate which consists of Operations, Medical and Clinical Leadership and their respective titles are Associate Locality Director, Regional Medical Director and Associate Director of Quality.

Typically, there are two models in operation for Kent; a weekday model and a weekend model. The data below provides a representation of activity and patient numbers seen on a typical weekday and a typical weekend period (including the overnight period).

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Patient numbers are of course much higher in the weekend periods compared to the week day, as the services that patients would usually access (such as their GP surgeries) are closed. We expect our clinicians to see an average of 4 cases per hour.

Average number of patient contacts per weekday (Mon – Thurs)	Number of Clinicians (Mon – Thurs)
Kent	Kent
18:30 – 08:00	18:30 – 08:00
70	22

Average number of patient contacts per weekday (Frid Eve – Mon am)	Number of Clinicians (Frid Eve – Mon am)
Kent	Kent
18:30 – 08:00	18:30 – 08:00
280	48

Our clinical staffing is linked to the patient clinical need and as demand significantly tapers overnight our clinical staffing is adjusted accordingly to reflect the reduction in demand.

We were delighted that Cllr Karen Constantine accepted our invitation to visit our services and discuss in depth our service model and delivery with our senior team and had the opportunity to meet with front line staff. We found this visit a great opportunity to have an open discussion on the challenges facing urgent primary care services both locally and nationally, and would welcome the opportunity to host other members of the HOSC at one of our out of hours bases, or one of our NHS 111 contact centres.

10 January 2019

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Item 9 - Wheelchair Services in Kent

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 25 January 2019

Subject: Wheelchair Services in Kent

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Thanet CCG.

It provides additional background information which may prove useful to Members.

1. Previous Committee Attendance and Requested Information

- (a) The Committee received notification in June 2018 from Thanet CCG, as lead CCG for wheelchair services for patients in Kent & Medway, that there was pressure on the service provided by Millbrook Healthcare; patients were experiencing longer waiting times for equipment, repairs and assessment.
- (b) Subsequently, Healthwatch Kent notified the Chair about concerns received from service users at the Kent Physical Disability Forum regarding access to wheelchair equipment and repairs.
- (c) Steve Inett (Chief Executive, Healthwatch Kent), Professor Mike Oliver (Representative of the Kent Physical Disability Forum) and Ailsa Ogilvie (Chief Operating Officer, Thanet CCG) addressed the 20 July 2018 Committee. In response, Members expressed concerns about the service user experience; the procurement of the contract and performance monitoring by NHS Thanet CCG; and continuing with the current provider.
- (d) At the conclusion of the item, the Committee agreed the following recommendation:

RESOLVED that the Committee:

- (a) expresses grave concerns about the wheelchair services contract and its management by NHS Thanet CCG.*
- (b) writes to all Kent CCGs to express its concerns about the wheelchair services contract and its management by NHS Thanet CCG.*
- (c) requests that NHS Thanet CCG provide a written response to the Committee, within two weeks, as to whether it is considering terminating Millbrook Healthcare's contract and the reasons for that choice; and to provide an action plan detailing how the issues will be resolved in the interim.*

Item 9 - Wheelchair Services in Kent

(d) upon receipt of the written briefing, determines whether to have an additional meeting of the Committee or to have an item at the September meeting of the Committee.

- (e) The CCG requested an informal briefing with the Committee which was held on 15 August 2018. At the conclusion of the briefing the Chair, in consultation with the Members present, decided that there should be an additional meeting of the HOSC to consider this item.
- (f) On 13 September 2018 the Committee considered a report responding to key points raised by the Committee. The Committee agreed the following recommendation:

RESOLVED that:

(a) the reports and Joint Wheelchair User Group statement be noted;

(b) Thanet CCG, representative from Millbrook and the Joint Wheelchair User Group be requested to provide an update in January.

- (g) As part of their report to the Committee, the CCG have been requested to provide an update on financing, contract monitoring including key performance indicators, waiting lists including repairs backlog, staffing recruitment and retention, training for staff, communications, complaints/compliments and personal budgets.

2. Recommendation

RECOMMENDED that the reports be noted, and Thanet CCG be requested to provide an update to the Committee in September 2019.

