HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 23rd July, 2019

10.00 am

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

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 23rd July, 2019, at 10.00 am
Council Chamber - Sessions House

Ask for: **Kay Goldsmith**
Telephone: **03000 416512**

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, Mrs L Game, Ms S Hamilton, Mr P W A Lake, Ms D Marsh, Mr K Pugh and Mr I Thomas
Liberal Democrat (1)	Mr D S Daley
Labour (1):	Ms K Constantine
District/Borough Representatives (4):	Councillor J Howes, Councillor M Rhodes, Councillor P Rolfe, 1 vacancy

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	10:00
2.	Substitutes	
3.	Declarations of Interests by Members in items on the Agenda for this meeting.	

4. Minutes from the meetings 21 May 2019 and 6 June 2019 (Pages 7 - 22)

5. Wheelchair Services in Kent (Pages 23 - 38) 10:10

6. NHS North Kent CCGs: Urgent Care Review Programme 10:55

   a) NHS North Kent CCGs - Urgent Care Review Programme - Dartford, Gravesham and Swanley CCG (Pages 39 - 86)

   b) NHS North Kent CCGs - Urgent Care Review Programme - Swale CCG (verbal update) (Pages 87 - 88)

7. Review of St Martin's Hospital, Canterbury (Pages 89 - 104) 11:40

8. Proposed changes to Congenital Heart Disease services in London (Pages 105 - 126) 12:30

   BREAK
   Tea and coffee will be available prior to the second half of the meeting

9. South East Coast Ambulance Service NHS Foundation Trust (SECAmb) Update (Pages 127 - 136) 14:15

10. Kent and Medway Non-Emergency Patient Transport Service Performance (Pages 137 - 146) 14:45

11. The Maidstone and Tunbridge Wells Stroke Service (Pages 147 - 152) 15:15

12. Review of Frank Lloyd Unit, Sittingbourne (written update) (Pages 153 - 158) 15:35

13. Items on 6 June 2019 HOSC Agenda: Correspondence Received (Written Update) (Pages 159 - 162) 15:45

14. Draft Work Programme (Pages 163 - 166) 15:50

15. Date of next programmed meeting – 19th September 2019 at 10am

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

15 July 2019

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

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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 Tuesday, 21 May 2019.

PRESENT: Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman), Mrs P M Beresford, Mr A H T Bowles, Ms K Constantine, Mr D S Daley, Mrs L Game, Ms S Hamilton, Mr P W A Lake, Ms D Marsh, Mr K Pugh, Mr D Mortimer (Maidstone BC), Cllr Mrs M Peters and Mrs R Binks

ALSO PRESENT:

IN ATTENDANCE: Mrs K Goldsmith (Research Officer - Overview and Scrutiny)

UNRESTRICTED ITEMS

125. Membership
(Item 1)

(1) Michael Lyons was no longer a Member of HOSC. There was therefore currently one vacancy in the Borough/District representation.

(2) Nigel Collor had left the Committee; Diane Marsh had joined the Committee.

126. Apologies and Substitutes
(Item)

(1) Mr Ian Thomas gave his apologies as he was already committed to attend Kent and Essex Inshore Fisheries and Conservation Authority; he was substituted at the meeting by Mrs Rosalind Binks.

(2) Mr Nick Chard and Councillor Joe Howes sent their apologies.

127. Declarations of Interests by Members in items on the Agenda for this meeting.
(Item 3)

(1) Ms Constantine declared an interest due to her involvement in a campaign to seek a Judicial Review against the siting of stroke units in Kent and Medway. She explained she had received advice from KCC's Monitoring Officer on this issue. She stated this interest was not a disclosable pecuniary interest and had no conflict of interest in taking part in the debate and vote.

(2) Mr Lake declared an interest in that he used to be a non-executive Director of the Kent and Medway NHS and Social Care Partnership Trust.

128. Minutes
(Item 4)

RESOLVED that the Committee agreed that the minutes from 1 and 22 March 2019 were correctly recorded, and that they be signed by the Chairman.

129. Kent and Medway Stroke Review
(Item 5)

Glenn Douglas (Chief Executive, Kent and Medway STP and Accountable Officer for Kent and Medway CCGs), Rachel Jones (Director of Acute Strategy, Kent and Medway STP), Dr Steve Fenlon (Medical Director, Dartford and Gravesham NHS Trust), Dr David Sulch (Stroke Consultant, Medway Foundation Trust), Dr Chris Thom (Stroke Consultant, Maidstone and Tunbridge Wells NHS Trust), Steph Hood (Communications and Engagement Lead for the Stroke Review), Nicola Smith (Acute Strategy Programme Lead, Kent and Medway STP), Ray Savage (Strategy and Partnerships Manager, South East Coast Ambulance Service NHS Foundation Trust (SECAmb) were in attendance for this item.

(1) The Chair welcomed the guests to the Committee and invited them to deliver a presentation. The presentation is appended to the minutes.

(2) The salient points from the presentation were:

- Stroke services across Kent and Medway were not performing consistently well. This was supported by data from the Sentinel Stroke National Audit Programme (SSNAP).

- National targets for activity thresholds and workforce numbers were not being met by all stroke unit sites across Kent and Medway.

- Other areas that have reconfigured their stroke services had seen marked improvements in the number of patients receiving high quality specialist care.

(3) Members asked a series of questions about the reasoning for having three Hyper-Acute Stroke Units (HASUs).

(4) Dr Sulch and Dr Thom explained that six specialist consultants were needed to run a full-time rota at a HASU. This would require a workforce of 18 such consultants across three HASUs. Kent and Medway employed 10 consultants currently. NHS representatives stated that employing an additional 14 consultants on top of this number to adequately staff four HASUs would not be feasible due to the challenges around recruitment.

(5) NHS representatives added that the service would be under continuous review, and that should demographics change in the future then the need for an additional HASU would be revisited (considering both activity levels and workforce capacity). An undertaking was made that the Committee

would continue to be engaged, with performance data being shared regularly.

(6) Another area of questioning by Members was around the decision to remove stroke services from the Queen Elizabeth the Queen Mother Hospital (QEQM) in Margate

(7) NHS representatives explained that the number and location of the HASUs had been subject to robust research, discussion and scrutiny. This was an opinion echoed by the Healthwatch representative present at the meeting. An NHS representative compared the consolidation of services to that of trauma services, in which trauma patients were now taken to William Harvey Hospital instead of QEQM as they were prior to the changes to trauma services. Performance data showed a higher quality of service and improved mortality since the centralisation.

(8) Ms Jones assured Members that QEQM was not eliminated from the decision-making process early on. The thousands of site combinations were gradually shortlisted by applying an evaluative matrix. QEQM was in several of the final 13 options. It was only at this stage that the criteria used meant that none of the final five options upon which the public consultation was based included QEQM.

(9) Workforce was another key area of interest for Members. NHS representatives explained that there was a requirement for skilled staff in order to provide a quality service. Whilst workforce was a national issue for the NHS, stroke specialists were particularly difficult to recruit in Kent. One of the reasons for this was the level of uncertainty around the future of these stroke services. Another reason was that stroke services in Kent were not performing adequately enough, which was not attractive to potential staff.

(10) Questions were asked by a number of Members about the impact of longer travel times for some patients.

(11) Mr Savage explained that even during peak travel times, ambulances generally made good progress because the public would try their best to move out of the way. The ambulance service had tested the accuracy of the travel time data collated from Basemap.

(12) Dr Thom was confident that if the reconfiguration went ahead, all Kent residents would have equal access to high quality care. He conceded that those living near to a HASU would have an advantage if they required a time critical intervention, but the overall advantages would benefit all residents.

(13) In addition, whilst the NHS recognised that travel times were an issue, they were confident that their investigation into journey times supported the view that the “call to needle” time of 120 minutes would be achievable. Any additional travel time was, they explained, outweighed by the speed and quality of care that the patient would receive when entering a HASU. It was stated that this would also ensure that the chances of longer-term potential

effects of stroke, such as infection, disability, and further strokes, were minimised by the patient being seen at a HASU.

(14) Travel time for visitors was also discussed. Ms Jones explained that Travel Advisory Groups had been established in various locations across the county, and these groups were considering options to aid visitors in getting to hospitals further away than their current service. Ideas included funded taxi journeys, town hubs with phones and video-calling facilities, bus route amendments and free parking. The JCCCG was committed to working with the Travel Advisory Groups to ensure the chosen options met the needs of the specific local community.

(15) NHS representatives further explained that the average length of stay in a HASU was 10-14 days. As identified earlier in the Stroke Review, rehabilitation services were key to recovery. Each patient would receive a personalised support plan for their continuing care. Rehabilitation services were currently inconsistent across the county. The CCGs had committed to opening local stroke rehabilitation services across Kent at the same time as the HASUs opened. Thanet would be gaining a stroke rehab centre as there was not one currently.

(16) Members raised the issue of the performance of SECAmb and their ability to respond to Category 2 calls, which was the relevant one for stroke.

(17) Mr Savage acknowledged that response time targets were not always being met by SECAmb, but the Trust was performing well in Thanet currently. There had been recent extensive review of SECAmb, as well as considerable investment (which was separate to that of the Stroke Review). Mr Savage confirmed that if the Air Ambulance was deemed clinically necessary, then it would be used.

(18) Members raised a range of questions about the financial issues raised by the reconfiguration.

(19) NHS colleagues explained that finance was not the reason for the proposed reconfiguration, nor behind the choice to open three HASUs instead of four. The issue was around the ability to recruit skilled and specialist staff. Providing high salaries as an incentive would only shift the problem from other areas in the Country.

(20) In response to a question around the impact of referring the decision to the Secretary of State, NHS colleagues explained that further delay risked the quality of care in the current stroke units, due to staff turnover because of the uncertainty as well as because of delaying the necessary refurbishment to the three chosen sites.

(21) Ms Jones stated that the best way to reduce inequality was by prevention. She drew Members' attention to the recent announcement that South Kent Coast CCG and Thanet CCG were two of 23 CCGs nationally piloting a new programme to spot and treat heart conditions earlier.

(22) With no more questions from Members, the Chair thanked the guests for their time.

(23) A proposal from Mrs Beresford was moved and seconded by Mr Bartlett:

- *The Committee is asked to agree:*

a. *To ask the NHS to note and consider the strong reservations the HOSC has about the plans for reconfiguring acute and hyper-acute stroke services across Kent and Medway and the potential impact they could have on the following in particular:*

    1. *Travel times;*
    2. *Staffing levels over the long-term; and*
    3. *Inequalities.*

b. *That the HOSC accepts the rationale for the changes and the move towards centres of excellence across the County, recognises that there is no perfect arrangement of services and that the current proposals may be the optimal way forward at this current time and that any further delay may have a negative impact on health outcomes across the County.*

c. *That the HOSC recognises the work of the JHOSC and the positive impact ongoing engagement with the NHS has had, notably the decision by the JCCCG to develop stroke rehabilitation services and introduce them to many areas where they do not currently exist, including Thanet, and requests that the NHS engage regularly with the HOSC on the further development and implementation of the proposals to ensure they deliver the best possible service for Kent.*

(24) Different points of view were put forward by Members in discussing the proposed motion. Some expressed the view that where they had concerns previously, these had been adequately addressed by NHS representatives and that it was more important to move to a new reconfiguration of services which would begin delivering improvements to what was currently a poor service and that the health service needed certainty to be able to do this. Other Members expressed the view that it was important to ensure that any change made was the right one and there were reasons for judging that the current proposals were not the best ones, including travel times, and that it put East Kent residents at a relative disadvantage.

(25) The motion was discussed by the Committee and then put to the vote. Following approval, the motion became the formal recommendation:

- *RESOLVED that the Committee agrees:*

a. *To ask the NHS to note and consider the strong reservations the HOSC has about the plans for reconfiguring acute and hyper-acute stroke*

services across Kent and Medway and the potential impact they could have on the following in particular:

1. *Travel times;*
2. *Staffing levels over the long-term; and*
3. *Inequalities.*

b. *That the HOSC accepts the rationale for the changes and the move towards centres of excellence across the County, recognises that there is no perfect arrangement of services and that the current proposals may be the optimal way forward at this current time and that any further delay may have a negative impact on health outcomes across the County.*

c. *That the HOSC recognises the work of the JHOSC and the positive impact ongoing engagement with the NHS has had, notably the decision by the JCCCG to develop stroke rehabilitation services and introduce them to many areas where they do not currently exist, including Thanet, and requests that the NHS engage regularly with the HOSC on the further development and implementation of the proposals to ensure they deliver the best possible service for Kent.*

130. Work Programme
(Item 6)

(1) The item took place after a short adjournment due to disruption from the public gallery.

(2) RESOLVED that the Committee considered and agreed the work programme.

131. Date of next programmed meeting – Thursday 6 June 2019
(Item 7)

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber - Sessions House on Thursday, 6 June 2019.

PRESENT: Mrs S Chandler (Chair), Mr P Bartlett (Vice-Chairman), Mrs P M Beresford, Mr D S Daley, Ms S Hamilton, Mr P W A Lake, Ms D Marsh, Mr K Pugh, Mr I Thomas, Mr D Mortimer (Maidstone BC), Mr M J Angell and Mr D Farrell

ALSO PRESENT: Mr S Inett

IN ATTENDANCE: Mrs K Goldsmith (Research Officer - Overview and Scrutiny) and Dr A Duggal (Deputy Director of Public Health)

UNRESTRICTED ITEMS

132. 75th Anniversary of D-Day
(Item)

(1) At the start of the meeting, the Chair asked Members and attendees to observe a one-minute silence to recognise the 75th anniversary of D-Day. A Member of the Committee thanked the Chair and drew attention to the key role of Kent-born Lieutenant-General Sir Frederick Morgan in D-Day.

(2) The Committee observed a one-minute silence to recognise the 75th anniversary of D-Day.

133. Declarations of Interests by Members in items on the Agenda for this meeting.
(Item 2)

There were no declarations of interest.

134. Kent and Medway Strategic Commissioner
(Item 3)

Simon Perks (Director of System Transformation, Kent and Medway STP) and Dr Bob Bowes (Chair, NHS West Kent Clinical Commissioning Group Governing Body) were in attendance for this item.

(1) Mr Perks explained to the Committee that much had happened since the update to HOSC in November 2018, and that the current meeting was timely to update Members on the progress as well as future arrangements around commissioning health services across Kent and Medway.

(2) Dr Bowes explained several of the drivers behind the proposal for eight CCGs to dissolve and a new single CCG to be created:

i. The current structure made it difficult to make large scale strategic decisions.

ii. There was a national mandate for CCGs to reduce their management costs by 20%.

iii. A single, larger, CCG would allow for a wider pool of expertise.

(3) Giving additional context to the second point in (2), Members were informed that only 3% of the NHS budget was spent on management.

(4) Responding to the third point in (2), a Member commented that CCG responses to planning applications were not always robust. Dr Bowes explained that this was in part due to individual CCGs not having the required expertise due to their smaller size.

(5) NHS representatives continued to explain the broader context behind the proposal. The creation of internal markets in the 1990s had led to a lack of integration across the sector and its partners. It had created an environment where, in some cases, individual patients had to deal with many professionals as there was no single point of oversight of a patient's care. This led to duplication and inefficiencies.

(6) The Long Term Plan set out the push for collaboration, though this would not be without difficulties due to the cultures embedded in each organisation, along with multiple, legitimate, views of what was best for individual patients. Integration presented an opportunity for a more patient centric view.

(7) Mr Bowes acknowledged that there were mixed views around GPs leading commissioning of services, but he considered this clinical input very important as it gave decisions clinical authenticity.

(8) Members were concerned that high level decision making would fail to meet the needs of individual districts and people, and that the changes echoed structures from the past. Dr Bowes acknowledged that arrangements for the health service had oscillated between strategic and localised structures. He explained that the new system would see a high-level partnership (the single CCG) set the desired outcomes, as informed by the Population Needs Assessment (and Kent Integrated Dataset), and then the four Integrated Care Partnerships (ICPs) would decide how best to deliver those outcomes based on available resources and needs.

(9) The future arrangements would see each ICP held collectively responsible for its population's health outcomes, whereas at that time they were only responsible for delivering the activity.

(10) Members questioned where Social Care and Public Health, services delivered by the local authority, fitted into the future arrangements. Dr Bowes said there was a growing awareness that health and care services at all levels needed to work better together. Examples of good practice at practitioner level had been seen within Multi-Disciplinary Teams. Integration of health and social care at managerial and commissioning level was more challenging because of cultural differences, but he felt it was very important to explore the ambition, otherwise there was a risk of missing the opportunities integration could bring.

(11) With regard to the integration of Public Health, Dr Bowes explained there were two aspects: i) understanding the populations needs and ii) preventative care. This work would largely take place within the Primary Care Networks (PCNs) and what would in the future be called Local Care. There had been significant work carried out within the Local Care workstream to ensure a better offer of preventative care was delivered.

(12) Dr Allison Duggall, Deputy Director of Public Health at KCC, added that there was a workstream underway around prevention within the future commissioning arrangements and evolution of Integrated Care Systems (ICSs). She reiterated the need to work with other parts of the system, and consider prevention at primary, secondary and tertiary levels.

(13) Members asked about the process for the 8 CCGs to become a single organisation. Dr Bowes clarified that there was no requirement for a change in legislation in dissolving the 8 CCGs and creating a new, single CCG. Members of the current 8 CCGs would be asked to vote on the proposals in late summer of 2019. An application would then be made to NHS England and if successful, it would then be approved by the Secretary of State for Health. The intention was for a single CCG to be in place by April 2020.

(14) Members questioned the ability of PCNs to operate from fit-for-purpose premises considering the constraints on capital finance. Mr Perks confirmed that NHS capital budgets were severely constrained, and this would need to be addressed by Government. However, he also explained that PCNs were not synonymous with GP surgeries and they would be carrying out new functions. Their premises would be an enabler but were not system critical.

(15) RESOLVED that the report be noted, and the Kent and Medway STP provide an update at the appropriate time, which would likely be once the single Strategic Commissioner in shadow form had been established.

135. Review of Winter Planning
(Item 4)

Ravi Baghirathan (Director of Operations, Kent and Medway STP) and Matthew Capper (Head of Seasonal Planning and Resilience, Kent and Medway STP) were in attendance for this item.

(1) The Chair welcomed Mr Baghirathan and Mr Capper to the meeting and invited them to give their presentation (appended to these minutes).

(2) The salient points from the presentation were:

- Winter 2018/19 had been milder than average with little snow and few frosts.

- There had been a lower seasonal flu outbreak than in previous years.

- There was a general increase in demand at A&E departments and GP practices (which Mr Capper explained was in large part due to the ageing population).

- The local acute trust A&E data showed that Kent and Medway's performance during winter 2018/19 was comparable to that of the South East.

- There were areas identified as requiring improvement before next year's winter planning, as well as areas that had worked well following on from changes made in previous years.

(3) Mr Baghirathan explained that winter planning was being carried out in a much more systematic way, with Local A&E Delivery Boards (LAEDBs) expected to have robust plans in place. These plans, which were assessed through a two-part bipartite process, had to explain the actions taken to improve on the previous year's performance; how the national ten high impact interventions would be delivered; the flu programme for staff and patients; as well as work on Delayed Transfers of Care.

(4) A Member asked for assurance that the historic system pressures around weekends, and the reduced level of staffing during that period, were overcome. Mr Capper accepted that there had been discrepancies between weekend and weekday performance but added that some of this was due to legitimate issues around discharge (such as some Care Homes not accepting new patients at weekends). He assured Members that the STP were implementing new systems across all their services to ensure performance was more consistent.

(5) When asked if the reduced incidence of flu was down to milder weather or better prevention, Dr Duggall from Public Health explained that there had been a better match between the immunisation given to vulnerable people and the actual flu strain. There was also a bigger drive for vaccinating young children, and this also helped protect their older relatives.

(6) The bed occupancy rate had reduced from 95.5% to 95.0% between 2017-18 and 2018-19. Members questioned if there was an optimum level, and whether different categories of bed were considered. Mr Capper explained the aim was for 85% bed occupancy, as this provided a level of flexibility. He also assured Members that the occupancy of different bed types was also considered.

(7) Members asked for clarity around acronyms that had been used in the presentation and covering report:

i. SHREWD – this was not an acronym but the name of a software product that provided a real time data dashboard by using a single source of data.

ii. WOLF – "Weekly Operation Look Forward" – these were weekly calls that took place between system partners in order to discuss upcoming risks and put plans in place to mitigate these.

(8) The Chair thanked Mr Baghirathan and Mr Capper for their time, and congratulated NHS staff for the improvements made since last year. She requested this be fed back to staff.

(9) RESOLVED that:

i. the report be noted;

ii. NHS England South East and the Kent and Medway STP provide an update on the winter planning for 2019/20 at the appropriate time.

136. NHS East Kent CCGs Financial Recovery Plan
(Item 5)

Ivor Duffy (Director of Assurance and Delivery, NHS England – South East) was in attendance for this item.

(1) The Chair welcomed Mr Duffy to the meeting and asked if he wished to highlight any issues to the Committee before taking questions.

(2) Mr Duffy explained that it had been a challenging year, but significant work had been undertaken in order to improve the level of savings, though the CCG

did not manage to reduce the deficit to the expected level by the end of the year.

(3) He explained how the CCGs were moving forwards in line with the Long Term Plan which saw the CCGs working differently within East Kent and with the Regulator. The CCG had signed an aligned incentive contract with East Kent hospitals which focused on cost rather than income and expenditure – this was a forerunner to an Integrated Care Partnership (ICP). These contracts had worked successfully elsewhere in the country, including in West Kent.

(4) Mr Duffy explained how the change in relationship between NHS England and NHS Improvement had helped, by leading to a single conversation instead of two.

(5) Members questioned if the financial deficit would be written off if the 8 CCGs dissolved to become 1, and if not, would it ever be possible to escape the deficit position. Mr Duffy explained the deficit would not be written off but assured Members that the East Kent system was in the process of developing a long-term financial plan which aimed to restore financial balance by 2021/22. The aligned incentive contract with East Kent hospital trusts had already led to improved outcomes and efficiencies.

(6) Referring to page 21 of the agenda pack, Members questioned the use of consultants in a number of reviews. Mr Duffy explained that in some cases it was necessary and right for an external party to carry out a review (such as the Governance Review by PWC). In other cases, such as the Strategic Review of the East Kent acute reconfiguration, it was incumbent for the CCG to seek expert advice that they did not hold in house. The QIPP review was nationally funded. Finally, work on the East Kent Financial Recovery Plan was being supported by NHS England/ Improvement's Transformation Team and therefore was not using an external consultant.

(7) The Chair thanked Mr Duffy for attending.

(8) RESOLVED that:

a. the report be noted;

b. East Kent CCG provide an update on the financial position to HOSC at the appropriate time.

137. Dermatology Services update (Written Update)
(Item 6)

(1) The Chair invited Members to comment on the written update on the procurement of dermatology services across Medway, Dartford, Gravesham and Swanley and Swale CCGs. The report confirmed that a procurement process had resulted in the North Kent Dermatology Service being awarded to DMC Healthcare as of 1st April 2019.

(2) Members questioned the need for, and cost of, the reorganisation and its impact on its patients. They were also unclear who DMC Healthcare were, and whether it was part of an existing NHS Trust or an independent company. Finally, they felt there was significant text on mitigation but no real resolution of the issues.

(3) Steve Inett informed the Committee that Healthwatch Medway had received many calls from the public who were concerned about missing appointments. Healthwatch Medway had met with the CCG to feed these views back but considered the situation had not yet been resolved and deserved continued scrutiny.

(4) RESOLVED that

a. Medway CCG provide a written update addressing Members concerns as soon as possible. This update should include:

i. further information on DMC Healthcare;

ii. the reasons behind the need for reorganisation;

iii. the cost of the reorganisation and procurement process;

iv. the impact on patients and how these were being addressed.

b. North Kent CCGs return to the Committee before the end of the year with an update on performance of the contract.

138. Review of Frank Lloyd Unit, Sittingbourne (Written Update)
(Item 7)

(1) Members considered the written report by NHS regarding the review of the Frank Lloyd Centre in Sittingbourne.

(2) The Chair outlined the background to the review for the benefit of the Committee:

The unit was an older person's inpatient unit operated by Kent and Medway NHS and Social Care Partnership Trust (KMPT). It provided a bed-based service for individuals with complex dementia with behaviours that challenged and who were eligible to receive NHS Continuing Healthcare. The unit was accessed by all CCGs in Kent and Medway. A CQC review in January 2016 highlighted some concerns about the unit. A change to the approach in management of patients had resulted in a decline in patient numbers at the unit, making its future unsustainable.

(3) Mr Inett, representing Healthwatch, informed the Committee that volunteers from their organisation had visited the unit in December 2018. They had spoken to carers who were concerned about the uncertainty surrounding the unit and how this would impact the workforce. Members agreed that it was highly disappointing this uncertainty continued after so many months.

(4) The Committee agreed that continued scrutiny of the review was required. NHS representatives had already been scheduled to attend the following HOSC meeting on 23 July 2019.

(5) RESOLVED that:

a. the report be noted;

b. the Kent and Medway CCGs attend the next meeting in order to provide a further update, which would provide additional information on (but not limited to):

i. the current standard of care for patients still accessing the service;

ii. how that standard of care was maintained;

iii. the progress made on alternative provision.

139. Items on 1 March 2019 HOSC Agenda: Correspondence Received (Written Update)
(Item 8)

(1) RESOLVED that the update be noted.

140. Work Programme
(Item 9)

(1) The Chair asked Members to consider the work programme.

(2) Due to an imbalance between the number of items on the July and September agendas, the Chair resolved to work with Officers to ensure this imbalance was appropriate.

(3) The published work programme showed the “Children and Young People’s Emotional Wellbeing and Mental Health Service and All Age Eating Disorder” item as being on the September 2019 agenda. Due to the unavailability of the appropriate NHS representatives on the 19 September, the Chair and Officers were looking into the possibility of holding an informal briefing in September (on a date the NHS representatives were available) followed by a substantive item at the November meeting.

(4) In the meantime, the Chair informed Members that additional discussions around the Children and Young People’s Emotional Wellbeing and Mental Health Service would be taking place, including by CYPE Cabinet Committee around KCC’s related contract.

(5) RESOLVED that the draft Work Programme be agreed.

141. Date of next programmed meeting – Tuesday 23 July 2019, 10am
(Item 10)

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Item 5: Wheelchair Services Update

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 23 July 2019

Subject: Kent and Medway Wheelchair Service Update

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.

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1. Introduction

(a) Thanet CCG are the lead commissioner for wheelchair services across Kent and Medway.

(b) Millbrook Healthcare was awarded the contract for wheelchair services across Kent and Medway in April 2017.

(c) During the early months of the contract, Millbrook Healthcare identified a larger than expected caseload including a significant number of adults and children that had been on the waiting list for more than 18 weeks, and in some cases over a year.[1]

(d) HOSC received notification from Thanet CCG in June 2018 that there was pressure on the wheelchair service provided by Millbrook Healthcare; patients were experiencing longer wait times for equipment, repairs and assessment. These concerns were echoed by Healthwatch Kent.

2. Previous monitoring by the Kent HOSC

(a) Thanet CCG attended HOSC on 20 July 2018. Following a discussion, HOSC concluded with the following recommendations:

RESOLVED that the Committee:

i. expresses grave concerns about the wheelchair services contract and its management by NHS Thanet CCG.

ii. writes to all Kent CCGs to express its concerns about the wheelchair services contract and its management by NHS Thanet CCG.

iii. 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

[1] Thanet CCG (Jan 2019) Kent and Medway Wheelchair Service Update, page 2, https://democracy.kent.gov.uk/documents/s88768/190125%20HOSC%20Briefing%20on%20Kent%20and%20Medway%20Wheelchair%20Service%20Final%20v2.pdf

provide an action plan detailing how the issues will be resolved in the interim.

iv. *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.*

(b) At the request of the CCG, an informal briefing was held by Thanet CCG for HOSC on 15 August 2018. At the conclusion of the briefing, the Chair requested an additional meeting of HOSC in order for the Committee to formally consider the item. This was held on 13 September 2018.

(c) At the conclusion of the September 2018 meeting, the Committee agreed the following recommendations:

RESOLVED that:

i. the reports and Joint Wheelchair User Group statement be noted;

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

(d) As per the request above, Thanet CCG and Millbrook Healthcare attended HOSC on 25 January 2019. The Centre for Independent Living in Kent (CiLK) and the Wheelchair Service Users group had been unable to attend but submitted a statement which was shared with the Committee.

(e) At the conclusion of the January 2019 meeting, the Committee agreed the following recommendation:

RESOLVED that the reports be noted, and Thanet CCG provide an update, with additional information as requested by the Committee, at the appropriate time.

