HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 28th January, 2025

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 28th January, 2025, at 10.00 am	Ask for:	**Kay Goldsmith**
Council Chamber, Sessions House, County Hall, Maidstone	Telephone:	**03000 416512**

Membership

Conservative (10):	Mr P Bartlett (Chair), Mr P V Barrington-King, Sir Paul Carter, CBE, Mr N J D Chard, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mr J Meade, Ms L Parfitt, Ms L Wright and Mr P Cole
Labour (1):	Ms K Constantine
Liberal Democrat (1):	Mr R G Streatfeild, MBE
Green and Independent (1):	Mr S R Campkin
District/Borough Representatives (4):	Councillor S Jeffery, Councillor H Keen, Councillor J Kite, Councillor K Moses

UNRESTRICTED ITEMS

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

Item		Timings*
1.	Apologies and Substitutes	10:00
2.	Declarations of Interests by Members in items on the Agenda for this meeting.	
3.	Minutes of the meeting held on 17 December 2024 (Pages 1 - 8)	
4.	East Kent Hospitals financial performance (Pages 9 - 16)	10:05
5.	East Kent Hospitals University NHS Foundation Trust - Maternity Services (Pages 17 - 28)	10:20
6.	Implementation of Hyper Acute Stroke Services in East Kent (Pages 29 - 40)	10:45

7.	Phlebotomy services in Deal (Pages 41 - 50)	11:10
8.	Provision of GP services (Pages 51 - 66)	11:30
9.	Work Programme (Pages 67 - 70)	11:55

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

20 January 2025

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, County Hall, Maidstone on Tuesday, 17 December 2024.

PRESENT: Mr P Bartlett (Chair), Sir Paul Carter, CBE, Mr N J D Chard, Ms S Hamilton (Vice-Chairman), Ms L Parfitt, Ms L Wright, Mr S R Campkin, Ms K Constantine, Mr R G Streatfeild, MBE, Cllr K Moses, Cllr S Jeffery, Mrs P T Cole and Mr H Rayner

IN ATTENDANCE: Mrs K Goldsmith (Research Officer - Overview and Scrutiny), Mr M Atkinson (Director of System Commissioning & Operational Planning, NHS Kent and Medway), Ms N Bentley (Director of Strategy and Business Development, East Kent Hospitals), Mr P Griffiths (Director of Stakes Optimisation, KCHFT) and Ms K Sharp (Programme Director East Kent Health and Care Partnership)

UNRESTRICTED ITEMS

195. Apologies and Substitutes
(Item 1)

Apologies were received from Mr Barrington-King, Mr Meade, Mr Kennedy, Mr Cole, Ms Keen and Mr Kite. Mr Rayner and Mrs Cole were in attendance as substitutes for Mr Kennedy and Mr Cole respectively.

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

1. The Chair declared that he was a representative of East Kent councils on the Integrated Care Partnership.

2. Mr Chard declared that he was a Director of Engaging Kent.

3. Mr Streatfield declared that he was the District Councillor for Chiddingstone, Fordcombe and Penshurst.

197. Minutes of the meeting held on 2 October 2024
(Item 3)

RESOLVED that the minutes of the meeting held on 02 October 2024 were a correct record and that they be signed by the Chair.

198. Edenbridge Memorial Health Centre
(Item 4)

Clive Tracey, Director of Specialist Services, Health, Safety and Emergency Planning, Strategic lead West Kent (KCHFT), was in attendance virtually for this item. Mr Streatfield declared that he was the District Councillor for Chiddingstone, Fordcombe and Penshurst.

1. Clive Tracey, Director of Specialist Services, Health, Safety and Emergency Planning, Strategic lead West Kent (KCHFT), provided a 12-month update on the Edenbridge Memorial Health Centre.

2. There were no significant updates to the report since the date of publishing.

3. In response to comments and questions it was said:
    a. A question was asked regarding the use of the building facilities for social prescribing. Mr Atkinson shared that the GPs had Health and Social Care Co-ordinators who helped to signpost individuals to local community services, additionally a Social Value Co-ordinator had been employed to work with the community. The Health Centre had been mobilising the community by setting up groups to improve the wellbeing of residents.

    b. Asked the opinion of local GPs on the new Health Centre, and whether the service provided value for money, Mr Tracey said that collaborative work had taken place with GPs to avoid duplication. Additionally, he shared that the Minor Injuries Unit was run by GPs, having been transferred from the wider health service. Furthermore, an additional GP had been recruited, which provided additional support and the opportunity to identify patients earlier for additional support. GPs had been developing processes for the future, working towards less lengthy referrals between services. Dr Rickard (LMC) added that GP surgeries had not raised any concerns but there were questions about estate challenges. The issue of underfunding was still present and no additional core funding was being received by those GP surgeries.

    c. A Member questioned whether virtual ward beds were an adequate replacement for physical beds. Additionally, they questioned whether decreased GP waiting times had been achieved and the revenue cost per patient. Mr Tracey shared that the virtual ward had 14 beds to compensate for those from community hospitals. He offered to seek further information from GPs about waiting times outside of the meeting – this data was not routinely shared with the health service. He confirmed that the Health Centre was owned by the NHS as opposed to GPs.

    d. A Member questioned social prescribing and how forthcoming funding from the NHS for preventative services would be. Mr Tracey shared that the League of Friends were active in this area and working with clinicians to help keep people out of hospital and at home well. The League of Friends was funding an initial project but long-term funding had not been secured.

    e. A Member asked what saving was made when patients didn’t visit the GP for a period of time. Dr Rickard explained that a funding

methodology called the Carr-Hill Formula was used to pay GPs, weighted according to population demographics and characteristics. The funding formula assumed 3 to 4 visits to a GP surgery per patient per year, and that usually balanced out across patients.

f. Members requested a future item on how the Carr-Hill Formula worked and whether there were opportunities for a better, fairer formula to be introduced.

g. A Member noted the benefits of the integrated health centre model, including savings made from preventing elderly patients from going into acute care. It was recognised that the savings accrued from preventative work were difficult to quantify, but that would be important to demonstrate its value.

h. The Committee requested that a future update present data around how integrated models support GP practices, how preventative work helps reduce admission into acute care, and how many patients access acute and rehabilitative care.

4. RESOLVED that the Committee considered and noted the report.

199. NHS Kent and Medway Community Services review and procurement
(Item 5)

Mark Atkinson, Director of System Commissioning & Operational Planning, NHS Kent and Medway, was in attendance for this item.

1. Mark Atkinson, Director of System Commissioning & Operational Planning, NHS Kent and Medway, introduced the report and gave an overview of the highlights.

2. There were no significant updates to the report since the date of publishing.

3. In response to comments and questions it was said:
    a. A Member questioned why not all District and Borough councillors had been written to in stage 1 of the engagement. They also questioned the variation in funding allocations across the county. Mr Atkinson reassured the Committee that remaining Councillors would be contacted before the end of the engagement programme. Additionally, the contract values reflected the incumbent contracts but the variations were recognised and would be addressed over the lifetime of the contract.

    b. A Member questioned whether the intention was to have one large contract or a series of smaller ones, to which Mr Atkinson responded that he was unable to comment but the best provider(s) would be awarded. Members expressed concerns about the potential risks of having a single provider, which Mr Atkinson recognised.

    c. The Member went on to ask whether the opinion of GP surgeries had been considered and whether earned autonomy could be built in. Mr

Atkinson noted that the outcomes of the Darzi report and the NHS 10-Year Health Plan in Spring 2025 would be significant. Additionally, he shared that the model present in Thanet was one the service was looking to replicate and that there had been preliminary engagement with GPs and users, which was to continue.

d. When asked how effective stage 2 of the review and procurement would be, Mr Atkinson expressed that it was too soon to share but there was a desire to bring a dedicated phase 2 paper to the Committee at a later date.

e. Members questioned the most effective ways to share information about community groups among residents. The Chair suggested that the Joy Platform could be brought before the Committee at an appropriate time, providing Members with information as to how the platform gathers its information.

f. The Committee recognised the scale and importance of the procurement and were keen that the item continued to return regularly.

4. RESOLVED the Committee noted the report and was to invite the ICB to provide an update at the appropriate time.

200. Winter planning 2024
(Item 6)

Mark Atkinson, Director of System Commissioning & Operational Planning, NHS Kent and Medway, was in attendance for this item.

1. Mark Atkinson, Director of System Commissioning & Operational Planning, NHS Kent and Medway, introduced the report and gave an overview of its content.

2. There were no significant updates to the report since the date of publishing.

3. In response to comments and questions it was said:
    a. A Member questioned the take-up of flu and coronavirus (COVID-19) vaccines and whether it was due to end that week. Mr Atkinson shared that flu vaccines were available until the end of March 2025 and COVID-19 vaccines until the end of January 2025 but there was thought going into extending this.

    b. A Member queried the language used, such as pathways 0-3, highlighting that some may not understand it. Furthermore, questioning the support of the discharges for pathways 1-3 and the 144 beds in East Kent. Mr Atkinson provided an overview of the pathways:
        i. Pathway 0 - a simple discharge home. The national drive was to secure discharges before 12pm.

ii. Pathway 1 - discharge home with domiciliary care. This was commissioned by KCC. In West Kent the provider was Kent Enablement at Home (KEAH) and in East Kent there was a collaborative model between KCC and Kent Community Health NHS Foundation Trust (KCHFT).

iii. Pathway 2 - discharge to a community hospital. Work was underway with community providers to maximise efficiency.

iv. Pathway 3 - discharge to a care home. Work was underway to secure a better value rate for placements, as well as reduce the number of patients on this pathway.

c. In terms of the 144 beds in East Kent, there was an aim to create additional schemes in pathway 1 to grow the capacity, working with care homes to provide additional, non-hospital beds.

d. A Member asked whether there was more granular data on the bed occupancy levels and the variation across the county. They questioned what would happen if bed occupancy reached 98%. Mr Atkinson responded that insufficient capacity was challenging, however the Kent and Medway region historically bounced back from challenging days quite quickly. He explained that occupancy levels were based on previous trends and it was important to maintain effective discharge pathways. He provided an overview of the situation in the local acute hospitals. He confirmed that bed numbers reflected core beds.

e. A Member questioned why Respiratory Syncytial Virus (RSV), COVID-19 and flu virus vaccinations were not promoted more widely. Mr Atkinson assured Members that the ICB had a communications plan in place to push prevention but agreed that more could be done. Work had been carried out around rescue packs for people with respiratory diseases, educational programmes for clinicians and risk stratification to identify patients of greater risk. A Member questioned why RSV vaccines had only been offered to older residents. Mr Atkinson had said that this was a national decision but offered to come back to Members with information.

f. There was interest to see figures for Category 1 and 2 ambulance call outs, and Mr Atkinson said he would respond outside of the meeting.

g. When asked how mental health support was incorporated into winter planning, Mr Atkinson explained that historic data evidenced there was no spike in instances of mental health crises over the Christmas period. Crisis support teams were available to support residents.

4. RESOLVED that the report be noted and NHS Kent and Medway be requested to provide feedback on the performance of the winter plans at the Committee's June meeting.

201. Thanet Integrated Care Hub
(Item 7)

Karen Sharp, Programme Director, East Kent Health and Care Partnership, Phil Griffiths, Director of Stakes Optimisation, KCHFT and Nicky Bentley, Director of Strategy and Business Development, East Kent Hospitals were in attendance for this item.

1. Karen Sharp, Programme Director East Kent Health and Care Partnership, provided an overview of the proposals for the Thanet Integrated Care Hub.

2. There were no significant updates to the report since the date of publishing.

3. In response to comments and questions it was said:
    a. A Member questioned whether there was adequate onsite car parking available. Mr Griffith shared that the change of use application contained detail of car parking provision. The national database TRICS provided transport metrics and had shown car parking onsite was adequate. Additional nearby options were available.

    b. When asked what measures would be taken to ensure the Care Hub was adequately resourced with qualified staff and that its services would be available to the public at least 5 days a week, Ms Sharp shared that as onsite services became more integrated, Health and Care Partnership (HCP) would assess how productivity could be improved. There were benefits to co-locating services and the opportunity to share receptions and IT systems would be looked into. There had been work carried out to establish an academy for staff, along with internal training programmes that would assist with local recruitment.

    c. Recognising the challenges of staff recruitment and retention, East Kent Colleges was setting targets for the number of students it trained for working in health and care sectors.

    d. A Councillor asked for further clarity on the same day access model and the scope of the catchment area. Ms Sharp assured Members that the service was available for all Thanet residents, and ease of access had been considered. The service was within walking distance of the Westwood Cross shopping centre which had bus services and opportunities to expand those services was being looked into.

    e. A Member contested the viability of the walking distance between the hub and the shopping centre, as well as the GP surgery relocation. Ms Sharp shared that the surgery was moving just 0.75 miles. She accepted there were concerns about access and welcomed meeting Thanet councillors on site to discuss. She explained that there were requirements for where diagnostic services had to be located and this had influenced their decision.

f. A Member questioned whether developer contributions had been secured. Mr Griffiths shared that a number of discussions had taken place with the local authority about developer contributions. Reviews were held every 2 months to ensure the health community was benefiting from that funding source.

g. When asked about the timescale of the consultation, Ms Sharp said that local engagement sessions were to take place in early 2025, these would be online and face-to-face sessions. The Chair requested that Members have the opportunity to attend these events. Feedback from the events would be included in future reports.

4. The Chair proposed that the proposals relating to the Thanet Integrated Care Hub were deemed as substantial for the following reasons:
   i. The Hub represented an important new way of working.
   ii. it was hoped the Hub would be an exemplar piece of learning.
   iii. Important issues relating to workforce had been discussed.

5. The Committee viewed the proposals as an opportunity and the declaration of a substantial variation was not to be seen as a threat to that work. There was concern about what impact the resolution would have on the implementation of the Hub, and Ms Sharp noted the tight timescales involved in the project. The Chair confirmed there would be no impact on delivery.

6. RESOLVED that:
   i. the Committee deemed that the Thanet Integrated Care Hub is a substantial variation of service.
   ii. NHS representatives be invited to attend the Committee's 12 March 2025 meeting with an update ahead of the Hub opening.