Background Documents

Kent County Council (2018) *'Health Overview and Scrutiny Committee (20/07/18)'*,
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7919&Ver=4>

Kent County Council (2018) *'Health Overview and Scrutiny Committee (13/09/18)'*,
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8122&Ver=4>

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Meeting Title:	Health Overview and Scrutiny Committee		Agenda Item:	
Date of Meeting:	January 2019			
Title of Report:	Kent and Medway Wheelchair Service Update			
Author:	Tamsin Flint, Commissioning Manager, Thanet CCG			
Executive/ Lay Sponsor:	Ailsa Ogilvie, Chief Operating Officer, Thanet CCG			
Finance sign-off				
This paper is for: <i>(please X as applicable)</i>	Approval	Decision	Assurance	Information
			X	
Are any members of the meeting conflicted?	Y/N			
Is circulation restricted? <i>(please X as applicable)</i>	No	Yes		
		X		
Report summary/purpose:				
This paper is to update Kent's Health Overview and Scrutiny Committee (HOSC) on Kent and Medway's Wheelchair Service performance and actions the Clinical Commissioning Groups (CCGs) and Millbrook Healthcare are taking to deliver the Service Improvement Plan.				
Recommendation:				
HOSC members are asked to note this report.				
Combined impact assessments <i>Has the report/recommendation/proposal been impact assessed</i>				
X	Yes			
	No (state reason)			

Kent and Medway Wheelchair Service Update January 2019

Situation:

The Kent and Medway wheelchair service is showing clear signs of improvement in service performance as the waiting lists for equipment and repairs continue to reduce.

Since September 2018 when the first tranche of additional funding (£513,614) for the Kent and Medway Wheelchair Service was released, Millbrook Healthcare has placed additional equipment orders to drive waiting list clearance.

Governing Bodies of the eight Kent and Medway CCGs have given Thanet CCG, as the lead commissioner for this contract, delegated responsibility to agree release of the next tranche of investment funding subject to evidence of continuing service performance improvement. The first part of this funding is due for release in January 2019, which has a total value across Kent and Medway of £555,217. Further funding will be released in 2019/20 and is estimated to be £590,324.

To mitigate any risk associated with other provider challenge around additional investment into this contract, Thanet CCG took and followed expert procurement advice. A notice was advertised in the Official Journal of European Union (OJEU) justifying a regulation 72 contract addendum. The 30 day deadline has passed without any challenge being received.

This report updates about progress made since September 2018 to deliver improvement in service performance and quality for Kent and Medway's wheelchair service users.

The CCG continues its commitment to engage with service users via a service user forum to ensure their knowledge, expertise and insight are used to guide the delivery of the Service Improvement Action Plan (SIAP) for the Kent and Medway wheelchair service. Service users are supporting the CCG and Millbrook Healthcare on a number of work streams and service performance updates are being provided through information bulletins and e-newsletters. Millbrook Healthcare is also seeking to recruit a Lived Experience Advisor to work alongside their staff teams to offer advice and support.

Background:

Millbrook Healthcare was awarded Kent's and Medway's Wheelchair contract from April 2017. This contract is managed by Thanet CCG on behalf of the eight Kent and Medway CCGs.

During the early months following contract mobilisation, Millbrook Healthcare raised concerns about a larger than expected inherited caseload comprising a high complexity case mix which was impacting on their ability to deliver the contract. Further data was provided by Millbrook Healthcare but this identified discrepancies

which needed to be understood and resolved prior to agreeing next steps. Consequently NHS Thanet CCG commissioned TIAA Ltd to undertake an independent audit to clarify the impact of the inherited backlog and identify whether there may be risks relating to business as usual.

The audit evidenced the backlog reported by Millbrook Healthcare confirming a significant number of patients had been waiting for more than 18 weeks at the commencement of the contract. The audit also reported that the inherited waiting list included a higher complexity case mix requiring high cost and specialist equipment.

By end of March 2018 the waiting list had increased to 443 children and 1971 adults waiting for assessment and equipment provision. Of these:

- 251 children and 999 adults had been waiting more than 18 weeks
- 62 children and 272 adults had been waiting over one year

In addition a large backlog of repair jobs had built up, with service users experiencing unacceptably long waits for repairs.

In September, the eight Kent and Medway CCGs approved additional contract funding to enable Millbrook Healthcare to clear the long waiting lists they had inherited, and that had grown during year one, and to rebalance the case mix.

Assessment:

Latest data up to the end of November 2018 shows continued signs of improvement in the Kent and Medway wheelchair service.

Since the start of the contract the waiting list for assessment and equipment provision grew to 3,369 at the end of August. By the end of September the waiting list started to reduce to 3,313 and by the end of November it had dropped further to 2,766 and is in line with the improvement plan trajectory. This includes new referrals and shows that for the first time since the start of the contract there have been four consecutive months net reduction in the waiting list. Between the end of August and the end of November 1,979 referrals have been provided with the equipment they need.

Of the 2,766 still on the waiting list 41 per cent have had their appointment and a further 25 per cent have their appointments booked.