(f) In line with the above recommendation, Thanet CCG have been invited to attend this meeting to provide an update on the service performance.

3. Recommendation

RECOMMENDED that the report be noted and Thanet CCG provide an update at the appropriate time.

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

Kent County Council (2019) *'Health Overview and Scrutiny Committee (25/01/19)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7924&Ver=4

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Meeting Title:	Health Overview and Scrutiny Committee		**Agenda Item:**	
Date of Meeting:	23 July 2019			
Title of Report:	Kent and Medway Wheelchair Service Update			
Author:	Tamsin Flint, Commissioning Manager, Thanet CCG			
Executive/ Lay Sponsor:	Ailsa Ogilvie, Director of Partnerships and Membership Engagement, East Kent CCGs			
Finance sign-off				
This paper is for: *(please X as applicable)*	Approval	Decision	Assurance	Information
			X	
Are any members of the meeting conflicted?	~~Y~~/N			
Is circulation restricted? *(please X as applicable)*	No	Yes		
	X			

Report summary/purpose:

This paper is to update Kent's Health Overview and Scrutiny Committee (HOSC) on progress made since our last report in January 2019 to deliver improvement in service performance and quality for Kent's and Medway's Wheelchair service users.

Recommendation:

HOSC members are asked to note this report.

Combined impact assessments

Has the report/recommendation/proposal been impact assessed

X	Yes
	~~No (state reason)~~

Kent and Medway Wheelchair Service Update January 2019

Situation:

Since September 2018, the positive impact of additional funding from the eight Kent and Medway Clinical Commissioning Groups (CCGs) along with improved provider operational processes and increases in Millbrook Healthcare clinical and support staffing continue to deliver steady improvement in service performance and quality; the overall open referrals caseload (adults and children) continues to reduce and is ahead of the improvement plan trajectory and average waiting times are shortening.

In two key areas, however, repairs within three days and children's cases closed within 18 weeks, performance is off trajectory. The CCG is monitoring closely to understand the reasons for this slippage and the actions Millbrook Healthcare is taking to get back on track.

Complaints have reduced in number and strengthened face to face engagement with service users is helpfully highlighting where there is need for further improvement.

Whilst average waiting times are shortening some service users are still experiencing unacceptably long waiting times for wheelchair assessments and repairs and both Millbrook Healthcare and Thanet CCG continue to work hard to address this to improve experience for all service users.

Background:

Millbrook Healthcare took over the NHS-funded wheelchair contract for Kent and Medway on 1st April 2017. The contract is managed by Thanet CCG on behalf of the eight Kent and Medway CCGs.

Following contract mobilisation Millbrook Healthcare raised concerns about the caseload inherited from the previous provider. A review of the evidence by the CCG and through an independent audit made clear that the inherited backlog had impacted on the ability of Millbrook Healthcare to deliver the contract and that demand into the service was more significant than had been predicted at the time of procurement.

Phased additional funding was approved by the eight Kent and Medway CCGs in September 2018 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:

Performance

Latest data to end of May 2019 shows evidence of continued overarching improvement with reductions in the waiting lists for both equipment and repairs. The service closed 694 referrals during May against an improvement plan trajectory of

563 and overall the service is ahead of trajectory for open episodes of care, reporting a total 1,933 open cases at end of May 2019 against a planned trajectory of 2,180.

Between the end of August 2018 and the end of May 2019, the open referrals caseload for children and adults has steadily reduced from 3369 to 1933 and the CCG is assured that Millbrook Healthcare will deliver the service improvement plan trajectory of 1904 open referrals by September 2019.

Millbrook Healthcare continues to focus on long waiters and the average waiting time has reduced further from 31.2 weeks at the end of January 2019 to 23.06 weeks at the end of May 2019.

There have been marked improvements in the repairs waiting list for those who have been waiting for a wheelchair repair for more than ten days which has reduced from 461 in August 2018 to 36 by the end of May 2019. The overall number of open repairs (ten day and three day turn around) is 76 at the end of May 2019 compared to 266 at the end of November 2018, which is a reduction of 71 per cent in seven months.

Although there has also been improvement in the percentage of repairs completed within three working days, this is still not at the level it needs to be and is behind the improvement plan trajectory. Of the 396 repairs which were completed in May 2019 only 28 per cent were completed within three working days. Millbrook Healthcare has taken a number of actions to improve this area. A full review of the current routing system has been conducted to ensure all localities of Kent & Medway are visited by engineers within the three working days target. The service has introduced a more flexible user friendly offer of am/pm and 'first slot' appointments. The new and improved real-time software reporting system was successfully launched in January 2019 and will ensure that both sites are able to pro-actively manage and review repairs. Alongside these changes a new dedicated Kent and Medway wheelchair service website is now available which will shortly enable service users to report repairs and upload photos; this will support engineers to understand and decide how best to resolve the repairs issue prior to the appointment.

The first-fix rate for repairs has improved and has reached 100% for the first time since the start of the contract.

18 week waits children

In May 2019, there were 286 children on an incomplete episode of care, just under the improvement plan trajectory of 282. Over three quarters (76.6 per cent) of these children have been waiting for less than 18 weeks. This is a significant improvement on where we were at the beginning of the year, when slightly over half (53.2 per

cent) of children were waiting less than 18 weeks but it is behind the improvement plan trajectory which was to deliver the national 92% target by Quarter 1 2019-2020.

Slippage against this target was discussed with Millbrook Healthcare at the CCG's June Contract Management Committee meeting and since that time Millbrook Healthcare has reviewed all 77 open children's referrals over 18 weeks and as requested has reported back to the CCG. This review has brought to light that due to clerical error 10 cases which should have been closed as the episode of care had been completed had been left open. Additional staff training is in hand to avoid such errors in future. There are a further 24 cases where circumstances outside the provider's control are delaying case closure. This includes:

- Service user referred pre surgery putting progress on hold for four weeks
- Family decision making around voucher options
- Service user multiple do not attends due to ill health

The CCG is exploring this further with Millbrook Healthcare to determine whether it is appropriate to apply a clock stop in some circumstances; this would lift delivery of the target to 84% from the reported 76.6%, an improvement but still under target.

The CCG will continue to monitor this closely and has required the 92% target for children to be met within Quarter 2 2019-20.

Millbrook Healthcare has reported that all other children over 18 weeks have the appropriate next appointment scheduled.

18 week waits adults

In May 2019 1647 adults were on an incomplete episode of care, ahead of the improvement plan trajectory of 1,898. Just over half (54.5 per cent) of these adults have been waiting less than 18 weeks. This represents an improvement on performance at the beginning of the year when at end of January 2019 just over a third (37.7 per cent) had been waiting less than 18 weeks. There is not a national 18 week target for wheelchair services for adults but it is the CCG's aim that Millbrook Healthcare achieves a 92% target for adults as for children. The CCG is nearing completion of demand capacity modelling which will inform what level of open caseload will enable this and the budgetary implications.

Service user engagement

Three service user Engagement Events were held in April and May 2019 which have provided an excellent opportunity for Millbrook Healthcare staff and commissioners to hear directly from service users about their experiences and listen to suggestions that can inform further improvements in the service. More than 60 people who use NHS-funded wheelchairs took part and initial feedback from the events has been positive, with the majority feeding back they had found them informative sessions where they have gained a better understanding of the service and Millbrook Healthcare's plans to improve. There was a lot of useful feedback from the events, with service users saying they wanted Millbrook Healthcare to review the complaints

process, improve how the service communicates with them and explain better the process for issuing new wheelchairs.

Millbrook Healthcare's next step is to recruit a service improvement board and working groups involving service users that will play a pivotal role in making sure we continue to get things right.

Personal wheelchair budgets

Work is in progress with service user input to progress personal wheelchair budgets with a project plan in place for delivery from November 2019; a commissioning intentions letter will be issued shortly.

Quality, Safety and Improvement

East Kent CCGs' Quality, Safety and Improvement Team have worked closely over a number of months with Millbrook Healthcare to address quality concerns. The following is a snapshot of some of the improvements in quality that have been observed:

Service user experience

Millbrook Healthcare has been capturing service user feedback to provide a real time 'temperature check' of people's reported experience of the service. The overarching satisfaction survey score was overwhelmingly positive with feedback being received from service users and carers at all touch points within the service.

Feedback cards go out with repair visits and tablets were used in clinic, with service users also being given the option of completing a feedback card after the appointment if preferred. The survey is optional and 125 responses had been received between April and June 2019; these will continue to be reviewed by the CCG on an ongoing basis.

Safeguarding

Work is underway to make it easier to raise safeguarding alerts, particularly for field staff. A threshold toolkit has been developed as a result of the new safeguarding policy to improve and increase awareness amongst staff and a refresh of safeguarding training is also underway.

Governance

In June 2019 a separate quality focused contract management meeting took place, where Millbrook Healthcare set out their quality assurance and accountability structures and procedures. The CCG were assured that staffing levels within the clinical and customer service teams have stabilised and that an appropriate governance structure was in place, both in terms of committees and staffing structure. It has been noted that significant improvements have been observed at a

local level that coincide with the commencement of employment to a number of key roles.

Incidents

Incident reporting, although low in number, is at the higher end compared to other wheelchair services nationally. A number of incident learning events have taken place, sharing learning across the organisation and encouraging changing practice. An improved reporting culture has subsequently been observed and there has been a jump in incident reporting following learning events.

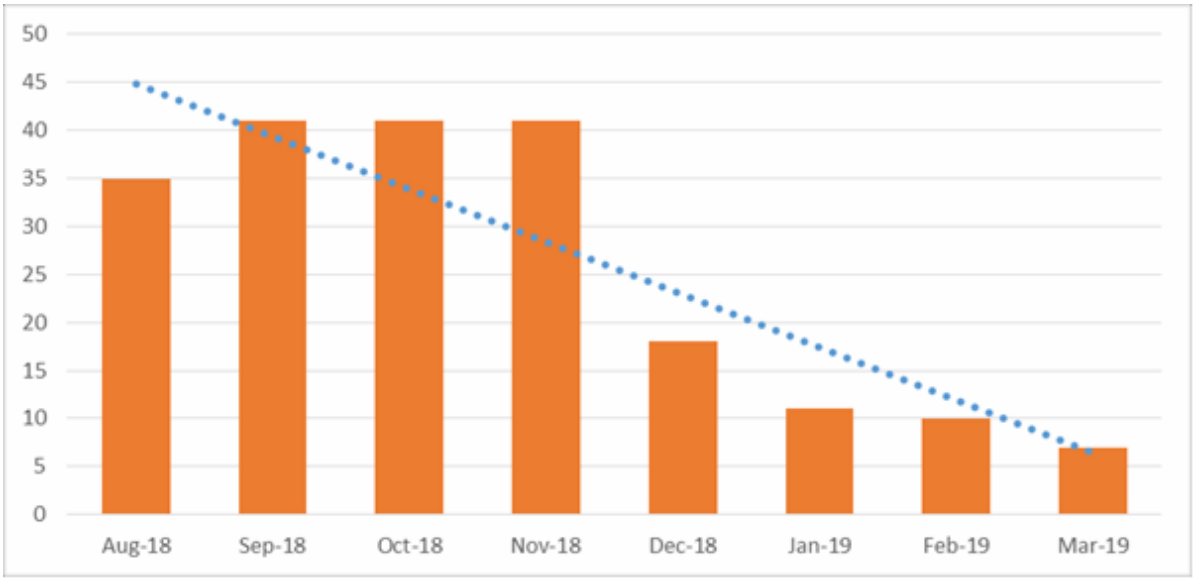
Complaints review

From the start of the contract in April 2017, there has been a high level of complaints reported. The majority of initial complaints related to issues around the inherited backlog and higher than expected activity levels that were impacting on effective delivery of the service.

A complaints review has been undertaken with CCG and Millbrook Healthcare quality colleagues working together to look at how the handling of complaints can be improved including responding to complaints within agreed timescales. In particular the team has been focusing on how lessons are learnt and how these can help drive further improvements in the service.

The service received a total of 102 complaints in the 12 months to 31 March 2019. This was a marginal increase of 8% on the previous year when 94 were reported. The chart below (chart 1) provides an overview of how the outstanding complaints have reduced in recent months.

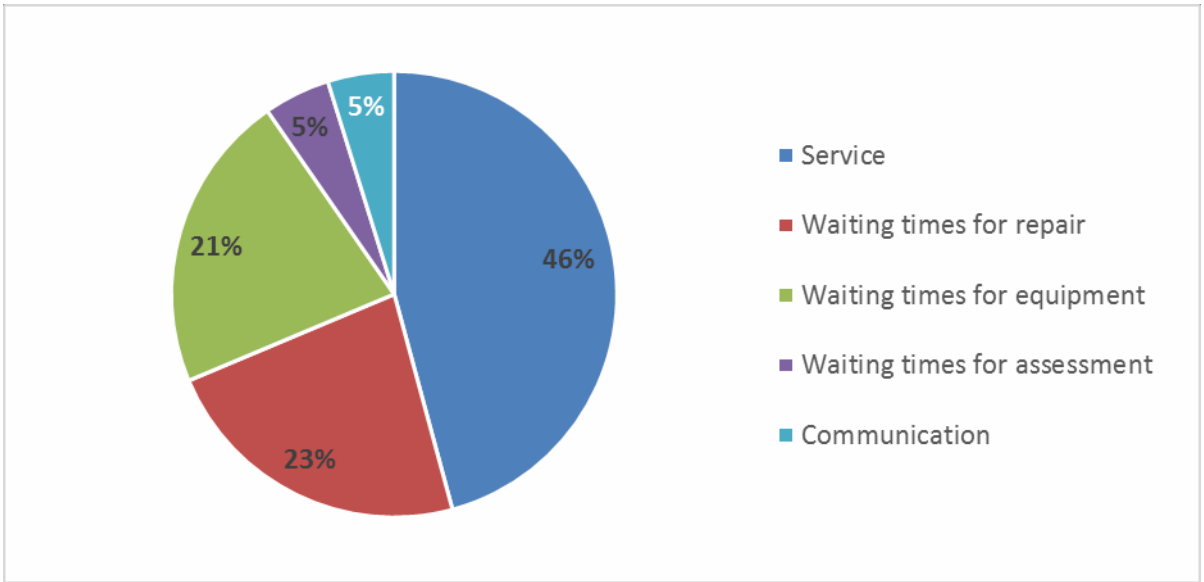
Chart 1: Open and outstanding complaints, Kent and Medway wheelchair service



A further reduction in complaints has been demonstrated since the beginning of this financial year with only two complaints received in April 2019 and a single complaint in May 2019.

The single largest complaint category reported in 2018/19 related to waiting times, totaling 41 separate complaints. This total can be broken down further into waiting times for assessment, equipment and repair. The second largest category related to service with 38 separate complaints received in 2018/19. The pie chart below (chart 2) provides an overview of the top five complaint categories reported in 2018/19.

Chart 2: Complaints by category, Kent and Medway wheelchair service



Millbrook Healthcare has been implementing a range of activities in order to improve the quality and timeliness of resolving complaints, developing the team and embedding learning in order to prevent issues from reoccurring. Some of the steps taken include:

- Centralising the customer service team at the Ashford site. The customer services team now seeks resolutions for informal complaints quickly rather than escalating unnecessarily through a formal complaints route, which had been happening in the past. The local management team now has ownership of the complaints process which includes an escalation process to the Customer Service Supervisor and to the Operations Manager.
- There is a greater emphasis on training with a focus on developing customer service skills. Training in this area for staff across the organisation will also include modules in managing conflict and challenging behaviour. The updated and additional training modules will be rolled out across the organisation during Q3 2019-20.
- A full and thorough complaints policy review was conducted towards the end of 2018 with an updated policy going live in 2019. The revised policy has

been aligned to NHS Complaints Regulations as well as Parliamentary and Health Service Ombudsman (PHSO) good complaint handling guidelines. The draft policy was also shared with a number of NHS commissioners for feedback as part of ongoing joint working.

- A real-time software reporting system, Millflow, was updated in January 2019 which not only meets national reporting requirements to the NHS Digital complaints collection tool but has the added benefit of having more efficient recording and reporting of data which helps improve the quality of information being captured.
- There is ongoing work around improving awareness of what the service can and cannot provide under the eligibility criteria to help better manage expectations of service stakeholders.
- A complaints competency audit has been developed for use across all services. This toolkit has been developed to review the fundamentals of the complaints process and audit staff knowledge and awareness of the complaints process and their roles and responsibilities within it. The audit tool is to be rolled out across all services during Q3 2019-20 with outcomes and recommendations to be reviewed as part of contract quality reporting.
- There is current focus on addressing the impact that DNA/UTA (Did not attend/Unable to attend) have on the service's ability to maintain clinic utilisation. With 121 DNA/UTA occurring in May 2019. These are lost opportunities to either begin the prescription process or handover equipment, an area that Millbrook Healthcare is actively looking to improve and have seen a reduction in June 2019 to 72.

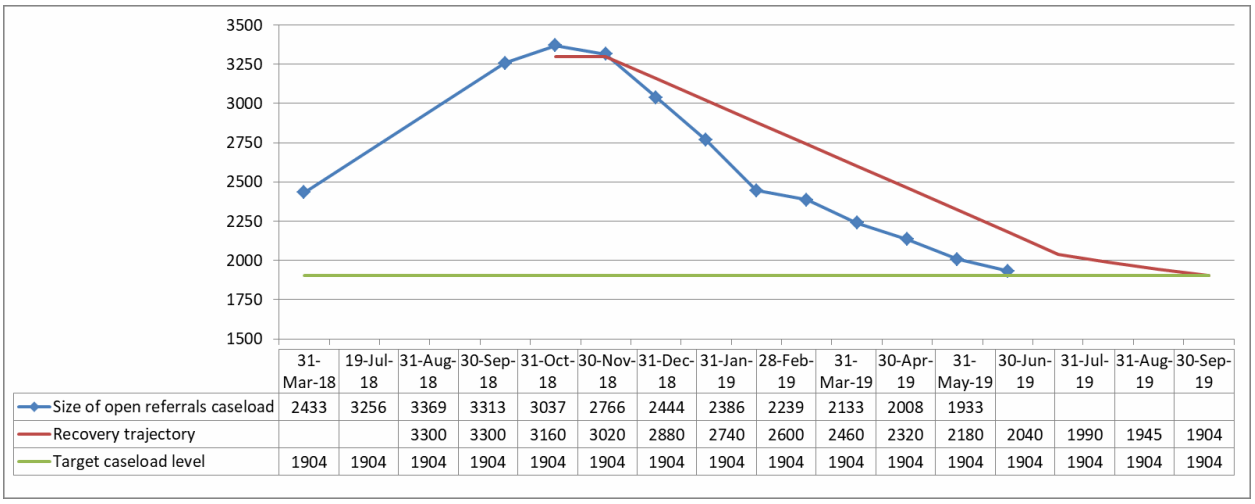
Whilst there is no denying that the complaints process had previously not worked in the best interests of service users, relatives and carers, efforts made in the last year have seen marked improvements in the timeliness of responses and a greater deal of engagement on a local level in terms of maintaining local resolution.

Recommendation:
Overall progress is being made and there continue to be clear signs of steady improvement for those who have been waiting a long time for assessment and repairs. That said, there has been slippage against the improvement trajectory in two key areas and hence there is ongoing work to get these areas back on track. Thanet CCG will continue to monitor this closely through contract management meetings to support Millbrook Healthcare's delivery of the improvement plan and their provision of an excellent service for all service users.

Appendix I: Kent and Medway's Wheelchair Service Improvement Plan Performance Summary

Waiting List Size

The graph below shows the increase in the waiting list size since the start of the contract and then the reduction from September. These figures include new referrals.



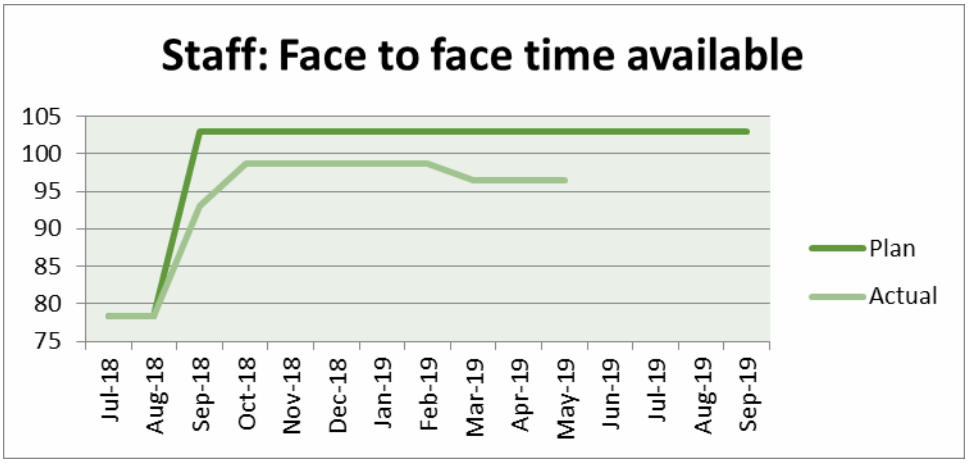
	31-Mar-18	19-Jul-18	31-Aug-18	30-Sep-18	31-Oct-18	30-Nov-18	31-Dec-18	31-Jan-19	28-Feb-19	31-Mar-19	30-Apr-19	31-May-19	30-Jun-19	31-Jul-19	31-Aug-19	30-Sep-19
Size of open referrals caseload	2433	3256	3369	3313	3037	2766	2444	2386	2239	2133	2008	1933				
Recovery trajectory			3300	3300	3160	3020	2880	2740	2600	2460	2320	2180	2040	1990	1945	1904
Target caseload level	1904	1904	1904	1904	1904	1904	1904	1904	1904	1904	1904	1904	1904	1904	1904	1904

Waiting Times

The average length of waiting time for open referrals across Kent and Medway has decreased from 30.7 weeks in November 2018 to 23.1 weeks in May 2019. For children this has decreased from 26.1 weeks in November 2018 to 15.2 weeks in May 2019. We continue to monitor and review waiting times.

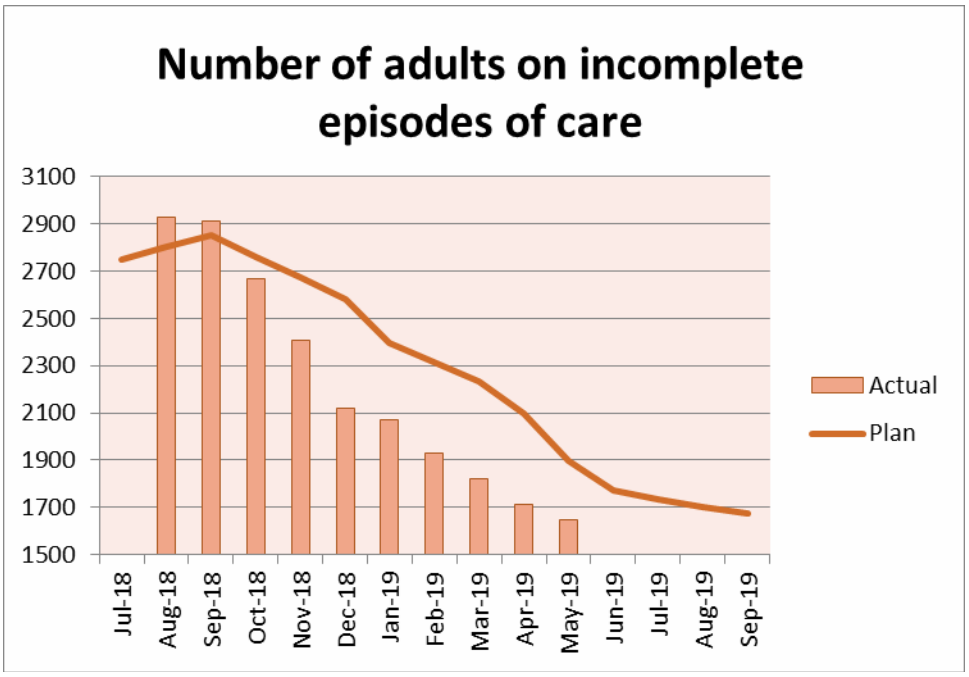
Staff

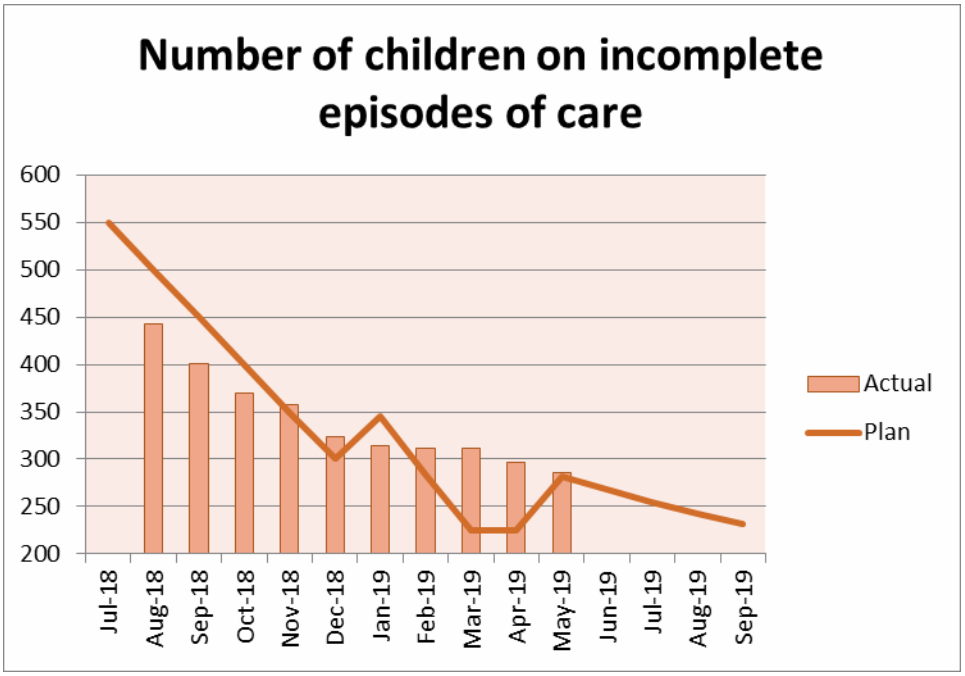
Millbrook Healthcare has now filled all the clinical roles with the exception of continued difficulties to fill the Rehabilitation Engineer post; this staffing gap accounts for the shortfall in projected face to face time, however the support team has been significantly bolstered to help offset this.



Equipment Provision

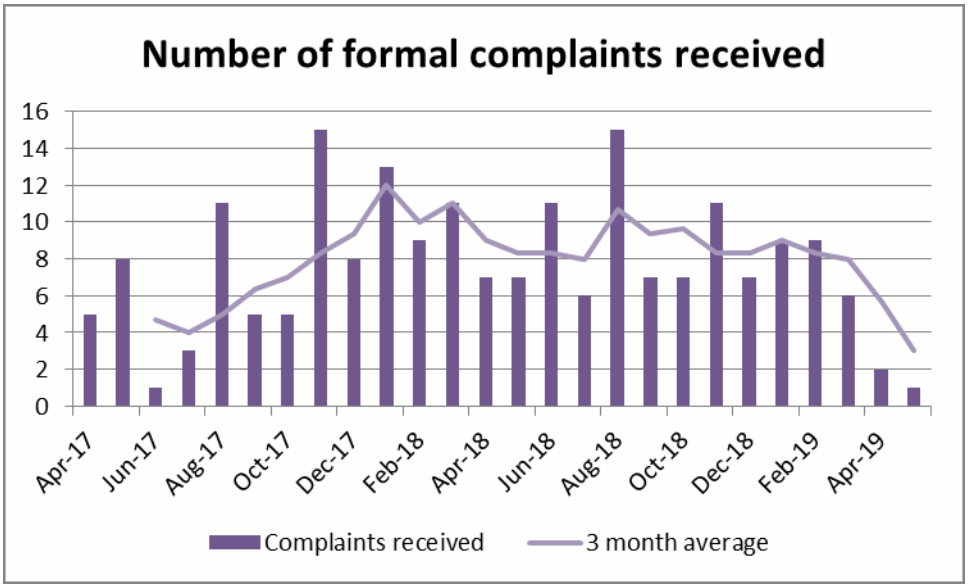
There were 1,933 open episodes of care at the end of May 2019. Overall open episodes of care continued to be ahead of trajectory.