202. Specialist Children's Cancer Services (written update)
(Item 8)

1. A Member asked what processes were in place to safeguard patients. The Chair suggested this be covered in the next update.

2. RESOLVED that the Committee note the update.

203. Revisions to the Terms of Reference of the Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC)
(Item 9)

1. The Clerk presented the report which introduced changes the to the Terms of Reference for the Kent and Medway JHOSC.

2. The Chair proposed option B: *'The JHOSC has delegated powers to respond to the Secretary of State with representations'* and option B: *'Delegation - The JHOSC has delegated powers to request a call in without reference to the HOSC'.*

    i. This was due to these options allowing KCC's HOSC to retain its power to make this decision on its own behalf if JHOSC decides against it.

3. A Member asked the Chair if he had received response from the Secretary of State regarding a letter sent raising concerns about the lack of power held by HOSC. Additionally, the Member raised the issue of the wider democratisation of the ICB. The Chair shared that he had received a response that he would re-circulate to Members.

4. RESOLVED that the Health Overview and Scrutiny Committee:
    i. CONSIDERED the report; and
    ii. AGREED its preferred options concerning changes to the Kent and Medway JHOSC Terms of Reference

204. Work Programme
(Item 10)

1. The Chair noted the following additions from during the meeting:
    a. Carr-Hill formula on fair funding

    b. Update on Edenbridge Memorial Health Centre

    c. Update on the Community Service Review

    d. Update on Thanet Integrated Care Hub in March 2025

2. The Chair explained that the item about the use of social prescribing in primary care would likely be a briefing between members of HOSC, the Adult Social Care Cabinet Committee and the Health Reform and Public Health Cabinet Committee, due to its cross-cutting nature.

3. A Member suggested a future item on the impact on HOSC of any devolution decisions from Government.

4. RESOLVED that the work programme be noted.

The Chair congratulated Councillor Keji Moses on her receipt of an award at the Kent Mental Wellbeing Awards.

Item: East Kent Hospitals financial performance

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 28 January 2025

Subject: East Kent Hospitals financial performance

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by East Kent Hospitals University NHS Foundation Trust (EKHUFT).

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1) Introduction and Background

a) HOSC has a remit to scrutinise the planning, provision and operation of health services in Kent – this may include scrutinising the finances of local health services. Representatives from East Kent Hospitals University NHS Foundation Trust (EKHUFT) have been invited to attend today's meeting to provide an update on the financial position of the Trust.

b) In November 2023, NHS Kent and Medway (the 'ICB') identified a key risk as the deficit increase at East Kent Hospitals University NHS Foundation Trust (EKHUFT).

c) A report was presented to HOSC on 29 February 2024. The Chief Finance Officer (Tim Glenn, seconded to the Trust as the Chief Finance Officer on a one-year secondment from Royal Papworth Hospital NHS Foundation Trust) set out the context and reasons behind the overspend.

d) The Trust's original financial plan for 2023/24 was to deliver a £72m deficit. A revised forecast year end deficit of £117.4m was agreed at the February Board meeting. Cost improvements of £49m had been identified for 24/25.

e) The Committee were informed that a safer staffing review was underway and staff forums were discussing how care could be delivered in a more effective and efficient way. A three phase project was to being undertaken over 12 months to manage the deficit and return the Trust to pre-pandemic levels of productivity. There would be a three to five year programme to return the Trust to a break-even position.

f) The Trust has been invited back to HOSC to provide an update on its financial position.

2) A (very) brief overview of NHS finances

a) NHS providers such as EKHUFT receive revenue income from several sources, including (but not limited to) contractual income from the Integrated Care Board for commissioned services; grant funding; NHS England; and charges such as car parking and catering. Foundation Trusts also have the power to enter into commercial ventures such as providing support services through subsidiary companies.

b) Capital expenditure is funded through the sale of assets, DHSC financing, leases and donations/ grants. [capital funding will not be featured in the Trust's report]

c) An NHS foundation trust's Chief Executive is their accounting officer. This statutory role is accountable to Parliament.

d) All NHS organisations must produce an annual budget, setting out the expected income and expenditure of their planned activities. Foundation trusts do not have a specific statutory duty to break even (i.e., to not spend more than they receive) but they must remain solvent.

e) Integrated Care Boards (ICBs) are statutory bodies that are responsible to NHS England. As well as developing a plan to meet the needs of the local population, ICBs are responsible for allocating resources to deliver those plans. They do that by commissioning services from providers and paying them for that work.

3) Recommendation

a) RECOMMENDED that the Committee consider and note the report.

Background Documents

Healthcare Financial Management Association (HFMA) (2023) HFMA introductory guide to NHS finance_October 2023.pdf

Kent County Council (2024), Health Overview and Scrutiny Committee (29/02/24) https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9320&Ver=4

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East Kent Hospitals University NHS Foundation Trust

East Kent Hospitals Update for Health Overview and Scrutiny Committee
Financial Performance Update: January 2025

1. Purpose

1.1 To provide an update to HOSC on the Trust's current financial performance, planning for 2025 to 2026 and medium term financial planning.

2. Background

2.1. East Kent Hospitals University NHS Foundation Trust (EKHUFT) has five hospitals: three Acute Hospital sites (William Harvey, Ashford; Queen Elizabeth The Queen Mother, Margate; Kent and Canterbury, Canterbury), two Community Hospitals (Buckland Hospital, Dover; Royal Victoria, Folkestone), and a number of community clinics including an Outpatient diagnostic centre (Estuary View, Whitstable).

2.1. The Trust receives the majority of its funding to provide patient care from its commissioners NHS Kent and Medway and for some specialist services from NHS England. This is separate from capital funding which is required for managing the trust's estate.

2.2. As reported to HOSC in February 2024, the Trust has historically struggled to meet its end of year financial targets. This is not acceptable for our patients, staff or the public. The Board remains focussed on stabilising the organisation's finances, embedding best practice in financial management and having sustainable cost improvement plans which also improve patient care and experience.

2.3. Between November 2023 and 2023 the Trust was supported by an experienced Interim Chief Finance Officer and a package of support funded by NHS England. In October 2024 the Trust appointed a new, permanent Chief Finance Officer, Angela van der Lem.

3. Financial performance in 2024/25

3.1. The 2023-24 financial year ended with a Trust deficit of £117.4m, as was anticipated at the time of the last Committee hearing. For 2024-25, a target was set for a planned deficit reduction by £32m year on year, to a figure of £85.8m. Within this plan sits a Cost Improvement Programme (CIP) target of £49m to be achieved in year.

3.2. On CIP, in the Year to Date at Month 9, the Trust had delivered £35.1m against a plan of £34.9m, with the Trust currently on plan to deliver just under the full year

target of £49m i.e £48.6m forecast. Risks to the plan include operational pressures, surge demand and impact on elective (i.e. planned) work, which are being closely managed.

3.3. On the wider financial position, the Trust expects to deliver the planned deficit of £85.8m. Until Month 8 of the financial year, the Year to Date position had hit the monthly planned deficit figures. In Month 9, there was an overspend by £2.1m against the planned deficit figure. However, the profile of the plan in the final four months of the year and Trust's reducing run rate suggest that the Trust will recover this overspend and still meet the plan for the full year, albeit with a need to proactively manage in year risks.

3.4. The last year has seen improvements in a range of performance measures which are positive for patient care and experience. The number of people waiting 78 weeks significantly reduced from a high of 752 in January 2024 to just 7 at the end of December 2024. Consistent reductions have been achieved in the number of patients waiting 65 weeks or over since January 2024, with a reduction of over 2,300 patients in this position. The number of patients waiting 6 weeks or more for a diagnostic test have reduced significantly, increasing performance to 81% being seen within 6 weeks, which is the Trust's best performance in 4 years. The backlog of Endoscopy waiters for routine and surveillance procedures has reduced by just over 9,000 patients since December 2023 to 373 at the time of writing.

3.5. The reduction in planned spending in 2024-25 compared to 2023-24 alongside the positive movements in performance suggest that the Trust is starting to achieve productivity gains, in reducing expenditure while raising performance, reducing waiting lists and patient experience, i.e. better financial management without detriment to care provided. For example, making sure our theatres are used effectively so we can operate on more patients and patients are not staying in hospital when they no longer need to be there, which also reduces a patient's risk of becoming less mobile or acquiring infection.

3.6. There is still, however, significant further progress needed in performance on a range of fronts which the Trust's patients should expect it to meet most notably the Cancer Faster Diagnostic Standard and 12hr waits for our patients in our A&E. Improvements have been made across both these indicators but with more to do. National elective reform guidance published in January captures the national position, such that 6.3m patients are waiting for circa 7.5m appointments, procedures or operations, and two fifths of them waiting more than 18 weeks. Intensive work will be needed across all Trusts in the coming four years to meet the Government's expectations set out in the guidance. East Kent's starting point means it will need to work hard to continue to achieve the progress we have started to see over the past 12 months and ensure the recent gains are sustained and built upon.

3.7. On staffing, the Chief Nurse carried out a review of Safer Staffing in line with national guidance and the conclusions of this review for the Trust have been approved at Board level in December. This review is supporting recruitment of required substantive staffing roles, which will both support staff, and enable better, more sustainable patient care with greater continuity of care, and better financial management in mitigating risks of use of (higher cost) temporary staffing.

Recruitment is now in train in follow up to this. Further work is needed on staffing establishment on the medical side to support the same objectives.

3.8. Key risks for the Trust at this point in the financial year are (as for all Trusts) whether the impact of a harder winter than planned for has an impact on elective care – in the year to date this has been managed, with an intensive focus on performance to support all patients. There is a strong need for the Trust to continue to work ever more closely and collaboratively with partners (the ICB, other neighbouring Trusts, Primary Care, Community and Mental health, and Social Care) across the Kent region in driving up performance and standards for patients living in Kent.

4. Planning for 2025/26

4.1. At the time of writing the Trust is awaiting the publication of the national guidance on financial planning for the next financial year. Tackling our financial performance, reducing our deficit and increasing cost savings whilst improving the services the Trust provides to its patients and their experience of care, are key priorities for the Board. The Trust is digesting the Reforming elective care for patients document which was released in January and establishes the direction of expectations for patient care improvements which the Trust will be planning to deliver.

4.2. The Trust wide Cost Improvement Programme (CIP) is an annual process for identifying potential cost efficiency projects across all services. In year and in planning for next year the Trust in year has developed its CIP schemes in line with a nationally supported methodology. Staff engagement is integral to this work. In 2025-26 we will be targeting a minimum of a further £49m of CIP savings, building on progress made in 2024-25, subject to best practice. This will be challenging to achieve but the infrastructure for planning is already in place and, on an in year planned deficit of £85.8m, this is essential for the Trust to target, with continued focus on driving better productivity in support of better patient care. Cost improvement projects will be signed off before the end of this financial year to enable full delivery in 2025-26, and undergo quality impact assessments to safeguard patient care and outcomes. The CIP will be a key part of how the Trust will tackle a substantial further year on year reduction in its financial deficit in 2025-26.

4.3. A continued area of focus for grip and control and CIP planning will be workforce expenditure and in particular medical agency spending. While agency spending has been reducing in several areas of workforce in the current financial year, there is more opportunity to bear down on this spending in medical. We are continuing to review how we are using our workforce to ensure that staff are in the right place and we are not using high-cost agency staff unless necessary.

4.4. There is also a need for continued focus on length of stay. We still have too many patients remaining in hospital who no longer need acute hospital care which is not good for patients and has a significant financial impact as we need to staff escalation areas and it limits our ability to create “flow” through the hospital. This requires continued collaboration with our partners within the Kent and Medway Integrated Care System to improve patient care and ensure patients are supported in the most appropriate care settings for their needs. We need to ensure that

patients are being cared for in the right setting, which means doing everything we can to stop patients from being delayed in leaving hospital but also by working with our partners to increase options for out of hospital care.

5. Medium term financial planning

5.1. The Trust is developing a Financial Sustainability Plan for the coming years with a view to returning the Trust to a balanced financial position while continuing to improve patient care. We acknowledge that the forecast deficit figure is not acceptable and there remains much more the Trust needs to do to close this to balance alongside achieving its primary focus in providing the best care for our patients.

5.2. The initial work on this plan is being discussed with the Integrated Care Board before further discussion with the national team. It involves consideration of a range of issues, many which will be aided by the national guidance on planning for 25-26 and performance expectations for future years. Several factors have together driven the current deficit and represent risks which need to be factored into our medium term planning to maximise outcomes and value for patients with the funding made available to the Trust.

5.3. In terms of demand for care, East Kent is one of the largest Trusts in England. The Trust’s local demography, including coastal communities, drives a greater level of demand than average. The share of the population aged over 75 is expected to rise more steeply that the national average over the next 20 years. There are deprivational pressures facing some of our patient population, and a local health economy impacted by health disparities across its communities. The geography of East Kent also means there is more difficulty sourcing and securing skilled and experienced health and care workers than Trusts which border multiple other areas.

5.4. On the supply side, reliance on temporary staffing increased during the pandemic and workforce expenditure has been a key driver of increased spending. The Trust will need to contain pressures and draw on best practice elsewhere to maximise patient outcomes within the available future funding. Looking ahead, there will be additional pressures in terms of inflation affecting non-pay items, with changing case mix and more complicated cases adding to demand and thereby cost pressure. Across its five key sites, 80% of the Trust’s estate was built between 1937 and 1980. Whilst EKHUFT has invested significantly in its infrastructure in recent years, there remain financial pressure through significant maintenance costs.

5.5. Planning for a medium term to return to balance involves work on a range of factors including:

- anticipating the expected volumes of patient care demands in different medical specialties and future trend needs of patients, to ensure there is the right capacity to deliver high quality care where this is needed;
- understanding the priority areas of patient care improvement expected of all NHS trusts (as per the national guidance issued);
- working with other parts of the health and care system to address the findings of Lord Darzi’s independent review of the NHS, which included the need for more

focus on prevention, increasing community provision and embracing digital technology;
- understanding the financial constraints which will be placed on all parts of the system, and what these mean for the Trust's ability to raise income from its activities for patients;
- fully exploiting all productivity opportunities which reduce spending while maintaining quality outcomes, building on the current CIP activity and learning from other Trusts to deploy best practice;
- developing our strategies for developing and improving our services: clinical, estates and digital, which in turn should all be enhancing the productivity of the Trust, and better serving its patients.