Reduction in the size of the waiting list, which has included a higher complexity case mix, is beginning to re-balance the remaining case mix; the proportion of low/medium complexity has increased from 66 per cent in March 2018 to 75 per cent in November. This is more in line with the expectation set out within the contract that the proportion of low/medium complexity cases would be around 80 per cent.

There have been significant improvements in the repairs waiting list for those who have been waiting for a wheelchair repair for more than 10 days which has reduced from 461 in mid-August to 229 by the end of September and by the end of November this has reduced significantly further to 134. The overall number of open repairs is

266 at the end of November compared to 300 at the end of October, which is a reduction of 11.3per cent.

The recruitment for the new clinical model is complete and Millbrook Healthcare has now filled all the clinical roles with the exception of the Rehabilitation Engineer role where there are continued difficulties due to a national shortage of qualified staff. Millbrook Healthcare has also recently appointed a Designated Safeguarding Officer, a new Clinical Governance Officer and a Clinical Governance Manager. Millbrook Healthcare is also in the process of recruiting a Customer Experience Co-ordinator who will be in place to manage the complaints process locally. A training development plan is being implemented over the next three to four months. This will include customer service complaints training in early 2019 via e-training, face to face and external courses. There is a risk around additional pressure being put on staff through the implementation of a new IT system and Millbrook Healthcare has worked closely with Human Resources to put a stress impact assessment in place, staff engagement sessions and infrastructure to support staff.

Complaints reported in November have marginally increased, as the volume of activity increases it is understandable that there will be a proportional increase in complaints. Looking at the number of complaints with the volume of activity, there is a 0.32% complaint rate on all activity for the month of November. Following a review of the complaints received by Millbrook Healthcare about the Kent and Medway Wheelchair Service a number of key themes have been identified and action taken:

Communication: It has been identified that the current local processes do not support a proactive communication culture. Repairs and timely progression of service user referrals are key areas of concern. As part of a root cause analysis Millbrook have implemented a number of changes around service user referral progression, a dedicated Customer Service Repair Team and training and recruitment of a Customer Experience Co-ordinator to enable proactive communication and response to complaints.

Incorrect information on the system: Due to the quality of the initial data transfer at the start of the contract it has transpired that some service user records are missing, incomplete or inaccurate. This has significantly impacted Millbrook HealthCare's ability to accurately manage service user pathways and wheelchair servicing requirements. It has also caused frustration with service users when accessing Millbrook Healthcare for the first time following the transfer. Millbrook Healthcare has implemented a number of measures in order to mitigate any associated risk and to ensure data integrity.

Outstanding repairs: It was apparent that the first fix rate and service user experience in regards to the repair element of the contract needed to be reviewed and improved. The action plan includes training and development programme for all staff, reviewing stock held in vans and a review of areas and routes to ensure that there is ongoing and consistent coverage for repairs across Kent and Medway and to provide the ability to offer am/pm and 'first job' appointments.

The Quality Team within East Kent CCGs are seeking additional assurances in relation to the following areas:

Safeguarding: CCG designated safeguarding colleagues are working closely with Millbrook Healthcare to ensure that delays in receipt and repair of wheelchairs are not safeguarding concerns and that when complaints are being reviewed by Millbrook Healthcare that safeguarding children and adults is being considered.

Infection Prevention and Control: CCG infection prevention and control specialists are seeking assurance from Millbrook that there are robust mechanisms in place to adhere to recommended contractual infection prevention and control standards.

Service User Experience: The CCG Head of Quality is working with Millbrook Healthcare to gain further assurance that where there have been delays in provision or assessment that the learning from these incidents is being reflected and improvements are implemented.

Governance: where gaps in care have been identified, the CCG Head of Quality is seeking further assurance that there is a process in place for local governance meetings and for incidents, so that learnings are appropriately escalated within Millbrook Healthcare enabling improvements to be implemented.

There are a number of work streams within the work programme for which work is already underway, the following work streams have been prioritised with input from service users:

Complaints Review: This is to look at improvements in the handling of complaints in the wheelchair service ensuring agreed deadlines are met and that soft intelligence is gathered so that it may be triangulated with complaints and concerns being raised through other channels to give a full picture of the presenting issues and themes. The CCG and Millbrook Healthcare are taking a joint and collaborative approach to streamline processes for more effective complaints handling for service users and to derive organisation lessons which will help drive operational improvements.

KPI Review: This is to review Key Performance Indicators (KPI's) and other contract related documentation to develop a bespoke KPI performance monitoring tool with appropriate data in which to accurately monitor the contract performance and demonstrate quality. A second meeting has been held with service user representatives, Millbrook Healthcare and the CCG to finalise a KPI set for immediate contract management and to develop plans for implementing outcome based metrics.