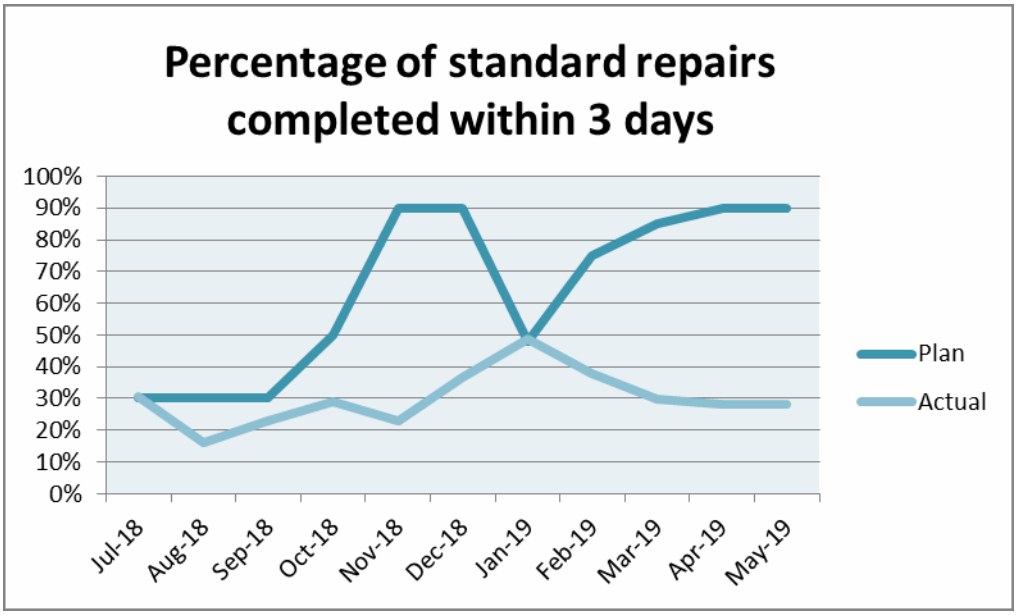
Complaints

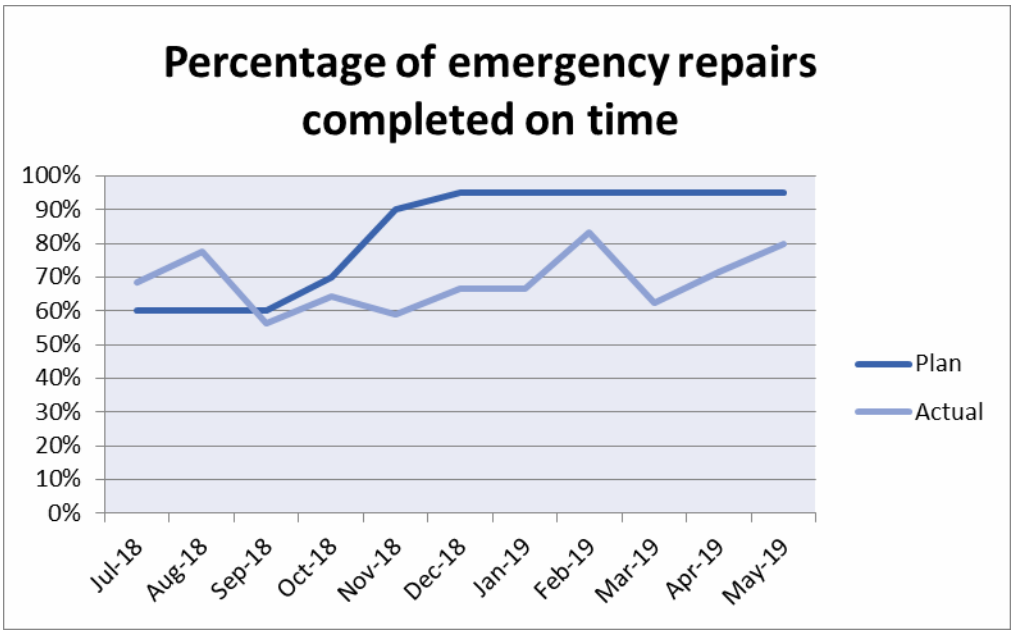
The number of complaints received has been falling gradually since August 2018 but there has been a more significant reduction in recent months.



Repairs and maintenance

The number of open repairs at the end of the month has continued to improve however response times targets are still not being met, action has been undertaken to improve response times.


Percentage of standard repairs completed within 3 days
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Plan
Actual


Percentage of emergency repairs completed on time
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Mar-19
Apr-19
May-19
Plan
Actual

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 23 July 2019

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

Summary: **This has been deemed a substantial variation of service**.

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

It provides background information which may prove useful to Members.

---

1. Introduction

(a) The urgent care review programme was first presented to HOSC in 2014 and since then there have been a number of updates. This paper refers to face-to-face urgent care services, as opposed to telephony services which have been procured separately.

(b) NHS England now requires all areas to have an Urgent Treatment Centre (UTC), in a bid to reduce the pressure on A&E departments.

(c) The DGS proposal will see urgent care services, currently located across a number of centres, brought together under one Urgent Treatment Centre (UTC). A procurement exercise has been paused whilst site options are considered.

(d) The latest update to HOSC was on 25 January 2019 when the Committee considered a report from the Dartford, Gravesham and Swanley CCG.

(e) Two options were presented to the Committee for the location of the UTC:

i. Gravesham Community Hospital;

ii. Darent Valley Hospital

(f) The Committee agreed the following recommendation:

RESOLVED 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 timescales have been confirmed.

(g) The CCG have been requested to provide an update to the Committee on the two options set out on 25 January 2019.

2. Recommendation

RECOMMENDED that the report be noted, and North Kent CCGs be requested to provide an update to the Committee at the appropriate time.

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

Kent County Council (2019) 'Health Overview and Scrutiny Committee (25/01/2019) https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7924&Ver=4

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NHS
Dartford Gravesham and Swanley
Clinical Commissioning Group

Improving NHS urgent care services in Dartford, Gravesham and Swanley

Kent County Council
Health Overview and Scrutiny Committee
Briefing
23rd July 2019

Dr Nigel Sewell
Urgent Care Clinical Lead
DGS CCG

Stuart Jeffrey
Deputy Managing Director and
Executive Lead for Urgent Care
Strategy for Medway, North and West
Kent CCGs

Gerrie Adler
Director of Strategic Transformation
DGS CCG

Introduction

This briefing provides a summary of the urgent care review undertaken since 2015 and **the CCG's plans for a 12 week formal public consultation from 29th July – 21st October 2019 regarding the site options for the future Urgent Treatment Centre**.

The Committee is asked to support the proposed approach outlined in the public consultation document and the consultation communication and engagement plan.

The CCG proposes to return to update the Committee after the public consultation has ended and a decision regarding the site of the future Urgent Treatment Centre has been reached.

What is urgent care?




By urgent care, we mean **care to treat illnesses or injuries that are not life-threatening but that require an urgent clinical assessment or treatment** on the same day.

What is urgent care?

Some conditions that may require urgent treatment if they get worse and you cannot be seen by your local GP or pharmacist are:

- minor illnesses
- bites and stings
- ear and throat infections
- minor skin infections / rashes
- minor eye conditions / infections
- stomach pains
- sickness and diarrhoea
- emergency contraception

Some conditions that should be taken directly to an Urgent Treatment Centre are:

- suspected broken bones
- cuts and grazes
- minor scalds and burns
- strains and sprains
- injuries from DIY
- minor head injuries
- worsening fevers

What is an Urgent Treatment Centre (UTC)?

An UTC operates in line with 27 national standards to ensure consistency of UTC service some of which are highlighted below:

- **Open 12 hours a day (minimum) / 365 days per year**
- Assessment, diagnosis and **treatment of minor illness and injury in patients of all ages** (including prescribing and onward referral if clinically appropriate)
- **GP-led multidisciplinary service**
- **Pre-booked same day and "walk-in" appointments**
  - Walk-in patients clinically assessed within 15 minutes - appointment within 2 hours
  - Pre-booked appointments (via NHS111) seen within 30 minutes of appointment time
- Includes access to:
  - **local mental health, community, and social care services**
  - **a patient's electronic health record**
  - British sign language, interpretation and translation services

Current urgent care services in Dartford, Gravesham and Swanley

We know from engaging with the public and key stakeholders that the current urgent care services are fragmented and confusing; each unit has different opening hours and can treat different illnesses and conditions.

Walk-in Centre at Fleet Health Campus in Northfleet: The service is led by GPs offering consultations, minor treatments and advice on self-care.

The Minor Injuries Unit at Gravesham Community Hospital in Gravesend: The service is led by nurses who offer treatment for less serious injuries.

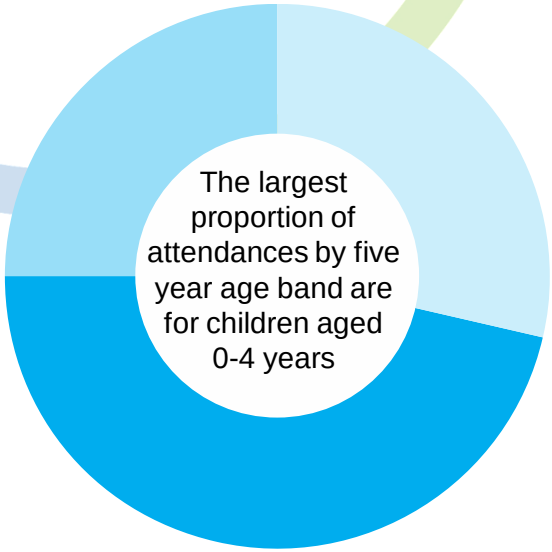
GPs: GPs provide many urgent care services to patients every day, and that you can't always get an urgent appointment on the same day.

GP out-of-hours: This service provides appointments outside of GP opening hours. It is accessed by calling NHS 111 and offers consultations at base sites or home visits.

GPs at A&E department: Patients arriving at Darent Valley Hospital's A&E department are assessed and then treated or referred to the GP-led service on the hospital site.

NHS 111: is the free number to call when you need non-emergency advice. The service is available 24 hours a day, 7 days a week.

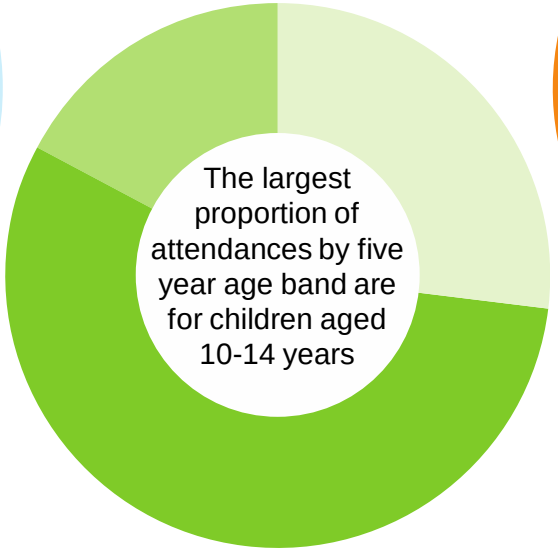
Who is using current urgent care services?



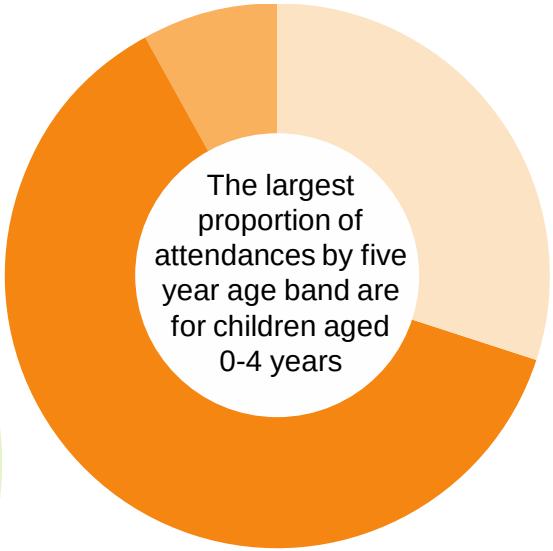
The age bands for patient attendances at DVH in 2018/19 is as follows:

- **47%** between 20-64 years
- **29%** under 20 years of age
- **25%** of the 65+ age group

The age bands for patient attendances at the MIU in 2018/19 is as follows:



- **56%** between 20-64 years
- **27%** under 20 years of age
- **17%** of the 65+ age group



The age bands for patient attendances at the WIC in 2018/19 is as follows:

- **62%** between 20-64 years
- **30%** under 20 years of age
- **8%** of the 65+ age group

How we have engaged local people and stakeholders

2015

We started looking at urgent and emergency care services in Dartford, Gravesham and Swanley to make sure they could provide better services to patients in the future.

November 2016

We held an event where we spoke to GPs and other staff working at GP surgeries. We also talked to people from voluntary sector organisations, NHS staff in hospitals, clinics and providing care in people's homes.

February 2017

We held three events where we spoke to residents and listened to their views about our proposals for urgent care services. This feedback helped develop the proposals further.

July 2017

We presented our ideas to Kent Health Overview and Scrutiny Committee (HOSC), the committee run by Kent County Council which oversees major health developments in the borough.

February 2018

We joined with the seven other clinical commissioning groups in Kent and Medway to engage people across Kent about improving NHS 111, face to face and telephone urgent care services.

How we have engaged local people and stakeholders

In March 2019, around 4,000 people took part in our engagement activities. We visited supermarkets and town centres, health centres and hospitals (including in the Walk in Centre, Minor Injuries Unit and A&E department). We also spoke to community groups, including the north Kent volunteers of Healthwatch, a mental health group, and people at the Gurdwara temple in Gravesend.

We briefed our local MPs. In response to feedback from MPs, local people and local healthcare professionals, we broadened our options for the location of the new Urgent Treatment Centre.

We worked with clinical staff and members of Patient Participation Groups to review the criteria for the Urgent Treatment Centre and to shortlist the range of options for the centre.

We also engaged the chairs of the Health Overview and Scrutiny Committees in the surrounding boroughs as patients from these areas sometimes use our urgent care services at Darent Valley Hospital.

A cross section of senior clinicians, Healthwatch and patient representatives, members of the CCG Executive team, an Equality and Diversity representative and senior staff shortlisted the site options using the agreed criterion.

The urgent care review has been assured in the following ways:

- **NHS England** the Pre Consultation Business Case has been thoroughly scrutinised and approved by the NHSE Re-configuration panel

- **HOSC** The Kent Health Oversight and Scrutiny Committee (HOSC) has been updated about the urgent care review on an on-going basis

- **Healthwatch** representatives have been core members of the Integrated Urgent Care Project Board and played an important part in the options appraisal process

- **Patient/Public Involvement** Patient representatives have been core members of the DGS Patient Liaison Committee

The urgent care review has been assured in the following ways:

- **CCG Governing Body Independent Lay Members** The PCBC has been through the CCG's internal governance process.
- **Protected Learning Time Meeting (GP educational/informational monthly meeting** All proposals have been developed, reviewed and supported by the Clinical Cabinet.
- **Peer Clinical Appraisal** The CCG's proposals were reviewed by a practicing Medway GP, the Urgent Care Clinical Lead for Medway CCG and a Clinical Member of the Medway Governing Body.

Why change is necessary?

- **Demand keeps growing:** It is estimated that the population of Dartford, Gravesham and Swanley will increase by 22 per cent by 2035 due to the number of new homes being built in the area. We must make sure that services can cope with this growth

- **Making sure people get the right service:** 50 per cent of the people attending A&E at Darent Valley Hospital do not have a serious or life-threatening illness or injury

- **Best Practice:** The NHS Long Term Plan requires all areas in England to offer patients standardised and timely NHS services. NHS England has developed new standards for Urgent Treatment Centres so that you know where to go when you need help quickly

Why change is necessary?

- **Best use of resources:** Our proposal for a new Urgent Treatment Centre is intended to relieve the pressures on the A&E department to enable staff to focus on the most poorly and seriously injured people.

- **Doctors, nurses and other health professionals** are in high demand. We need to organise our NHS services in a way that makes the best use of our staff's specialist skills

Option One

Proposed options for public consultation

To create an Urgent treatment centre at **Gravesham Community Hospital** by moving services from the current Walk in Centre at Fleet Healthcare Campus in Northfleet to join the Minor Injuries Unit at Gravesham Community Hospital

- The **Fleet Health Campus will expand the GP/primary care services offered** at the site as part of the extension of primary care services at patient's registered practices and improved primary care access at 'hub' sites. The Fleet Health Campus may also play a key role in the **out-of-hospital provision of outpatient services** from a range of specialties, and the work of the **Primary Care Networks and GP Federations**, which is still under development, may include the provision of health and wellbeing services.
- The **Minor Injuries Unit** at Gravesham Community Hospital would be absorbed within the UTC.
- Patients used to accessing the Walk-in Centre service at Fleet Health Campus will be able to **access walk-in urgent care services at Gravesham Community Hospital**
- The Primary care streaming service at Darent Valley Hospital A&E would continue to operate separately from the UTC

Option Two

Proposed options for public consultation

To create an Urgent Treatment Centre at **Darent Valley Hospital** by moving services from the current Minor Injuries Unit at Gravesham Community Hospital and the Walk in Centre at Fleet Healthcare Campus in Northfleet to Darent Valley Hospital site

- The **Fleet Health Campus will expand the GP/primary care services** offered at the site as part of the extension of primary care services at patient's registered practices and improved primary care access at 'hub' sites. The Fleet Health Campus may also play a key role in the **out-of-hospital provision of outpatient services** from a range of specialties, and the work of the **Primary Care Networks and GP Federations**, which is still under development, may include the provision of health and wellbeing services.

- The **Primary care streaming service** that currently runs at the A&E Department would be absorbed within the co-located UTC.

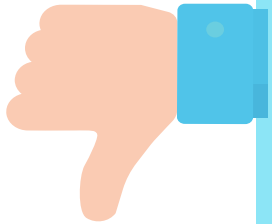
- Patients used to accessing the Walk-in Centre service at Fleet Health Campus and the Minor Injuries Unit service at Gravesham Community Hospital, will be able to **access walk-in urgent care services at Darent Valley Hospital** (approximately 4.9 miles and 6 mile drive respectively).

- The **Gravesham Community Hospital site will continue to be a focal point in the provision of local and community care in Gravesham** and will continue to offer radiology services on-site . In place of the **Minor Injuries Unit**, several options are being explored incl. (i) relocation of a GP practice, (ii) Primary Care Network / GP federation supported networked clinical service (e.g. GP Improved Access, wound care), (iii) health and wellbeing hub, (iv) community beds, (v) increased community services (e.g. outpatient clinics)

OPTION ONE: An Urgent Treatment Centre at Gravesham Community Hospital

Benefits

- There is good pedestrian access to Gravesham Community Hospital
- There are good public transport links to Gravesend town centre from the surrounding areas
- Patient feedback about Gravesham Community Hospital during engagement was very positive
- The IT system linking patient records is already established



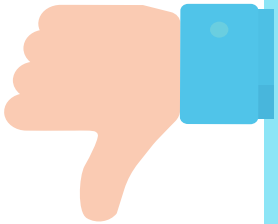
Potential disadvantages and concerns

- Less likely to relieve the growing pressures on A&E
- Patients who have conditions requiring A&E attention will have to travel, possibly by ambulance, which could mean a delay to their treatment
- There is limited car parking at Gravesham Community Hospital. There is however a council owned car park nearby
- There is no on-site pharmacy but there are several community pharmacies nearby
- When the service has reached the number of patients that can be seen and treated before the service closes, patients trying to access the service (even during opening hours) will be redirected to A&E at Darent Valley Hospital

OPTION TWO: An Urgent Treatment Centre at Darent Valley Hospital

Benefits

- The Urgent Treatment Centre could be open 24/7
- The A&E on-site will enable patients to be transferred easily, if their condition requires it
- Having an Urgent Treatment Centre on site is likely to keep A&E clear for patients who really need it
- Having both the Urgent Treatment Centre and emergency department on one site may attract staff wanting to develop skills in both settings. This may make it easier to recruit a skilled workforce and may reduce staff vacancies
- There is an on-site pharmacy within the hospital
- No run-down time is necessary at the end of the day. Patients attending after the UTC opening hours will be seen in A&E



Potential disadvantages and concerns

- Parking spaces at Darent Valley Hospital can be limited at peak times, and parking is not free but there are plans to increase the number of parking spaces
- Traffic around Darent Valley Hospital can be heavy at peak times
- Darent Valley Hospital does not have good public transport links

Giving your views: Six ways to make your voice heard

1. Come and talk to us

We will be organising public events and visiting community venues, health centres and supermarkets to discuss our proposals.

2. Invite us to come to you

We want to hear from groups supporting residents with specific needs e.g. Carers or parents of disabled children.

Email us via dgs.communications@nhs.net

3. Online questionnaire

You can give your feedback from wherever you are. Complete the consultation questionnaire online .

4. Email

You can send us your comments about proposed changes.

Drop us an email via dgs.communications@nhs.net

5. Phone

You can phone us on 03000 424903

6. Post

Post your completed questionnaire free of charge to:

FREEPOST RTXG-RKSL-TYJH
NHS Dartford,
Gravesham and Swanley CCG,
2nd Floor, Gravesham Civic Centre,
Windmill Street,
Gravesend, Kent,
DA12 1AU.

Public Consultation

- The consultation will run for **12 weeks** from **29 July - 21 October 2019**
- We have earmarked **24 local sites across** Dartford, Gravesham and Swanley for a combination of “drop in” sessions, community outreach and 3 public meetings
- We will working with partners, patients and stakeholders to ensure a **wide distribution of the Public Consultation materials, including the promotion of the online survey and events timetable** on the CCG website and social media channels (Facebook and Twitter)
- **Working in partnership with Healthwatch Kent**, we aim to encourage residents in rural parts of the borough, BAME and other “seldom heard” groups to take part
- We are also **engaging with neighbouring CCGs and local authorities**

Next Steps

- Following consultation, all the **responses will be collated and analysed by an independent third party organisation**
- A summary of this analysis will be used to develop the **Decision-Making Business Case** (DMBC) which will be considered through the CCG's internal governance process
- A final set of proposals will be submitted to the **CCG Governing Body** for consideration, and final decision
- A **final decision is expected by early 2020** when we hope to **share this decision with the Kent Health Overview Scrutiny Committee**
- The Public Consultation reports will also be **published on the CCG website**

NHS
Dartford Gravesham and Swanley
Clinical Commissioning Group

Public Consultation Communications and Engagement Plan

1 Background

The NHS Long term plan requires all areas in England to offer patients standardised and timely NHS services under the Urgent Care Treatment Centre name. Dartford, Gravesham and Swanley CCG are looking to apply the national mandate locally and to build on wider NHS improvements underway across Kent to provide better Primary Care services, more specialist services in the community and ensure patients avoid unnecessary trips to hospital.

2 Objectives

The primary objectives of our Public consultation (re: the creation of a new Urgent Treatment Centre) are:

1. Meaningful engagement: To inform local people and stakeholders to about our proposals for change and actively listen to their feedback
2. Inclusive engagement: To pro-actively reach out to groups in the DGS communities identified as “seldom heard”
3. To ensure patient feedback received is diligently recorded so that the CCG Governing Body has the information from patient engagement it needs to make a final decision.

3 Key Audiences

Our key audiences are:

- Public/patients/ residents
- GP practice staff
- Staff at CCGs,
- Local council (HOSC councillors/ councillors in affected areas / MPS)
- Healthwatch
- Staff in affected sites (Darent Valley Hospital, Gravesham Community Hospital, Fleet Health Centre)
- DGS PPG Chairs/ Local Practice Participation Groups
- Voluntary sector

3.1 Seldom heard groups

Under the Equality Act 2010, we have a duty to consider potential impacts of any potential service change, on people with protected characteristics. We have identified other groups in Dartford, Gravesham and Swanley that are seldom heard and therefore we will be pro-actively working to ensure that we consult with their groups and communities namely

- Age UK Dartford
- Age UK Gravesend
- Dartford Elders Forum
- Gravesham 50+ Forum
- Local faith communities and venue including the local Gurdwara and Christian churches
- Gravesend Rethink Mental Health Group (meeting)
- Charities supporting disabled children and their families (e.g. We Are Beams)

We are also exploring commissioning Healthwatch Kent to undertake a dedicated piece of work to reach additional groups within the DGS.

3.2 Patient Insight

From the data obtained to date, the highest number of attendances at the DVH site is for patients with postcodes in the Gravesham area, closely followed by the Dartford area: The highest number of attendances at the Minor Injuries Unit (MIU) is for patients with postcodes in the Gravesham area, closely followed by the Dartford area. The highest number of attendances at the MIU is for patients with postcodes in the Gravesham area, closely followed by the Dartford area.

The age bands for patient attendances at DVH in 2018/19 are as follows:

- The largest proportion of attendances by age group are for children aged 0 – 4 years
- 29% of attendances are made by those under 20 years of age
- 47% of attendances for those aged between 20 – 64 years
- 25% of the 65+ age group

The age bands for patient attendances at the MIU in 2018/19 are as follows:

- The largest proportion of attendances by age group are for children aged 10 – 14 years
- 27% of attendances are made by those under 20 years of age
- 56% of attendances for those aged between 20 – 64 years
- 17% of the 65+ age group

The age bands for patient attendances at the WIC in 2018/19 are as follows:

- The largest proportion of attendances by age group are for children aged 0 – 4 years
- 30% of attendances are made by those under 20 years of age
- 62% of attendances for those aged between 20 – 64 years
- 8% of the 65+ age group

The Public Consultation team intends to take account of the insight obtained from patient data in our selection of venues for community outreach, choice of times for engagement and prioritisation of groups. For example, as working age patients are a significant percentage of patients using current urgent care services, our the timetable for Public consultation activity will some weekends and evenings

4 Our approach

Our approach to the Public consultation is pro-active, proportionate and responsive to those the proposed changes will affect the most – individuals, families and carers living in the Dartford, Gravesham and Swanley areas. The consultation will run for a period of 12weeks. During this period the focus of our public consultation activities will be a combination of

- A community outreach roadshow,
- Public meetings
- Selected focus groups
- Wide distribution and display of Public Consultation materials,
- A social media campaign (to promote message, events and the completion of the Public Consultation questionnaire)
- Dedicated work with Healthwatch Kent to undertake enhanced engagement with “seldom heard” groups (tbc)

- Partnership with community gate keepers e.g. DGS PPG Chairs Group, faith group leaders and voluntary sector organisations to spread the word and invite feedback
- Fortnightly e-updates to stakeholders and staff (Inc those in Darent Valley, Fleet Medical Centre and Gravesham Community hospital) during the Public Consultation period: these updates will also promote our consultation timetable and activities.
- Press and social media (Whats app, Twitter and Facebook)

The majority of the consultation activity will take place during the first 8 weeks of the consultation, at which point we will review our activity to date to identify whether additional Public Consultation activity is required. We are currently booking 24 sites evenly spread across the three affected areas – Dartford, Gravesham and Swanley where we will undertake outreach community engagement activity where there is a heavy footfall as well as organise some public events. We are looking to undertake Public Consultation activity across a broad spectrum of time of day and week to ensure we maximise the groups we are likely to reach: Our plan includes some weekend, evening, morning and afternoon activities. A detailed description of planned consultation activities is outlined later in the document **(6).** We will also work with HR and Communications colleagues at Kent Community Health Foundation Trust (KCHFT) and Darent Valley Hospital and the practice manager at Fleet Health Centre to ensure that staff at the affected sites are informed and included in the Public Consultation activities. These sites are also included in our schedule of community outreach. Part of our messaging includes the invitation to local groups to ask the Public Consultation team to come and talk to their group. We have especially earmarked the last 4-5 weeks of the Public Consultation for this activity. However, the team is committed to work flexibly and responsively to meet as many requests as we can within the constraints of our capacity and resources.