5.6. In addition to actions the Trust can implement itself to improve outcomes and value for money, the success of East Kent's medium term financial plan will be a product of working with others in the Integrated Care System to understand how different parts of the system can work better together across Primary Care, Social Care, Community Care, Mental Health and the Acute hospital trusts. This is to ensure East Kent patients are being supported and cared for in the best settings for their needs and avoiding any and all unnecessary hospital admissions.

6. Recommendation

It is recommended that the Committee consider and note the report.

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Item: East Kent Hospitals University NHS Foundation Trust - Maternity Services

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 28 January 2025

Subject: East Kent Hospitals University NHS Foundation Trust - Maternity Services

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by East Kent Hospitals University NHS Foundation Trust (EKHUFT). It provides background information which may prove useful to Members.

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1) Introduction

a) On 19 October 2022 Dr Kirkup's report "Reading the Signals" was published by the Government. The report followed an investigation into maternity and neonatal services at the Queen Elizabeth The Queen Mother Hospital (QEQM) in Margate and the William Harvey Hospital (WHH) in Ashford, between 2009 and 2020. Some 202 cases were assessed by the panel, led by Dr Bill Kirkup.

b) The Care Quality Commission (CQC) has rated maternity services in both QEQM and WHH as inadequate (as at May 2023. The overall rating for the hospitals remains "requires improvement").

2) Previous scrutiny

a) HOSC has scrutinised maternity services at East Kent hospitals regularly over the last five years. The last update was in December 2023, where it was noted:

i) There was a national target to reduce stillbirth and neo-natal deaths by 50% by 2025 (from 2010 figures). East Kent had a 1.7 stillbirth rate per 1000 and 0.87 neonatal deaths per 1000.

ii) More work was needed to understand the barriers to access for black and minority users of maternity services.

iii) William Harvey Hospital had welcomed student midwives from the University of Surrey, and were working to re-establish links with Canterbury Christchurch University.

iv) A patient experience midwife had been recruited and every woman who used the maternity service would get a phone call 6-weeks after the birth to share their experiences. Support was in place for staff as well. The most recent Your Voice is Heard data showed that 92% of women would return

to East Kent services and there would be a follow-up with those dissatisfied.

v) There had been a full review of governance across the department.

b) Representatives from the Trust have been invited to attend today's meeting to provide an update on the performance of their maternity services.

3) Estates

a) The Kirkup report included references to the Trust's infrastructure and its dated estate, some of which failed to meet recommended guidance.

b) The poor state of the buildings has been scrutinised by HOSC. At a meeting in November 2022, the Trust explained how they were investing £1.6m in maternity services at WHH and QEQM and £1.7m in the Special Care Baby Unit at QEQM. They were seeking additional investment to expand and refurbish both units, including for a second obstetric theatre at QEQM hospital and to increase the number and size of rooms available for women and their families.

c) The Chair of HOSC wrote to the Secretary of State for Health and Social Care in October 2023, highlighting the Committee's support for additional investment to improve the maternity units.

4) Recommendation

a) RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2020) *'Health Overview and Scrutiny Committee (05/03/20)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8286&Ver=4

Kent County Council (2020) *'Health Overview and Scrutiny Committee (22/07/20)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8496&Ver=4

Kent County Council (2020) *'Health Overview and Scrutiny Committee (17/09/20)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8497&Ver=4

Kent County Council (2022) *'Health Overview and Scrutiny Committee (26/01/22)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8761&Ver=4

Kent County Council (2022) *'Health Overview and Scrutiny Committee (30/11/22)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9048&Ver=4

Kent County Council (2023) *'Health Overview and Scrutiny Committee (10/05/23)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9053&Ver=4

Kent County Council (2023) *'Health Overview and Scrutiny Committee (7/12/23)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9319&Ver=4

Care Quality Commission, East Kent Hospitals University NHS Foundation Trust, Overview and CQC inspection ratings, https://www.cqc.org.uk/provider/RVV

Reading the signals - Maternity and neonatal services in East Kent – the Report of the Independent Investigation (2022), https://www.gov.uk/government/publications/maternity-and-neonatal-services-in-east-kent-reading-the-signals-report

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East Kent Hospitals Update for Health Overview and Scrutiny Committee
Maternity Services Update: January 2025

1. Introduction

1.1. We provide a range of maternity care services in hospital, at birthing units at William Harvey Hospital and Queen Elizabeth Queen Mother Hospital (QEQM). We also provide antenatal and postnatal services in the local community and the home birth service, with around 6,500 births a year.

1.2. The 'Reading the Signals' report in 2022 found that women, babies and their families had suffered significant harm because of poor care in our maternity and new-born services, between 2009 and 2020. We accepted all that the report said, apologise unreservedly for the pain and suffering caused, and are continuing to use the lessons to put things right.

1.3. We want to provide great care for everyone using our maternity and neonatal services. We are also clear that there is learning from the lessons in the report for every area of our organisation; these are not just confined to maternity.

1.4. This paper updates the Committee on work underway to improve maternity and neonatal services at East Kent Hospitals, to implement the actions in the Reading the Signals report, and the wider Trust-wide improvement work underway.

2. Two years on from Reading the Signals

2.1 In October 2022, Dr Bill Kirkup published 'Reading the signals', his report of the independent investigation of maternity and neonatal services in East Kent Hospitals between 2009 and 2020. Of the 202 cases that agreed to be assessed by the panel, the outcome for babies, mothers and families could have been different in 97 cases, and the outcome could have been different in 45 of the 65 baby deaths, if the right standard of care had been given. The report found that women, babies and their families had suffered significant harm and loss because of poor clinical care but also that we did not listen to women, their families and indeed at times, our own staff. The experience those families endured was unacceptably and distressingly poor, it repeatedly lacked kindness and compassion, both while families were in our care and afterwards.

2.2 We continue to make significant changes to our maternity and neonatal services, for example - successful recruitment of two Consultant Midwives working cross-site supporting women and birthing people with personalised care planning with a key focus on health inequalities and equitable access to maternity care. We have also recently recruited a Multiple Pregnancy Midwife, Fetal Medicine Lead Midwife, and a Maternal Medicine Midwife to provide specialist care during the maternity journey. In addition, there have been medical appointments including consultant obstetricians with plans in place to

recruit to further doctor posts to enhance our medical workforce, including targeted training for succession planning; recruitment processes continue to focus on appointing high quality candidates.

2.3 Recruitment and retention is one example of how we are committed to addressing the key areas for action in 'Reading the Signals', which include: monitoring safe performance; standards of clinical behaviour; flawed team working, and organisational behaviour. In addition, a recommendation specifically for the Trust is to 'embark on a restorative process addressing the problems identified in partnership with families, publicly and with external input'.

2.4 Our Maternity and Neonatal Improvement Programme (MNIP) was developed throughout Spring and Summer 2023 and involved bringing together people who use the service, the maternity leadership team, all grades of midwifery, obstetric and neonatal staff, Kent & Medway Local Maternity and Neonatal System (LMNS), Maternity and Neonatal Voices Partnership (MNVP) and members of NHS England's regional maternity team to ensure it was truly co-produced. The programme was also benchmarked against, and aligned to, requirements of our Reading the Signals report, CQC requirements, the Three-Year Single Delivery Plan for Maternity and Neonatal Services and ultimately the national maternity and neonatal safety ambition to halve the number of stillbirth rates, neonatal deaths, brain injury and maternal deaths compared to the 2010 rates by 2025.

2.5 Within MNIP was a requirement to develop a Quality & Safety Framework (QSF) to set out governance systems and processes to ensure that quality and safety of maternity services had robust oversight and scrutiny. The Maternity QSF was published in February 2024 and is routinely reviewed and updated as required in-line with internal and external assurance requirements. For example, as of April 2025, the service will move to a Maternity and Neonatal Quality Board with an open-door structure to which families will be invited to join and will be able to engage with the executive team. Working with families will be further reflected in the QSF and Terms of Reference (ToR) for this forum with standing agenda items to be developed in collaboration with service user representatives.

2.6 We continue to report on our progress and you can read more here www.ekhuft.nhs.uk/about-us/maternity-report/

2.7 The Care Quality Commission (CQC) visited our maternity services in early December as part of the national maternity inspection programme. The team consisted of a pharmacy inspector, maternity specialist advisors, obstetric specialist advisor and supporting inspectors. Following the inspection, no immediate safety actions or concerns were identified and the inspection team commented on notable improvements since their previous visit in 2023. The formal publication date is to be confirmed.

3. Listening to women and their families

3.1 In May 2022, we launched 'Your Voice is Heard', an essential part of our work to better listen to families whose babies are born in our care. We offer a follow-up call to discuss their experiences six weeks after giving birth, including partners, so we can act on feedback and make changes. Since that date, to the end of December 2024, we have spoken to 10,771 women.

3.2 Between January and December 2024, we heard from 4,327 women, who have given birth in our hospitals, and from birth partners, too, an average 75.7% response rate. These 30-minute phone calls, which allow time for a detailed conversation about all aspects of their and their baby's care, giving opportunities for staff recognition, learning and action. Of the 4,327 women spoken to:

- 90.5% would be happy to return
- 91.2% were positive about their antenatal care
- 92% were positive about their care during labour
- 85.5% were positive about their postnatal care

3.3 From its launch in 2022 to the end of December 2024, almost 5,000 compliments from families had been shared directly with staff. We have extended 'Your Voice is Heard' to include families whose babies have been in neonatal care and we are exploring how best to extend this service to include bereaved families, in addition to other support in place for them.

3.4 Some of the changes we have made are small but practical and important to people using our services. Such as: introducing soft-close bins to reduce noise on the postnatal wards, re-commencement of drug rounds on the post-natal wards, offering snack boxes and hot drinks for birthing partners and installing new sleeper chairs for birthing partners at the WHH. The YVIH service was used to conduct the Surgical Site Infection (SSI) audit with a wealth of information being gathered from women who gave birth via caesarean section from August-October 2024. We also run a 'guest question' each month for specific areas of maternity to gather information about an area that may require improvement.

3.5 Feedback has also assisted with:

- Creating a postnatal care / discharge planning group to assess the issues we frequently hear about postnatal ward care and look at the discharge process
- Mapping the new antenatal education programme from direct service user feedback
- Looking at the induction of labour pathway and the information provision around this
- Creating a 'family bathroom' for women and support partners to access whilst on our maternity wards
- Creating a 'welcome booklet' for our women and families with useful information about their stay in hospital (1st draft due to be in use by the end of

January 2025). This will become a fully co-produced leaflet for postnatal women to take home by Spring/Summer 2025

3.6 The annual CQC Maternity Services Survey, conducted in early 2023, had a response rate of 41%. It showed East Kent maternity services as having lower than average scores for antenatal care and postnatal care, but improvements in people feeling they received help and advice about feeding their baby in the first six weeks after birth, in partners being able to stay as long they wanted, support for mental health in pregnancy and a choice of where to have their baby. We are awaiting the results of the follow up CQC inspection in December 2024.

4. Improvements initiatives relating to engagement

4.1 The Director and Deputy Director of Midwifery Walk the patch, which involves regularly walking around the maternity units to listen to people who use our services, and their families/carers to hear directly about their experiences of maternity care. Feedback is then used to share good news stories and areas for improvement.

4.2 In order to improve the quality of our Triage service and identify any training requirements, all calls to maternity triage are now recorded and monitored. In this way, not only the quality of information and care can be monitored, but also how service users are spoken to and involved in decisions about their care.

4.3 *Leave your troubles at our door*, is as an additional patient experience service providing women and birthing people in hospital with direct access to a senior member of the midwifery team, as someone to speak to if they wish to talk about their care.

4.4 We have increasingly innovative ways of involving people who use our services, in partnership with the Maternity and Neonatal Voices Partnership, including holding Facebook “Live” sessions, appointing a midwife specifically to lead work on reducing health inequalities and focussing on under-served communities, for example we held an event with Lithuanian families and are seeking funding for a community bus to go out to our communities.

4.5 We also involve families in investigations from the outset; have co-produced our maternity and neonatal improvement programme and new pathways of care; and we are working with families directly involved in Dr Kirkup’s investigation.

4.6 We want our service to be welcoming, safe, clean, professional, friendly, calm and well organised. The Maternity and Neonatal Voices Partnership led a ‘15-Steps challenge’ with service users on both units. This sees the service through the eyes of people who use it and what they see and experience within 15 steps of entering a department. Improvements include making the

units more welcoming, murals on walls, soft lighting in labour rooms and improved information about leaving hospital.

5. Reducing harm and delivering safe services

5.1 Following the CQC inspection in January 2023 which found the Trust was 'not consistently providing the standards of maternity care women and families should expect', We acted at once to respond to the CQC's concerns. For example, by increasing doctor cover in the triage service at William Harvey Hospital and introducing additional training and electronic alerts for staff when a fetal monitoring check is due.

5.2 Out of the 40 actions recommended by the CQC, 38 had been fully completed by summer 2024. The remaining two: a second obstetric theatre at QEQM, is subject to a bid for national capital funding (funding has been provided to do the initial work), and moving the Twinkling Stars bereavement suite which will be completed in 2025.

5.3 Other immediate changes included improving access to and regular checking of emergency equipment and increased cleaning of the environment and the equipment. We continue to monitor these standards daily, alongside hand hygiene and PPE compliance. Data is collected weekly, monitored by the Director and Deputy Director of Midwifery and shared with the CQC on a monthly basis, with the results consistently showing high compliance.

5.4 To improve the safety of our triage service, we implemented the Birmingham Symptom Specific Obstetric Triage System. The service was shortlisted for a Royal College of Midwifery Award for Outstanding Contribution to Midwifery Services: Digital, for this work.

5.5 To improve the quality and safety of care we have increased the numbers of midwives and doctors, including specialist roles. We are also developing our existing workforce, for example by using the NHS Health Education England Maternity Support Worker Competency Framework to upskill the maternity support workforce and provide a clear pathway for career progression.