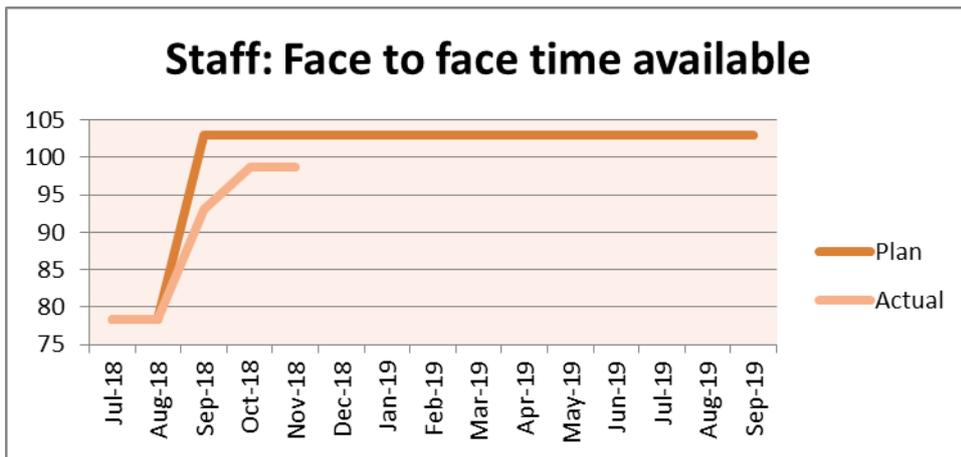
Eligibility Criteria Review: This is to ensure the guidelines support consistent application by Kent and Medway therapists and is written in a clear and concise format to aid service user and external partners' understanding. The CCG has conducted a scoping exercise of eligibility criteria for other NHS wheelchair services across the country and has had discussions with other CCG commissioning colleagues to gather information and any lessons learned elsewhere. This knowledge will be used as a platform to develop refined eligibility criteria with input from service users, other external partners and Millbrook Healthcare staff.

Personal Wheelchair Budgets: This is to deliver a personal wheelchair budget scheme that meets the health and wellbeing needs of service users. The CCG is conducting a scoping exercise to gather and review information from other areas that are further ahead in delivering personal wheelchair budgets for service users. This work will enable the CCG to respond to questions and comments raised by service users in an initial work stream meeting. Once the scoping has been completed service users will be involved to discuss proposals for a way forward.

Disability Equality Training: This is to be implemented for commissioners and Millbrook Healthcare staff to create a better understanding of service user challenges. Discussions with a potential trainer have been held and the CCG is awaiting the proposal.

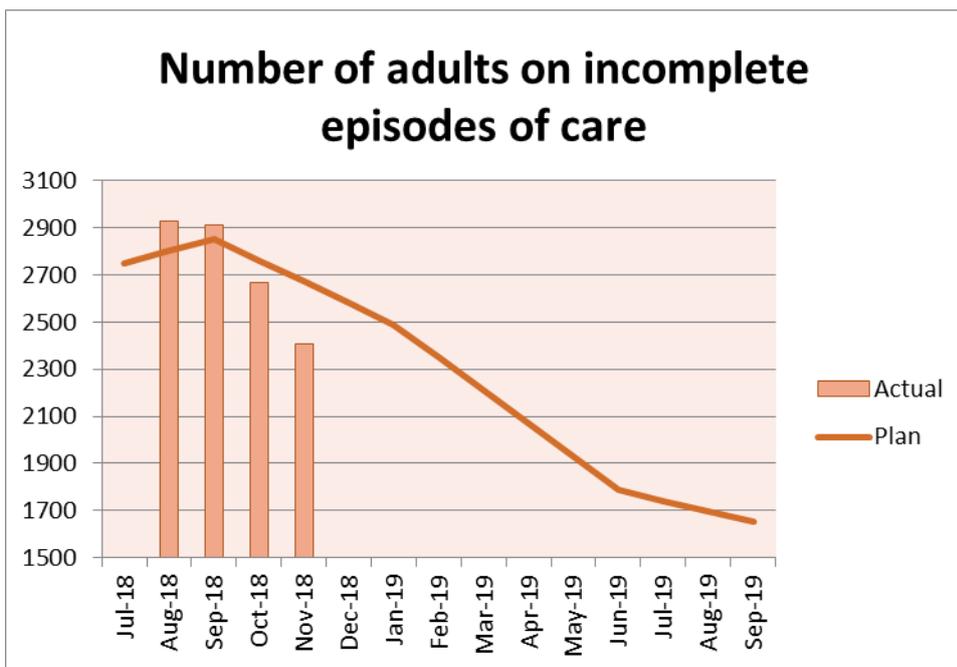
Recommendation:

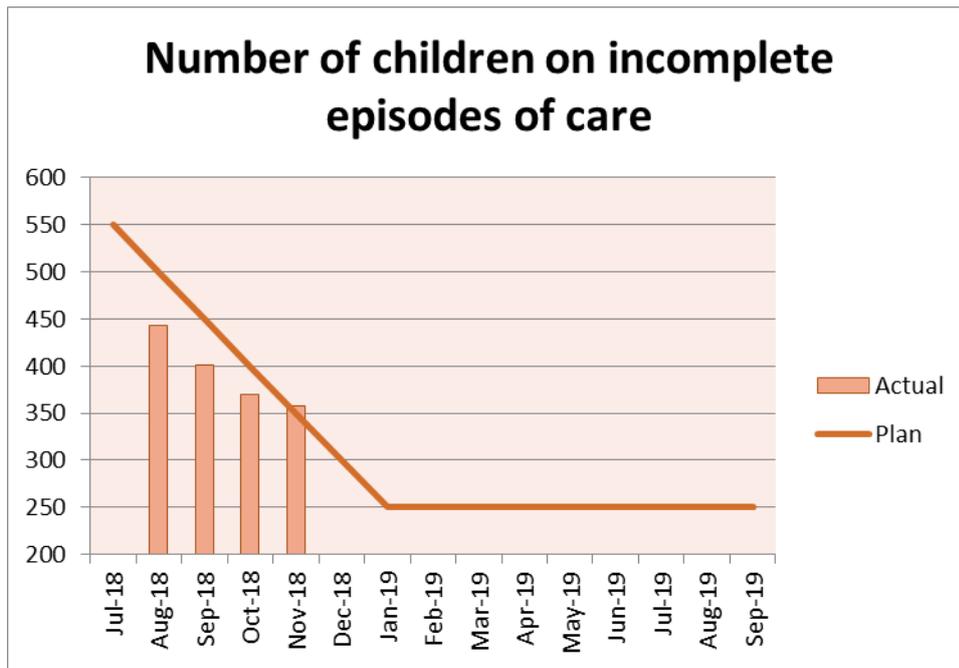
These clear signs of performance improvement are positive, but there is considerable further work to be done by Millbrook Healthcare and the CCG, together with service user involvement, to deliver the Kent and Medway's Wheelchair Service Improvement Action Plan and work programme. HOSC members are asked to note these service improvements.



Equipment Provision

There were 2,766 open episodes of care in November. Overall open episodes of care are now ahead of projection thanks to the increase in spend that has allowed completion of referrals partially through their pathway.





Complaints

Complaints reported in November have marginally increased. Key themes are mainly around service users not meeting the eligibility criteria or the service provided around appointments and repairs. Looking at the number of complaints with the volume of activity then there is a 0.32% complaint rate on all activity for the month of November.

Repairs and maintenance

By directing much of the field service engineer resource on service users who have been waiting longer, all aged repairs have now been cleared. However, this has meant that some current repairs have fallen outside of the 10 working day target but this still marks a significant and overall improvement of the repair service being offered. In November there were 414 completed repairs and the overall number of open repairs sits at 266 compared to 300 in October down 11.3%. We expect to see all data around repairs improving in December 2018 as the backlog is cleared.

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Item 10: NHS East Kent CCGs: Financial Recovery Plan

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 25 January 2019

Subject: NHS East Kent CCGs: Financial Recovery Plan

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS East Kent CCGs

It provides additional background information which may prove useful to Members.

1. Introduction

- (a) On 13 September 2018 the Committee received a report on East Kent CCGs – Special Measures. The Committee agreed the following recommendation:

RESOLVED that:

(a) the report on the East Kent CCGs be noted;

(b) a written summary report on the financial recovery plan be provided to the committee as soon as possible;

(c) an update be presented to the committee in six months.

- (b) On 15 November 2018 the written summary report was sent to Committee Members and following a request from the Chair the CCGs have been asked to provide an update to the Committee.

2. Recommendation

RECOMMENDED that the report be noted, and as part of the East Kent CCGs Special Measures presentation scheduled for March 2019, provide an update on the recovery plan.