5 Key messages

- We are creating a new Urgent Treatment Centre to bring services from the Walk in Centre and Minor Injuries under one roof
- We want patients to get the care they need when they need it
- We want to take pressure off our local A&E department so that they can treat the most poorly people, who often have life threatening conditions
- You views matter: There are several ways you can take part in the consultation: *by email, post, face to face, attending a public event, inviting us to your group, via social media and phone.*
- Our proposals are part of wider improvements to NHS services

6 Summary of Public Consultation activity

Consultation Phase	Activity
Pre-Public Consultation	• Briefings (and FAQs) sent to Communications colleagues in Gravesham Community hospital, Darent Valley hospital and Practice Manager Fleet Health Centre to cascade to staff • Liaise with Council, housing associations and GP surgeries re: the display of posters in waiting rooms ready for launch • Articles uploaded on Staff Zone and GP Zone
Launch Day Monday 29 July	• Consultation materials uploaded on DGS CCG website (including Public Consultation Plan, Easy to read version, Pre-Consultation Business Case, travel analysis and all supporting documentation) • Briefing and FAQs (Frequently Asked Questions) for gate keeper staff e.g. receptionist staff at affected sites • Start of Social media campaign with schedule of daily tweets on Twitter handles and post on Facebook page • Email to residents, patients and stakeholders and PPG representatives on the CCG mailing lists informing them of the Public Consultation. • Press release to local media sent previous Friday (embargo lifted) • Email/ Letter to local MPs and relevant Councillors • Public Consultation materials on display in Gravesham Community hospital, Darent Valley hospital and Fleet Health Centre and DGC Civic Centre • Email to all CCG staff (and FAQs for reception staff) • Briefing for internal staff weekly briefings (e.g. Pitt stop)
29 July – 4 August	• Distribution of printed information as widely as possible (including to local libraries in Dartford, Gravesham and Swanley
29 July – 23 Sept	• 21 outreach sessions/ events in 1st 8 weeks: 3 Public Consultation events in each area (Dartford, Gravesham and Swanley during the course of Public Consultation period • Articles for staff newsletters (in CCG, Gravesham Community hospital, Darent Valley hospital and Practice Manager Fleet Health Centre) and GP newsletter
September (after summer hols)	• Update to HOSC/ relevant Councillors and MPs Materials to head teachers to cascade to local parents in schools (in most affected areas)
29 July – 21 October	• Fortnightly staff briefings / updates at internal meetings in CCG, Gravesham Community hospital, Darent Valley hospital and Practice Manager Fleet Health Centre

29 July – 21 October	• On-going (daily) communications and engagement through social media channels
14-21 October	• On-going emails, phone calls and liaison with stakeholders, colleagues in affected organisations and PPG chairs/ community leaders to remind people to provide feedback before end of consultation
21 October	• Consultation closes • Thank you communications to all contacts on CCG mailing list and to advise re: next steps

7 Evaluation

The following tools will be used to evaluate the Public Consultation

- A comprehensive Engagement log of activities undertaken and feedback from patients, public members and stakeholders to provide an appropriate audit trail and inform analysis.
- Social media analytics – to gather data regarding the impact of social media posts during the 12 week Consultation period.
- Patient feedback from public meetings evaluating the quality of the interaction and how useful they found information received.
- Number of participants to Public Consultation from “seldom heard” communities

NHS
Dartford Gravesham and Swanley
Clinical Commissioning Group

PUBLIC CONSULTATION

29 July – 21 October 2019

Help us improve NHS urgent care services in Dartford, Gravesham and Swanley




Foreword

Thank you for taking the time to take part in this Public Consultation. This is your chance to have your say about important changes we want to make to urgent care in Dartford, Gravesham and Swanley. By urgent care, we mean care to treat illnesses or injuries that are not life-threatening but that require an urgent clinical assessment or treatment on the same day.

We want to ensure that you get the right care when you need it by bringing together services offered by our Minor Injuries Unit at Gravesham Community Hospital and GP Walk in Centre at Fleet Health Campus in Northfleet under one roof to create an Urgent Treatment Centre (UTC). We also want you to experience a more "joined up" local NHS service by ensuring urgent care services are closely linked with other services for example, GPs, community pharmacists, NHS 111, ambulance and community based health teams. We are confident that by working together, we can take the pressure off our local A&E department so they can focus on treating the most seriously injured people, who often have life threatening conditions.

Dartford, Gravesham and Swanley are not alone. The NHS Long term plan requires all areas in England to have Urgent Treatment Centres offering patients the same NHS services in a timely manner.

THE OPTIONS FOR CHANGE WE ARE CONSULTING ON ARE:

OPTION ONE

To create an Urgent Treatment Centre at Gravesham Community Hospital by moving services from the current Walk in Centre at Fleet Healthcare Campus in Northfleet to join the Minor Injuries Unit at Gravesham Community Hospital

OPTION TWO

To create an Urgent Treatment Centre at Darent Valley Hospital by moving services from the current Minor Injuries Unit at Gravesham Community Hospital and the Walk in Centre at Fleet Healthcare Campus in Northfleet to Darent Valley Hospital site

We have been listening and talking to local people about urgent care services for the past three years. These options have been developed following extensive engagement with local people, doctors, hospital staff, Healthwatch Kent, the local healthcare champions and partners from voluntary organisations. We could not "Do Nothing" because the current arrangements for urgent care services do not comply with best practice or provide local patients with the full range of services available at Urgent Treatment Centres nationwide.

We understand that changes to NHS services can be unsettling but these proposals will not result in any hospital closures. **Fleet Health Campus in Northfleet** (the site of the current Walk in Centre) and **Gravesham Community Hospital** (the site of the Minor Injuries Unit) will continue to offer NHS healthcare irrespective of the final decision taken about the location of the Urgent Treatment Centre.

The Public consultation runs for 12 weeks from **29 July to midnight on 21 October 2019**. The feedback received from the consultation will be independently analysed, and the results made available to the public. To arrive at a final decision about the location of the new Urgent Treatment Centre, the Dartford, Gravesham and Swanley Clinical Commissioning Group Governing Body will consider the feedback from Public Consultation, relevant national policy and advice from local doctors.

Thank you for your feed back in advance. We look forward to hearing from you.

Dr Sarah MacDermott

Local GP, Chair, NHS Dartford, Gravesham and Swanley CCG

Dr Nigel Sewell

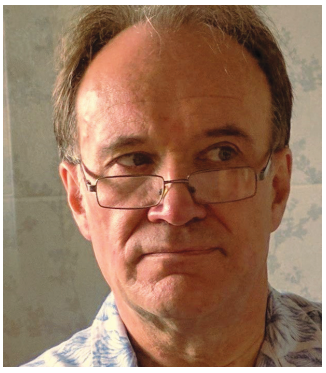
Local GP, Urgent Care Clinical Lead, NHS Dartford, Gravesham and Swanley CCG

Paula Wilkins

Chief Nurse, NHS Dartford, Gravesham and Swanley CCG

"We want to ensure that you get the right care when you need it."

DR SARAH MACDERMOTT



"Together, we can take the pressure off A&E to treat people with life threatening conditions."

DR NIGEL SEWELL

"A new Urgent Treatment Centre will bring services under one roof."

PAULA WILKINS

What is **urgent care?**

When we talk about 'urgent care' we mean 'when you suddenly become unwell with a physical or mental health condition and need to see a healthcare professional the same day but it is not an emergency'. 'Emergency care' is often defined as a critical or life threatening condition such as serious injuries or blood loss, chest pains, choking or blacking out.

Some conditions that may require urgent treatment if they get worse and you cannot be seen by your local GP or pharmacist are :

- minor illnesses,
- bites and stings
- ear and throat infections
- minor skin infections / rashes
- minor eye conditions / infections
- stomach pains or sickness & diarrhoea
- emergency contraception

Some conditions that should be taken directly to an Urgent Treatment Centre:

- suspected broken bones
- cuts and grazes
- minor scalds and burns
- strains and sprains
- injuries from DIY
- minor head injuries
- worsening fevers

Current urgent care services in Dartford, Gravesham and Swanley

The current urgent care services are fragmented and confusing; each unit has different opening hours and can treat different illnesses and conditions.

The current choices for urgent care in our area are:

Walk-in Centre at Fleet Health Campus in Northfleet: Open 8am-8pm, 7 days per week. The service is led by GPs offering consultations, minor treatments and advice on self-care. You don't need to make an appointment.

The Minor Injuries Unit at Gravesham Community Hospital in Gravesend: Open 8am-8pm, 7 days per week. The service is led by nurses who offer treatment for less serious injuries. You don't need to make an appointment.

GPs: GPs provide many urgent care services to patients every day. We know that GP practices have different systems for booking appointments, and that you can't always get an urgent appointment on the same day.

GP out-of-hours: This service provides appointments outside of GP opening hours for patients unable to wait for their GP practice to re-open. It is accessed by calling NHS 111 and offers consultations at base sites or home visits.

GPs at A&E department: Patients arriving at Darent Valley Hospital's A&E department are assessed and then treated by emergency department staff and, if more appropriate, referred to the GP-led service also on the hospital site.

NHS 111: is the free number to call when you need non-emergency advice. The service is available 24 hours a day, 7 days a week. The calls are answered by highly-trained advisors and you can also speak to a clinician when necessary. NHS 111 advisors can book an appointment for you with out-of-hours GPs and other medical services when they are needed.

How we have engaged local people and stakeholders

2015

We started looking at urgent and emergency care services in Dartford, Gravesham and Swanley to make sure they could provide better services to patients in the future.

November 2016

We held an event where we spoke to GPs and other staff working at GP surgeries. We also talked to people from voluntary sector organisations, NHS staff in hospitals, clinics and providing care in people's homes.

December 2018

To March 2019, around 4,000 people took part in our engagement activities. We visited supermarkets and town centres, health centres and hospitals (including in the Walk in Centre, Minor Injuries Unit and A&E department). We also spoke to community groups, including the north Kent volunteers of Healthwatch, a mental health group, and people at the Gurdwara temple in Gravesend.

March 2019

We briefed our local MPs. In response to feedback from MPs, local people and local healthcare professionals, we broadened our options for the location of the new Urgent Treatment Centre.

April 2019

We worked with clinical staff and members of Patient Participation Groups to review the criteria for the Urgent Treatment Centre and to shortlist the range of options for the centre.

February 2017

We held three events where we spoke to residents and listened to their views about our proposals for urgent care services. This feedback helped develop the proposals further.

July 2017

We presented our ideas to Kent Health Overview and Scrutiny Committee (HOSC), the committee run by Kent County Council which oversees major health developments in the borough.

February 2018

We joined with the seven other clinical commissioning groups in Kent and Medway to engage people across Kent about improving NHS 111, face to face and telephone urgent care services.

April 2019

We also engaged the chairs of the Health Overview and Scrutiny Committees in the surrounding boroughs as patients from these areas sometimes use our urgent care services at Darent Valley Hospital.

May 2019

A cross section of senior clinicians, Healthwatch and patient representatives, members of the CCG Executive team, an Equality and Diversity representative and senior staff shortlisted the site options using the agreed criterion.

Why do urgent care services need to change?

Demand keeps growing: It is estimated that the population of Dartford, Gravesham and Swanley will increase by 22 per cent by 2035 due to the number of new homes being built in the area. We must make sure that services can cope with this growth. For example, moving walk-in services out of Fleet Healthcare Campus will give us space to develop more community and GP services. More residents need medical and social care due to ageing, mental health or long-term conditions. We need to allocate resources to support residents' on-going needs as well as when they need urgent care. For example, GP practices are working together in Primary care networks to support larger groups of patients.

Making sure people get the right service: 50 per cent of the people attending A&E at Darent Valley Hospital do not have a serious or life-threatening illness or injury. Some patients have told us they could not get an appointment at their GP practice on the same day and understandably, attend A&E because they were unsure where else to go for help. While A&E might be the right place for some people to be seen, many can be seen by a nurse or GP. Increasing pressures on A&E mean, despite NHS staff's best efforts, not everyone has the best experience and we want to change that.

Best Practice: The NHS Long Term Plan requires all areas in England to offer patients standardised and timely NHS services under the Urgent Treatment Centre name. NHS England has developed new standards for Urgent Treatment Centres so that you know where to go when you need help quickly. These new Urgent Treatment Centres will provide an alternative to A&E when people need care and treatment quickly and their GP is unavailable.

Best use of resources: Our proposal for a new Urgent Treatment Centre is intended to relieve the pressures on the A&E department to enable staff to focus on the most poorly and seriously injured people, who often have life threatening conditions. The proposed site options will require minimum capital investment to establish the new Urgent Treatment Centre.

Doctors, nurses and other health professionals are in high demand. We need to organise our NHS services in a way that makes the best use of our staff's specialist skills and enables local people to receive the right care they need.

Our proposed options for change

OPTION ONE — AN URGENT TREATMENT CENTRE AT GRAVESHAM COMMUNITY HOSPITAL

We propose to relocate the Walk in Centre at Fleet Healthcare Campus to **Gravesham Community Hospital** to join the Minor Injuries Unit on site, thereby creating one Urgent Treatment Centre.

The Urgent Treatment Centre will be open 12 hours per day, from 8am to 8pm, every day including bank holidays. Some patients will have had an appointment made for them by the ambulance service, NHS 111 or another clinician. Others will wait for their turn to be seen.

Patients will be treated by GPs, nurses, paramedics or other healthcare staff. Patients will be transferred to the A&E department at Darent Valley Hospital or to another service if necessary.

Benefits

- **There is good pedestrian access to Gravesham Community Hospital**
- **There are good public transport links to Gravesend town centre from the surrounding areas**
- **Patient feedback about Gravesham Community Hospital during engagement was very positive**
- **The IT system linking patient records is already established.**

Potential disadvantages and concerns

- **An Urgent Treatment Centre (UTC) at Gravesham Community Hospital is less likely to relieve the growing pressures on A&E. Having an Urgent Treatment Centre linked with an A&E department on the same site has been found to be most effective.**
- **Patients who have conditions requiring A&E attention will have to travel, which could mean a delay to their treatment**
- **There is limited car parking at Gravesham Community Hospital. There is a council owned car park nearby.**

SEE OVERLEAF FOR OPTION TWO ▶

Our proposed options for change

OPTION TWO

AN URGENT TREATMENT CENTRE AT DARENT VALLEY HOSPITAL

We propose to relocate both the Minor Injuries Unit at Gravesham Community Hospital and the Walk-in Centre at Fleet Healthcare Campus to create an Urgent Treatment Centre alongside the A&E department at **Darent Valley Hospital**.

The Urgent Treatment Centre will be open for a minimum of 12 hours per day. These hours may be extended. On arrival, patients will be assessed by a clinician and those who need it will be referred to the A&E department. Other patients will be seen and treated by GPs, nurses, paramedics, mental health specialists or pharmacists depending on their medical needs. Some patients will have had an appointment made for them by the ambulance service, NHS 111 or other clinician. Others will wait for their turn to be seen.

Benefits

- **The Urgent Treatment Centre would be open 12 hours per day. These hours may be extended**
- **The A&E on-site will enable patients to be transferred easily, if their condition requires it**
- **Having an Urgent Treatment Centre on site is likely to keep A&E clear for patients who really need it**
- **Having both the Urgent Treatment Centre and A&E on one site may attract staff wanting to develop skills in both settings. This may make it easier to recruit a skilled workforce and may reduce staff vacancies.**

Potential disadvantages and concerns

- **Parking spaces at Darent Valley Hospital can be limited at peak times, and parking is not free but there are plans to increase the number of parking spaces**
- **Traffic around Darent Valley Hospital can be heavy at peak times**
- **Darent Valley Hospital does not have good public transport links.**

What proposed changes mean for you?

Our proposals are part of wider plans for local NHS services

- You will be able to receive treatment for minor injuries (e.g. suspected broken bones) and minor illnesses (e.g. infections) in one place
- You will be able to have X-rays, blood tests and similar services on site to help diagnose illness and improve treatment offered
- You will be able to book an appointment for the new urgent treatment centre via NHS 111 or, you can turn up and wait to be seen
- There will no longer be "walk-in" treatment services at Fleet Healthcare Campus but there are plans for more community and GP services to be available from that site
- The new Urgent Treatment Centre will be led by GPs working with other health professionals as a team including Advanced Nurse Practitioners, Emergency Nurse Practitioners, Paramedics and Mental Health Practitioners, as well as the Out of Hours Doctors. The team will also be linked to Community Nursing, CAMHS and Community Mental Health Teams
- New and existing staff will be flexibly deployed to support an Urgent treatment centre
- **OPTION ONE** If Gravesham Community hospital is selected for the new Urgent Treatment Centre, the existing Minor Injuries Unit will be expanded to include services for minor ailments transferred from Fleet Healthcare Campus
- **OPTION ONE** If Gravesham Community hospital is not selected as the site for the new Urgent Treatment Centre, there are plans for it to become a super GP practice and Health and Wellbeing hub offering more outpatient clinics and community services
- **OPTION TWO** If Darent Valley hospital is not selected as the site for the new Urgent Treatment Centre, it will continue to have A&E and GP Out of Hours services
- The new local Urgent Treatment Centre will offer the same services as other Urgent Treatment Centres in England and will comply with the NHS England 27 standards for best practice.

	OPTION ONE: Gravesham Community Hospital	**OPTION TWO:** Darent Valley Hospital
Opening times	●	●●
Parking Availability	● FEW DISABLED SPACES AVAILABLE	●
Access to A&E	●	●●
Ease of access by public transport	●●	●
Ease of access by car	●●	●
Ease of access on foot	●●	●●

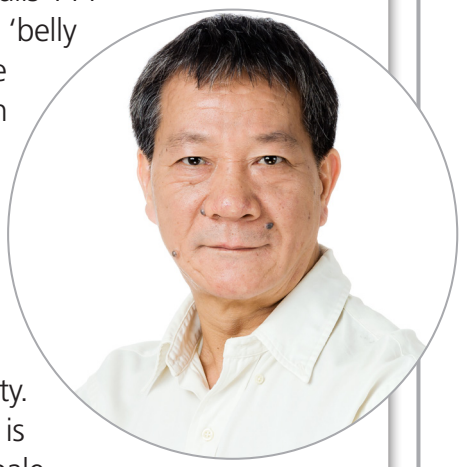
KEY | ●● VERY POSITIVE | ● POSITIVE/NEUTRAL | ● NEGATIVE | ●● VERY NEGATIVE |

Case study JANE AND ALISON

Alison is worried about her mum Jane, who is 81. Jane has been out of sorts, confused and complaining of stomach pain since the previous evening. By 4pm, Alison phones Jane's GP practice for an appointment. The receptionist offered a call back from the doctor, with a view to seeing Jane, but safety netted by advising Alison to take Jane to the Urgent Treatment Centre for advice if she got worse. Worried by some deterioration, and still waiting for the call back from the busy surgery, Alison drives Jane to the Urgent Treatment Centre where she is assessed by a triage nurse on arrival. After waiting for 30 minutes, Jane is seen by a GP who diagnoses a urinary tract infection, prescribes a course of antibiotics and gives advice. Alison collects Jane's medication from the on-site pharmacy before driving Jane home.

Case study CHEN

English is not Chen's first language, and when he calls 111 complaining of 'belly ache', there are communication issues, and the 111 operator books him into the Urgent Treatment Centre for safety. Once there, he is noted to be a pale, sweating man in his 50s, who obviously smokes. When asked to indicate the site of his pain, he vigorously pats his chest rather than his abdomen. Deciding he may well have chest pain from his heart rather than anything abdominal, the Urgent Treatment Centre team take him straight through to the Emergency Department, where they confirm that Chen has suffered a heart attack. Chen receives immediate prompt skilled attention, as the ED staff have been freed from many lesser tasks by the Urgent Treatment Centre, time now directed to the truly medically needy. Chen leaves ten days later, to resume his life.



Case study STEVE AND LOGAN

Steve's 3-year-old son, Logan, has been restless and off his food all day. At bedtime, Steve notices Logan has a rash on his chest and arms. Steve is worried so he phones NHS 111 for advice. The NHS 111 advisor books Logan an appointment at the Urgent Treatment Centre at 8pm. Steve lives just a few streets from the Urgent Treatment Centre so walks there with Logan in his pushchair. Steve explains to the GP that he is worried Logan might have meningitis and fretted he should have taken him to the emergency department. The GP reassures Steve that Logan's rash is due to chickenpox. The GP gives Steve advice on how to care for Logan while he has chickenpox, and they leave the Urgent Treatment Centre. Logan is in bed asleep by 9pm.

Giving your views

SIX WAYS TO MAKE YOUR VOICE HEARD

1 Come and talk to us
We will be organising public events and visiting community venues, health centres and supermarkets to discuss our proposals

2 Invite us to come to you
We want to hear from groups supporting residents with specific needs e.g. Carers or parents of disabled children. Email us via dgs.communications@nhs.net

3 Online questionnaire
You can give your feedback from wherever you are. Complete the consultation questionnaire online at xxx

4 Email
You can send us your comments about proposed changes. Drop us an email via dgs.communications@nhs.net

5 Phone
You can phone us on 03000 424903.

6 Post
Post your completed questionnaire free of charge to: FREEPOST RTXG-RKSL-TYJH NHS Dartford, Gravesham and Swanley CCG, 2nd Floor, Gravesham Civic Centre Windmill Street, Gravesend, Kent, DA12 1AU

A full timetable of events is available at **www.dartfordgraveshamswanleyccg.nhs.uk**
Follow us at **@DGS** and on Facebook for daily updates

You can find more information about the Public consultation on our website (www.dartfordgravesham and swanleyccg.nhs.net) including the following documents:

- The Pre-Consultation Business Care
- The Pre-consultation Engagement reports
- The Equality Impact Assessment
- The Options Appraisal report
- The Travel Analysis of Site Options

You can also find a link to the online Public Consultation questionnaire. You can also read more about Urgent Treatment Centres on the NHS England website.

Public Consultation questionnaire
about urgent care services in Dartford, Gravesham and Swanley

Thank you for taking the time to complete this Public Consultation questionnaire. We are inviting everyone in Dartford, Gravesham and Swanley to help shape the important changes we want to make to urgent care. By urgent care, we mean care to treat illnesses or injuries that are not life-threatening but require an urgent clinical assessment or treatment on the same day.

The NHS Long term plan requires all areas in England to offer patients standardised and timely NHS services under an Urgent Treatment Centre name by autumn 2020. We are proposing to create an Urgent Treatment Centre at either Gravesham Community Hospital or Darent Valley Hospital. This would also help reduce pressures on A&E and support other planned improvements to local NHS services across Kent. Your feedback will help shape the proposed changes.

The changes we are proposing are:

OPTION **ONE**

To create an Urgent Treatment Centre at Gravesham Community Hospital by moving services from the current Walk in Centre at Fleet Healthcare Campus in Northfleet to join the Minor Injuries Unit at Gravesham Community Hospital

OPTION **TWO**

To create an Urgent Treatment Centre at Darent Valley Hospital by moving services from the current Minor Injuries Unit at Gravesham Community Hospital and the Walk in Centre at Fleet Healthcare Campus in Northfleet to Darent Valley Hospital site

Next steps

When the consultation closes on 21 October 2019, an independent organisation will collate and analyse the feedback received. This analysis will inform the Decision-Making Business Case (DMBC) which will be considered through the CCG's internal governance process. A final set of proposals will be submitted to the CCG Governing Body for consideration, and final decision. The decision will be informed by the consultation feedback, the DMBC, and the feedback and findings from the various internal committees that will review the case before it reaches the Governing Body. A final decision is expected early 2020. The Public Consultation feedback report and final report to the Governing Body will be published on the website.

Public Consultation questionnaire

About you

Q1 **I am providing a response**

- ☐ In a personal capacity
- ☐ As a representative of a group

If you are responding as a representative of a group, please give details below:

PLEASE CUT

Q2 **What are the 1st three digits of your post code?**

About urgent care services

Q3 **Which of the current urgent care services have you (a friend or family member) used before?** (TICK ALL THAT APPLIES)

	YOU	FRIEND/FAMILY
The Walk-in Centre at Fleet Health Campus	☐	☐
The Minor Injuries Unit at Gravesham Community Hospital	☐	☐
GPs	☐	☐
GP out-of-hours	☐	☐
A&E at Darent Valley Hospital	☐	☐
NHS 111	☐	☐
None of the above	☐	☐

Public Consultation questionnaire

Q4 **(Thinking of the last time you used urgent care services), how did you travel there?**

☐ By car ☐ By public transport ☐ By taxi/cab ☐ By ambulance ☐ Walking

About our proposed changes

Q5 **Please indicate which of the two options proposed you agree or disagree with:**

Option 1: To create an Urgent Treatment Centre at **Gravesham Community Hospital** by moving services from the current Walk in Centre at Fleet Healthcare Campus in Northfleet to join the Minor Injuries Unit at Gravesham Community Hospital

☐ Agree ☐ Disagree ☐ Don't Know ☐ Think there are other priority issues

Option 2: To create an Urgent Treatment Centre at **Darent Valley Hospital** by moving services from the current Minor Injuries Unit at Gravesham Community Hospital and the Walk in Centre at Fleet Healthcare Campus in Northfleet to Darent Valley Hospital site

☐ Agree ☐ Disagree ☐ Don't Know

Please state your reasons for your choice

Q6 **The top three issues local people raised with us about the location of the new Urgent Treatment Centre during previous engagement were: parking, access to public transport and waiting times. Do you ..**

☐ Agree ☐ Disagree ☐ Don't Know

Please explain the reasons for your answer

Public Consultation questionnaire

Q7 **We want our changes to make it easier for people to get the right care in the right place when they need it, what impact will the proposed options have on you and your family?**

Q8 **We welcome any other ideas and suggestions that you would like us to consider regarding the proposed new Urgent Treatment Centre**

Thank you very much for your feedback. You can send your questionnaire free of charge to xxxx

Alternatively, you may complete this questionnaire online at xxx or email your feedback to xxx

Data Protection: This questionnaire is being undertaken by NHS Dartford, Gravesham and Swanley CCG as part of the public consultation regarding proposed changes to urgent care services. All of your comments will remain anonymous within any reports. The comments you give will be processed to help improve the commissioning, delivery and experience of NHS health services in Kent. At the end of this questionnaire you have the option to supply your contact details so that you can stay informed. If you give those details your comments will not be attributed to them and your details will not be passed on to any third parties outside the public consultation. The information you provide will be treated as confidential and used for the stated purposes only.

Equality Monitoring

NHS Dartford, Gravesham and Swanley CCG is keen to hear from a broad mix of people and to consider any differences or potential service adjustments that may apply to different groups. Completing the next section will help us to assess which groups we have engaged. This section is not compulsory and your views will still be taken into account if you choose not to complete this section.

1. What gender do you identify as? .....

☐ I prefer not to say

2. What is your age group (PLEASE PUT AN X IN THE CORRECT BOX)**:**

☐ Under 18 ☐ 18 - 24 ☐ 25 – 34 ☐ 35 – 44 ☐ 45 – 54
☐ 55 – 64 ☐ 65 – 74 ☐ 75 or over ☐ Prefer not to say

3. Which of the following best describes your sexual orientation (PLEASE PUT AN X IN THE CORRECT BOX):

☐ Heterosexual/straight ☐ Lesbian/Gay Women ☐ Gay Man ☐ Bisexual ☐ Prefer not to say

If you prefer to use your own term, please specify here:

.....

4. Which of the following best describes your religion or belief (PLEASE PUT AN X IN THE CORRECT BOX):

☐ No religion ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh

☐ Prefer not to say Other (PLEASE STATE) .....

5. How would you describe yourself?

Using the following classifications, how would you describe your ethnic origin (PLEASE TICK APPROPRIATE BOX).

☐ White British
☐ Irish
☐ Other White background

☐ Black British
☐ Caribbean
☐ African
☐ Other Black background

☐ Mixed
☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Other mixed background

☐ Asian British
☐ Indian
☐ Pakistani
☐ Other Asian background

☐ Other ethnic group (PLEASE DESCRIBE BELOW) ☐ Prefer not to say

.....

6. Do you consider yourself to have a disability/impairment? ☐ Yes ☐ No

☐ Physical disability
☐ Sensory disability
☐ Speech and language difficulty

☐ Learning difficulty
☐ Autism
☐ Mental health issues

☐ Other (PLEASE SPECIFY) .....

7. Do you have caring responsibilities? If yes, please tick all that apply

☐ None
☐ Primary carer of a child/children (under 18)
☐ Primary carer of disabled child/children

☐ Primary carer of disabled adult (18 and over)
☐ Primary carer of older person
☐ Prefer not to say

8. Language:- please state your commonly spoken language.....

Staying in touch: If you would like to receive a copy of the post-consultation report and regular updates about your local NHS, please enter your details below

Name: .....

Email: .....

“Our proposed changes will make it easier for people to get the right care in the right place when they need it”

Dr Sarah MacDermott LOCAL GP/ CHAIR, NHS DARTFORD, GRAVESHAM AND SWANLEY CCG

Please note that the Consultation document is available in an Easy Read format. It is also available on request in other languages and formats. Please call the Communications and Engagement team on **03000 424903** or email us on **dgs.communications@nhs.net**

NHS
Dartford Gravesham and Swanley
Clinical Commissioning Group

Item 6b: Urgent Care Review Programme – Swale (verbal update)

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 23 July 2019

Subject: North Kent CCGs: Urgent Care Review Programme – Swale CCG (verbal update)

Summary: This report provides background information which may prove useful to Members.

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1. Introduction

(a) The urgent care review programme was first presented to HOSC in 2014 and since then there have been a number of updates. This paper refers to face-to-face urgent care services, as opposed to telephony services which have been procured separately.