5.6 Medical staff have developed and trained 200 midwives in enhanced maternity care, allowing patients who need enhanced care to remain on the labour ward with their babies in dedicated enhanced maternity care rooms at both William Harvey Hospital and Queen Elizabeth the Queen Mother Hospital.

5.7 In December 2023 we reopened the Singleton Midwife-led Unit at William Harvey Hospital as a place of birth, offering more choice to women in relation to their preferred place of birth. By September 2024, 183 babies have been born in the unit.

5.8 Following the withdrawal of the Nursing and Midwifery Council (NMC) approval for the midwifery programme at Canterbury Christ Church University, we

worked closely with the University of Surrey to enable student midwives to return to their placements with us in September 2023. They will qualify in January 2025 and have all been offered and accepted placements with us.

6. Staff engagement

6.1 Regular staff training and reflection on clinical practice is a crucial part of delivering safe services. We have a monthly staff Safety Summit to share key safety learning. At this forum cases are discussed, themes and learning identified and solutions discussed and shared.

6.2 We also have a number of ways to regularly share learning across maternity:

- 'Hot Topics' that require immediate dissemination
- 'Safety Threads' used in safety huddles and handovers
- 'Lunch and Learn' sessions to share learning in a relaxed space
- Monthly 'Safety Summit' with Board maternity safety champions, Chief Nursing and Midwifery Officer and Non-Executive Director
- 'We Hear You' and consultant forums, which give staff direct access to the senior leadership team.

6.3 We are one of the first Trusts to adopt Martha's rule in our acute hospitals in Ashford and Margate, which gives patients, families, carers and staff round-the-clock access to a rapid review from a separate care team if they are worried about a person's condition. This follows the national initiative 'Call 4 concern' which is run by our Critical Care Outreach Team (CCOT), and continues at Kent and Canterbury Hospital.

7. Caring with Compassion

7.1 We co-produced a new bereavement care model in our maternity and neonatal service with families who wanted to ensure other families did not experience a lack of care and compassion. Specialist bereavement midwives worked with families and the Saving Babies Lives charity (SANDS) to improve and expand the emotional and practical support available to families who have tragically experienced baby death or severe injury or illness.

7.2 The remodelling of our bereavement service includes the relocation and refurbishment of the Twinkling Stars bereavement suite (a dedicated area for families) at William Harvey Hospital to a location outside of the Labour ward so that women, babies and their families can be cared for in a more considerate and suitable setting. This is being funded by East Kent Hospitals Charity and will be completed in 2025.

7.3 We recognise that the lessons within Reading the signals apply as much to the rest of our Trust and all our services as they do in maternity and we need to provide care that is more compassionate. Examples of how we are doing this include launching a caring with compassion video in May 2023, which is now part of mandatory training for all Trust staff. The video was developed by the

Supportive and Palliative Care Team and was funded by the East Kent Hospitals charity.

7.4 We introduced a monthly session for Health Care Support Workers focused on 'Seeing the Person' and how they can understand the vital role they play in every patient's experience.

7.5 We have included caring with compassion and respect in routine staff training for maternity and neonatal staff. For example, we have adopted 'Civility Saves Lives', a national project aimed at promoting kindness and respect within teams, based on evidence about the impact this has on patient safety.

8. Leadership, culture and development

8.1 We appointed an experienced, substantive Director, and Deputy Director of Midwifery, in mid May 2023 to strengthen maternity leadership and support improvements to the service across the Trust.

8.2 We recognise the importance of staff feeling listened to, and having easy access to a senior leader if they have any concerns. The leadership team introduced *We Hear You* which gives staff direct access to the Director and Deputy Director of Midwifery, and twice-monthly consultant meetings for colleagues to meet and discuss any concerns they have with the associate medical director for women's health as well as the clinical leads from each hospital site.

8.3 These forums are in addition to regular multi-disciplinary patient safety meetings. Listening events have also been held with the CEO, Chief Nursing and Midwifery Officer and Non-Executive Director lead for maternity.

8.4 As part of the commitment to nurture compassionate leaders and effective teams that work well together, the Trust has adopted NHS England's Culture and Leadership Programme developed by the Kings Fund.

8.5 Changes include introducing a staff council, relaunching our staff wide recognition scheme, developing our organisational strategy and training all staff in essential leadership skills. We are currently reviewing how we deliver our Freedom to Speak Up (FTSU) service to ensure that it is sustainable and meeting the needs of our staff.

8.6 The Maternity and Neonatal Assurance group, chaired by the Chief Nursing and Midwifery Officer and attended by the non-executive director maternity champion (a senior clinician), reports monthly to the Quality and Safety Committee and directly to the Trust Board quarterly and is attended by multiple stakeholders, including the Maternity and Neonatal Voices Partnership.

8.7 We have implemented the nationally-required role of the Maternity and Neonatal Safety Champion. Our multi-disciplinary Maternity and Neonatal Safety Champions are promoted across the units, as a point of reference and contact for the workforce, our families and stakeholders.

9. Governance and Partnership working

9.1 A new governance framework used at all levels of the organisation sets out the Trust's approach to ensuring that roles, responsibilities, reporting and escalation lines are clear and that there are robust systems of governance and accountability in place at all levels to safeguard patients and carers from harm, ensure the care provided by the Trust is in line with regulatory and statutory requirements and provide an effective line of sight from place of care to Board.

9.2 We have embedded the role of Board Safety Champion and Non-Executive Director, and together they work with local maternity and neonatal champions, the care group Director of Midwifery, Associate Medical Director, and executive sponsor for the Maternity and Neonatal Safety Improvement Programme to understand, communicate and champion successes at Board level. With frontline safety champions (who draw on a range of information sources to review outcomes including staff and user feedback), they understand the services they champion and update the Trust Board.

9.3 Examples of opportunities for feedback include Safety Champion listening events, walkarounds, attendance at staff meeting and Safety Summit. In addition, the Maternity and Neonatal team is accountable to the Maternity and Neonatal Assurance Group which reports into the Executive-level Patient Safety Group (PSG), which reports into the Quality and Safety Committee (QSC), which then reports into Trust Board.

9.4 We are working with our partners across the health and social care system in Kent and Medway, to share our learning across the region and to learn from others. Across our Trust we reviewed and restructured our care groups (each responsible for the management of a number of clinical services and sites) to support the delivery of safe, high quality and timely services.

9.5 Overall, we have taken the first significant steps on our journey and we are continuing to review these and make improvements. This is a continual process and will take time to embed, but we give our commitment, that we will not stop until we are offering the safe and compassionate care that all of our service users deserve.

Recommendation
It is recommended that the Committee consider and note the report.

Item: Implementation of Hyper Acute Stroke Services in East Kent

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 28 January 2025

Subject: Implementation of Hyper Acute Stroke Services in East Kent

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS Kent and Medway (the ICB) and East Kent Hospitals University NHS Foundation Trust (EKHUFT).

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1) Introduction

a) Three Hyper Acute Stroke Services (HASUs) are being established to serve Kent and Medway. These will be located in Maidstone, Ashford and Dartford.

b) The implementation follows a long period of planning, consultation, and challenges. A summary timeline was set out in a paper to HOSC in January 2022.

c) Phase 1 of the programme resulted in the HASUs in Maidstone and Dartford opening during 2024.

2) The East Kent scheme

a) Phase 2 of the programme is the establishment of a HASU at the William Harvey Hospital (WHH) in Ashford. Implementation has been delayed.

b) In December 2023, the ICB Acute Stroke Reconfiguration Steering Group agreed to undertake a gateway review of the East Kent programme to gain assurance on the delivery of the scheme. The Group concluded there had not been sufficient progress to be assured of the East Kent scheme.

c) Stroke services in East Kent are currently delivered from the Kent and Canterbury Hospital (KCH). KCH does not have an A&E department, and therefore services will not remain on that site because SSNAP audit data evidences improved outcomes when a HASU is co-located with an A&E.

3) Mechanical Thrombectomy services

a) A Mechanical thrombectomy procedure performed within six hours of the onset of stroke symptoms, is a clinically effective treatment that can reduce brain damage and prevent or limit long term disability.

b) These services are commissioned by NHS England and are not part of the HASU programme. However, it is important for HOSC officers to be aware of their interdependencies.

c) In Kent and Medway, residents have historically accessed services from London. From 2025, they will be delivered from the Kent and Canterbury Hospital.

d) The reasons for locating the Service at KCH are the co-location requirements with other services (such as Interventional Radiology) and capital equipment required to deliver the thrombectomy service (bi-plane scanner). KCH will not be the only thrombectomy service in the country to not be co-located with a HASU. The Kent and Medway Integrated Stroke Delivery Network will ensure a smooth transition of the pathway from London to Canterbury.

4) Previous Scrutiny

a) At its meeting on 29 February 2024, HOSC were informed that a recovery plan was being prepared to support the delivery of the East Kent scheme, with joint working between the ICB and EKHUFT. There was no definitive timeline for implementation but the ICB committed to its delivery.

b) The Committee were concerned about the delay, fearing it disadvantaged East Kent residents and would have a detrimental impact on recruitment. There was a need for greater cost detail, which the Trust were working at pace on finalising, and that was anticipated to take one to two months.

c) Following discussion, the Committee RESOLVED that they

i) Had not been assured by EKHUFT and the Integrated Care Board that works would proceed on the scheme at William Harvey Hospital.

ii) note the commitment that the HASU will open at William Harvey but with significant delay.

iii) request a briefing as soon as possible on the plans and timetable for opening the HASU at WHH.

d) Colleagues from NHS Kent and Medway and EKHUFT have been invited to provide an update on the East Kent HASU scheme and answer questions. An update on the wider scheme can be requested for a subsequent meeting.

5) Recommendation

RECOMMENDED that the Committee note the report.

Background Documents

Kent County Council (2022) Health Overview and Scrutiny Committee (26/01/2022),
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8761&Ver=4

Kent County Council (2022) Health Overview and Scrutiny Committee (30/11/2022),
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9048&Ver=4

Kent County Council (2023) Health Overview and Scrutiny Committee (05/10/2023)
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9318&Ver=4

Kent County Council (2024) Health Overview and Scrutiny Committee (28/02/2024)
https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9320&Ver=4

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Reconfiguration of stroke services in East Kent

Purpose of briefing

The purpose of this briefing is to update the Kent Health and Overview Scrutiny Committee (HOSC) on the transfer of stroke services in East Kent from Kent and Canterbury Hospital (K&C) to the William Harvey Hospital (WHH).

Overview

The Kent and Medway acute stroke reconfiguration programme is a two-phased programme to develop three hyper-acute stroke units (HASU) at Dartford, Maidstone and Ashford.

The WHH was identified as the best option for a HASU in East Kent due to the existence of other services that are required to be located alongside a HASU such as the emergency department. Kent and Canterbury Hospital does not meet these co-dependency requirements and so was not considered as an option. Further information on the background to the programme is detailed in **Appendix 1**

The reconfiguration is being funded by the Kent and Medway health system from its capital allocation over a multi-year period, with the three schemes totaling more than £32m.

The programme is being delivered in two phases, with the units at Dartford and Maidstone launching in 2024. The unit at WHH is being delivered as a second phase due to the scale and complexity of the works.

Following delays to the East Kent programme, NHS Kent and Medway undertook a review of the East Kent scheme. The aim was to review the current delivery strategy, ascertain the funding requirement and affordability of the scheme, and ensure the scheme remains value for money. This additional assurance process was reported to Committee members in February 2024. The review has now concluded.

Design

The original design was for a 52-bed unit to be located at WHH on the site where the

critical care unit (CCU) now stands. During the pandemic, national funding was provided to develop a new CCU at the WHH to ensure Kent and Medway has sufficient critical care capacity and resilience to respond to population need. The intention was to develop the HASU underneath the new CCU, which stands on stilts.

Issue 1: Following delays to the programme resulting from legal and statutory processes, an activity review was undertaken in 2022 to test the assumptions in the earlier business case. This identified the East Kent unit would require 54 stroke beds. Space restrictions underneath the CCU meant these additional beds could not be accommodated within the stroke unit and would need to be located within the medical wards resulting in a split unit.

Issue 2: There is also now a requirement for the establishment of a triage and assessment bay to be located within the unit. This facility was established during the pandemic following the emergency transfer of East Kent stroke services to K&C. The establishment of the assessment bay has resulted in a significant improvement in service outcome data and it is now a nationally recognised model. Space restrictions under the CCU meant this area could not be accommodated.

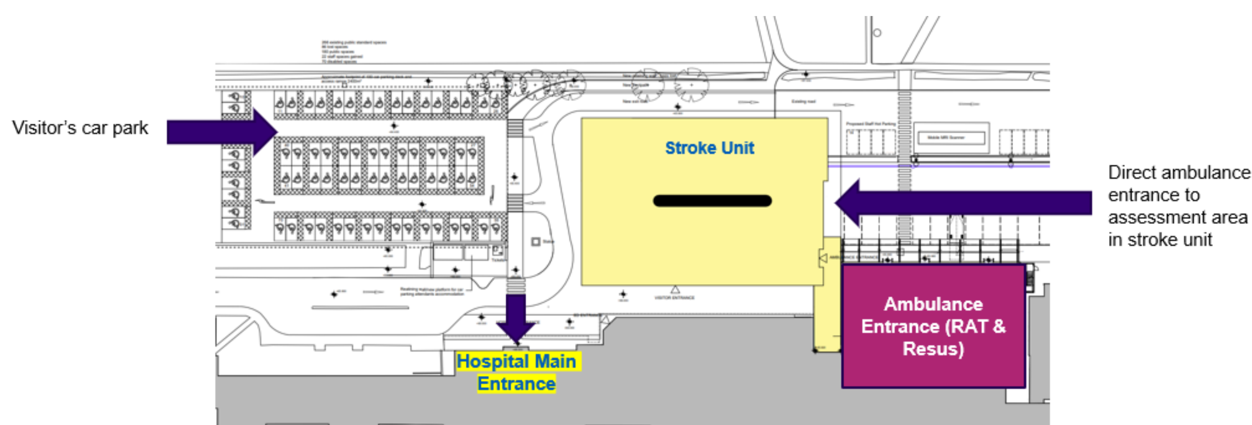
Issue 3: There are significant risks to undertaking major building works underneath a live CCU.