Background Documents

Kent County Council (2018) 'Health Overview and Scrutiny Committee (21/09/2018)',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7921&Ver=4>

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Briefing for Kent Health Overview and Scrutiny Committee on the east Kent CCGs' Financial Recovery Plan: 2018/19 onwards

Background

In April 2018 the east Kent CCGs produced a financial plan for 2018/19 that generated a £24m deficit, assuming a £19.5m QiPP (the savings programme for CCGs – Quality, Innovation, Productivity and Prevention). This financial plan was approved by the Governing Bodies of the CCGs and NHS England (NHSE). The £24m deficit was matched by £24m Commissioning Support Funding (central funding via NHSE to reduce deficits in CCGs), resulting in a control total of break-even. However, at that time the financial plan also identified unmitigated risk of £16m. By reporting this unmitigated risk, the east Kent CCGs were highlighting the high possibility of over-spending by £16m.

During July and August '18 there was further analysis of the risks facing the CCGs in 2018/19 resulting in an increase in risk value from the original £16m to £41m with a high probability of materialising. This shift in risk of £25m was due to a number of factors including:

- “Optimistic accruals” in '17/18 accounts have resulted in an accumulating deterioration in the underlying financial position of the CCGs in 18/19.
- The financial impact of the '17/18 contract dispute with the CCGs' main provider has been taken fully on the “downside”.
- The main acute contract in 2018/19 was agreed with an activity level below that necessary to achieve the 18-week waiting time target for planned care.
- The main acute contract was set at a value with a built-in over-performance highly likely.

Also, during July and August '18, the 2018/19 QiPP plan was assessed independently as part of the national “QiPP4 programme” (an external review of savings plans in those CCGs forecasting a deficit in 18/19). This review identified potential material slippage of £10m in the QiPP programme unless action was taken. As an immediate response the east Kent CCGs commissioned additional financial turnaround and programme management capacity.

Stabilisation and recovery

With identified risks (£41m) and projected QiPP slippage (£10m), the east Kent CCGs were facing a challenging situation, recognising that full recovery in year was extremely difficult.

Therefore, the CCGs have developed a stabilisation and recovery plan that will mitigate £26m risks resulting in a forecast deficit of £49m in 2018/19 with plans to ensure that the east Kent CCGs move towards balance in 2019/20.

The financial recovery plan includes:

- Increased internal efficiencies in medicines management, Continuing Healthcare contracts and reduced management costs
- Working with providers to ensure consistency of 18/19 activity planning assumptions which recognise commissioner affordability
- Full application of the CCGs' contingency of £5m.

Conclusion

A revised Financial Plan was submitted to NHSE that moved the control total deficit for 2018/19 from £24m to £49m, before Commissioning Support Funding. Formal feedback on the plan has yet to be received from NHSE, although indications are positive.

Item 11: NHS Medway CCG and NHS North Kent CCGs – Dermatology Services (Written Update)

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 25 January 2019

Subject: NHS Medway CCG and NHS North Kent CCGs – Dermatology Services (Written Update)

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS Medway CCG and Medway NHS Foundation Trust.

It is a written briefing only and no guests will be present to speak on this item.

It provides additional background information which may prove useful to Members.

1. Introduction

- (a) On 24 October 2018 the Committee received an informal written briefing on the notification of Medway NHS Foundation Trust's intention to stop providing dermatology services at the Trust from 1 April 2019 and the CCGs procurement plans.
- (b) The Chair has requested that a written update paper be presented to the Committee for formal consideration.

2. Recommendation

RECOMMENDED that the report be noted, and NHS Medway CCG be requested to provide an update to the Committee on procurement and waiting times in April 2019.

Background Documents

None

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Health Overview and Scrutiny Committee Briefing Dermatology update – 25th January 2019

Background

Medway NHS Foundation Trust (MFT) served notice on their Dermatology service, serving patients across Dartford, Gravesham, Swanley, Swale and Medway, with the intention of ceasing service provision as of 31st March 2019. Medway CCG is leading the procurement for a new service to commence 1st April 2019.

Current Situation

Outsourcing and Cancer Waiting Times

MFT continue to outsource first outpatients and minor operations to DMC; to December 18 a total of 453 new outpatient and 224 minor operations have been transferred. The outsourcing arrangement has enabled MFT to utilise the capacity to focus and improve the management of cancer referrals; and although the trust continue to fail against the national 2 week wait target their position has improved over the last few months from 18% of patients being seen within 14 days in September 18 to 38% compliance in November 18.

Waiting List

The waiting list position has improved and is lower by approximately 750 than the previous year.