(b) NHS England now requires all areas to have an Urgent Treatment Centre (UTC), in a bid to reduce the pressure on A&E departments.

(c) Swale and Medway CCGs propose to run a combined procurement exercise for face-to-face urgent care services across the area. A previous procurement attempt was discontinued in November 2018 on the grounds that the published service specification would be unaffordable.[1]

(d) The latest update to HOSC was on 25 January 2019 when the Committee considered a report from the Swale CCG.

(e) The Committee agreed the following recommendation:

> *RESOLVED that the Committee receive an update on the CCG's procurement progress in March 2019.*

(f) The CCG is unable to provide a detailed update at this meeting, and therefore have been asked to update Members verbally around the progress with procurement.

2. Recommendation

RESOLVED that the Committee receive an update on the CCG's procurement progress at the appropriate time.

[1] North Kent CCGs (2019) Swale Urgent Care Review Programme Update (p3) https://democracy.kent.gov.uk/documents/s88791/HOSC%20-%20Swale%20CCG%20-%20Urgent%20Care%20Update%20-%2025.01.19%20-%20Final%20Draft%20v10.01.19.pdf

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

Kent County Council (2019) 'Health Overview and Scrutiny Committee (25/01/2019) https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7924&Ver=4

Contact Details

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Item 7: St Martin's Hospital, Canterbury

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 23 July 2019

Subject: Review of St Martin's Hospital, Canterbury

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Kent and Medway NHS and Social Care Partnership Trust and East Kent CCGs.

It provides background information which may prove useful to Members in their assessment of whether the change constitutes a substantial variation of service.

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1. Introduction

(a) Kent and Medway NHS and Social Care Partnership Trust (KMPT) and the East Kent CCGs attended HOSC on 1 March 2019 and notified the Committee about the future of the old St Martin's (west) former hospital site. These plans fall under KMPT's Clinical Care Pathways Programme (which aims to develop and support the review and implementation of quality care pathways, expanding and developing the use of information management technology, and through a closer alignment of its built environment to the needs of services)[1].

(b) KMPT has sold the site to Homes England and is required to vacate the premises by April 2020. Only one ward remains open, Cranmer, which provides 15 beds for older adults.

(c) Senior clinicians had been reviewing the available options over the past year and at the meeting on 1 March 2019, two options were proposed:

i. Maintain the current inpatient bed base within the KMPT estate;

ii. Support a net reduction of 9 beds by clearly evidencing the impact of additional services to reduce patient flow and length of stay.[2]

[1] KMPT (2019) KMPT Mental Health Update for HOSC (p.5) (https://democracy.kent.gov.uk/documents/s89252/KentHOSC-KMPTReport-Mar19v0.8.pdf)
[2] Ibid (p10)

(d) The Committee agreed the following recommendation:

RESOLVED that:

(a) The Committee noted the report and KMPT be requested to provide an update at the appropriate time;

(b) The Committee receive an update on the two potential options for change at the St Martin's site at the appropriate time; and

(c) The Chair, on behalf of the Committee, writes to the Kent and Medway Sustainability and Transformation Partnership to consider the relationship between children and young people's mental health services and adult mental health services as part of the Mental Health Workstream.

(e) This item is in today's agenda as a results of recommendation (b) above.

2. Potential Substantial Variation of Service

(a) The Committee is being asked to review whether the changes proposed by KMPT constitute a substantial variation of service.

(b) Where the Committee deems the proposed change is not substantial, this shall not prevent the HOSC from reviewing the change at its discretion and making reports and recommendations to the NHS.

3. Recommendation

If the proposed change to St Martin's Hospital (west) is *substantia*l:

RECOMMENDED that:

(a) the Committee deems the proposed change to St Martin's Hospital (west) to be a substantial variation of service.

(b) Kent and Medway NHS and Social Care Partnership Trust (KMPT) and East Kent CCG be invited to attend this Committee and present an update at an appropriate time.

If the proposed change to St Martin's Hospital (west) is *not substantial*:

RECOMMENDED that:

(a) the Committee does not deem the proposed changes to St Martin's Hospital (west) to be a substantial variation of service.

(b) the report be noted.

Background Documents

Kent County Council (2019) *'Health Overview and Scrutiny Committee (01/03/19)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7926&Ver=4

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Proposed changes to the way acute adult mental health services are delivered across Kent and Medway, with particular potential impact on the St Martin's Hospital site, Canterbury

Update report for the Kent Health Overview and Scrutiny Committee (HOSC) July 2019

Situation

This paper provides a progress report by the east Kent CCGs, (on behalf of Kent and Medway commissioners) on proposed changes to the way acute adult mental services are delivered across Kent and Medway. The proposed changes are based on latest best practice and are in line with Kent and Medway Partnership Trust's (KMPT) programme of transformation, corresponding service redesign and ongoing programme of refurbishment across its estate. An overview of this work was last presented to the HOSC in March 2019. This paper also provides an update on the next steps to engage with patients and public on the new ways of delivering adult mental health services and particularly the impact that the proposed changes would have on the St Martin's Hospital site in Canterbury. The proposed changes are based on service improvements to treat and support people out of hospital unless they really need to be there. They also build on improvements to patient flow and therefore a reduction in the average 'length of stay' in a hospital bed. The proposed changes would result in a reduction of 15 acute inpatient beds across the KMPT estate, beds that are currently provided in Cranmer ward on the St Martin's Hospital site. To summarise, the main elements of the transformation programme are:

1. **Re-design of clinical care pathways**, based on clinical best practice and aimed at improving outcomes for service users and reducing the length of stay in older adult and younger adult wards. The overall objective is to ensure that individuals are cared for as close to home as possible and in the most appropriate environment to meet their needs and hence reduce reliance on inpatient beds.

2. The proposed re-location of Cranmer ward, a 15 bedded ward for older adults, currently located on the St Martin's site (west) into **a modernised existing inpatient facility** on the remaining St Martin's site.

3. This proposed relocation of Cranmer ward into Samphire ward (renamed Heather Ward as part of the upgrade) would mean that there would be a potential reduction of 15 acute inpatient beds across the KMPT total inpatient

estate (around 6 per cent of the total bed base). The proposed reduction is based on a refreshed needs assessment and patient activity and patient flow modelling which shows that, due to improvements and changes to the clinical pathway, there have been no 'out of area' acute admissions since July 2017. Therefore the capacity of acute inpatient beds that has been provided on Samphire ward is no longer needed (see appendix B).

4. Sale of the St Martin's (west) site in Canterbury to Homes England releasing a capital receipt which will be used to **reinvest in, modernise and upgrade existing KMPT estate** with tangible benefits seen in improvements in the clinical environment, patient experience and working conditions for staff.

Background

As described to the HOSC at the meeting in March 2019, KMPT has developed three enabling, clinically led projects to improve the effective and more efficient use of inpatient capacity, i.e.

1. Extension and improving the Patient Flow Team, so that it operates 24/7, supporting ward-based clinical teams in effective and clinically appropriate discharge planning
2. Development of an urgent care support and a signposting pilot, which offers alternatives to inpatient treatment where this is clinically appropriate
3. Ambitions and plans to achieve the recommended length of stay for older people (KMPT currently has double the national average length of stay).

These projects have all contributed towards a reduced reliance on inpatient beds and better patient flow (i.e. timely supported planned discharge when patients are clinically ready to leave hospital). This improvement is ongoing, but is also being regularly monitored to identify and tackle issues that arise and to ensure that this approach to managing inpatient resources is sustainable.

As part of the transformation and improvements to clinical practice across the patient pathway, and in conjunction with the ongoing programme of modernisation and refurbishment of the KMPT estate (as described above) there is a potential option to re-locate Cranmer Ward to Samphire Ward on the St Martin's site. This would potentially result in a reduction of 15 acute beds from KMPT's overall bed stock.

A Joint Programme Board has been established between the commissioners and provider of services and a Project Manager has been appointed to oversee the transformation programme. The Board is chaired by the Director of Commissioning

from the east Kent CCGs and has representation from KMPT, all Kent and Medway CCGs and Kent County Council (KCC).

As HOSC members are aware, under health scrutiny legislation, NHS organisations are required to consult health overview and scrutiny committees about a proposed service change which would constitute a 'substantial development or variation' to services for the residents of the HOSC area.

As you know, there is no national definition of what constitutes a 'substantial' change. Factors such as the number or proportion of patients affected, the nature of the impact and availability of alternative services need to be taken into account in coming to an agreement between the HOSC and the NHS on whether a consultation is required. In discussion with colleagues and our regulators at NHS England/Improvement we anticipate that the proposed reduction in bed stock would constitute 'significant variation' but we welcome HOSC members views and perspectives on this as part of our deliberations and design of next steps in our engagement and change process.

We welcome views from HOSC members as to whether they believe:

- Formal consultation with HOSC and the local authority is required over these proposals
- Formal public consultation is warranted over these proposals

Communications and engagement support has been identified to support the process and a pre-consultation communications and engagement plan, and planning for a formal public consultation (if indeed the HOSC agrees the proposed changes constitute significant variation), is currently in development.

Assessment

In addition to the requirement to consult with local authority Health Overview and Scrutiny Committees, national guidance on planning service change requires that NHS England/NHS Improvement are responsible for assuring that any service change gives due consideration to the Government's four tests of service change and the NHSE test for proposed bed closures. This assurance process must be undertaken before commencing public consultation.

A Stage 1 assurance meeting was held on 2 July 2019 with NHSE/I, the east Kent CCGs and KMPT. As indicated by the HOSC in March 2019, the recommendation

from this NHSE/I assurance meeting was that the proposal to reduce inpatient bed capacity across the KMPT estate will require public consultation.

However, there was general support for the aim of the enabling projects, i.e. to care for people as close to home as possible and in the most appropriate environment and avoid hospital admission where possible and appropriate.

NHS England's Stage 1 'gateway' process will be followed by a more detailed assurance of the pre-consultation business case and proposals (Stage 2, Assurance Checkpoint) to confirm that the tests for service change have been met i.e.

i) Strong public and patient engagement

ii) Consistency with current and prospective need for patient choice

iii) Clear, clinical evidence base

iv) Support for proposals from clinical commissioners.

And the 'beds test' –

v) That any plans to reduce hospital beds can show that either there is sufficient alternative community provision to enable the closure of beds, new therapies that will reduce admissions or a hospital has been using beds less efficiently than the national average and there is a credible, deliverable plan to improve performance.

To this end, a pre-consultation business case is in development for approval at the Stage 2, Assurance Checkpoint with NHS England.

To date, there has been engagement with patients and staff regarding the redesign of clinical pathways, but further pre-consultation engagement is now required.

It is anticipated that formal public consultation will commence in early autumn 2019, with further pre-consultation engagement taking place in August and September. The next steps in the pre-consultation activity will be focused particularly on developing the options for change and the process for assessing and evaluating the options. This engagement will be with a range of stakeholders – patients, service users, carers, staff, patient support and patient representative groups, elected representatives and other stakeholders, third sector partners, those with protected characteristics under the equalities legislation and those who are often 'seldom heard'. We will seek to engage using a variety of methods – for example, online, face-to-face meetings, display and provision of information etc.

We will seek to build the feedback from our pre-consultation activity into the design of our final proposals for consultation and into the design of the consultation activity

itself. We would welcome HOSC members' views and feedback on our consultation plans and will share these once they have been developed.

Recommendation

Kent Health Overview and Scrutiny Committee are asked to:

- Note the update in progress – including the background information at Appendix A. and Appendix B.
- Consider the proposed service change and determine whether this constitutes significant variation as required by the legal duty of commissioners to consult with the Local Authority on 'substantial development or variation' to NHS services.
- In line with the above, consider whether a joint HOSC needs to be established with Medway HASC bearing in mind KMPT provides a Kent and Medway-wide service
- In line with the above, give a view as to whether the proposals warrant formal public consultation – to inform commissioners' decision on this
- Agree a date to receive a further update.

Caroline Selkirk, Managing Director, East Kent CCGs

Vincent Badu, Executive Director of Partnership and Strategy and Deputy CEO, Kent and Medway NHS and Social Care Partnership Trust

Appendix A

KMPT clinical pathways/improvements paper – see attached.

Appendix A Clinical Care Pathways Progr

Appendix B

Graph showing KMPT acute bed occupancy January 2016 to March 2019 – see attached.

APPENDIX B.docx

APPENDIX A

Kent & Medway Partnership Trust Clinical Care Pathways (CCP) Programme
Update June 2019

1.0 Background

We are reviewing and improving our service offer, focussing on keeping people well in the community, optimising opportunity for recovery and ensuring easier access to urgent care services with a range of service options to enable people to effectively manage crisis. The CCP programme is working in line with quadruple healthcare aims of:

- Improving the outcome and experience for patients
- Improving staff experience, skill and capability
- Improving population health outcomes
- Reducing the cost per capita of mental health care

We are co-producing improved, standardised care pathways to create a clear, evidence-based and clinically led, equitable offer for patients across Kent and Medway. Ensuring that patients are at the heart of our service design, the pathways will provide a person-centred service and meet locality population needs at point of delivery.

Care Pathways offer a way to drive the implementation of evidence based practice to best support good recovery outcomes for people using services. This would include supporting improvements in physical health and social inclusion which are known to benefit mental health outcomes

2.0 Programme Aim

To provide the right care, in the right place, at the right time. To improve people's experience and the quality of their care through clearly described primary, community, urgent and specialist care pathways which will improve patient and staff satisfaction, efficiency, productivity and lead to the delivery of outstanding service provision.

3. 0 Why standardise pathways?

- **Evidence Based Practice** - By utilising quality improvement techniques and NICE guidance we will define pathways and reduce local variation (National Carter work remove unwarranted variation).
- **Equitable access** – a consistent, clear pathway across the whole of Kent and Medway will improve patient outcomes and staff experience.
- **Efficiency** - Pathways guide care through the most efficient routes taking account of individual need but maximising the effective use of staff time and skills by understanding *who* should be doing *what* at which points in the recovery journey.
- **Cost Effectiveness** - By identifying who should be doing what at which points we can avoid the ineffective use of staff time and skills and ensure we are maximising the use of our resources effectively and efficiently. Where an intervention is best delivered by a particular grade or profession this can be planned for in terms of skill mix, recruitment and training, something it is difficult to do effectively at present.
- **Accountability** - Once a care pathway is defined and allocated we can define clear quality and performance standards. This means that action to correct these issues can be targeted to improve the care we deliver and the experience of the people receiving that care. Good practice can be identified, celebrated and spread. It is imperative the Trust has robust data to underpin its decisions and to measure its effectiveness.
- **Cross Agency Working** - Pathways help to identify what work is most effectively done by which agencies leading to clearer collaboration and boundaries and more effective joint working or transfer of care. Clarity about the type of care required in any particular case and the way it should

be delivered across the organisation will be of benefit to the individuals using our services, those commissioning them and those delivering them with the overall expectation being the more effective, timely delivery of evidence based care to support recovery outcomes.

4.0 Progress update:
To date we have prioritised two main workstreams on community recovery and urgent care. We are in the process of adding two further workstreams relating to our interaction with primary care and for our forensic and specialist services.

4.1 Community Recovery Pathway:
Our priority focus has been on improving our community mental health teams – Patients tell us that they would prefer proactive and preventive care and to gain skills and resilience to take control of their own recovery and minimise the need for inpatient admission. The work on this pathway is advancing well, with several successful tests for change having been carried out in specific localities. The first part of the new pathway 'Initial Interventions' is in progress of being rolled out across all Community Mental Health Teams (CMHTs).

- **Initial Interventions** – this will be the first stage in the pathway for the majority of patients. This has been successfully piloted within our South Kent Coast CMHT. The aim of this intervention is to empower patient by supporting them to develop and use effective self-management techniques for self-care. This intervention is provided on a 1-2-1 basis by Supported Time Recovery workers supervised by psychology staff so is an efficient approach to providing a clinically effective intervention for greater numbers of patients. This approach will (over time) enable community teams to reduce both waiting times and caseloads. Feedback from both patients and staff involved in the pilot extremely positive and clinical outcome measures have indicated positive improvements in those taking part in the pilot. This is now being rolled out across all CMHTs.

- **Enduring Conditions -** We know that a proportion of patients will need further support over a longer period.
    - The **CBT for Psychosis** intervention aims to equip patients who experience psychosis with the knowledge and skills to understand the signs and symptoms of their illness and use cognitive techniques to manage symptoms effectively. This intervention is delivered in a group setting by a qualified psychotherapist. The intervention has been piloted in **Tunbridge Wells** and is now being tested in **Maidstone.**
    - A **Health and Well Being Programme** has been developed to support service users and patients to monitor and maintain their physical health and well-being. This programme will build on the physical health checks undertaken and enable patients to access information, advice and signposting to relevant health and support services.

- **Pathway for people with Personality Disorders**: our approach to this pathway has been to develop group therapy and individual therapy services focussing on managing crisis episodes, and building resilience and skills to prevent further crisis. We plan to train all community based staff in Knowledge and Understanding Framework (KUF) for personality disorders which will improve quality of service for patients.
    - **Personality Disorder Change Programme** - this is being successfully piloted in **Medway**. The key aim of this intervention is to empower patients to better understand and self-manage their condition and how it impacts both on them and their relationships and interactions with others. This intervention is provided on a 1-2-1 basis by Community Psychiatric Nurses supervised by psychology staff so is an efficient approach to providing a clinically effective intervention for greater numbers of patients.

- **Personality Disorder Crisis Group** - this intervention is currently being offered to patients from the North and South East areas of Kent who are experiencing a crisis related to their Personality Disorder. The aim of the this intervention is to provide a timely intervention and reduce the time people need to stay either in hospital or under the care of the Crisis Resolution and Home Treatment Teams. The groups are facilitated by qualified and experienced practitioners which ensures the complex needs of this group of patients is effectively managed. Patients involved in the pilot have made excellent progress and have also provided very positive feedback on their experiences of being involved in these groups.
- **Personality Disorder Skills and Support Group** - this intervention will follow on from the Crisis group and is designed to ensure that patients with Personality Disorders are able to continue to develop their self-management skills. This intervention is currently currently established in **Medway** this includes **Swale, Maidstone** and it is well on its way to being established in **Dartford**. We plan to commence delivery of this group in **East Kent** in September.

- **Cluster 18 Memory Assessment** – this new approach to preparing and undertaking assessments for people with memory problems aims to reduce the time it takes to diagnose whether a patient has dementia. The revised assessment process is designed to reduce the burden on staff and patients in preparing for the assessment, reduce the number of assessment appointments for the patient and enables the psychiatrist to complete the diagnostic process more efficiently and effectively. This approach is being piloted in **East Kent** and **Dartford, Gravesham and Swanley,** and will link to the STP programme on dementia diagnosis.

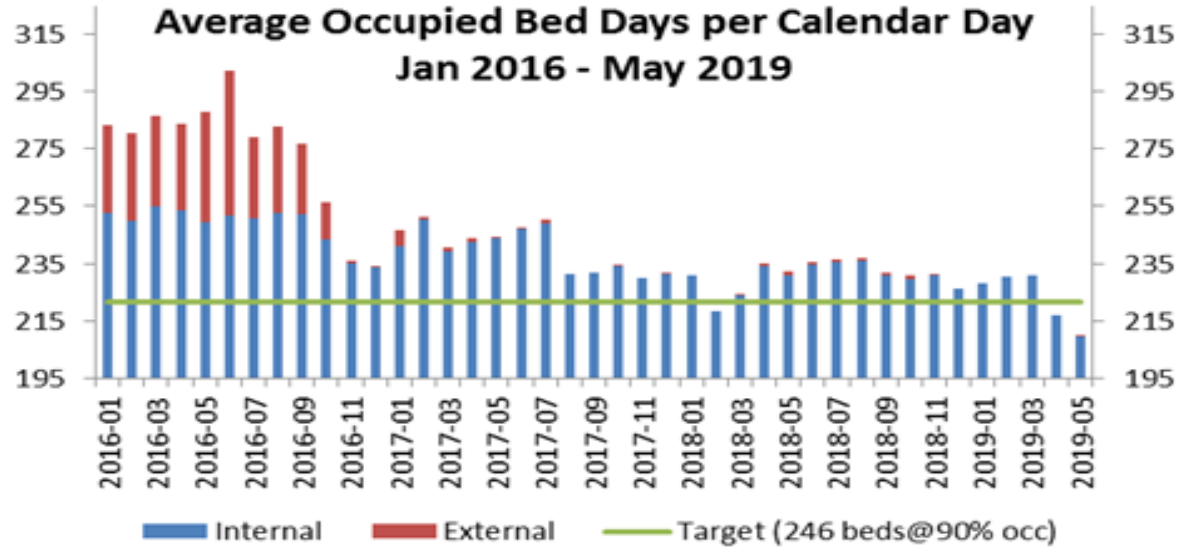
4.2 Urgent Care Pathway:

Our second priority focus has been to improve the access and triage pathway into KMPT urgent clinical services and improve the range of services, again to try and help patients avoid the need for inpatient care where possible. This has been led by the STP mental health workstream, and KMPT are engaged in a number of workstreams designed to provide improved access to mental health crisis support and develop the wider urgent care pathway.

- **Clinical Assessment Service (CAS) aligned to 111 -** KMPT is working with commissioners and lead providers for 111 in Kent and Medway with the aspiration for a single 111 response for mental health queries to ensure parity of esteem. The outline proposal includes a review of the current KMPT Single Point of Access with an aim to include this service into the CAS delivery. This will provide a single number everyone is familiar with to people who are in mental distress or need to access mental health services due to a mental illness. The current Single Point of Access (SPOA) offers a referral route for urgent referrals and receives about 50% of all Trust referrals. The remaining 50% of referrals come via a number of routes; direct to the CMHTs, to specialist services, liaison services and therapies services. The imperative for KMPT is clarity for people referring and ensuring the best option is in place to assure people receive the care they need as quickly as possible. Aligning SPOA with the CAS will ensure a clear route to a number of mental health services including those in KMPT.
- **Liaison Psychiatry** - In 2019 the Trust has bid for additional national monies for improving Liaison Psychiatry services to ensure all but one hospital has access to 24/7 provision. The trust has also bid for increased monies for expanding the crisis home treatment team
- **Support and Signposting Service** - An exciting innovation this year has been the development of the Support and Signposting Service; this outpatient provision provides a 24 hour option for people who have experienced a crisis or are in mental distress and historically may have been considered for a short hospital admission as there was no alternative. This small team, mostly support time and recovery workers, offer a short stay to support de-escalation of the emotional crisis and

provides practical advice, input and support. The team receive referrals from liaison, Place of Safety and Crisis Teams and in many cases have worked with people not known to KMPT preventing people from coming into the system by supporting them with positive solutions in their own communities. If successful this 6 month pilot will be considered for roll out across Kent and Medway to key sites.

APPENDIX B


Average Occupied Bed Days per Calendar Day
Jan 2016 - May 2019
315
295
275
255
235
215
195
2016-01
2016-03
2016-05
2016-07
2016-09
2016-11
2017-01
2017-03
2017-05
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2017-09
2017-11
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2018-05
2018-07
2018-09
2018-11
2019-01
2019-03
2019-05
Internal
External
Target (246 beds@90% occ)

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Item 8: Proposed changes to Congenital Heart Disease Services

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 23 July 2019

Subject: Proposed changes to Congenital Heart Disease services in London

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

It provides background information which may prove useful to Members in their assessment of whether the change constitutes a substantial variation of service.

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1. Introduction

(a) Congenital Heart Disease (CHD) is a birth anomaly and effects between 5 and 9 in every 1,000 babies born in the UK. Not all babies require surgery, but when it is needed it can be both lifesaving and life changing. However, it is likely the condition will be lifelong, and patients will require support and care throughout their lives.[1]

(b) NHS England published CHD standard and service specifications in April 2016, which providers must meet. Each standard had a timetable for implementation, ranging from immediate to within 5 years.[2]

(c) The Royal Brompton & Harefield NHS Foundation Trust is the largest specialist heart and lung centre in the UK and among the largest in Europe.[3] It's CHD service for children is one of the largest in the UK and treats patients from both the UK and around the world.[4]

2. Background

(a) The NHS England Board considered a report about future commissioning arrangements for Congenital Heart Disease Services for Adults and Children in November 2017, which outlined proposals relating to the Royal Brompton and Harefield NHS Foundation Trust.[5]

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[1] NHS England Board meeting paper (30 Nov 2017) Item 6 - Congenital Heart Disease Services for Adults and Children: Future Commissioning Arrangements, https://www.england.nhs.uk/wp-content/uploads/2017/11/06-pb-30-11-2017-congenital-heart-disease-services.pdf

[2] NHS England (2016) Congenital Heart Disease Standards & Specifications, https://www.england.nhs.uk/wp-content/uploads/2018/08/Congenital-heart-disease-standards-and-specifications.pdf

[3] Royal Brompton & Harefield NHS FT (2019) https://www.rbht.nhs.uk

[4] Royal Brompton & Harefield NHS FT (2019) https://www.rbht.nhs.uk/our-services/paediatrics/congenital-heart-disease-service-for-children

[5] NHS England Board meeting paper (30 Nov 2017) Item 6 - Congenital Heart Disease Services for Adults and Children: Future Commissioning Arrangements, p3, https://www.england.nhs.uk/wp-content/uploads/2017/11/06-pb-30-11-2017-congenital-heart-disease-services.pdf

(b) Despite CHD services in England being very good, NHS England believed there was room for improvement as well as the opportunity for adjustments that would ensure services were able to rapidly respond to future clinical, technological and scientific advances.[6]

(c) Information was received in April 2019 about future changes to Congenital Heart Disease services provided in London. This has been brought to the attention of the Kent HOSC because some patients that access the service are Kent residents. A number of HOSCs are being consulted, and the Royal Borough of Kensington & Chelsea are forming a JHOSC.

3. Potential Substantial Variation of Service

(a) The Committee is asked to review whether the proposals to move CHD services from Royal Brompton Hospital's Chelsea site 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.

4. Recommendation

If the proposed change to CHD Services is *substantial*:

RECOMMENDED that:

(a) the Committee deems proposed changes to CHD services to be a substantial variation of service.

(b) NHS England 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 CHD Services is *not substantial*:

RECOMMENDED that:

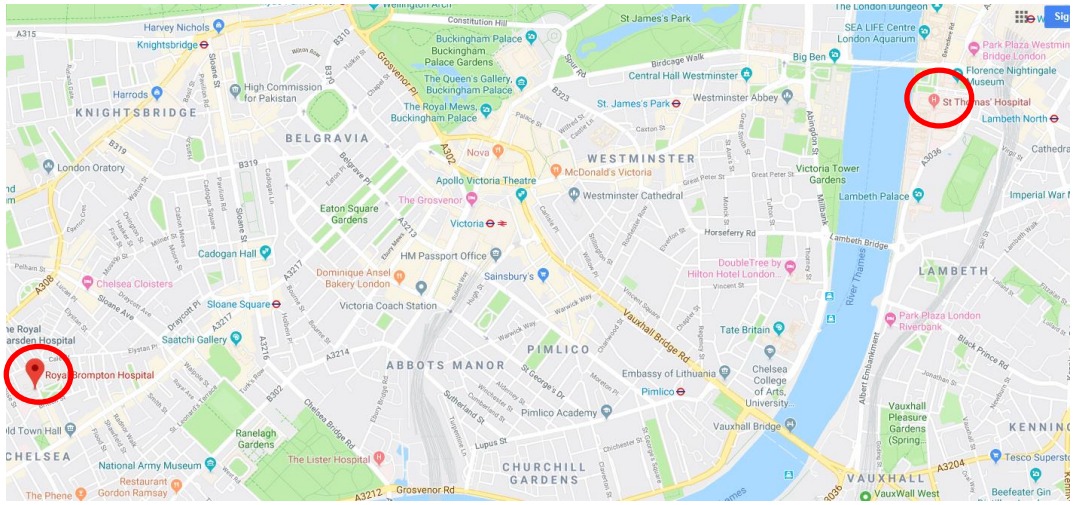
(a) the Committee does not deem the proposed changes to CHD Services to be a substantial variation of service.

(b) the report be noted.

[6] Ibid (p4)

Additional information

Royal Brompton Hospital (Chelsea site) is around 3.4 miles from Guy's and St Thomas' Hospital in Westminster.