An exercise was undertaken to explore whether there was an alternative location on the WHH site which would deliver the original HASU specification, and the best practice identified during the service centralisation at K&C.

Solution

The solution is confirmed as a 54-bed two-storey modular new build located in front of the Emergency Department (ED) as shown in **Figure 1**. There has been in depth engagement with both the clinical and operational teams throughout the development of the design.

Figure 1: Location of HASU in front of ED

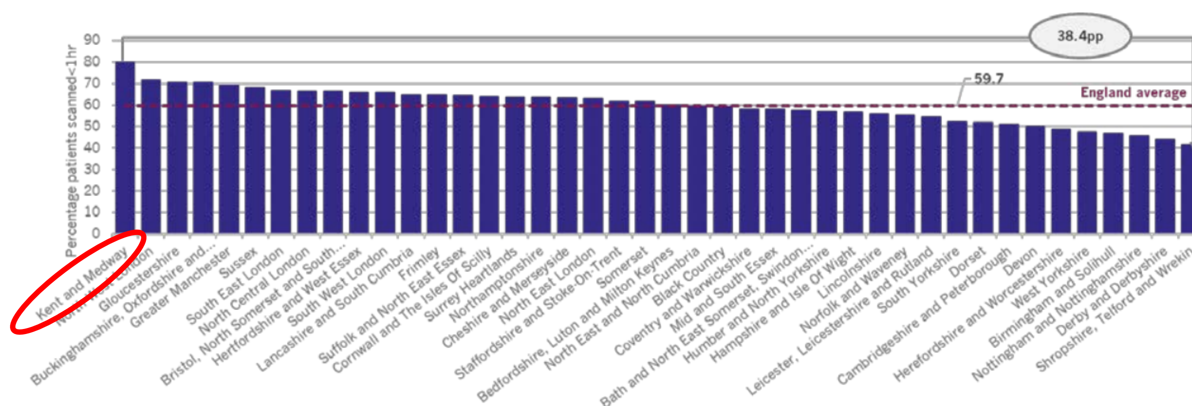


Benefits of the new location:

- Increased flexibility of design due to the entire unit being a new build and not constrained by existing co-adjacent services. It provides a larger footprint than the previous design.
- The unit is a purpose-built facility and will be able to accommodate the total beds required as opposed to splitting the beds between the stroke unit and medical wards. In addition, the existing bed base at WHH will be maintained.
- The new solution will have its own ambulance drop-off area and allow for direct admissions to the stroke unit, bypassing ED, which will support time-critical interventions and continued achievement of national standards.
- A CT scanner will be located within the unit for the immediate use of stroke patients. While stroke patients will be prioritised, the CT scanner will be accessible to non-stroke patients to maximise usage.
- The solution is a standalone build which removes the risk to carrying out building works under an operational CCU and disruption to co-adjacent wards.

The alterations to the design and location of the unit mean that patients will be dropped off by the ambulance for immediate triage, assessment and CT scanning in the one unit. Kent and Medway is now the national leader for the percentage of patients scanned within one hour of arrival due the development of the direct access model. There has been a significant improvement in patient outcomes as a result, and this new solution will enable the team to maintain these improvements and make further gains. Locating the CT scanner within the unit and adjacent to the assessment area will save even more time.

Figure 2: Percentage of patients scanned within one hour of arrival, by ICB (England) / LHB (Wales) 2023/24



Source: Lord Darzi (2024) Independent Investigation of the National Health Service in England.

Timeline

Establishment of the unit in East Kent was originally scheduled for March 2026; however, this timeline is no longer achievable following the revision of the scheme. The current estimated timeline will see the approval of the full business case (FBC) in May 2025, with construction commencing in June 2025 and running for 22 months. The build completion date is April 2027.

A Procure 23 partner (Integrated Health Projects) has been appointed to support the trust with the HASU development.

The need for investment prior to the move to WHH

The stroke team is committed to delivering further improvements in stroke care to improve patient outcomes and experience (see **Service performance** section). Without investment in the workforce, the HASU model of care cannot be delivered and some of the improvements made to date may not be sustainable.

Delivery of HASU standards of care are dependent on having the required establishment to enable:

- A seven-day therapy service
- Improved nursing care
- Improved medicine management and medicine optimisation through a dedicated pharmacist
- Improved psychological care with the provision of a psychologist.

NHS Kent and Medway has agreed to fund recruitment to the HASU establishment of 52 beds ahead of the transfer to WHH to enable delivery of the HASU model of care and mitigate the risks to the service. This agreement increases the current bed base

by two beds and the workforce by 18.5% (37.27wte). This will ensure equitable stroke services are provided across Kent and Medway and allow for the early achievement of HASU benefits in East Kent. Staffing levels will be increased to 54 beds on transfer of the service.

Service performance

The EKHUFT stroke unit has among the best performance in the country. Most recent data from Stroke Sentinel National Audit Programme (SSNAP) is shown in **Table 1**.

Table 1: SSNAP key indicators April 2023 – March 2024

Indicator	National	Kent & Medway	EKHUFT
% of patients scanned within 1 hours of clock start	59.5	79.9	**95.7**
% of patients scanned within 12 hours of clock start	95.6	97.8	**99.5**
Median time between clock start and scan (hours:mins)	0:42	0:22	**0:15**
% of patients directly admitted to a stroke unit within 4 hours of clock start	46.7	68.8	**83.9**
% of all stroke patients given thrombolysis (all stroke types)	11.6	13.3	**17.8**
% of patients who were thrombolysed within 1 hour of clock start	59.1	72.3	**80.5**
Median time between clock start and thrombolysis (hours:mins)	0:54	0:46	**0:45**
% of patients assessed by a stroke specialist consultant physician within 24h of clock start	84.4	91.8	**98.9**
Median time between clock start and being assessed by stroke consultant (hours:mins)	6:43	1:30	**0:35**

Clinical improvements in East Kent

The temporary consolidation of services on one site ahead of the move to WHH has contributed to the significant improvements in processes of care and outcomes in East Kent, such as:

- A significant reduction in door to scan times. Nationally only 61.9% of patients are scanned within an hour compared to 97.7% at EKHUFT, with a median scan time of 12 minutes compared to 39 minutes nationally (SSNAP July-Sept 2024).
- Consistently high IV thrombolysis rates. The last annual figures show 17.8% of patients were thrombolysed compared to the national average of 11.6% (SSNAP Apr 2023-Mar 2024).
- A significant reduction in adjusted mortality, saving 65 patients lives per year. This is currently the lowest in the Kent and Medway and second lowest in the South East and West NHSE regions.
- EKHUFT, in partnership with SECAmb, developed the first pre-hospital video triage of patients in the country in May 2020, winning the 2022 HSJ patient safety award. The result of the triage is that the patient is directed to the most appropriate care pathway, such as the stroke unit, emergency department, TIA clinic or follow up by a GP without the need for hospital attendance.
- The new assessment and triage arrangements within the UTC at K&C has resulted in an improvement in door to needle time for thrombolysis in ischemic stroke. The median time is 46 minutes from clock start to thrombolysis compared to 56 minutes nationally (SSNAP July – Sept 2024).

The planned move to WHH will build on these improvements further by ensuring compliance with the national standards and alignment with the HASU requirements.

Appendix 1

Background on the reconfiguration of acute stroke services

The Kent and Medway Stroke Review was commissioned in 2014 in response to concerns by Kent and Medway Clinical Commissioning Groups (CCGs) about the performance and sustainability of hospital stroke services across all units in Kent and Medway. The CCGs and hospital trusts were tasked with developing proposals to improve outcomes for patients, reducing deaths and disability.

The review recommended a model of care involving specialist stroke services consolidated at three hospitals, each with a hyper-acute stroke unit (HASU) and an acute stroke unit (ASU), to ensure rapid access to specialist staff, equipment, and imaging to improve quality and outcomes for patients.

HASUs enable patients to have rapid access to the right skills and equipment and be treated 24/7 on a dedicated stroke unit, staffed by specialist teams. Following a stroke, a patient will be taken directly to a HASU where they will receive dedicated expert care, including immediate assessment, access to a CT scan and clot-busting drugs (if appropriate) within 30 minutes of arrival at the hospital.

ASUs are for subsequent (after 72 hours) hospital care. These units offer ongoing specialist care with seven-day therapies services (physiotherapy, occupational therapy, speech and language therapy and dietetics input) and effective multi-disciplinary team (MDT) working.

Public consultation on the proposal was undertaken in 2018 and the decision to establish HASU/ASUs in Dartford, Maidstone and Ashford was made the following year. Following a review into the decision-making process, the Secretary of State granted approval to proceed in November 2021.

Since the NHS decision in 2019, there have been three emergency temporary changes to stroke services in Kent and Medway:

- Tunbridge Wells Hospital stroke service transferred to Maidstone Hospital in September 2019 due to staffing challenges.
- In April 2020, in response to Covid, East Kent Hospitals University Foundation Trust (EKHUFT) transferred its stroke services at William Harvey Hospital (WHH) and Queen Elizabeth the Queen Mother Hospital (QEQM) to the Kent and Canterbury Hospital (K&C). The stroke service remains at Canterbury at this time.
- Medway Hospital stroke service closed in July 2020 due to staffing challenges.

The majority of stroke patients that would previously have gone to Medway Hospital are now going to Maidstone Hospital with a small number going to Darent Valley Hospital.

Following the consolidation of stroke units onto three sites, service performance has increased significantly. Data from the Sentinel Stroke National Audit Programme (SSNAP), which measures the quality and organisation of stroke care in the NHS, demonstrates the improvement across provider organisations. Further improvements are anticipated following the full implementation of the three HASUs.

SSNAP ratings pre and post consolidation of stroke units

Hospital	Dec 16 - Mar 17	April - Jul 17	Aug - Nov 17	Dec17 - Mar 18	Apr - Jun 18	Jul - Sep 18	Oct - Dec 18	Jan - Mar 19	Apr - Jun 19	Jul - Sep 19	Oct - Dec 19	Jan - Mar 20	April - Jun 20	Jul - Sep 20	Oct - Dec 20	Jan - Mar 21	April - Jun 21	Jul - Sep 21	Oct - Dec 21	Jan - Mar 22	April - Jun 22	Jul - Sep 22	Oct - Dec 22	Jan - Mar 23	April - Jun 23	Jul - Sept 23	Oct - Dec 23	Jan - Mar 24	April - Jun 24	Jul - Sept 24
DVH	D	D	D	E	D	D	D	D	C	D	D	D		C			D	C	B	B	B	B	C	C	B	B	B	C	B	B
QEQM	D	C	D	D	D	D	D	D	D	C	D	D																		
WHH	C	B	B	B	B	C	C	D	D	C	D	D																		
K&C														A			A	A	A	B	B	B	A	A	A	A	A	A	A	A
MGH	A	A	B	B	B	B	A	A	B	B	C	D		A			A	A	B	B	B	A	B	A	A	A	A	A	A	A
TWH	C	C	C	C	C	B	C	B	C	C																				
MMH	D	D	D	E	E	E	E	D	D	D	E	E																		

Clinical audit was suspended for the duration of this quarter.

Item: Phlebotomy services in Deal

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 28 January 2025

Subject: Phlebotomy services in Deal

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

It provides background information which may prove useful to Members.

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1) Introduction

a) Prior to October 2021, Kent Community Health NHS Foundation Trust (KCHFT) provided phlebotomy services (blood tests) from Victoria Hospital in Deal and Queen Victoria Memorial Hospital (QVMH) in Herne Bay. In early November 2021, the Chair of HOSC was made aware of an unexpected closure of the Blood Unit at Victoria Hospital in Deal and invited the Kent and Medway Clinical Commissioning Group (what is now the ICB) to provide an update at HOSC.

b) The CCG presented a paper to the Committee on 26 January 2022. They explained that GP surgeries provided phlebotomy services under the Primary Care Quality Standards (PCQS) contract and as KCHFT were not being directly commissioned or funded by the CCG for the service, there was no need for their additional capacity. Assurances were received that general practice could provide enough capacity to cover the level of phlebotomy that was being provided by KCHFT.

c) Whilst a formal public consultation on the closure had not been required, there was a communications plan in place, though it was acknowledged that this was postponed in launching.

d) Service arrangements from 1 November 2021 were set out on page 2 of the report, listing four registered surgeries that would provide blood tests:

i) Manor Road Surgery

ii) St Richard's and Golf Road Surgery

iii) Balmoral Surgery

iv) Cedars Surgery

e) The following reassurances were given:

i) KCHFT as the owner of the site had confirmed that it saw Deal hospital as an important local resource and had no plans to remove other services.

ii) The CCG also believed local community hospitals like the Deal site were an important part of the overall provision of NHS care and had no plans to decommission services provided at the hospital.

iii) The CCG had contacted other NHS Trusts that also use the site. Both East Kent Hospitals University NHS Foundation Trust and Kent and Medway Health and Social Care Partnership NHS Trust (mental health) confirmed that they did not have any plans for changes to the services they run from the site.

f) The CCG listened to the concerns of the Committee and its local Members and resolved to take action to address them.

2) The latest position

a) A local Member has raised concerns around

i) ongoing problems in accessing blood tests for patients that are being treated through a specialist hospital

ii) the availability of blood tests through GP surgeries

b) NHS Kent and Medway (the Integrated Care Board and relevant commissioner) have been invited to attend HOSC and provide an update on the service.

2) Recommendation

a) RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2022) *'Health Overview and Scrutiny Committee (26/01/22)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8761&Ver=4

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Deal Community Phlebotomy Service

Background

Kent Community Health NHS Foundation Trust (KCHFT) gave notice of its phlebotomy services operating from Victoria Hospital, Deal - with the service ending on 31 October 2021.

As general practice was already contracted to provide blood testing, the decision was taken to work with existing practices in Deal to deliver sufficient capacity for all needs of their patients from 1 November 2021. The new service was consulted with the local population but the removal of the service from Deal Hospital was not consulted with as it didn't meet the threshold for public consultation. Lessons were learned regarding how the change was communicated.