MFT is reporting the following 52 week breaches for October, November and December:

(MFT – Kent and Medway CCGs)

October - 9 breaches

November – 8 breaches

December – 10 breaches

MFT (NHS Medway CCG only)

October – 6 breaches

November – 7 breaches

December – 5 breaches

Progress to date

1. Procurement

Following notification of MFTs intention to cease delivery of Dermatology services Medway CCG, in collaboration with Dartford, Gravesham and Swanley (DGS) and Swale CCGs commenced procurement to identify a lead provider to deliver a consultant led Dermatology service for the 3 CCGs as of 1st April 2019.

The procurement is progressing to plan. The outcome of the procurement is due to be presented to the CCG committees at the end of January and if approval to award the contract is obtained and there are no challenges received the expectation is that mobilisation will commence in mid-February.

Prior to entering procurement a Market Engagement event was held where potential providers were advised of the requirement of the successful provider to mobilise in a short timeframe (by 1st April 2019) to ensure this risk was mitigated prior to the procurement process commencing.

2. Interim service (Medway CCG)

To alleviate some of the pressures on the MFT service and to provide patients with timelier access to treatment whilst the procurement process is ongoing and the new provider is mobilising their service Medway CCG has commissioned a short term (5 month) consultant led community Dermatology service. This service will deliver Dermatology services for all Medway patients until 31st March 2019 and is in addition to Dermatology services already in place locally.

GPs continue to utilise alternative providers across the South East to offer patients access to timely treatment; this has supported MFT to achieve against the national 2ww target.

3. MFT Outsourcing

MFT continues to outsource minor operations and first outpatient appointments to reduce their waiting list.

Stuart Jeffery
Deputy Managing Director
Medway CCG

Briefing to the Kent Health Overview and Scrutiny Committee – January 2019

Dermatology service

As reported to the Committee in September 2018, Medway NHS Foundation Trust is currently undertaking a programme to review the portfolio of our services as we further develop our plans to become a specialist emergency centre.

We need to identify which services should be provided in an acute hospital, and which are better for patients, potentially in a different setting, such as within primary care or in the community, working together as system partners. As we do this we are working with commissioners towards transitioning services where appropriate, maintaining continuity of care for patients through any change.

Last summer we notified our commissioners of our intention to stop providing dermatology services at the Trust from 1 April 2019. Our dermatology service has been experiencing serious challenges in managing demand for some time and although we have made every effort to stabilise the service, we have been unable to consistently provide the level of care we aspire to, and therefore a decision was taken in the interests of patients.

Ensuring that our patients receive treatment in a timely manner is of the utmost importance to us and we accept that the delays experienced are unacceptable.

At the same time, Medway Community Health also gave notice to the commissioner that they too would cease providing community dermatology from April 2019.

As part of a joint plan with our commissioners, we worked with a partner to clinically review all patients waiting longer than 14 weeks for an appointment, to determine whether these patients were appropriate for the partner to see in additional clinics within the community, ensuring that patients could be seen faster.

The third party provider was engaged by MFT to provide 868 outpatient procedures and 341 outstanding minor operations; this began in November 2018 and is expected to be completed in February 2019. This has improved our responsiveness to booking new referrals, minor operations, and long waits.

Meanwhile, Medway Clinical Commissioning Group has been carrying out a procurement exercise to find a new provider for dermatology services from 1 April 2019. At this stage a new provider has not been announced.

We are supporting our dermatology staff during this period of uncertainty. Retaining staff to continue to provide the service until the end of March is a priority for us.

Item 12: Flash Glucose Monitoring (Written Update)

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 25 January 2019

Subject: Flash Glucose Monitoring (Written Update)

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Kent CCGs.

It is a written briefing only and no guests will be present to speak on this item.

It provides additional background information which may prove useful to Members.

1. Introduction

- (a) On 14 November 2019, NHS England announced that all CCGs would enable prescribing of the Flash Glucose Monitoring device.
- (b) A written report from the Kent CCGs provides the Committee with the Kent CCGs implementation plans for this policy.

2. Recommendation

RECOMMENDED that the report be noted.

Background Documents

NHS England Press Release

<https://www.england.nhs.uk/2018/11/nhs-to-provide-life-changing-glucose-monitors-for-type-1-diabetes-patients/>

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Update on Flash Glucose Monitoring in Kent and Medway

Kent Health Overview and Scrutiny Committee

25 January 2019

On 14 November 2019, NHS England announced that all CCGs would have to enable prescribing of flash glucose monitoring for appropriate patients from April 2019.

All CCGs in Kent are now working towards implementing this policy.

The development of proposals for implementation have been undertaken in light of the policies of other areas across England, but in particular any local policies developed / underdevelopment by Kent and Medway CCGs in order to achieve a consistent STP approach to the prescribing pathway.