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Presentation to the Kent County Council Health Overview and Scrutiny Committee

23rd July 2019

NHS England and NHS Improvement

Who we are

- Joanne Murfitt
  Regional Director of Specialised Commissioning and Health in Justice
  NHS England London region

- Claire McDonald
  Engagement and Communications Lead
  Specialised Commissioning
  NHS England London region

Congenital Heart Disease

- Congenital heart disease (CHD) refers to a heart condition or defect that **develops in the womb, before a baby is born**
- Congenital heart disease affects **8 in every 1,000 births**
- There are many different forms of CHD. Some people with CHD do not require any form of surgery or interventional procedure. **Some require surgery before, or immediately after birth**
- Advances in early diagnosis mean that most babies born with CHD now grow up to be adults, living full and active lives
- CHD surgery for children carried out in 10 hospitals in England with three other centres offering specialist paediatric cardiology only. These specialist surgical centres deliver the most highly complex diagnostics and care, including **all surgery and interventional cardiology**

Congenital heart disease standards

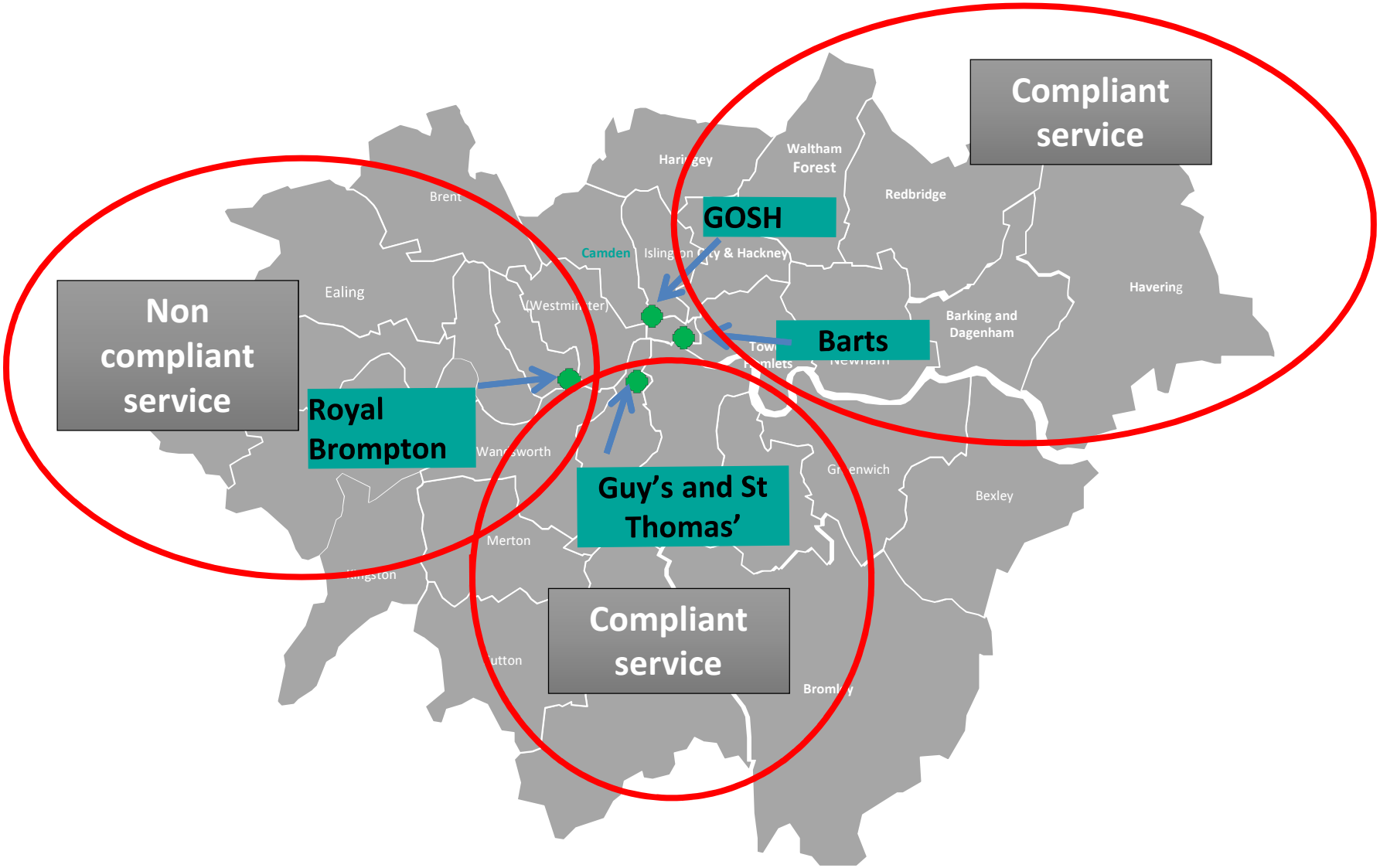
- Congenital Heart Disease (CHD) standards were consulted upon and **agreed by the NHS England board in 2015**

- The standards were created by **clinicians, patients, families and providers** to ensure that wherever patients received their care, it would be the same excellent care across the country

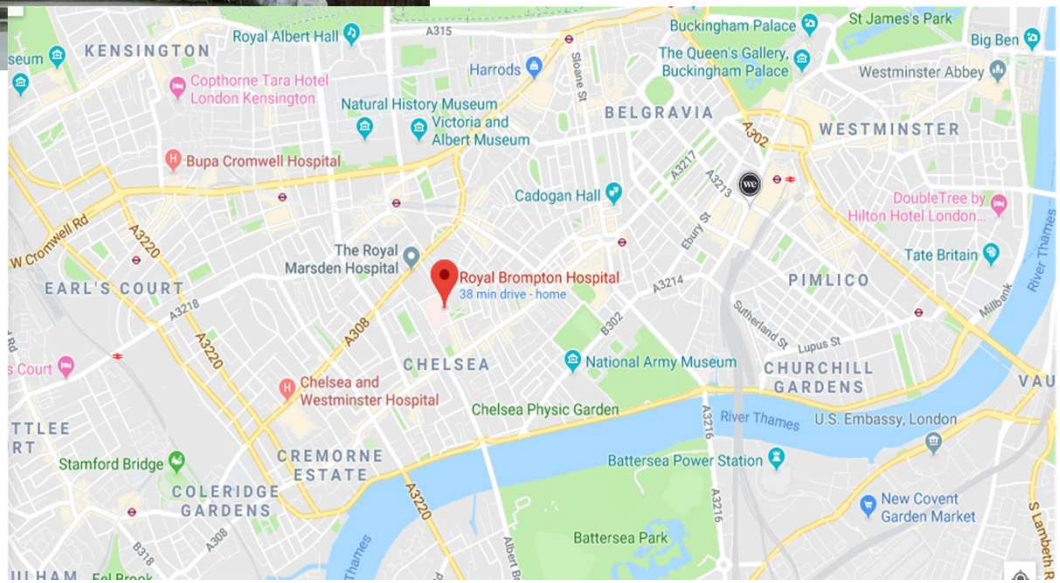
- NHS England's aims have been to:
  - secure **the best possible outcomes** for CHD patients;
  - tackle variation, ensuring that patients got the **same high quality care, regardless of where they were treated**
  - improve **patient experience**

CHD services in England

Current CHD services in London



Royal Brompton Hospital Chelsea



Royal Brompton Hospital

- The Royal Brompton Hospital is a **specialist hospital caring for patients with rare and complex conditions** – one of the ten who care for CHD patients
- The Royal Brompton Hospital **can not currently meet the standard for paediatric colocation** from the Chelsea site, as they do not have the other specialist children's services on the site that the standards require if a hospital is to provide children's CHD
- In 2017 the **Royal Brompton Hospital proposed** a partnership with another compliant CHD provider in London – Guy's and St Thomas' Hospital - in order to meet all of the standards and continue providing the service to their patients.
- The RBH proposal is to move not just the paediatric CHD services, **but all the services from the Chelsea site** as a "joint venture"

Royal Brompton Hospital provides all these services from its Chelsea site

- **Children Heart Surgery** - including Congenital Heart Disease and intensive care

- **Children's respiratory services** for children with Cystic Fibrosis, Primary Ciliary Dyskinesia and other conditions

- **Adult heart surgery and interventional cardiology** for conditions such as Congenital Heart Disease, non CHD structural heart disease, Pulmonary Hypertension, Inherited heart conditions, coronary artery disease and heart failure

Royal Brompton Hospital provides all these services from its Chelsea site

- **Adult respiratory services** for conditions such as Cystic Fibrosis, Primary Ciliary Dyskinesia, Interstitial Lung Disease, severe & difficult to manage asthma and others

- **Thoracic surgery** (including lung cancer)

- Adults and children who require **Long term ventilation** in hospital and at home

- **Adults who require respiratory ECMO** – Extra Corporeal Membrane Oxygenation

Consultation on services – 2017

- In **2017 NHS England** consulted on the delivery of the standards for CHD
- In that consultation it was recognised that the Royal Brompton Hospital couldn't meet the paediatric colocation standard and didn't have a plan to be able to do so. It was proposed that paediatric CHD services at the Royal Brompton Hospital could be **reprovided at the other compliant providers in London and the South East**
- It was in response to the 2017 public consultation the Royal Brompton Hospital and Kings Health Partners proposed the move of **all RBH services on the Chelsea site to the Westminster site of St Thomas'**

The proposals we have received

Solutions that work for all the services currently provided for from the RBH Chelsea site – this is not just about CHD

- **Royal Brompton Hospital and Kings Health Partners**
  who propose the movement of all the services currently on the Chelsea site to new buildings on the Guys & St Thomas' Westminster site as part of a joint venture. *There would be no change to Harefield Hospital*.
- **Chelsea & Westminster and Imperial College Healthcare**
  who propose the movement of cardiac and respiratory services from the Royal Brompton Chelsea site; the Cystic Fibrosis services to Chelsea & Westminster Hospital and the cardiac (not adult and children's CHD) and other respiratory to Hammersmith Hospital.
- Both proposals supports the movement of Congenital Heart Disease and ECMO to the Guys & St Thomas' site

There remains the option to:

- The **movement of paediatric CHD from RBH** to another compliant CHD provider either in total or spilt along with **adult CHD and associated services**

We would be open to other proposals, ideally one that can meet the aims of both the proposers of the options above.

Interdependent services

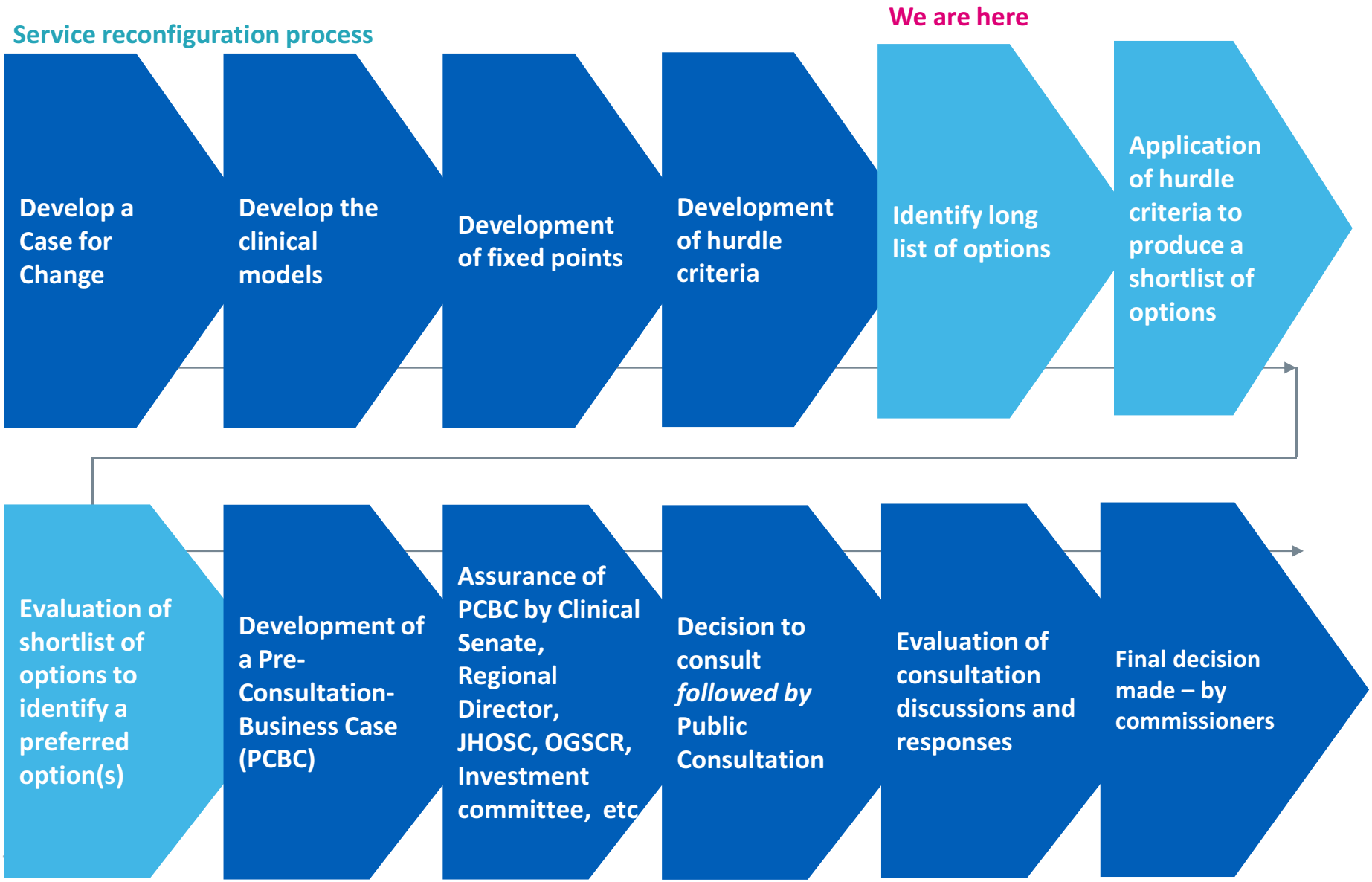
- The Royal Brompton Hospital works closely to deliver services for patients with other hospitals in North West London
- We have **worked with these North West London providers** to understand what this work looks like, how services are provided and where the links are
- Doing this work with providers we have established together **that this work can continue as it is or any issues could be resolved.**

Measurement and Evaluation

Any proposal that NHS England would consider putting out to public consultation **would first have to demonstrate**:

- It met **clinical standards** for Congenital Heart Disease
- It met **clinical standards** for other conditions were present
- It was **sustainable**
- It was **deliverable**
- It was **affordable**
- That it **did not have adverse impact on other services** that wasn't considered and mitigated

The process


Service reconfiguration process
We are here
Develop a Case for Change
Develop the clinical models
Development of fixed points
Development of hurdle criteria
Identify long list of options
Application of hurdle criteria to produce a shortlist of options
Evaluation of shortlist of options to identify a preferred option(s)
Development of a Pre-Consultation-Business Case (PCBC)
Assurance of PCBC by Clinical Senate, Regional Director, JHOSC, OGSCR, Investment committee, etc
Decision to consult *followed by* Public Consultation
Evaluation of consultation discussions and responses
Final decision made – by commissioners

Kent residents

- Currently **Kent residents** account for **5.2%** of the *patients* at the RBH (as a combination of inpatients and outpatients).
  - the is made up of patients from the following CCG's – West Kent; South Coast; Medway; Ashford; Canterbury& Coastal; Swale; Dartford, Gravesham & Swanley and Thanet.

- A movement of services would add very little to travel time, but provide services **that meet national standards.**

- Travel time analysis will be completed as part of the pre consultation period

CCG and JHOSC oversight

- The Royal Borough of Kensington and Chelsea are leading the creation of a **formal Joint Health Oversight and Scrutiny Committee**

- A formal **Committee in Common** is being formed from the commissioning CCG's

- We are likely to be ready for consultation **towards the end of this year**

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Item 9: South East Coast Ambulance Service NHS Foundation Trust: Update

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 23 July 2019

Subject: South East Coast Ambulance Service NHS Foundation Trust (SECAmb): Update

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the South East Coast Ambulance Service NHS Foundation Trust.

It provides background information which may prove useful to Members.

---

1. Introduction

(a) South East Coast Ambulance Service NHS Foundation Trust (SECAmb) receive and respond to 999 calls from the public, urgent calls from healthcare professionals and receive and respond to calls to NHS 111 as well as providing the regional Hazardous Area Response Team (HART).

(b) The Trust employs over 3,300 staff across 110 sites in Kent, Surrey and Sussex. They cover a geographic area of 3,600 square miles.[1]

(c) The Care Quality Commission (CQC) published an inspection report on 8 November 2018 which rated the Trust as "Requires Improvement". The Trust is currently in Special Measures.

2. Previous reports to HOSC

(a) SECAmb have presented to HOSC twice in the last year: 27 April 2018 and 23 November 2018.

(b) During the meeting in November, the Committee raised specific questions around the following points:

- *Handover delays* – remained an issue both in Kent and nationwide although significant progress had been made.
- *Response times* – category 3 response times remained an issue.
- *Recruitment* – an additional 174 FTE would be in place by December 2018, with further recruitment in January.
- *Fleet management* – the Trust had purchased 101 new vehicles during 2018 as well as 30 second-hand vehicles for winter.

[1] SECAmb (2019) 'About Us', https://www.cqc.org.uk/provider/RYD/contact

(c) At the conclusion of the meeting on 23 November, the Committee made the following recommendation:

RESOLVED that the report be noted, and SECAmb be requested to provide an update in June 2019.

(d) A written report from the Trust is attached for information.

3. Recommendation

RECOMMENDED that the Committee note the report and SECAmb be requested to provide an update at an appropriate time.

Background Documents

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 (23/11/18)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7923&Ver=4

Care Quality Commission Inspection Report, 8 November 2018, https://www.cqc.org.uk/search/providers/all/south%20east%20coast%20ambulance%20service?location=&latitude=&longitude=&sort=default&la=&distance=15&mode=html

South East Coast Ambulance Service NHS Foundation Trust Five Year Strategic Plan 2017-2022, http://www.secamb.nhs.uk/about_us/our_vision_and_strategy.aspx

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South East Coast Ambulance Service NHS Foundation Trust
23rd July 2019

Executive Board Recruitment

SECAmb has continued to recruit to the Executive and Non-Executive Team.

Following the recent departure of Ed Griffin, Paul Renshaw has been appointed as the interim Director of Human Resources and Organisational Development.

Darren Mochrie, the Trust's Chief Executive, left SECAmb at the beginning of April 2019, to take up the position of the Chief Executive of the North West Ambulance Service. Following the subsequent recruitment process, Philip Astle, currently the Chief Operating Officer at the South Central Ambulance Service, will be joining SECAmb as its new Chief Executive in September 2019. Dr Fionna Moore, the Trust's Executive Medical Director is currently the Trust's acting Chief Executive.

September 2018 saw the appointment of David Astley as the Substantive Chair of the Trust.

Demand and Capacity Review and Additional Actions to Improve Performance

During 2017-2019, following the identification of a gap in funding for SECAmb to deliver its existing model and achieve all performance targets, Commissioners and SECAmb jointly commissioned (with the Support of NHS England and NHS Improvement), Deloitte and ORH to undertake a review of existing and future operating models.

The approach from Deloitte and ORH was in the form of a 'Demand and Capacity' review to understand the relationship between resources, performance, and finances.

The focus of the review was on two operating models: 1) Paramedic Led Ambulance Model and 2) The Targeted Dispatch Model. Both identified a requirement to increase not only the number of front-line staff, but also the fleet resource.

The 'Targeted Dispatch Model' was the preferred option which focused on getting clinically appropriate resources to patients by using a combination of paramedics in cars, paramedics on ambulances, as well as the introduction of a lower acuity mode of transport (non-paramedic ambulance).

The delivery of this model has been successfully transacted through the Service Transformation and Delivery (STaD) programme, which oversaw a number of key work programmes (including the additional recruitment of frontline staff and fleet procurement), as well as delivering a series of internal process improvements to bring the Trust nearer to achieving the Ambulance Response Programme's national performance standards.

Having successfully concluded the STaD objectives the model is being progressed through a 'business as usual' approach, now titled the '999 Delivery Programme' led by the Director of Operations, Joe Garcia.

In addition, the Trust has recently secured advice and assistance from the National Ambulance Advisor to NHSE, Anthony Marsh, CEO from the well performing West Midlands Ambulance Trust. Anthony is assisting us in ensuring many of our policies are fit for purpose and enhance operational efficiencies.

Fleet

During 2018/19, as a part of the STaD programme, the Trust has invested in an additional 43 Mercedes Sprinter ambulances as well as 16 Fiat Ducato van conversions.

During the winter of 2018/19 the Trust also invested in 30 new non-emergency transport (NET) vehicles which are in the process of becoming fully operational.

In addition to the current fleet enhancement programme, the Trust received approval to commission 92 replacement Mercedes Sprinter ambulances. The first phase of which were released to operations during May 2019.

Recruitment

On-going recruitment for frontline staff continues throughout 2019/20, with continuous courses being run for Emergency Care Support Workers (ECSW). Paramedic recruitment continues through external advertisements as well as opportunities for ECSW staff to apply for the Associate Practitioner role and start their journey in training to become paramedics. We have recently been successful in recruiting 33 out of 34 newly qualified paramedics.

The aim of the Trust is to have 70% of ambulances crewed by a paramedic.

The Emergency Operations Centres (EOC) will also see an increase in its staffing levels with an uplift from 308 full time equivalents (FTE) to 398 by Q4 2020-21. This uplift will ensure that call-answering times are at 95% of calls answered within 5 seconds and additional clinicians employed in the EOC will enhance the over sight of patients awaiting an ambulance response.

Performance

The performance across the three counties (Kent, Surrey, and Sussex) requires improvement, and the Trust recognises that all categories C1, C2, C3, and C4 performance measures are below standards. **Appendix 1.**

C1 performance for ambulance services in England during May 2019, was 06:54 minutes (average mean). Five ambulance trusts achieved performance within the 7-minute performance measure. SECAmb achieved 07:18 minutes and was positioned 8th (out of the 10 ambulance trusts excluding the Isle of Wight). **Appendix 2.**

C2 performance for ambulance services in England during May was 21:01 minutes (average mean), with SECAmb achieving 20:54 minutes. Three ambulance services achieved the 18-minute performance target. SECAmb was positioned 6th.

C3 (2 hour 90th percentile measure) and C4 (3 hour 90th percentile measure) performance for SECAmb has continued to see the trust perform below the national average (England) of 2 hours 23 minutes and 2 hours 53 minutes respectively. SECAmb achieved 3 hour 56 minutes for C3 and 4 hours 52 minutes for C4. For both these categories SECAmb was positioned 10th.

The Demand and Capacity review and STaD programme is addressing performance concerns through actively increasing resources (workforce and fleet) and the implementation of the 'Targeted Dispatch Model' coupled with an increase in the number of Clinical staff (Health Care Professionals) based in the Emergency Operations Centre, providing support to the Emergency Medical Advisors (staff who answer 999 calls) and clinical triage. However, whilst both C1 and C2 performance are close to being achieved, C3 & C4 are the cause of significant concern within the trust.

In all performance areas, the Trust continues to regularly review its delivery model and is working with commissioners and key partners to drive overall compliance with Ambulance Response Programme standards.

Some of the key operational actions recently introduced by the Trust include incentivised shifts targeting specific hours of the day/night when demand will be at its highest, close monitoring of the job cycle time (the time a crew receive an emergency call and arrive at the patient, time spent on scene with a patient, and time spent at hospital), standing up of the Strategic Command Hub 24/7 which gives an hour by hour focus on performance and resource utilisation.

Handover Delays

SECAmb is leading on a system wide programme of work focusing on reducing ambulance hours lost due to handover delays. These delays continue to be of a concern to the trust. This programme is being led by a Programme Director appointed by SECAmb.

May 2019 saw an increase in the 'greater than 30-minute' handover delays of 18% when compared to the previous year (2210 hours 2019 v's 1878 hours 2018). Kent had the highest increase compared to Surrey's 5% and Sussex's 11%. This loss is equivalent to 184 12-hour ambulance shifts for the month or 6 per day across the county of Kent.

A key part of the work stream has been to develop together (SECAmb and acute each acute hospital); a handover action plan to streamline the process of handover delays including best practice e.g. dedicated handover nurse and admin, Fit2Sit, front door streaming and direct conveyance to non-ED destinations.

A number of live conveyance reviews have also taken place where a representative from the ambulance service, hospital, primary care, community trust, and CCG have

reviewed all decisions to convey to hospital with an aim to ensuring that all existing community pathways are maximised.

The reviews undertaken so far, have given a clear indication that community pathways are being maximised where they are in place. The results are being presented for further discussion with local system partners in order to explore new community pathways, where required.

Peer reviews looking at the handover process at individual sites have also taken place at some hospitals, where the Chief Operating Officer (COO) from another acute hospital, supported by a member of the Emergency Care Intensive Support Team (ECIST), visits another hospital and reviews the ambulance pathway through the department. The peer reviews have been received positively and have been a good way to share best practice across hospital sites.

NHS Staff Survey 2018

The results from last years (2018) NHS staff survey recently published, highlighted positive results for SECAmb compared to previous years surveys.

The results of individual questions, grouped into 10 key themes, represents the best ever scores for SECAmb since they were introduced in 2014, and when compared to last year's scores, shows significant improvements in every area where comparison is possible.

The results of individual questions, grouped into 10 key themes, represents the best ever scores for SECAmb since they were introduced in 2014, and when compared to last year's scores, shows significant improvements in every area where comparison is possible.

Areas of improvement included in the 10 themes (**Appendix 3),** were; safety culture, morale, and quality of care. Compared to 2017, more staff look forward to going to work and staff are generally more enthusiastic about their jobs. The number of staff who would recommend SECAmb as a place to work has risen by nearly 20% in a year.

CQC

The CQC inspection during July and August of 2018 and the published report in November 2018 acknowledged the improvements that had been made resulting in the Trust's rating of 'inadequate' being moved to 'requires improvement'.

Following the publication of the report and its findings, the Trust has continued to work on a delivery plan of continuous improvement.

During June and July of this year, the CQC have carried out further inspections to the Trust covering 'Core Services' and '111'. They are returning on the 9th and 10th July for their final inspection on 'Well-Led'.

The informal feedback so far has been very encouraging with the inspectors noting the positive cultural changes being made and the overall high standard of care that our staff have for patients.

The Trust will receive the draft CQC report during July with the final report being published at some point in August.

Finances

The Trust's income and expenditure performance for the year ended 31 March 2019 was a surplus of £2.4m which, included £4.4m Provider Sustainability Funding (PSF). The Trust had planned a surplus of £0.7m for the year, being the revised control total agreed with NHS Improvement (NHSI) during the year. This was an improvement on the original control deficit of £0.8m agreed with NHSI.

The significant improvement in the Trust's financial performance from the original plan was due to the additional non-recurrent PSF contribution of £1.0m based on delivering a £0.5m improvement in the original underlying performance and a further PSF distribution of £1.7m for achieving the agreed control totals target.

The Trust's underlying performance was a deficit of £2.0m, which is the position excluding PSF.

Regarding the funding gap identified through the demand and capacity review, the commissioners, so far, have agreed to additional funding for the Trust amounting to c£18m.