In February 2022, NHS Kent and Medway Clinical Commissioning Group received a petition on the issue. At the time of receipt, the petition had received over 2,000 paper signatures and 1,300 online signatures. The petition read: "We the undersigned demand the reinstatement of the Phlebotomy Service to ensure all residents of Deal and District, especially the ill, vulnerable, elderly, disabled, carers and young, have their blood tests LOCALLY and in a TIMELY manner."

In addition to the petition, Natalie Elphicke, the then local MP, launched an engagement exercise on 28 February 2022 seeking feedback from residents. An online and paper-based survey was open until late April 2022. The survey received 3,200 responses and a full report was produced.

From July 2022, members of NHS Kent and Medway Integrated Care Board's (ICB) Executive Team met Natalie Elphicke, local councillors and campaigners to work in collaboration to resolve any further concerns. During this period, a three-month review plan was completed by the ICB. The plan focussed on the themes of access, care, and patient satisfaction. In developing the plan, all Deal practices undertook a patient engagement exercise to ascertain actual patient experience. The feedback was positive, albeit with some areas of focus for improvement.

The ICB has also attended Dover District Council's Overview and Scrutiny Committee to ensure it is kept appraised of progress.

In September 2022, a 'Proposal for a Phlebotomy Service at Deal Hospital' was developed by the Blood Service Health Action Group and presented to the ICB. The proposal recommended that East Kent Hospitals University NHS Foundation Trust (EKHUFT) should provide a service six days a week at Deal Hospital, with staffing provided by Buckland Hospital as a pilot for a period of 12 months.

NHS Kent and Medway ICB gave due consideration to the pilot scheme proposal, which included sharing with EKHUFT for comments, and identified a third party to undertake an independent review of the concerns raised in relation to access to timely blood tests in

Deal. The independent review was completed by Bexley Health Neighbourhood Care, which concluded that there were several positive outcomes following the service changes, with some further recommendations, which could enhance the current service offer.

As part of this review, Natalie Elphicke, MP, met KCHFT to discuss reinstating phlebotomy at Victoria Hospital, in view of the site becoming a community diagnostic hub. KCHFT responded with a costed proposal. In addition, EKHUFT also responded to the pilot developed by Deal and Surrounding Area Health Action Team with a revised cost proposal.

The ICB considered the proposal presented by Blood Service Health Action Group and the proposals from EKHUFT and KCHFT and concluded that, despite patients accessing phlebotomy five days a week AM and PM, and an upward trajectory of growth in phlebotomy activity in general practice, which correlates with a reduction in the number of patients being bled in secondary care, a formal procurement of a Deal Community Phlebotomy Service should be undertaken. The service would focus on the following groups as identified by the Deal and Surrounding Area Health Action Team:

- fasting
- urgent
- difficult venipuncture
- pre-chemotherapy requests
- glucose tolerance testing
- children aged between five and 16.

Procurement routes explored

In November 2023, the ICB approved a request for quotation (RFQ) process to be undertaken for a Deal Community Phlebotomy Service. However, the process was abandoned as all bidders withdrew from the process.

In March 2024, the ICB approved a competitive process to be undertaken for a Deal Community Phlebotomy Service. The service aimed to supplement the existing phlebotomy service in primary care. Patients would be directed or signposted to the service from primary care and/or secondary care, as per the service specification. It took into consideration the priority groups identified in the 'Proposal for a Phlebotomy Service at Deal Hospital' developed by Deal and Surrounding Area Health Action Team on 29 September 2022.

Unfortunately, the procurement was unsuccessful as no bidder met the mandated minimum threshold.

As previous procurement routes had been unsuccessful, the ICB's Procurement Team, Arden & Gem (AGEM) advised that the ICB could consider the following the recommendations:

1. Re-advertise the Deal Community Phlebotomy Service

2. Award the service under a Contract Modification to an existing contract holder.

Next steps

The ICB is proceeding with option two. This is a compliant route under the Provider Selection Regime (PSR). The PSR allows for certain modifications to be made to services during the term of a contract without a new provider selection process taking place. While this is an option, it is dependent on existing providers' capacity and willingness to modify contracts.

This option allows the ICB the opportunity to modify an existing contract without undertaking a new provider selection process. Modifying a contract can be quicker and less costly than a full procurement process, which involves advertising, evaluating bids, and onboarding a new provider.

The ICB has considered possible providers that hold a current phlebotomy contract, and which could be offered the service and is currently engaging with them.

Appendix A Procurement timeline overview

First Procurement – Request for Quotation (RFQ)		
Procurement Activity	**Date**	**Comments**
RFQ published	27 November 2023	
Deadline for Bidder clarification queries	11 December 2023	
Evaluation & approval	19 December 2023 – 12 January 2024	
Supplier withdrawal	12 January 2024	Supplier comments: "Thank you for inviting us to bid for the Deal community phlebotomy service contract. However, we regret to inform you that we are withdrawing our application to provide this service. At this time, we have conflicting priorities which require our attention and unfortunately providing the Phlebotomy service no longer compliments these work streams".
Procurement Team (AGEM) contacted all organisations who expressed an interest in the procurement but subsequently declined to participate	15 January 2024 – 31 January 2024	
Procurement Team (AGEM) and ICB determined next steps to pursue a contract award	17 January 2024	Agreed approach: Competitive Process under Provider Selection Regime (PSR) Regulations. This invited a wider pool to organisations to bid.
Preparation and approval of ITT documents for second procurement	February 2024 to March 2024	Internal governance delay in getting the Equality Impact Assessment (EIA) approved.
Second Procurement – Invitation to Tender (ITT)		
Procurement Activity	**Date**	**Comments**
ITT published	5 April 2024	
Deadline for Bidder clarification queries	19 April 2024	
Submission deadline	3 May 2024	
Evaluation & approval	6 May 2024 – 17 May 2024	
Contract Award Competitive Process Outcome Report (signed by SS and ND)	29 May 2025	
General Election	22 May to 8 July 2024	Pre-election period. All further procurement activities were suspended until post the election.
Notification of Outcome Letter (AGEM)	10 September 2024	Confirmation of unsuccessful bids

Formal non-award notice in FTS to inform the market of the outcome of the Procurement (AGEM)	10 September 2024	
Engagement with Procurement Team (AGEM) to determine options to pursue a contract award.	October 2024	
Third Procurement – Contract Modification		
Procurement Activity	**Date**	**Comments**
Executive agreement of next steps re Deal Procurement	November 2024	Agreement of contract modification. This is a compliant route under the Provider Selection Regime (PSR). The PSR allows for certain modifications to be made to services during the term of a contract without a new provider selection process taking place.
Meeting with suppliers	December 2024	

Appendix B Activity data

GP Practice	List Size (2021/22)	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	AVG no. bleeds
Balmoral Surgery	12156	589	518	528	592	570	651	641	626	531	697	594.3
St Richard's Road Surgery	10229	440	705	660	519	736	575	659	753	814	509	637
The Cedars Surgery	10794	782	497	568	731	614	637	685	781	738	722	675.5
Manor Road Surgery/New Golf Road Surgery	2397	65	110	104	120	179	162	145	165	155	178	138.3
TOTAL	35576	**1876**	**1830**	**1860**	**1962**	**2099**	**2025**	**2130**	**2325**	**2238**	**2106**	**2045.1**

GP Practice	List Size (2021/22)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	AVG no. bleeds	% Growth
Balmoral Surgery	12156	907	665	825	737	536	620	704	650	677	605	692.6	**17%**
St Richard's Road Surgery	10229	802	643	784	836	779	852	784	670	874	580	760.4	**19%**
The Cedars Surgery	10794	790	674	915	843	750	927	779	779	830	747	803.4	**19%**
Manor Road Surgery/New Golf Road Surgery	2397	158	154	207	183	144	196	208	191	202	139	178.2	**29%**
TOTAL	35576	**2657**	**2136**	**2731**	**2599**	**2209**	**2595**	**2475**	**2290**	**2583**	**2071**	**2434.6**	**19%**

1. The table shows the number of blood tests completed between November 2021 and August 2022 and November 2023 to August 2024. The months selected are identical to account for seasonal trends in phlebotomy activity.
2. The period of November 2021 to August 2022 is representative of the period post cessation of the Phlebotomy Service at Victoria Hospital, Deal (service ended 31 October 2021). The period of November 2023 to August 2024 is representative of general practice continually increasing capacity to meet demand for blood tests two years after the cessation of the Phlebotomy Service at Victoria Hospital, Deal.
3. The average number of blood tests completed per month by the four Deal practices is as follows:
    - 2045 blood tests (Nov 21 to Aug 22)
    - 2435 blood tests (Nov 23 to Aug 24)
    - This is an average monthly increase of 399 blood tests. A total increase of additional 3895 over the 10-month period (extrapolated to a 12m period: 4674) and represents 19% growth in the number of blood tests being delivered locally.

Appendix C - Comparison table between historic and new phlebotomy arrangements

• Indicators	• Victoria Hospital, Deal	• General Practices in Deal
• **Operational hours of service**	• Monday to Friday, 07:30 to 13:00. • A total of 25 hours per week.	• Monday to Friday, AM and PM with hours ranging from 12.5 to 32.5 hours per week. • Collectively the four practices deliver 83.5 hours of blood tests per week. • All hours are subject to change based on demand and capacity. Workforce is undertaken in line with +/- activity growth.
• **Accessing appointments**	• Patients were able to book blood tests via the telephone Monday to Friday, 08:00 to 16:00.	• Patients can book a blood test via the telephone or, in three practices, via an electronic booking service. The 4th practice has expressed an interest in developing an electronic booking service.
• **Workforce**	• The KCHFT workforce consisted of a 0.67 whole time equivalent (WTE) at Agenda for Change Band 2.	• The workforce consists of phlebotomists, practice nurses and, on occasion, General Practitioners who all take blood samples. Due to the varied nature of clinical activity a WTE count cannot be quantified but far exceeds 0.67.

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Item: Provision of GP services

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 28 January 2025

Subject: Provision of GP services

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

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1) Introduction

a) GP services are commissioned by NHS Kent and Medway (the Integrated Care Board). HOSC has scrutinised provision several times in recent years, looking at areas including the use of technology in service provision and access, the availability of appointments, estates, and attracting and retaining staff.

b) At the Committee's update in July 2023, the General Practice Development Plan and Primary Care Strategy were discussed, which included key areas for development and delivery. There were specific goals set out in the report. Views of GPs were provided by a member of the Local Medical Committee.

c) NHS Kent and Medway have been invited to attend the meeting and provide an update on the provision of GP services across the county.

2) Recommendation

a) RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2022) *'Health Overview and Scrutiny Committee (2/03/22)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8762&Ver=4

Kent County Council (2023) *'Health Overview and Scrutiny Committee (19/01/23)'*, https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=9054&Ver=4

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Kent HOSC GP Services Briefing Report

Within Kent and Medway, we have highly valuable primary care services that provide high-quality, safe care, but these services remain under significant pressure as they respond to increasingly complex patient demand, a growing population and significant workforce challenges. Primary care is evolving to be able to deliver modern, sustainable, high-quality services to ensure primary care transformation is fit for purpose in the evolving landscape of our integrated care system (ICS).

This paper outlines the current general practice landscape along with the initiatives taking place enhance and develop our primary care services in Kent and Medway.

General practice services

The Integrated Care Board (ICB) commission primary care medical services (GP providers) under the fully delegated commissioning arrangements from NHS England (NHSE).

There are 177 GP practices in Kent and Medway who deliver core services under their general medical services (GMS) contract and from which the ICB also commission a set of enhanced services designed to address variation in service delivery, improve patient outcomes and experience, access, and quality, and making better use of existing resources.

As of January 2025, 79% of GP providers in Kent and Medway are rated by the CQC as good or outstanding.

Care Quality Commission (CQC) rating	Number of GP practices
Outstanding	8
Good	132
Requires Improvement	16
Unrated (awaiting inspection)	21

Primary care networks (PCNs)

PCNs enable GP practices to work together in practice population groups of circa 30,000 to 50,000 to support the delivery and sustainability of primary care services and, where appropriate, enable the delivery of enhanced services. There are 43 PCNs across Kent and Medway.

Dartford Gravesham & Swanley Health & Care Partnership	West Kent Health & Care Partnership	Medway & Swale Health & Care Partnership	East Kent Health & Care Partnership
Dartford Central	ABC	Aspire Health	Ashford Medical Partnership
Dartford MODEL	Athena	Gillingham South	Ashford Rural
Garden City	Maidstone Central	Medway Central	Canterbury North
Gravesend Alliance	Malling	Medway Peninsula	Canterbury South
Gravesend Central	Sevenoaks	Medway Rainham	CARE Kent
LMN	The Ridge	Medway South	Deal & Sandwich
Swanley & Rural	Tonbridge	Medway Valley	Dover Town
Old Road West Surgery – orphan	Tunbridge Wells	MPA	Folkestone, Hythe & Rural
Parrock Street Surgery - orphan	Weald	Sheppey	Herne Bay
	The Mote Medical Practice - orphan	Sittingbourne	Margate & Mocketts Wood
	Wallis Avenue Surgery - orphan	Strood	Mid Kent
			Ramsgate
			Total Health Excellence East
			The Marsh
			Total Health Excellence West
			Whitstable

GP appointments

The figures, released by NHS England, show that around two-thirds of GP appointments in Kent and Medway are face-to-face or home visits.

From 1st December 2023 until 30th November 2024, we can see that over 11million appointments were delivered by Kent and Medway practices. When compared to the same period in 2022-2023, there has been an increase in over 255,000 appointments over the year and when compared to the same period in 2021-2022 this is an increase of over 938,000 appointments for the same corresponding period. We can clearly see that demand and corresponding provision of appointments is continuing to grow year on year.

Workforce

NHS England reported data shows that at November 2024 there are 4,802 FTE staff directly employed in general practice, this is an increase of 240 FTE from November 2023 when there were 4,562 FTE.