The current position in each CCG area is as follows:

NHS West Kent CCG

The CCG together with Maidstone and Tunbridge Wells NHS Trust (MTW) and local GPs are working together to come up with a definitive local implementation and prescribing plan to allow the prescribing of Freestyle Libre in west Kent. This process is currently underway and the CCG aiming to have developed and approved the implementation and prescribing process over the next few months. The details of the process are yet to be agreed, but it is envisaged that prescribing of Freestyle Libre will be initiated by the specialist diabetes clinician in hospitals and then supported by GPs.

North Kent CCGs (NHS Dartford Gravesham and Swanley CCG and NHS Swale CCG).

Initially, a consultant in a specialist setting such as a hospital will prescribe Freestyle Libre for a patient who meets the nationally-agreed criteria. A GP would then continue prescribing Freestyle Libre once it has been initiated by a consultant. This process is being introduced in DGS and Swale prior to April 2019.

East Kent CCGs (NHS Ashford, NHS Canterbury and Coastal, NHS South Kent Coast and NHS Thanet CCGs).

On 17 January 2019 the CCGs are submitting proposals to their Clinical Assurance and Strategy Committee (**CASC**) for:

- An east Kent CCG and EKHUFT policy on flash glucose monitoring
- A prior approval process
- A patient contract
- Patient pathway, including prescription collection

Deployment of the above policies is dependent on approval by the east Kent CASC but it is anticipated that flash glucose monitoring will be available on prescription by April 2019 at the latest.

Item 13: Draft Work Programme 2019

By: Jill Kennedy-Smith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 25 January 2019

Subject: Draft Work Programme 2019

Summary: This report gives details of the proposed work programme for the Health Overview and Scrutiny Committee (HOSC)

1. Introduction

- (a) The proposed Work Programme has been compiled from actions arising from previous meetings and from topics identified by Committee Members.
- (b) The HOSC is responsible for setting its own work programme, giving due regard to the requests of commissioners and providers of health services to bring an item to the HOSC's attention, as well as taking into account the referral of issues by Health Watch and other third parties.
- (c) The HOSC will not consider individual complaints relating to health services. All individual complaints about a service provided by the NHS should be directed to the NHS body concerned.
- (d) The HOSC is requested to consider and note the items within the proposed Work Programme and to suggest any additional topics to be considered for inclusion on the agenda of future meetings.

2. Recommendation

RECOMMENDED that the report be considered and agreed.

Background Documents

None

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Draft Work Programme

Health Overview and Scrutiny Committee

Item	Work Type	Objective
01 March 2019		
Kent and Medway Stroke Review	Consideration of Substantial Variation	To consider the formal response of the Kent and Medway Stroke Review Joint Health Overview and Scrutiny Committee
<ul style="list-style-type: none"> • Children & Young People’s Emotional Wellbeing & Mental Health Service • All Age Eating Disorder Service 	Monitoring	To receive an update from the Commissioner and Provider following attendance in September 2018.
Kent and Medway NHS and Social Care Partnership Trust (KMPT)	Monitoring	To receive an update from the Trust following attendance in September 2018.
East Kent Hospitals NHS University NHS Foundation Trust & Getting It Right First Time (GIRFT) Orthopaedics Pilot	Monitoring	To receive an update from the Trust and Pilot.
East Kent CCGs – Special Measures	Monitoring	To receive an update from the CCGs following the issuing of Special Measures and the recovery plan progress
26 April 2019		
Review of the Frank Lloyd Unit, Sittingbourne	Consideration of Substantial Variation	To consider the findings of the Review on the Unit, accessed by all CCGs in Kent and Medway.

Item	Work Type	Objective
06 June 2019		
Kent and Medway Strategic Commissioner	Monitoring	To receive an update from the Commissioner on developments within the STP and integrated care partnerships
Kent and Medway STP: Review of Winter Planning	For Information & Review	To review the Winter Planning implemented by the Kent and Medway STP
South East Coast Ambulance Service NHS Foundation Trust (SECAmb)	Monitoring	To receive an update from the Trust on performance and planning.
Kent and Medway Non-Emergency Patient Transport Service Performance	Monitoring	To receive an update from the Commissioner and Provider on the contract performance
23 July 2019		
19 September 2019		
26 November 2019		
CCG Annual Assessment – Written Update	For Information & Review	To receive a written report on the CCG Annual Assessment as part of the annual return.
Healthwatch Kent Annual Report	For Information & Review	To receive a written report on the Healthwatch Kent Annual Report as part of the annual return

To be scheduled

- Workforce focus in other specialisms
- Annual Health Checks Contract Performance – mentioned via discussions at the KCC Adult Social Care and Public Health Cabinet Committee on 27 September.
- Dental Provision within Kent