APPENDICIES

Appendix 1: SECAmb Performance May 2019

May-19	Cat 1 Mean Response Time (00:07:00)	Cat 2 Mean Response Time (00:18:00)	Cat 3 90th Centile (02:00:00)	Cat 4 90th Centile (03:00:00)
NHS Ashford CCG	00:06:41	00:21:01	03:29:27	02:38:48
NHS Canterbury and Coastal CCG	00:08:18	00:25:48	04:17:12	05:34:33
NHS Dartford, Gravesham and Swanley CCG	00:07:13	00:20:27	04:14:28	04:49:58
NHS Medway CCG	00:06:00	00:20:09	04:37:57	06:20:57
NHS South Kent Coast CCG	00:09:34	00:25:40	04:08:06	04:56:48
NHS Swale CCG	00:08:20	00:28:23	04:45:18	09:39:38
NHS Thanet CCG	00:05:20	00:17:15	03:17:37	02:10:10
NHS West Kent CCG	00:08:16	00:23:44	04:25:22	05:21:05
Kent & Medway STP	00:07:36	00:21:35	03:58:48	04:50:20
Surrey Heartlands STP*	00:07:34	00:18:28	03:42:35	03:27:59
Sussex & East Surrey STP**	00:07:01	00:19:07	03:36:02	04:38:07
SECAmb commissioned Totals	00:07:16	00:20:51	03:56:31	04:54:12

Appendix 2:

National ARP AQI's May 2019

	C1	Mean
	England	00:06:54
1	London	00:06:08
2	North East	00:06:12
3	West Midlands	00:06:44
4	South Western	00:06:46
5	Yorkshire	00:06:49
6	South Central	00:07:00
7	North West	00:07:08
8	South East Coast	00:07:18
9	East Midlands	00:07:24
10	East of England	00:07:42
11	Isle of Wight	00:11:28

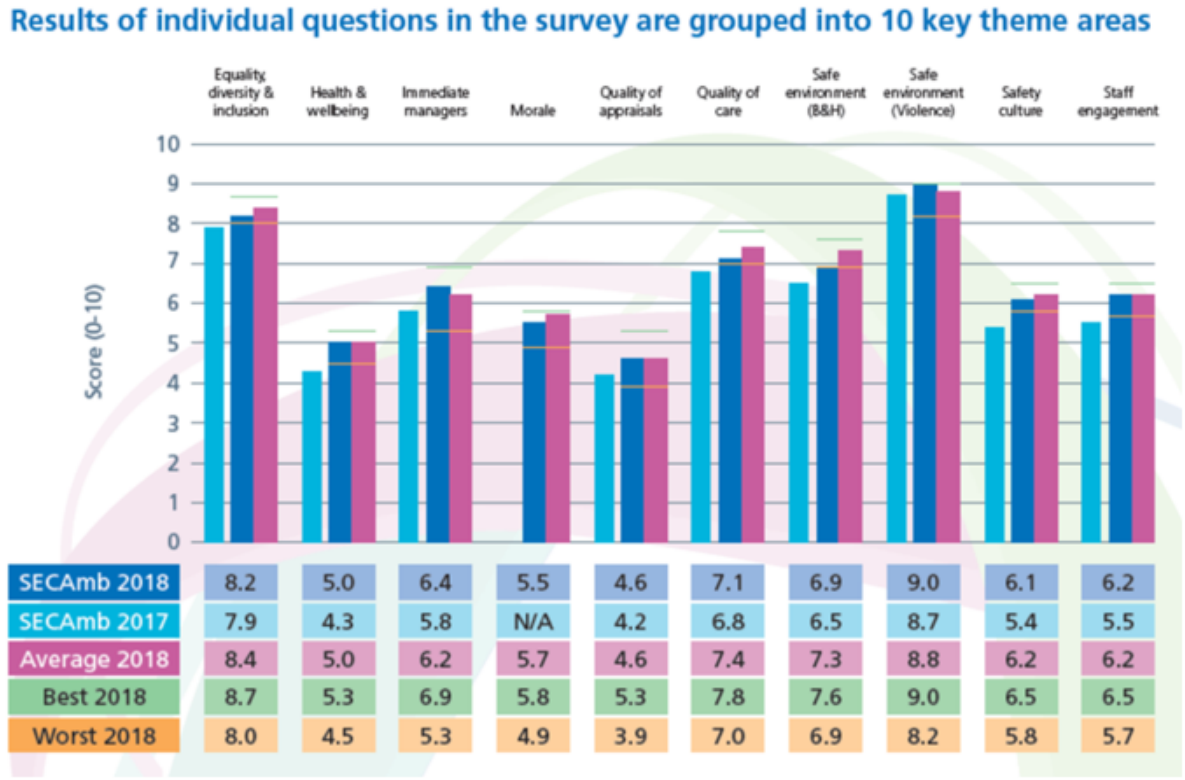
	C2	Mean
	England	00:21:01
1	West Midlands	00:11:49
2	South Central	00:17:01
3	London	00:17:36
4	Yorkshire	00:18:38
5	North West	00:20:51
6	South East Coast	00:20:54
7	Isle of Wight	00:23:50
8	North East	00:24:55
9	East Midlands	00:25:45
10	East of England	00:26:26
11	South Western	00:28:32

	C3	90th
	England	02:23:27
1	West Midlands	01:10:04
2	Yorkshire	01:42:58
3	South Central	02:00:52
4	London	02:02:44
5	North West	02:15:48
6	East Midlands	02:27:41
7	Isle of Wight	02:44:55
8	South Western	02:51:44
9	North East	03:25:29
10	East of England	03:46:15
11	South East Coast	03:56:04

	C4	90th
	England	02:53:34
1	West Midlands	01:45:22
2	Yorkshire	02:00:56
3	East Midlands	02:34:37
4	North West	02:48:12
5	South Central	02:58:58
6	North East	02:59:13
7	London	03:13:50
8	South Western	03:16:20
9	East of England	03:57:30
10	Isle of Wight	04:28:57
11	South East Coast	04:52:54

Appendix 3:

Staff Survey 10 Key Theme Areas



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe environment (B&H)	Safe environment (Violence)	Safety culture	Staff engagement
SECAmb 2018	8.2	5.0	6.4	5.5	4.6	7.1	6.9	9.0	6.1	6.2
SECAmb 2017	7.9	4.3	5.8	N/A	4.2	6.8	6.5	8.7	5.4	5.5
Average 2018	8.4	5.0	6.2	5.7	4.6	7.4	7.3	8.8	6.2	6.2
Best 2018	8.7	5.3	6.9	5.8	5.3	7.8	7.6	9.0	6.5	6.5
Worst 2018	8.0	4.5	5.3	4.9	3.9	7.0	6.9	8.2	5.8	5.7

Item 10: Kent and Medway Non-Emergency Patient Transport Service Performance

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 23 July 2019

Subject: Kent and Medway Non-Emergency Patient Transport Service Performance

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS North & West Kent CCGs (lead commissioner for Kent and Medway Patient Transport Service).

It provides background information which may prove useful to Members.

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1. Introduction

(a) Patient Transport is a service provided for individuals who need support to get to, and from, an NHS appointment.

(b) In Kent and Medway, the service is commissioned by the North and West Kent CCGs and provided by G4S.

2. Previous reports to HOSC

(a) At the HOSC meeting on 27 April 2018, the Committee were notified that West Kent CCG were in the process of signing a contract variation with G4S which would include new Key Performance Indicators (KPIs).

(b) West Kent CCG provided a written update to HOSC for the meeting on 8 June 2018, setting out the new KPIs for the Patient Transport Service. These were to come into effect from July 2018 for outpatients and September for inpatient transfers and discharges.

(c) West Kent CCG and G4S attended HOSC on 23 November 2018 for a further update on performance under the new KPIs. At the conclusion of the item, HOSC recommended the following:

RESOLVED that the report be noted, and NHS North and West Kent CCGs be requested to provide an update in June 2019.

(d) The CCGs have provided the attached update and will be present at the meeting to answer any questions.

3. Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2018) *'Health Overview and Scrutiny Committee (27/04/18)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7846&Ver=4

Kent County Council (2018) *'Health Overview and Scrutiny Committee (08/06/18)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7918&Ver=4

Kent County Council (2018) *'Health Overview and Scrutiny Committee (23/11/18)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7923&Ver=4

G4S Patient Transport website: http://www.km-pts.co.uk/default.aspx

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Kent Health Overview and Scrutiny Committee (HOSC)

Update on non-emergency patient transport services
July 2019

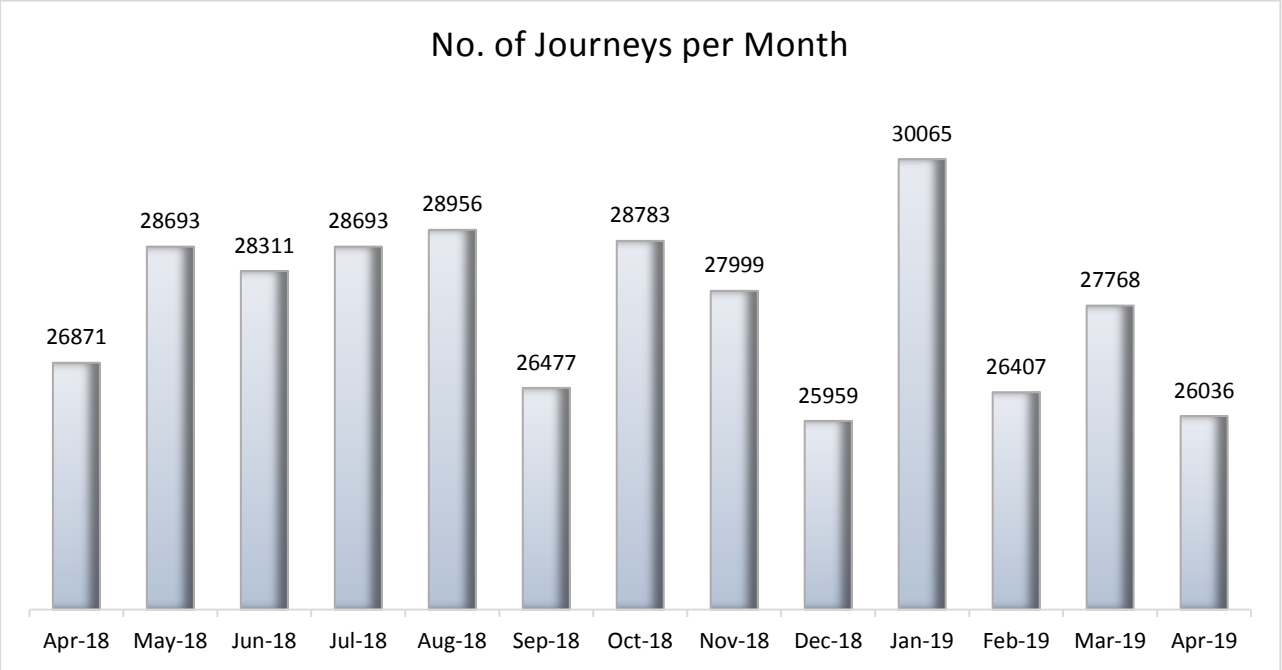
Executive Summary

The non-emergency patient transport service (PTS) has been provided by G4S across Kent and Medway CCGs since July 2016. A rebasing exercise was finalised in March 2018 with the deployment of additional staff and vehicles. This was supported by the CCG agreeing to the consolidation of all contract lots, instead of previously individual services and with a revised set of key performance indicators (KPIs) that was felt to hold a better focus on key indicators of patient experience and safety. These changes allowed for greater flexibility and efficiency, which in turn have resulted in improved service levels and performance stabilization.

This report aims to give an overview of current performance and ongoing improvement initiatives up to April 2019.

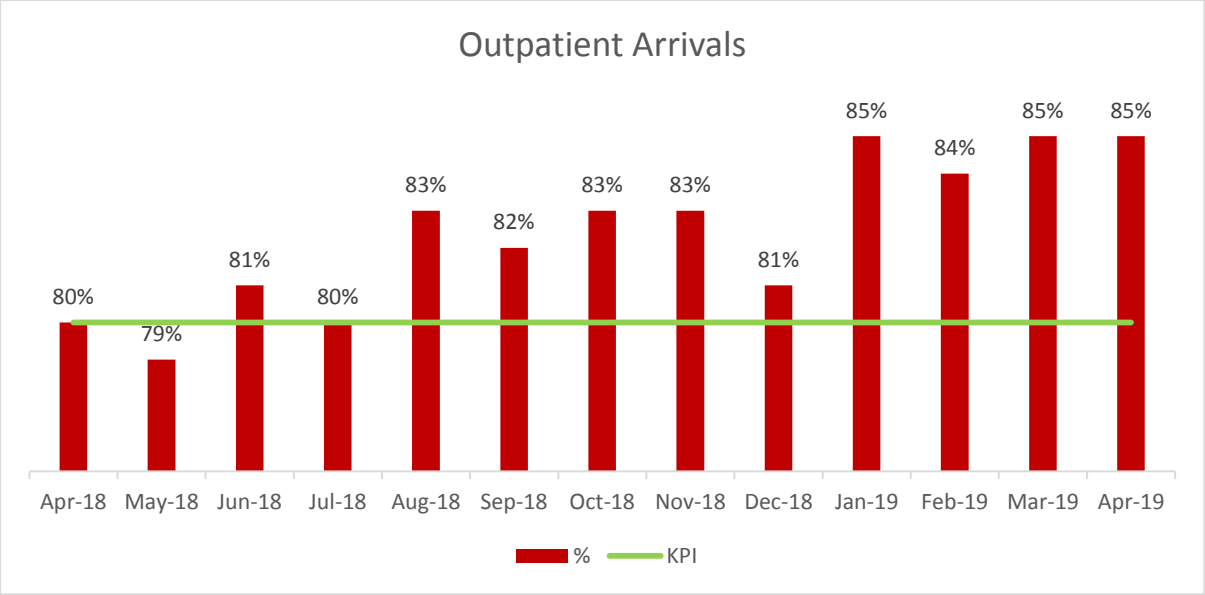
Patient journeys

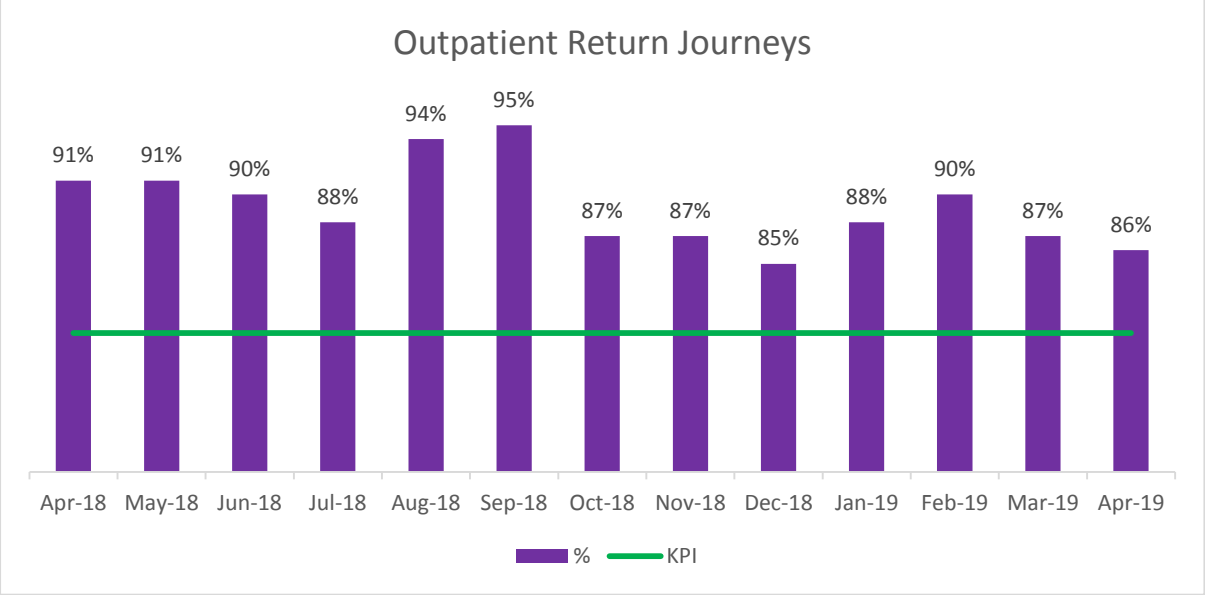
The chart below shows the Kent and Medway journey activity by month.



Service Delivery

The tables below show the percentage of patient arrivals and outpatient return journeys against Service Level KPI. In most months, performance has exceeded the KPI.





*Slight downward trend shown Feb-19 to Apr-19 – Although still above KPI, 2 lanes of the M20 have been closed off and speed restrictions put in place as part of Project Brock in preparation for Brexit. Accumulative delays experienced throughout the day are effecting afternoon activity. Engagement initiatives have been put in place to try to mitigate this.

	Kent & Medway Journeys Performance Report	Version	April 2019

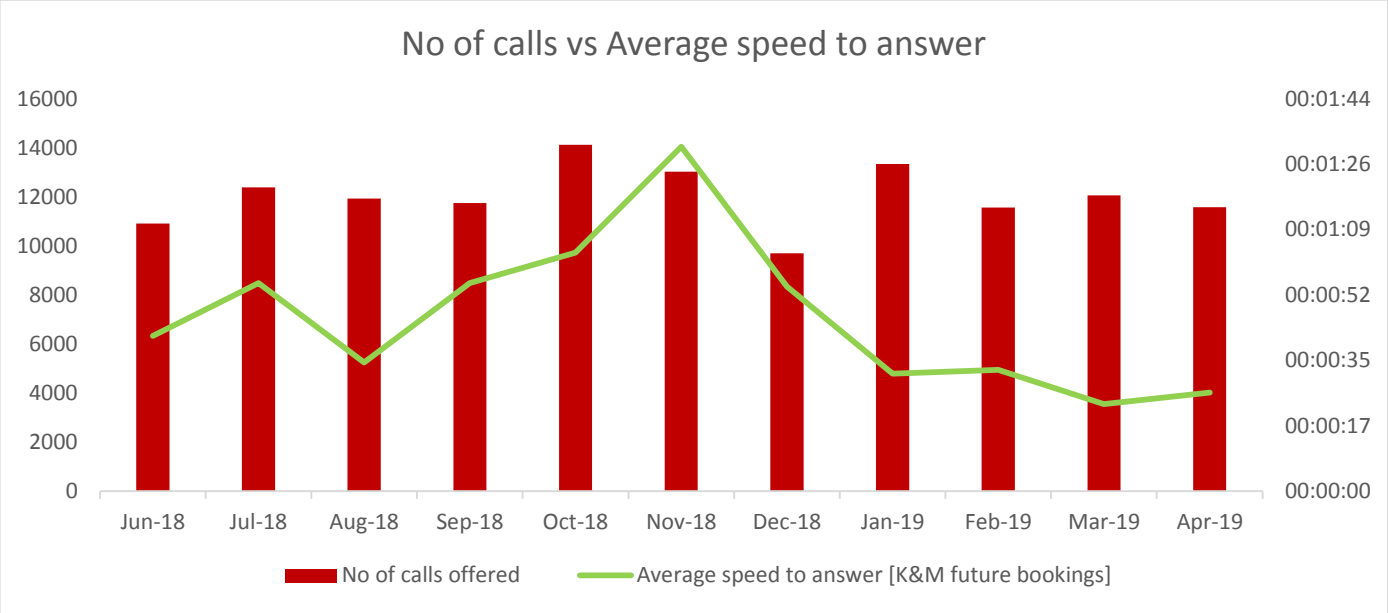
Total Journeys	25980

Journey Type	Definition	Required Standard	Minimum Standard	Percentage Performance	Total No. of Journeys
Outpatient	All outpatient arrivals.	Patients to arrive on time and no more than 75 minutes prior to their appointment time.	80%	84.95%	5932
Outpatient	All outpatient pre-booked return journeys.	All patients to be collected within 75 minutes of the booked or made ready time whichever is greater.	80%	86.37%	4027
Outpatient	All outpatient on the day booked return journeys.	All patients to be collected within 75 minutes of the made ready time providing a minimum of 2 hours' notice of the booking.	80%	96.74%	1688
Outpatient	All outpatient on the day booked return journeys.	No more than 1% of patients waiting over 4 hours.	1%	0.00%	0
Outpatient	All outpatient booked in advance return journeys.	No more than 1% of patients waiting over 4 hours.	1%	0.09%	14
Outpatient Renal	Patients to arrive on time and no more than 15 minutes prior to or later than their scheduled appointment.	Patients to arrive on time and no more than 15 minutes prior to or later than their scheduled appointment.	80%	86.66%	4169
Outpatient Renal	Return Journey patients to be collected within 30 minutes of the identified booked ready time.	Return Journey patients to be collected within 30 minutes of the identified booked ready time.	80%	92.14%	4031
Discharge	Discharge journey booked in advance.	All patients to be collected within 75 minutes of booked time.	80%	71.43%	259
Discharge	Discharge journey booked on the day.	All patients to be collected within 120 minutes of booked ready time.	80%	76.84%	3342
Discharge	Discharge journey booked in advance.	No more than 1% of patients waiting over 4 hours.	1%	0.02%	3
Discharge	Discharge journey booked on the day.	No more than 1% of patients waiting over 4 hours.	1%	0.88%	131
Transfer	Journey booked in advance - transfer of care.	All patients to be collected within 75 minutes of booked ready time.	80%	90.91%	22
Transfer	Kent and Medway bound journey booked on the day - Transfer of care.	Patient to be transported within 120 minutes of the identified booked ready time.	80%	74.67%	379

Call Centre

Call centre operations continue to perform at required levels.

Details of Service Levels and KPIs [Inbound calls]	KPI	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
No. of calls answered		10463	11870	10979	11189	12717	11767	9010	12770	10979	11597	11178
Average Handling time [seconds]		372	304	312	285	215	337	322	362	362	333	333
Average speed to answer [overall]		00:00:42	00:01.2	00:47:00	00:01:02	00:01:23	00:01:29	00:00:53	00:00:30	00:00:32	00:00:22	00:00:25
Average speed to answer [K&M future bookings]	**<20 secs**	00:00:41	00:00:55	00:00:34	00:00:55	00:01:03	00:01:31	00:00:54	00:00:31	00:00:32	00:00:23	00:00:26



Patient Engagement

In line with our commitment to improving patient experience, we have developed a 2019/20 Patient Engagement Strategy. G4S accept that to confidently understand the needs and challenges that patients' face, active engagement needs to be encouraged, supporting patients to share their views.

The initial response to this approach was hugely positive and the dedicated G4S Relationship Manager has continued to spend time at each renal dialysis unit, capturing views from patients about their experiences and their suggestions. This is a quarterly commitment and outcomes from the sessions are formally shared with all patients to demonstrate continuous improvement.

In addition to the renal dialysis engagement, G4S have met with Healthwatch Kent and have agreed regular planned meetings quarterly to establish relationships and utilize their expertise for objective feedback.

The Patient Engagement Strategy has been formed using outcomes from existing patient feedback. The strategy is a 'live' plan, which continues to evolve in line with themes and trends from the patient survey, complaints data and patient forums.

Engagement Initiatives

Engagement continues to grow between G4S, hospitals and community trusts with regular meetings now set to consistently review progress and collaborative working opportunities.

Where patient journeys may be running late, processes are in place to liaise with the clinics to ensure there is no effect on the appointment and the patient is re-assured.

An evolving process in partnership with the Acute Hospital Site Coordinators has been introduced where Patient Transport Liaison Officers (PTLOs) proactively encourage morning discharges. Part of their role is to liaise with key stake holders within the hospital to ensure all discharges and transfers are mobilized as soon as possible. The PTLOs also attend bed meetings and work in conjunction with pharmacists to plan and chase medication prescriptions, ensure all booking details are correct and work with key stakeholders in ensuring patient packages of care are in place and met. This is to assist in reducing backlogs of discharges at the end of the day; this trial was very successful within William Harvey Hospital and has been rolled out across Kent.

New control methods have been introduced that allow G4S to be more proactive and flexible with resources across Kent. This is part of our business wide intrinsic initiative where we have Logistics Experts whom support our local control with an overview of our entire service. These individuals can then identify support and opportunities to improve the patient experience.

Regular meetings take place with Care Quality Commission (CQC) leads. This is Matthew Carmody for Kent and Catherine Haynes for London. These meetings range from face to face to conference calls.

Specific relationship meetings are in place with Renal Unit Managers and patients to understand current trends and perspectives from both parties and staff.

Participation in Listening into Action (LIA)group initiatives.

Drop in clinics have continued to take place with the Relationship Manager and representatives from the G4S Chelmsford Team, providing hospital staff the opportunity to ask any questions they may have about bookings, the process and the contract in general.

Our Relationship Manager has been invited by NHS providers to offer her expertise and experience in participation and support of a special project for the Mental Health units in Kent.

A specific mental health pathway workshop has been conducted with stakeholders of all levels. A revised and defined process has been agreed for both risk assessment and bookings which has resulted in local arrangements being set up in west and north Kent, providing further information

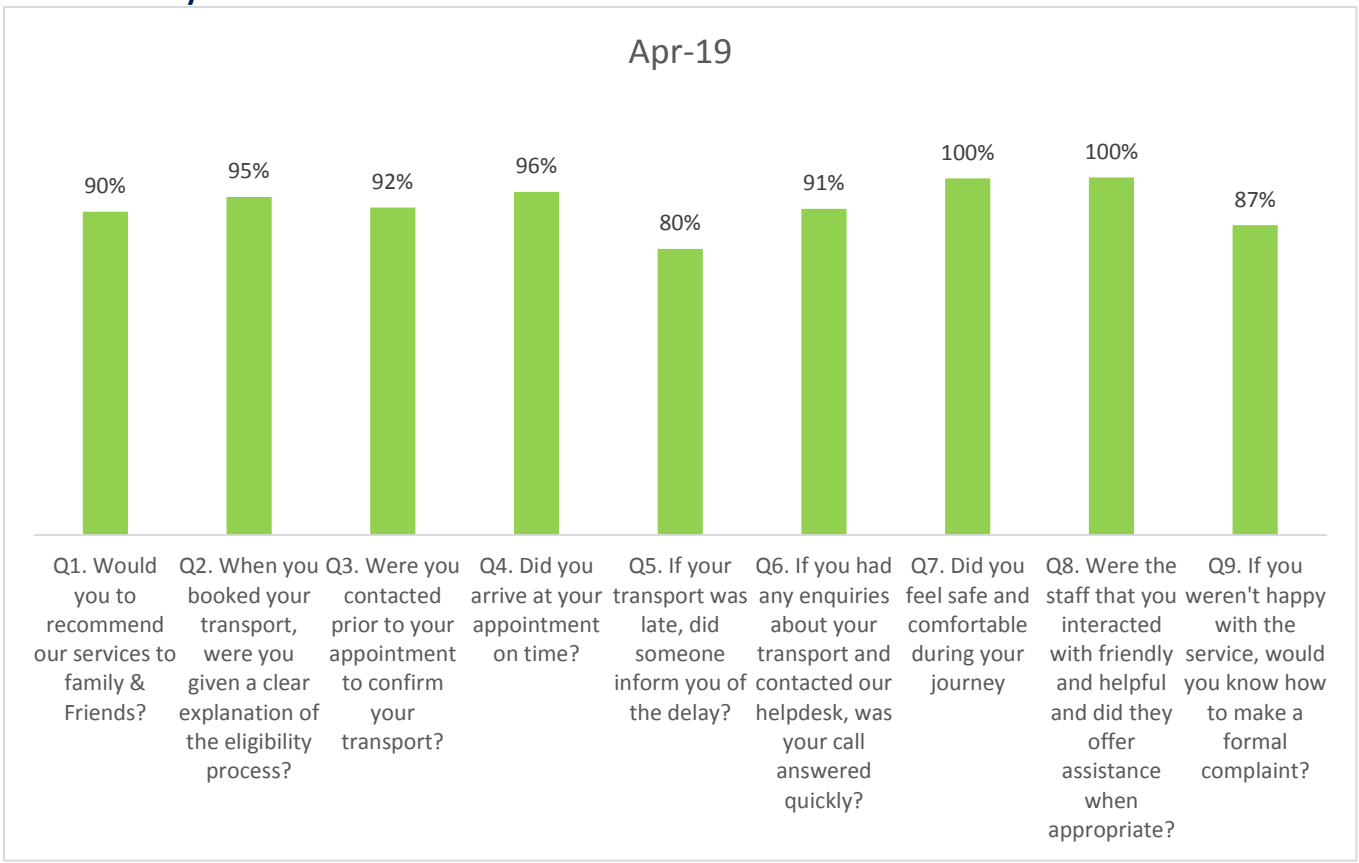
about service developments and required adjustments to resource deployment.

Bi-monthly meetings continue to be held with Strode Park Foundation as part of our continuous improvement initiative, working together to support each other's service and improve patient experience. One of the outcomes of these meetings has been to enhance the rapport between Strode Park and the Margate base. To achieve this the Strode Park team have direct contact with their local controllers and/or service delivery manager, to allow for improved communication and efficiency regarding the transport of patients. If either service has issues they can be addressed quickly to ensure the patients do not suffer any anxieties regarding therapies or packages of care.

To further improve the service and on the back of these meetings bi-monthly meetings have been held with wheelchair services for patients travelling between sites to further learning opportunities.

The Senior Management Team has undertaken appropriate training and are completing a rolling programme of 'Back to Greens' working a full shift alongside front line operational employees and patients. The initiative has been designed for senior management staff to gain a first-hand experience of the quality of service provided to patients as well as to provide an opportunity to talk to patients directly about level of care received from their perspective. This initiative is designed to focus thinking from a patient's point of view.

Patient Surveys



Complaints and Compliments Management

All trends and outcomes including analysis of specific complaints are reviewed at a weekly senior management team meeting. In addition, all service delivery managers in Kent have participated in review days led by the Chief Operating Officer and patient experience team to ensure full understanding, root cause analysis and outcomes.

As a result all operational managers now spend time within the planning and patient experience function to not only be fully immersed but to identify areas for improvement.

Feedback and complaints are known to be the best evidence for bringing about sustainable change and forms the basis for any quality improvement within the service. Patient complaints offer us grassroots level raw data that can be used to change and improve patient experience and outcomes.