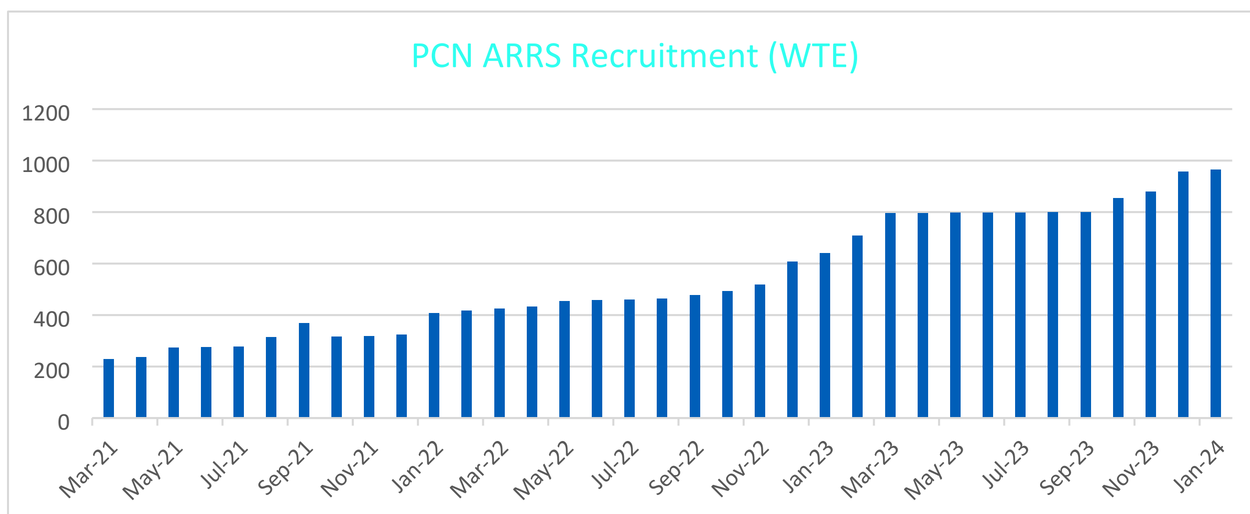
This is comprised of:

- 946 FTE GPs, this is an increase of 7 FTE from November 2023 when there were 939 FTE
- 560 FTE nurses, this is an increase of 32 FTE from November 2023 when there were 528 FTE

- 686 FTE direct patient care staff (i.e. Dispensers, Health Care Assistants, Phlebotomists, Pharmacists, Physiotherapists, Podiatrists, Therapists), this is an increase of 57 FTE from November 2023 when there were 629 FTE
- 2,610 FTE non-clinical staff, this is an increase of 144 FTE from November 2023 when there were 2,466 FTE

Additional roles reimbursement scheme (ARRS) staff

In addition to staff recruited directly by general practice, primary care networks (PCNs) through the ARRS scheme can claim reimbursement for the salaries (and some on costs) of additional roles (such as clinical pharmacists, physiotherapists, paramedics, podiatrists, nursing associates, general practice assistants, digital and transformation leads) to meet the needs of the local population. In expanding general practice capacity, the scheme improves access for patients, supports the delivery of new services and widens the range of offers available in primary care. PCNs in Kent and Medway have appointed 1,031 whole time equivalent (wte) additional roles under the Additional Roles Reimbursement Scheme (ARRS) at December 2024, an increase of 66 wte since January 2024



Workforce development initiatives

The Primary Care Training Hub and workforce team are supporting general practice in several key areas, such as:

- New to Practice Programme continues with successful recruitment of over 90 GPs and Nurses for 24/25.
- HR mentoring support and recruitment resources available to all practices.
- Individual practice workforce planning support that is aligned to population health needs. Once completed, analysis of the themes and trends will be undertaken and mapped to population health needs

- **Expanding placement capacity:**

- Development of Primary Care Network (PCN) educators and educational supervisors
- 100% of Kent & Medway PCNs to be approved as quality assured level clinical learning environments at PCN level which will support our multi-professional placement expansion of our future workforce

- **Retention:**
  - 47 trained, and 35 active multiprofessional mentors providing support to the primary care workforce.
  - Mid-career GP support in liaison with Kent Local Medical Committee (LMC) continues to be funded to support GPs considering portfolio working to enable them to stay within primary care
  - 120 trained mental health first aiders across all practices.
  - Launch of standard primary care induction programme in collaboration with Kent LMC and the GP staff training team to enable new staff to transition into Kent and Medway practices as an effective onboarding process supports both recruitment and retention of staff.

- **Development of Educational infrastructure to support expansion of placements:**
  - 93 Clinical Supervisors, 160 Educational Supervisors (with 89 Practices supporting GP trainees), 204 Nurse Assessors and 90 Supervisors. This is a continued focus of growth with all New to Practice colleagues required to undertake an educator training programme at the end of the 2-year programme
  - 38 of our PCNs have at least 1 GP Training Practice within the locality with 32 PCNs providing Kent and Medway medical school (KMMS) placements currently.
  - 100% of our PCNs have educational leadership teams in place.

- **Continuing professional development of staff:**
  - Training and development support offers are aligned to emerging Integrated Neighbourhood Teams (INTs) and new models of care across all Health and Care Partnerships.
  - Continued development of career pathways support tool for multi-professional staff - with 100% of PCN based Continuous Personal Development (CPD) funds coordinated at place.
  - A focus on community upskilling of primary care teams to support the strategic direction of travel for out of hospital care.

Primary Care access recovery plan

In May 2023 NHS England (NHSE) published a 2-year delivery plan for recovering access to primary care.

At the end of Year 1 NHSE set out refreshed 24/25 ambitions:

1. **Empowering patients**

To continue to break down the barriers patients face and make it easier for patients to access care, while taking pressure off general practice.

2. **Implementing Modern General Practice Access**

To support practices to make full use of digital telephony capabilities, including callback functionality and ensuring that practices meet Capacity and Access Improvement Payment (CAIP) criteria.

To share insight into the data on the number of calls to 111 in core hours with Primary Care Network (PCN) clinical directors, to support quality improvement, to inform improvement plans for better managing demand and patient navigation and flow.

3. **Building capacity**.

The NHS needs more GPs. The NHS Long Term Workforce Plan (LTWP), pledges to increase the number of GP training places by 50% to 6,000 by 2031/32.

NHSE commits to taking another step towards meeting that ambition and, through the LTWP, will focus on growing GP specialty training by 500 places in 2025/26, timed so that more of these newly qualifying doctors can train in primary care.

4. Cutting Bureaucracy

To support GPs and their teams to spend more time treating patients and less time managing paperwork the interventions numbered below support in 24/25 with realising that ambition.

1. A change to the GP contract suspended and income protected 32 out of the 76 Quality and Outcomes Framework (QOF) indicators.
2. A new online patient registration service was expanded to all practices by 31 December 2024 saving time for patients and practices.
3. Improving the primary-secondary interface is a key focus in 2024/25 looking for significant progress on implementation, recognising the benefits for patients and staff including in general practice.

Where are we now

1. Empowering Patients

1.1 NHS App usage

100% of practices have made the NHS App available to their patients.

54.5% of eligible patients in Kent and Medway have now completed the higher-level registration process required to use all the features of the app, which include access to their prospective medical record.

The data shows that the percentage of patients using the app slowly but steadily increasing in almost all the practices in Kent and Medway over 2024.

The NHS App Utilisation Optimisation project has supported practices to promote NHS app use among their patients via a regular newsletter containing helpful resources emailed to all the practice managers in Kent and Medway and the PCN Clinical Directors. The mailing list has recently been expanded to include PCN pharmacists who have requested the information.

The ICB communications teams recently undertook an online survey of Kent and Medway patients' knowledge and views of the NHS App. Some 1563 people took the survey. The key findings of the survey are:

Most people want the app to:

- work better and not have problems like signing in
- let them book GP and hospital appointments easily.
- show all their medical records, including hospital and test results.
- let them send messages to their GP and ask questions.
- be clear on how their personal data is kept safe.
- be easier to understand and use, with more help for people who are not good with technology.

The NHS App project working group will use the results of the survey to guide its approach to promoting the NHS App. It is aware that the app is developing technology and that NHSE has a roadmap for improving many of the existing features e.g. proxy access and will be launching a refreshed campaign to promote the app and is also working to increase help for people to use the app e.g. via public libraries. These initiatives are expected to increase uptake in Kent and Medway as they are rolled-out.

1.2 Self-referral pathways

NHS England identified seven priority services where self-directed referrals routes should be available by for the following services:

1. Community Musculoskeletal Services
2. Audiology for older people including hearing aid provision.
3. Weight Management Services (Tier 2)
4. Community Podiatry
5. Wheelchair Services
6. Community Equipment Services
7. Falls services.

Whilst not all pathways are currently able to offer self-referral access it remains an important deliverable. Self-Referrals in those pathways where this is possible, however are

at a rate of 578.5 per 100,000 population, the highest rate of all South East region ICBs and compares therefore very favourably with the South East regional average rate of 323.9.

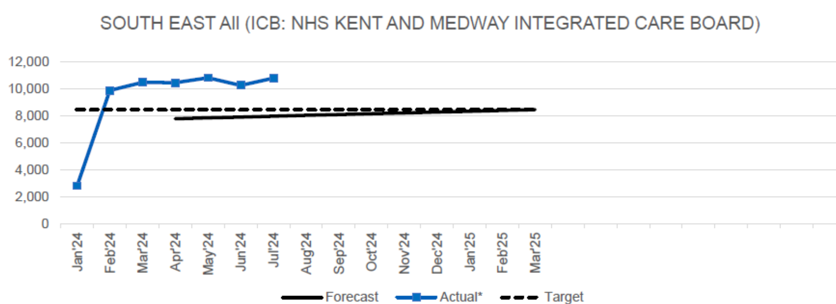
Total referrals as of July 2024 (latest data) exceed the ambition and target set as evidenced below standing at 10,777 against a target of 8450 for the year ending March 2025.

Current Position July 2024 (latest data)

Kent & Medway ICB

Baseline:	**7,718**	(Baseline average referrals January to March 2024) for all services
Target:	**8,450**	15k increase in mothly referrals distributed across the 7 regions
Monthly:	**61.0**	(Increase in self-referrals from baseline needed per month to achieve target by March 2025)

	Jan'24	Feb'24	Mar'24	Apr'24	May'24	Jun'24	Jul'24	Aug'24	Sep'24	Oct'24	Nov'24	Dec'24	Jan'25	Feb'25	Mar'25
	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2024	2025	2025	2025
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
Forecast	#N/A	#N/A	#N/A	7,779	7,840	7,901	7,962	8,023	8,084	8,145	8,206	8,267	8,328	8,389	8,450
Actual*	**2,826**	**9,861**	**10,468**	10,436	10,799	10,235	10,777	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
Target	8,450	8,450	8,450	8,450	8,450	8,450	8,450	8,450	8,450	8,450	8,450	8,450	8,450	8,450	8,450



Self-referrals to Community Health Services - ICB Comparison - All services

ICB	ICB Rate* per 100,000	Lower 95% CI	Upper 95% CI	Region rate* per 100,000	Difference to Region
SOUTH EAST					
NHS BUCKINGHAMSHIRE, OXFORDSHIRE AND BERKSHIRE WEST INTEGRATED CARE BOARD	292.7	284.4	301.1	323.9	-31.2
NHS FRIMLEY INTEGRATED CARE BOARD	265.4	253.2	278.0	323.9	-58.5
NHS HAMPSHIRE AND ISLE OF WIGHT INTEGRATED CARE BOARD	360.7	352.1	369.5	323.9	36.8
NHS KENT AND MEDWAY INTEGRATED CARE BOARD	578.5	567.6	589.6	323.9	254.6
NHS SURREY HEARTLANDS INTEGRATED CARE BOARD	167.3	159.7	175.1	323.9	-156.6
NHS SUSSEX INTEGRATED CARE BOARD	180.8	174.7	186.9	323.9	-143.1

1.3 Expansion of community pharmacy services

Pharmacy First Scheme

Pharmacy First launched nationally on 31 January 2024.

Pharmacy First is an advanced service building on the success of the Community Pharmacy Consultation Service (CPCS) which it replaces. There are a number of routes into the Pharmacy First service. Patients can walk in, be referred there by a practice, UTC or 111.

The ability for Urgent Treatment Centres (UTCs) to refer into Pharmacy First is a recent addition into the service specification (2024) and is therefore in its infancy within Kent & Medway. Darrent Valley Hospital (DVH) Urgent Treatment Centre is working with the ICB to mobilise a referral pathway into the community pharmacy as a small pilot over the Winter period. Following a review of the pilot it is hoped that the learning and experiences from DVH can develop drivers to onboard other Kent and Medway UTCs into the service.

97% of pharmacies in Kent & Medway are now signed up and since its launch on 31st January 2024 to the 30th September 2024, 107,458 referrals have been made total, with 43,409 of them being clinical consultations for the 7 conditions. 25 sessions have been held with GP practices including two coffee and questions sessions and face to face training to support practice staff with the referral and triage process.

- Bespoke training has and continues to be provided for both GP and community pharmacies.
- Activity updates and case studies are regularly circulated to showcase the benefits locally.
- Kent and Medway ICB and Kent Local Pharmaceutical Committee (LPC) have jointly attended PCN level meetings with GP practice staff and pharmacists to engage and support implementation.
- Joint partnership working through the Kent and Medway Pharmacy First Working Group chaired by Kent and Medway ICB shares information, addresses key issues, and develops forward plans.
- There are also weekly joint meetings between the ICB Primary Care team and Kent LPC to review all service provision and unblock challenges at pace.

In the Healthwatch Recognition Awards March 2024 Kent LPC received an award from Healthwatch Medway and Kent in the Collaboration category for the collaborative working between GP colleagues, Kent and Medway ICB and Community Pharmacies in improving primary care access for people living in our communities.

Blood Pressure Check Service

This service enables patients to access the below:

1. Opportunistic blood pressure checks for patients without diagnosed hypertension who are over 40 or have certain risk factors with the aim of identifying undiagnosed hypertension within the community (walk-ins)

2. Ad-hoc blood pressure checks for patients with diagnosed hypertension at the request of general practice (GP referral only)

In Kent & Medway, 92% of pharmacies are signed up to provide the service.

Referrals made April 24-Sept 24 =38,280

Contraception Service

This service enables patients to access the below:

1. Initiation of oral contraception

2. Continuation of oral contraception which was initiated by a sexual health clinic or GP surgery.

In Kent & Medway, 82% of pharmacies are signed up to provide the service.

Referrals made April 24-Sept 24 = 4,941

Priority areas of focus

- Focus on maximising the number of pharmacies providing the services across Kent & Medway to ensure equity of service provision whilst being assured that pharmacies signing up are providing the service in a timely fashion adhering to the standards within the service specification.
- Focus on maximising the number of patients seen within community pharmacy within these clinical services which will be a combination of referrals from other parts of the healthcare system, and empowering patients to understand how these services can be accessed first where possible within the commissioned arrangements.
- To raise awareness of the service and eligibility criteria in general practice in order to support an increase in signposting, whilst exploring opportunities for integrated digital referral solution similar to Pharmacy First.
- Developing suite of communications, social media posts and posters to improve knowledge of the service and encourage wider use.

To increase pharmacy sign up to provide the contraception service it is felt that further training would be of benefit. It would be used to provide pharmacists with more knowledge around contraception options and good patient interactions. This will allow pharmacists to feel more confident when providing the service. It will also allow pharmacists to potentially use contraception consultations to provide a more rounded sexual health discussion. The LPC has organised a contraception workshop in February 2025 to aid pharmacist knowledge and the ICB team will be in attendance to support and better understand how we can improve the service provision with those who deliver.

- Expand and scale the UTC referral pathway model.

- Targeting areas of high cardiovascular disease (CVD) prevalence and working to develop GP and Community Pharmacy relationships to encourage use of services to support improved uptake.

2. Modern General Practice Access

2.1 Cloud Telephony

Aim	Goal	Status
To have cloud-based telephony	100%	100%
To have call queuing functionality	>90%	100%
To have call back functionality	>90%	69.57%

Call Back functionality – to continue to work with practices to increase to 90%.

2.2 Practice Websites

An ambition of the *Delivery Plan for Recovering Access to Primary Care* is to enhance patient journeys on GP websites to ensure that all patients that require care can access Primary Care services online and to ensure patients with lower digital confidence and lower literacy or confidence in English are able to fully access services equitably.

The NHS England audit completed in February 2024 and since then the primary care team has worked closely with the Digital Team, the NHSE Southeast Regional Team, the NHS South Central and West Commissioning Support Unit (SCW), Kent Local Medical Committee (LMC) and GP Website Suppliers, to interpret and share the results.

Practices have been supported with a catalogue of resources enabling easier understanding of their individual audits but more importantly, the most appropriate way to make the required changes. This includes recommendations from the SCW audits, prerecorded supplier 'hints and tips' sessions, along with pre-written standard content.

2.3 Modern General Practice Access Model and Transition Cover and Transformation Support funding (TCTS)

To support practices moving to the Modern General Practice Access Model, NHSE made funding available throughout 2023/24 and 2024/25. This was launched on 5 October 2023 and re-launched in March 2024 to ensure that the 23/24 funding allocation was invested.

Since the start of the Recovering Access in primary care plan in April 2023 129 practices have undertaken the Support Level Framework, a framework to support the practice in identifying its improvement priorities and the start of the journey towards developing the plans to transition to the Modern General Practice Access model. These sessions are delivered by the Kent and Medway Primary Care team as part of the "Local Support Offer" NHSE stipulates ICBs are to offer.

Each of the practices with a Memorandum of Understanding (MOU) to transition to Modern General Practice is a key priority for the primary care team members. These team members

will work to support every practice through transition either via the national General Practice Improvement Programme (GPIP), the local General Practice Support and Improvement Programme, with a Peer Ambassador or more remotely where the practice is confident it can develop and deliver its plan.

9 Peer Ambassadors have been recruited in 2024 to work more intensively with practices to support the transition and improve access. This initiative is part of the development of a national Peer Ambassador and is flourishing with scope for further development to ensure that the success, learnings, and benefits can be continued beyond April 2025.

2.5 Capacity & Access Plans

In 2023/24 30% of the retargeted Investment and Impact Fund incentive was awarded by ICBs to PCNs conditional on PCNs achieving agreed improvement in access, data quality and experience. All PCNs developed and received ICB sign off of their Capacity and Access Improvement Plans designed to deliver improvements in each of the three areas identified above.

41 PCNs were successful in evidencing improvement across all three focused areas of patient experience of contact, ease of access and demand management and accuracy of recording in appointment books.

For 2024/2025 30% of the retargeted Investment and Impact Fund was again available through the ICB to PCNs on declaration in 1,2 or 3 focussed areas:

1. Better Digital Telephony – sign the Cloud Based Telephony Data Protection Notice and use the telephony data to support demand and capacity planning

2. Simpler Online Requests – online consultation tools open during core hours and sign the Online Consultation Data Protection Notice to share data with NHSE

3. Faster Care Navigation, Assessment and Response

Each PCN Clinical Director is to provide assurance via a declaration on any or all of these elements before 31/3/2025 to achieve funding. The declarations can be made at any point in the year and payment becomes due from that date.

3. Capacity

3.1 Additional Roles Reimbursement Scheme

The Additional Roles Reimbursement Scheme (ARRS) scheme has been expanded allowing primary care networks (PCNs) to claim reimbursement for the salaries (and some on costs) of 24 specified roles and a more flexible non-doctor/non-nurse patient facing role within the multidisciplinary team to meet the needs of the local population. The September 2024 Network Contract DES revision now includes a new ringfenced ARRS budget for newly qualified General Practitioners to be reimbursed from October 2024. The funding elements have also been increased and backdate to 1 April 2024 to reflect government’s agreement to fund the Review Body on Doctors’ and Dentists’ Remuneration (DDRB) pay recommendations for GPs.

3.2 Across Kent and Medway the Workforce, Primary Care, and Training Hub Teams, and GP Federations have worked closely with PCNs to support them to use their full ARRS budget.

4. Reducing Bureaucracy

Changes to the GP contract 2024/5 **Registering with a GP**

NHS England has co-developed a new registration solution with patients and practices to make registering with a GP easier, simpler, and standardised.

The Register with a GP surgery service is a free digital and paper registration service from NHS England. It allows patients to choose to register in person or online at a time that is convenient to them.

It simplifies online registrations and healthcare workers are able to take patient registrations online quickly and easily.

Key points

- allows new patients to register online.
- checks they live within the GP practice catchment area.
- matches them to their NHS number, with around a 90% success rate.
- sends the registration details to the GP, by email, in a standard format.

89.56% of Kent and Medway practices are now enrolled comparing favourably with SE region average of 73.8%.

Improving the Primary-Secondary Care Interface

In 2023 Kent and Medway ICB set up a Provider Interface workstream and group comprising representation from each of the Secondary Care Trusts, the Local Medical Committee (LMC) and Primary Care. Further to that there is now in place a principles consensus document signed by the trusts, the LMC and the ICB in July 2024.

This supports the collaborative approach needed to meet the NHSE requirements to report on the areas below.

1. **Onward referrals**: if a patient has been referred into secondary care and they need another referral, for an immediate or a related need, the secondary care provider should make this for them, rather than sending them back to general practice which causes a further delay before being referred again. This improves patient care, saves time and was the most common request heard from general practices about bureaucracy.

2. **Complete care** (i. fit notes and ii. discharge letters): trusts should ensure that on discharge or after an outpatient appointment, patients receive everything they need, rather than – as too often happens now – leaving patients to return prematurely to their practice, which often does not know what they need. Therefore, where patients need them, fit notes should be issued which include any appropriate information on adjustments that could support and enable returns to employment following this period, avoiding unnecessary return appointments to general practice. Discharge

letters should highlight clear actions for general practice (including prescribing medications required). Also, by 30 November 2023, providers of NHS-funded secondary care services should have implemented the capability to issue a fit note electronically. From December this means hospital staff will more easily be able to issue patients with a fit note by text or email alongside other discharge papers, further preventing unnecessary return appointments.

3. **Call and recall**: for patients under their care, NHS trusts should establish their own call/recall systems for patients for follow-up tests or appointments. This means that patients will have a clear route to contact secondary care and will no longer have to ask their practice to follow up on their behalf, which can often be frustrating when practices also do not know how to get the information (probably include managing contact with patients on waiting lists in this one).

4. **Clear points of contact**: ICBs should ensure providers establish single routes for general practice and secondary care teams to communicate rapidly: e.g., single outpatient department email for GP practices or primary care liaison officers in secondary care. Currently practices cannot always get prompt answers to issues with requests, such as advice and guidance or referrals, which results in patients receiving delayed care.

NHSE has provided ICBs with a self-assessment tool for each trust to complete to assess its position in each area of work using a scoring system from level 0 to level 2. As there are 5 areas the maximum score is 10 when a trust reaches an optimal primary secondary care interface way of working.

Based on the responses provided we can see how well each of the areas have been embedded across Kent and Medway, in the table below.

Self-Assessment Area	% Coverage
Onward Referrals	87.5%
Complete Care - Fit Notes	12.5%
Complete Care -discharge summaries	50%
Call and Recall	50%
Clear Points of Contact	75%

For onward referrals, it is positive to note that progress has been made across most acute trusts to ensure that onward referral is made for a related (non-urgent) condition for which a patient has been originally referred is dealt with by the trust rather than referring back to the GP.

This report however shows quite a significant challenge around fit notes, which is predominantly linked to not have an electronic method for issuing these and does require investment in the digital technology to achieve this improvement.

There is ongoing work to improve the quality of discharge summaries, to ensure standard formats and improved call and recall processes. This may be supported through digital dictation and AI solutions.

Most trusts now have clear points of contact and named leads for resolving issues and improving the interface with primary care, the ICB are working with trusts where this is not in place.

Moving forward – Primary Care Strategy

NHS Kent and Medway launched its new five-year primary care strategy to professionals last week which focuses on access, proactive care, and prevention.

Following a large engagement exercise last year, the strategy has been developed to meet the changing demands and landscape of primary care. It recognises change is needed to cope with population growth, demand outstripping supply, disease prevalence, an aging population as well as the public's preference for rapid access.

The strategy outlines the five-year vision.

- People using primary care will experience a consistent service.
- Multidisciplinary teams will have the time and space to serve patients well, responding to what matters most to them.
- Primary care services will be local, well organised, and comprehensive.
- People will be able to access care when they need it through face-to-face or online consultations, with easy access to self-care advice.
- Primary care workforce will have access to training and development, with the emphasis on a healthy, positive primary care workforce.
- Patients with a long-term condition will have an individual care plan based on their health needs.

The strategy looks at the broader primary care workforce, the estates across Kent and Medway and how digital can all be improved to provide a better service. There are also plans to look at how primary care can support prevention and help their patients keep well, and at how schemes like Pharmacy First can benefit people and how dental and optometry is provided in the future.

In support of this, the ICB plans to continue to develop an MDT workforce, aligned to integrated neighbourhood teams (INTs), with education, training, recruitment, retention, and continuous improvement opportunities centred around upskilling the workforce in areas including digital skills, workforce planning, and quality improvement.

The first areas of focus for these proactive plans are Ashford, Ebbsfleet, Maidstone, Medway, Swale and Thanet. These areas have the greatest need based on a combination of population growth from housing developments but also deprivation, workforce issues and patient access challenges.

Item: Work Programme 2025

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 28 January 2025

Subject: Work Programme 2025

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

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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 and the NHS.

b) HOSC is responsible for setting its own work programme, giving due regard to the requests of commissioners and providers of health services, as well as the referral of issues by Healthwatch 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

The Health Overview and Scrutiny Committee is asked to consider and note the work programme.

Background Documents

None

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Work Programme - Health Overview and Scrutiny Committee

1. Items scheduled for upcoming meetings

12 March 2025		
Item	**Item background**	**Substantial Variation?**
Review of Community Bed model	To understand more about the modelling being undertaken by the ICB.	TBC
Kent and Medway Prosthetics service	To receive information about the future provider and location of the service.	TBC
Urgent Treatment Centre strategy	To receive information about the new Strategy.	TBC
ICU workforce and mental wellbeing	A Member request – to consider the impact of Covid-19 on the wellbeing of staff working in an ICU during the height of the pandemic.	-
Transforming mental health services in Kent and Medway	To receive information about the various workstreams under this strategy.	TBC
Adult Autism and ADHD pathway development and re-procurement 2025/26	To receive an update following the conclusion of the public engagement.	No
Podiatry Services	To receive an update on the service following its relocation.	No
Thanet Integrated Care Hub	To receive an update on progress as well as outcomes from the engagement work.	Yes

4 June 2025		
Item	**Item background**	**Substantial Variation?**
Ophthalmology Services (Dartford, Gravesham, Swanley)	To receive updates about the long term provision of the service.	No
Review of winter planning 2024/25	To scrutinise the effectiveness of 2024/25 winter pressures planning	-
Carr-Hill funding formula	To receive information about the funding of primary care services	-

2. Items yet to be scheduled

Item	Item Background	Substantial Variation?
Maidstone and Tunbridge Wells NHS Trust – outcome of review into serious incident	The Committee would like to understand what lessons have been learnt following the review into a child death at Tunbridge Wells Hospital.	-
Maidstone and Tunbridge Wells NHS Trust – clinical strategy	To receive updates about the strategy and its workstreams when appropriate.	TBC
Maidstone and Tunbridge Wells NHS Trust – Fordcombe Hospital	Members requested to receive an update on the success of the purchase of the private hospital one year after opening.	-
Mental Health Transformation - Places of Safety	The committee has requested an update once the unit has been operational for a meaningful period of time.	-
SECAmb volunteer strategy	Members requested to see the Strategy once ready.	-
Social prescribing	A Member request to understand the use of social prescribing in the primary care sector.	-
GP attraction offer in Thanet, Swale and Medway	To receive an update on the success of the pilot project.	-

3. Items that have been declared a substantial variation of service and are under consideration by a joint committee

No proposals are currently under scrutiny by the Kent and Medway Joint HOSC.