Type	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
Complaint	64	73	91	103	110	88	67	82	51	52	29	25	27
% against No of Journeys	**0.24%**	**0.25%**	**0.32%**	**0.36%**	**0.38%**	**0.33%**	**0.23%**	**0.29%**	**0.20%**	**0.17%**	**0.11%**	**0.09%**	**0.10%**

Outstanding Effort and Compliments

PTS crews hailed for their handling of challenging incidents

Six patient transport officers have been praised for their compassion, care and professionalism for the way they handled challenging incidents recently.

The first incident saw Kelly Macdonald and colleague Scott Culley stop at the scene of a serious road traffic accident to give cardiopulmonary resuscitation (CPR) to two members of the public and administer first aid to the driver of one of the cars involved.

Unfortunately two of the people later died from their injuries, and Kelly and Scott was hailed for "remaining calm and acting with both integrity and professionalism despite the difficult circumstances".

A few days later, Deborah Augustine and Graham Gibbs were asked to use their vehicle to block an exit barrier at Lewisham Hospital to stop traffic due to a member of the public being on the ground.

When they found an expectant mother who'd been unable to make her way to the hospital's birthing unit in time, the pair assisted by providing blankets and getting a stretcher to carry her inside – where she later gave birth to a healthy baby girl.

The third incident saw Sharon Wiles and Michelle Mears praised for giving assistance to a lady and her son following a road traffic accident.

After stopping to help they gave the pair blankets and let them wait inside their ambulance for the emergency services, while calming down the young boy after his traumatic experience.

Russell Hobbs, Managing Director, Patient Transport Services, was full of praise for the PTS crews.

“Over the last two years, whilst I have been responsible for our patient transport contracts, I have consistently received reports, commendations and feedback about the care displayed by our employees,” he commented.

“Recently I had the pleasure of recognising these employees for their exemplary performance. These situations are outstanding examples of how our employees look after patients in our care, assist with accidents and deal with incidents concerning members of the public while going about their normal business.

“Given we are a non-emergency provider this makes this feedback and our employees even more important and shows the levels of care we provide on a daily basis to our patients.

Brexit

G4S continue to monitor ad participate in any on-going Brexit readiness groups. Contingency plans are still in place and are monitored and reviewed against Government or Local updates. The M20 London bound Project Brock is having an impact on the service. This is resulting in some patients arriving too early for their appointments if they are traveling to north/west Kent or to the London hospital locations.

Third Party

Within the Kent contract we utilise a small proportion of third party support to enable the service to react to the peaks in activity. On average we will use 30 third party vehicles per week which will transport an average of 133 patients within the week. Our third party providers are all subject to the G4S due diligence assessment to ensure their service meets our standards to ensure patient safety.

Summary

This report provides an updated position statement on the performance of the contracts with G4S for non-urgent patient transport.

The report has been based on data available up to April 2019.

G4S are pleased to report that current good performance levels continue in line with expectations. Engagement with patients, service providers and stakeholders remains positive and has led to continuous improvement and development of the service.

Item 11: The Maidstone and Tunbridge Wells Stroke Service

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 23 July 2019

Subject: The Maidstone and Tunbridge Wells Stroke Service

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS West Kent CCG and Maidstone and Tunbridge Wells NHS Trust.

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1. Introduction

a) The Chairman of the Health Overview and Scrutiny Committee received notification on 12 July 2019 that an urgent issue had come to light in which NHS West Kent CCG and Maidstone and Tunbridge Wells NHS Trust needed to provide a briefing to Members at the earliest opportunity.

b) Maidstone and Tunbridge Wells NHS Trust need to institute some short-term changes to Stoke provision between the two sites at Pembury and Maidstone because of staffing issues.

c) The regulations allow health professionals to make decisions without consulting HOSC where they determine that a decision has to be taken "without allowing time for consultation because of a risk to the safety or welfare of patients or staff".[1]

2. Recommendation

RECOMMENDED that the Committee consider and note the report and request an update from the CCG and Trust at an appropriate time.

Background Documents

None

Contact Details

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[1] The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, Section 23, https://www.legislation.gov.uk/uksi/2013/218/regulation/23/made?view=plain

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Subject: **The Maidstone and Tunbridge Wells Stroke Service**

To: **HOSC**

From: **Sean Briggs, Chief Operating Officer, Maidstone and Tunbridge Wells NHS Trust**

Date: **15th July 2019**

Purpose: **To outline the case for change for the urgent temporary move of Ward 22 at TWH to Chaucer Ward on the MH site by September 2019**

Introduction:

There is an increasing challenge managing the stroke service on Ward 22 at Tunbridge Wells Hospital (TWH) where thrombolysis nurses and registered ward staff numbers are unsatisfactory and pose a high level of risk to staff and patients, despite robust and frequent recruitment activity The viability of Ward 22 until the opening of the new Hyper Acute and Acute Stroke Unit (HASU) and Acute Stroke Unit (ASU)on the Maidstone Hospital site planned for March 2020, as part of the Kent and Medway Stroke Network Development, is becoming increasingly unlikely due to the high level of vacancies and difficulty in recruiting. Unsurprisingly, uncertainty around the implementation of the HASUs and ASUs has added to our recruitment challenges at Tunbridge Wells, and some staff have, understandably, sought more certainty in other roles both within and outside of the Trust.

This update outlines the challenges and a temporary urgent response to the current and ongoing difficulties which enables safe delivery of the current stroke service and does not impact negatively on the network programme timescales for delivery of the three sites HASU/ASU in Kent and Medway.

The Independent and Judicial Reviews that are pending may change the site of the HASU/ASU's if another configuration is deemed more appropriate by the legal review process. The Trust Board, having considered the current and pending staffing issues, determined the risks to the quality and safety of patients means that urgent and temporary changes to service provision need to be made to manage the risks. Any changes outlined below are reversible should the need arise.

The Trust is taking the decision to move Ward 22 on the TWH site to Chaucer Ward on the MH site without the usual formal consultation with patients, public and stakeholders because it is the view of the Board that there is a risk to the safety or welfare of our patients or staff. It is unlikely this will be reversed before the configuration of the stroke services in Kent and Medway.

1. Case for Change

The Challenges:

Thrombolysis Nurse Staffing

The table below (table 1) highlights the challenge with thrombolysis nurse staffing. August 2018 to March 2019 showed a steady state. This included the usual turnover and recruitment to the staff group. As a result of the future development of the HASU/ASU there has been uncertainty for staff regarding their future place of work and many do not want to move to the MH site. This has added to our recruitment challenges. This is a highly skilled staff group who can easily obtain work elsewhere and in April 2019 the evidence of this is

apparent when the relatively low level of vacancies increased to 20% for April and May rising to 36.7% currently with a further increase to 53.3% from August. Attempts to recruit are ongoing but have modest or little return which does not match the number leaving the service. The impact is that the thrombolysis service can only be covered 9-5 Monday to Friday and some weekends from August. Senior staff have reviewed other options of junior medical and/or site practitioners covering the service but this is deemed a high risk due to lack of skills. Current staff are doing extra shifts via the bank but the reducing pool of substantive thrombolysis nurses means the amount of potential cover is diminishing and this is not a reliable vacancy management practice. Transferring thrombolysis nurses from MH is not possible as it would impact on the service on this site.

Currently the gaps are being managed by diverting ambulances to the MH site when there is no thrombolysis cover and transferring self-presenters to TWH Emergency Department in an ambulance to Maidstone. This works effectively when there are one or two periods each month however the demand on SECAMB is increasing (table 2) and is anticipated to get worse over the summer period. The impact for SECAMB is a demand on resources that they have not planned or are potentially resourced for. A permanent divert overnight has been requested and discussions are underway however this only manages part of the challenge as decreasing numbers of thrombolysis nurses will require further diverts to MH going forward The impact on MH is an increase in stroke patients of up to three patients per day.

Table 1 – Thrombolysis Nurse Staffing, TWH

Month	Thrombolysis Nurse Establishment	Thrombolysis Nurse Vacancies	% of Establishment
Aug-18	6	0.2	3.3
Sep-18	6	0.2	3.3
Oct-18	6	0.2	3.3
Nov-18	6	0.2	3.3
Dec-18	6	0.2	3.3
Jan-19	6	0.2	3.3
Feb-19	6	0.2	3.3
Mar-19	6	0.2	3.3
Apr-19	6	1.2	20
May-19	6	1.2	20
Jun-19	6	2.2	**36.7**
Jul-19	6	2.2	**36.7**
Aug-19	6	3.2	**53.3**

Table 2 - SECAMB Diverts to Maidstone Hospital - April 2018 - May 2019 (manual data collection)

Month	Number of Diverts	Dates	Comments
Apr-18	0	none recorded	
May-18	0	none recorded	
Jun-18	1	21st	

Jul-18	0	none recorded	
Aug-18	2	6th and 21st	
Sep-18	0	none recorded	
Oct-18	2	5th and 18th	
Nov-18	6	20th, 21st, 22nd, 24th, 27th, 29th	
Dec-18	1	1st	
Jan-19	0	none recorded	
Feb-19	2	20th and 21st	
Mar-19	1	1st	
Apr-19	6	19th, 25th, 26th, 27th, 28th, 29th -	some gaps covered with overtime as bank
May-19	20	3rd, 4th-10th, 12th-21st, 24th-27th, 29th	
Jun-19	4	as at 6th June 2019	Permanent overnight divert being discussed

Ward 22 Substantive Nurse Staffing

Whilst the Trust has improved its overall vacancy rate following a robust recruitment drive, the stroke Unit at TWH is struggling to recruit and retain nursing staff. The significant factor to this recruitment challenge is the pending move of the stroke unit to MH to create a HASU/ASU as part of the Kent and Medway Stroke Review. The majority of nursing staff on ward 22 are unable or unwilling to move to MH, and many have already left in response to the proposed changes. Added to this the vacancy levels are now considerable as outlined in table 3 with currently 76.7% registered nurse vacancies. As with the thrombolysis nurses, recruitment efforts continue with little success for the stroke service at TWH. Shifts are being covered with bank staff where possible. This is a brittle situation and is anticipated to worsen over the summer period.

Table 3 - Ward 22 - Substantive Staff

Month	Registered Nurse Estab.	Unregistered Nurse Estab.	Registered Nurse Vacancies	% of Estab.	Unregistered Nurse Vacancies	% of Estab.
Apr-18	23.61	21.87	13.46	57.0	4.1	18.7
May-18	23.61	21.87	13.46	57.0	1.87	8.6
Jun-18	23.61	21.87	13.46	57.0	3.69	16.9
Jul-18	23.61	21.87	14.2	60.1	3.5	16.0
Aug-18	23.61	21.87	15.41	65.3	3.87	17.7
Sep-18	23.61	21.87	15.46	65.5	5.21	23.8
Oct-18	23.61	21.87	16.27	68.9	6.39	29.2
Nov-18	23.61	21.87	16.46	69.7	5.13	23.5
Dec-18	23.61	21.87	16.46	69.7	6.6	30.2
Jan-19	23.61	21.87	16.11	68.2	6.27	28.7
Feb-19	23.61	21.87	15.95	67.6	8.23	37.6
Mar-19	23.61	21.87	15.26	64.6	8.87	40.6

Apr-19	23.16	23.3	15.81	68.3	3	12.9
May-19	23.16	23.3	17.76	76.7	2	8.6
Jun-19	23.16	23.3	17.76	**76.7**	2	8.6
Jul-19	23.16	23.3	17.76	**76.7**	2	8.6
Aug-19	23.16	23.3	17.76	**76.7**	2	8.6

2. Solution

To mitigate the high level of risk on Ward 22 requires an alternative approach. Local resolutions have been exhausted and are now not able to deliver what is required to sustain Ward 22 for the next nine months whilst maintaining quality and managing risks. The indications are that the service will progressively deteriorate to a point where urgent and potentially 'knee jerk' intervention is required. The possibility of moving acute stroke patients to another site and keeping rehabilitation at TWH has been explored but the issue with staffing is not resolved and a split pathway can lead to increase lengths of stay.

The plan is therefore to move Ward 22 at TWH to Chaucer ward (adjacent to the Stroke Unit) on the MH site by September 2019. There will be challenges related to the move however the risks can be mitigated more readily on the MH site. The rationale for the move is:-

- Mitigation of the risks of keeping Ward 22 functioning in terms of the quality and safety of the service
- Recruitment to the MH stroke unit is more successful than on the TWH site stroke unit
- Bank and agency fill rates are better on the MH stroke unit site when compared to TWH stroke unit
- We can consolidate our expertise having the whole service on one site and co located
- There are opportunities to review how the whole unit functions by refining the patient pathway and delivering further improvements to the care we give our patients.

Planning and implementing the move now allows for a proactive and robustly planned move over the summer months. This will enable the Trust to conduct the staff consultation for the move and allow us to engage with patients, carers, patient groups and stakeholders. It will allow a level of staffing to be resolved for Chaucer ward and for the ward to be adequately prepared. It also gives other services (therapies, pathology, A&E, imaging, facilities, and pharmacy) time to respond effectively to the move.

Discussions have been taking place with the STP, CCG and SECAMB.

The Trust anticipates that the patient flows will remain the same and that all patients in the current MTW catchment will come to MH if they have a stroke. This will prevent any impact on neighbouring Trusts.

The unit at MH will continue to function as an ASU and rehabilitation unit. It is reversible should the outcome of the Independent and Judicial reviews change the Network configuration.

Item 12: Review of the Frank Lloyd Unit, Sittingbourne (Written Update)

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 23 July 2019

Subject: Review of the Frank Lloyd Unit, Sittingbourne (Written Update)

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

It provides background information which may prove useful to Members.

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

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1. Introduction

(a) The Frank Lloyd Unit is an inpatient unit for individuals with complex dementia needs and challenging behaviour.[1] It is accessed by patients across Kent and Medway.

(b) The service is provided by Kent and Medway NHS and Social Care Partnership Trust (KMPT).

2. Previous reports to HOSC

(a) HOSC received a written briefing at their meeting on 21 September 2018, notifying them that the unit was under review due to concerns around its sustainability.

(b) The CCGs were due to return to HOSC with a detailed paper once the review had completed.

(c) The HOSC was presented with a further written update at its June meeting. The CCG acknowledged that work had not progressed as anticipated and therefore a detailed report was still not available.

(d) At its meeting of 6 June 2019, Members resolved:

a. *the report be noted;*

b. *the Kent and Medway CCGs attend the next meeting in order to provide a further update, which would provide additional information on (but not limited to):*

   i. *the current standard of care for patients still accessing the service;*

[1] KMPT (2019) Frank Lloyd Unit, https://www.kmpt.nhs.uk/our-services/frank-lloyd-unit/

ii. how that standard of care was maintained;

iii. the progress made on alternative provision.

(e) At the time of the July meeting, the unit's current patients, families and carers are still to be engaged and therefore the CCG will be attending September's HOSC meeting with a detailed update.

(f) The CCG has provided a written update for this meeting which includes responses to the above points.

(g) Healthwatch Kent published a paper in February 2019 setting out the feedback they had received from carers about the future of the unit. That paper is attached to this report for Member's information.

3. Recommendation

RECOMMENDED that the Committee note the report and request the CCG provide a detailed update in September.

Background Documents

Kent County Council (2018) *'Health Overview and Scrutiny Committee (21/09/18)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7921&Ver=4

Kent County Council (2019) *'Health Overview and Scrutiny Committee (06/06/19)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8281&Ver=4

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Health Overview and Scrutiny Committee

July 2019

Update on the Review of the Frank Lloyd Unit, (FLU) Sittingbourne

1. Introduction

Following the briefing which was submitted to HOSC in September 2018, this paper provides an update on the work which has taken place since that date to review the Frank Lloyd Unit in Sittingbourne. The Frank Lloyd Unit is a continuing health care inpatient ward, provided by Kent and Medway NHS and Social Care Partnership Trust (KMPT). The unit provides a bed based service for individuals with complex dementia with behaviours that challenge and who are eligible to receive NHS Continuing Healthcare. The unit is accessed by all CCGs in Kent and Medway. The strategic direction of travel and focus of the review is to develop a service which can be delivered in the community, much closer to home in a nursing or care home environment, with an enhanced community service that will provide support both during the transition into the home as well as responding to incidents of challenging behaviour and provide care home staff with the skills to manage individuals with complex dementia.

The work has not progressed as swiftly as anticipated and as was indicated in the paper presented last year. This has largely due to the complexities of working across a number of organisations across Kent and Medway, each of which has its own governance processes and requirements. So in order to enable this process to be completed in a timely manner a Project Lead has recently been appointed to focus on this work. Due to the sensitivities around the closure of the unit and the importance of the engagement with the patients, carers and families it was felt appropriate that this takes place first before being presented publicly at HOSC in September. Careful consideration of whether the proposed changes meet the threshold for communication and engagement and broader public consultation are also being considered in order to inform reccommendations.

2. Update on current provision of care at FLU

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KMPT have a variety of measures in place to monitor quality of care such as regular audits, and frequent visits from a matron and members of the senior management team. KMPT are regularly reviewing & reporting on staff retention, ensuring appropriate and consistent staffing levels using Safer Staffing measures. This is important as staff are aware of the proposed changes and KMPT acknowledge the importance to ensure the service remains safe. KMPT are working closely with commissioners to ensure any concerns or issues are escalated.

3. Work Completed to Date

A significant amount of work has been undertaken with clinicians to develop the case for change and to develop a draft, comprehensive model of care which will be community based and can be delivered closer to home. This draft model will be used to engage with service users and carers and other relevant stakeholders to ensure it will meet the needs of this client group.

The unit continues to function and, currently, the number of individuals being cared for in the unit is seven, compared to ten at the date of the last HOSC report. These individuals are re-assessed on a regular basis to ensure their needs are being met and, if appropriate, will be moved to a more suitable service.

4. Next Steps.

Individual meetings are being planned with the patients, carers and families of the current service users, these meetings will take place during August and September. The purpose of these meetings is to share the proposed model of care and to gain input to shape the final service. Carers will also be provided with re-assurance that their family members will continue to receive the most appropriate care in the most appropriate setting.

A detailed programmed of communication and engagement is planned with all other stakeholders.

5. Summary

A detailed paper on the progress of this review will be presented to HOSC in September, which will provide a comprehensive overview of the new model of care; the outcomes of the engagement process and the project plan.

However, in the meantime any comments which members of the committee may wish to make would be very welcome. These should be forwarded to Jacquie Pryke, Project Lead for Frank Lloyd Unit, NHS West Kent CCG, jacqueline.pryke@nhs.net

Focus on; Frank Lloyd Unit, Sittingbourne

Feedback from Carers

In December 2018, we were invited to visit the Frank Lloyd Unit at Sittingbourne Memorial Hospital to talk to a group of Carers who had loved ones at the Frank Lloyd Unit.

Frank Lloyd has 40 beds and is designed to support adults who have dementia or challenging behaviour that cannot be looked after in a nursing home.

We heard from 5 Carers who all had loved ones currently being cared for at Frank Lloyd. None of them lived locally and all were travelling to visit their loved ones.

What did we hear?

In Summary

- Carers were complimentary about the nursing staff and reception staff for being friendly and approachable
- They felt the care offered to their relatives was of a high standard but quality was starting to slip in recent months due to lack of staff
- The Carers group was valued and important to the people who attend it
- All the Carers we spoke to were involved in their relatives' care planning
- They reported that staff were leaving and not being replaced
- Only 10 beds were currently being used despite capacity for 40 patients. The Carers questioned why it was not better used
- The Carers' were under the impression that the Frank Lloyd unit would close shortly but had not had official confirmation from the Trust despite requests

What are we going to do with the feedback?

- We have shared everything that we have heard with the organisations that provide and commission services at Frank Lloyd
- We have asked commissioners to provide clarity to patients and their families about the future of the Unit

What Did Carers Tell Us?

The Positives

- All the carers we spoke to were complimentary about the care and attention provided by all staff, including the reception staff who always passed messages on or took messages as necessary
- Everyone felt the Carers group was an important tool for them giving them support in the knowledge that they are not alone with their problems and that they can be shared with another understanding person. "It is a brilliant idea."
- They greatly respected the input given by the Clinical Psychologist and were sad to see him going
- All were involved in their relatives care plan
- "It is clean and welcoming"
- "Staff are lovely and do a great job"
- "Care has been second to none"
- "My mother was being given drugs to keep her quiet in the Care Home but is much better now she is here. It took three months though to detox her"
- "Patients are happy"
- "There is instant access to other medical help if required, because we have the hospital attached"
- "They are so caring, and patients are well looked after, but it is very noticeable that things are not as good as they were"
- "This unit offers Continuing Healthcare"

The Concerns

Quality of Care

- "Staff are leaving and not being replaced resulting in a deterioration in care in comparison with a few months back. You can't blame them because they all need a job"
- "The Clinical Psychologist is being moved and not being replaced"
- "Mother waited over an hour to go to the toilet because she needed two people to take her, and only one was available. Not long ago there would have been plenty of staff around to help straight away"

Challenges with the 'system'

- "I had to push for my son to be admitted because the eligibility criteria has been raised and it is so much more difficult to reach. His Parkinson's nurse managed to get him in, because he was near end of life"
- "I (and others) have never needed care from the system until now, when we can't afford it. We have applied for help, but it's all ticking boxes and the first question is, does your mother own her own home? It's all about how much money she has got"
- "The Trust doesn't tell us anything. Our mother was transferred from Littlebrook to here and we didn't know about it until we turned up for visiting at Little Brook that afternoon"
- "It is hard to know what Kent and Medway Partnership Trust are after. They wrote us a contradictory letter; are they offering us continuing healthcare or not?"

Uncertainty about the future and lack of information

- "The writing is on the wall for closure. Staff are moving and not being replaced. but where will the patients go? There isn't another unit in Kent like this one"
- Two of the carers had written to West Kent Clinical Commissioning Group seeking information about the future of the Unit. but had not received a response for 2 months. "The powers that be aren't interested, you never get a reply."
- "We were told in September that the funding was going to be stopped but we've had no information since"
- "This is a 40-bed unit but there are only 10 beds being used. You can't tell us there isn't a need for beds?"
- "My Mum came here from a care home because they couldn't care for her wide range of complex needs and she was transferred. Where could she go if Frank Lloyd shut?"
- "What is going to happen to future generations and their continuing healthcare?"

We have shared everything we heard during our visit with the providers and commissioners of this service along with the Care Quality Commission.

Item 13: Item on 6 June 2019 HOSC Agenda: Correspondence Received (Written Update)

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 23 July 2019

Subject: Item on 6 June 2019 HOSC Agenda: Correspondence Received (Written Update)

Summary: This report invites the Health Overview and Scrutiny Committee to note the letters received that arose from the recommendations of the Committee on 6 June 2019.

It provides background information which may prove useful to Members.

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

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1. Introduction

(a) On 6 June 2019, the Committee considered a written update on Dermatology Services.

(b) Members had a number of questions, but because the item was a written briefing there were no NHS representatives present. The Committee therefore made the following recommendation:

RESOLVED that

a. *Medway CCG provide a written update addressing Members concerns as soon as possible. This update should include:*

   i. *further information on DMC Healthcare;*

   ii. *the reasons behind the need for reorganisation;*

   iii. *the cost of the reorganisation and procurement process;*

   iv. *the impact on patients and how these were being addressed.*

b. *North Kent CCGs return to the Committee before the end of the year with an update on performance of the contract.*

(c) The response received from the CCG in relation to point a above is included in the papers for this item.

Item 13: Item on 6 June 2019 HOSC Agenda: Correspondence Received (Written Update)

2. Recommendation

RECOMMENDED that the Committee note the briefing received.

Background Documents

Kent County Council (2019) *'Health Overview and Scrutiny Committee (06/06/19)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8281&Ver=4

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Medway
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Dermatology Update for Kent Health and Overview Scrutiny Committee
24th June 2019

Following the recent update report submitted to the HOSC a number of additional questions were requested by the members. This report provides further detail on the queries raised.

1. **DMC Healthcare – A brief introduction of the NK Dermatology service provider**
   DMC Healthcare is a privately owned healthcare provider delivering primary care, community based secondary care clinical services and remote radiology reporting services from a range of settings across the UK. DMC is contracted by a number of CCGs and has been working with the NHS for over 30 years.

   The company is led by the DMC Group Medical Director, Dr Ravi Gupta and Managing Director Anil Gupta. DMC Healthcare employs a range of clinical staff enabling them to offer a multi-disciplinary approach to service delivery.

   Further details are available at: https://www.dmchealthcare.co.uk/

2. **The reason for re-organisation**
   Medway NHS Foundation Trust served notice on their dermatology service in September 2018 with an end date of 31st March 2019. To prevent a gap in service provision Medway CCG proceeded to procurement to identify a new provider who would be able to offer a service similar to that previously provided by Medway FT. The CCG were aware that Medway FT were experiencing difficulties delivering this service and despite working collaboratively to resolve these issues this was negatively impacting on patients who were experiencing significant waits to access local dermatology services.

   As West Kent CCG had recently successfully reorganised their dermatology service, North Kent and Medway CCGs recognised an opportunity to address the issues in the system and improve the way in which dermatology services were provided in the future by adopting the same model of care. The North Kent service model is therefore based on the approach implemented by West Kent CCG in 2017 which has received positive feedback from services users and referrers and been successfully offering community based services to their local population.

   The CCGs undertook engagement activities to obtain feedback from service users to identify what was important to them for the future service and incorporated this and the feedback we already had into the new service specification.

   Revisions to the service model were also made to align the new service to local and national objectives to improve access to and increase care closer to home.

3. **Cost of Re-Organisation and Procurement**
   The CCGs commission procurement support from Arden and Gem and the way in which the contract arrangements have been agreed it is not possible to calculate the individual costs of

procurement. However there was not an option for the CCGs to avoid procurement as this would have been a patient safety risk as it would have resulted in there being no local dermatology service which was not a viable option.

4. Impact on patients and mitigation

DMC Healthcare and Medway NHS Foundation Trust worked collaboratively during the mobilisation and exit phase to ensure that the impact of the service transition was as smooth as possible for service users. However with any major service change there will issues which arise which we have sought to address these as soon as they became apparent. Around 7,000 patients were transferred to the new provider and while the CCG has received around 20 calls and emails from patients we have only received three formal complaints from patients.

The backlog of patients waiting for treatment has been reduced by over 1,000 since the new service mobilised on 1st April and this continues to progress well. Addressing the backlog remains a high priority for commissioners and DMC who continue to run higher volumes of clinics to appoint patients as soon as possible. The proportion of patients being seen within 2 weeks of urgent referral has risen significantly since the service transferred.

Stuart Jeffery
Deputy Managing Director
Medway CCG

Item 14: Draft Work Programme 2019

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 23 July 2019

Subject: Draft Work Programme 2019

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

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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	Objective
19 September 2019	
Kent and Medway STP - NHS waiting times for cancer treatment	*For Information & Review* – To consider the response from the STP regarding hospitals failing to meet their targets.
Review of Frank Lloyd Unit, Sittingbourne	*Potential consider of Substantial Variation of Service* - To consider the findings of the Review on the Unit, accessed by all CCGs in Kent and Medway.
Urgent Care Review Programme: Swale	*Potential consider of Substantial Variation of Service* – to receive an update on the review.
Single Pathology Service for Kent & Medway	*Potential consider of Substantial Variation of Service* – to receive an update on the project.
Dental Provision in Kent	*For Information & Review*
Winter Planning 2019/20	*For Information & Review* - to receive an overview of the preparations for 2019/20 winter.
Healthwatch Kent Annual Report	*For Information & Review* - to receive a written report on the Healthwatch Kent Annual Report as part of the annual return

26 November 2019	
Item	**Objective**
Children & Young People's Emotional Wellbeing & Mental Health Service and All Age Eating Disorder Service	*For information and Review* – to receive an update from the CCG, including data around disparity.
CCG Annual Assessment	*For Information and Review* - to receive a written report on the CCG Annual Assessment as part of the annual return.
NHS Medway CCG and NHS North Kent CCGs – Dermatology Services Procurement	*For information and Review* – to receive an update from the CCG.
East Kent Transformation	*For Information & Review* – an update on the East Kent Transformation plans.
29 January 2019	
Strategic Commissioner Update	*For Information and Review* - To receive an update from the Commissioner on developments within the STP and integrated care partnerships
Kent and Medway STP – Publication of the Primary Care strategy	*For Information and Review*

To be scheduled:

- *Kent and Medway NHS and Social Care Partnership Trust (KMPT) – Update* (Members requested an update be received at the "appropriate time" during their meeting on 1 March 2019).
- *Health and Wellbeing Annual Report*
- *East Kent CCGs – Special Measures*