

KENT COUNTY COUNCIL
Sessions House
County Hall
Maidstone
Kent
ME14 1XQ



Health Overview and Scrutiny Committee

Assessment of whether or not a proposal for the development of the Health Service or a variation in the provision of the Health Service in Kent is substantial

1. A brief outline of the proposal with reasons for the change

Prosthetic Limb Service (Kent, Medway and southeast London)

Commissioning Body and contact details:

Amputee Rehabilitation and Prosthetics Services for People of All Ages with Limb Loss and Limb Difference is classified as a specialised service – the responsibility for commissioning these services sat with NHSE until 1 April 2025 when the responsibility was delegated to Integrated Care Boards in line with Section 65Z5 of the 2006 NHS Act (as amended by the Health & Care Act 2022).

The NHS England (NHSE) South East Regional Specialised Commissioning team continues to manage the commissioning of the service on behalf of NHS Kent and Medway

Contact details:

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Current/prospective Provider(s):

Current Provider: Kent and Medway Mental Health NHS Trust (KMMH)
Incoming Provider: Hugh Steeper Limited (Steeper)

Outline of proposal with reasons:

In 2023 KMMH served notice NHSE on its Prosthetic Limb service. As a result of a competitive procurement process was conducted by NHSE in accordance

with the Health Care Services (Provider Selection Regime) Regulations 2023. The contract was awarded to Steeper for a period of five years with an option to extend for four years.

The current service is provided from a building at Medway Maritime Hospital which KMMH leases from Medway NHS Foundation Trust. The building requires significant upgrading and no longer fit for purpose. It was identified as part of the provider selection process that a new site would future-proof the service in terms of service provision and the estate.

The change of location of the service is the reason for completion of this assessment. The proposed new site is in Maidstone and so remains within the NHS Kent and Medway ICB geography. The service has under 1,100 registered patients from across, Kent, and southeast London, with 20% of all patients from Medway. This site move improves access for patients from Kent (which is approximately 73% of all patients who use the service), while maintaining the provision for patients from Medway.

As there is no change to the service specification, most of the staff are expected to TUPE over to the new building.

- 2. Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

3. Alignment with the Kent and Medway Integrated Care Strategy

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Kent's ICS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services.

This is not a proposed service reconfiguration; this is the re-procurement of an existing service against a nationally defined service specification.

The notice given by the current provider and need to find a sustainable premises solution for the incoming provider have mandated action, there is not an option to do nothing.

The change will be to the location of service delivery. We have taken the opportunity during the procurement process to ask bidders questions to understand how they will:

- Deliver the service to the population served to meet the service aims, objectives and outcomes, including specific plans for children and young people and veterans
- Develop and maintain strategic local and community partnerships
- Ensure patient experience is a positive one and patients receive the right care in the right place at the right time
- Deliver added economic, social and environmental benefits to the local area/ local stakeholders (social value)

In awarding the contract NHSE was satisfied that the bid provided clear evidence of how the incoming provider intends to do this.

4. Please provide evidence that the proposal meets the Government's five tests for service charge:

Test 1 - Strong public and patient engagement

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Kent Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

- i. To inform the local requirements within the provider selection process, the Specialised Commissioning team engaged directly with patients, carers and staff employed in the current service. This was done before the provider selection process began, so engagement has been built into the entire process since the start. We also provided an informal update directly to the committee Chair in 2024, and a further written update in May 2025 to ensure the committee was kept aware of progress. Considering feedback provided during these conversations, it was clearly specified that the future estate would need to be within the Kent and Medway geography.
- ii. Stakeholders included: KMMH Prosthetics Service Patient group, NHS Kent and Medway, LimbPower, Limbless Association and Blesma (the three national charities which support individuals with limb loss and their carers).

We designed a robust engagement plan to understand what is important about a good prosthetics service, what is liked about the current service, and what change would be received well in a new service. We asked patients, carers,

staff, and stakeholders questions about what is important in a future location of a service. The NHSE Specialised Commissioning Team ran an online survey for all existing patients and carers. Recognising the demographic of this group, copies of the survey were printed and posted to **all** on the patient list, with **free-post return envelopes**, to encourage responses.

The survey ran for a six-week period from 13 September to 28 October 2024 and 277 responses were received by the deadline. Based on the size of the mailshot, the response rate was 25.6% which is positive.

- iii. We engaged with patients and carers directly via patient letters and accompanying surveys posted directly to all registered patients and took specific advice in regard to prosthetic services from the three national charities who support individuals, their families, and veterans. HealthWatch were not directly approached.
- iv. The insights generated from the engagement conducted, helped to specify the local requirements in the provider selection process and the full report has been shared with the incoming provider as a baseline for their future engagement and involvement activities.

Questions we asked included: focused on how patients travel to their appointments, what was important in a future service and what works well in the existing service they receive. So as not to worry patients, the accompanying patient letter made clear that the service would continue at the existing site, "until a new provider and location for the service were identified."

Key themes:

- Importance of ground floor location
- Good parking
- Patients want a quick turnaround on things like socks and sleeves
- Onsite repair service
- A combination of virtual and face to face appointments should be available
- Patients are contacted for annual review appointments
- Empathy from all staff
- Access to clinical, prosthetists, and physio staff in any single appointment
- Continuity of care, seeing the same healthcare professional, is preferred

When asked about what a good location and estate would look like, people specified themes such as:

- ample parking is important – both blue badge and non-blue badge
- Ideally somewhere central to Kent and Medway - people would like the service to be up to an hour's travel time
- would like a ground floor building
- the building needs to be large enough to accommodate a gym, workshop as well as the other clinical requirements

Staff survey and listening event

A separate anonymous survey was shared with staff to complete, and the Specialised Commissioning team attended a staff listening event, to ensure all

questions could be answered about the process as well as enable us to hear key questions, priorities, and concerns. There was good engagement via both processes, and some staff showed enthusiasm toward the new opportunities that a new provider would bring.

- v. We designed the patient survey with the help of the current provider as well as the three national charities to ensure that we were asking the right questions about what was important in terms of patient experience for those using the service.

The Specialised Commissioning team have used the insights from the patient, carer, staff and stakeholder engagement to write the local requirements of the service, develop the Invitation to Tender (ITT) questions as well as to help guide in effectively score bidders as part of the provider selection process, so the patient, carer, staff and stakeholder voice has been integral since the start.

The three charities who supported the engagement also were formally part of the evaluation panel in the provider selection process, ensuring that the patient voice was carried through.

The final engagement report has been shared with the future provider to support them with mobilisation. Blesma, one of the national charities who worked with the Specialised Commissioning team have commented that:

“Being invited to be part of the engagement process was encouraging as it showed a commitment to seeking views of patients (via charity representation). Having the opportunity to feed into this process has provided some confidence in the process and I hope that this engagement continues as the service develops”

Brian Chenier MBE MIHSCM, Representative from Blesma

Test 2 - Consistency with current and prospective need for patient choice

The change of service provider has no direct impact on patient choice as services are commissioned against the national service specification. The extract below from the national service specification below shows the illustrative pathways for accessing Amputee Rehabilitation and Prosthetics Services for People with Limb Loss and Limb Difference:

7.2 Pathways

Overall service user pathway

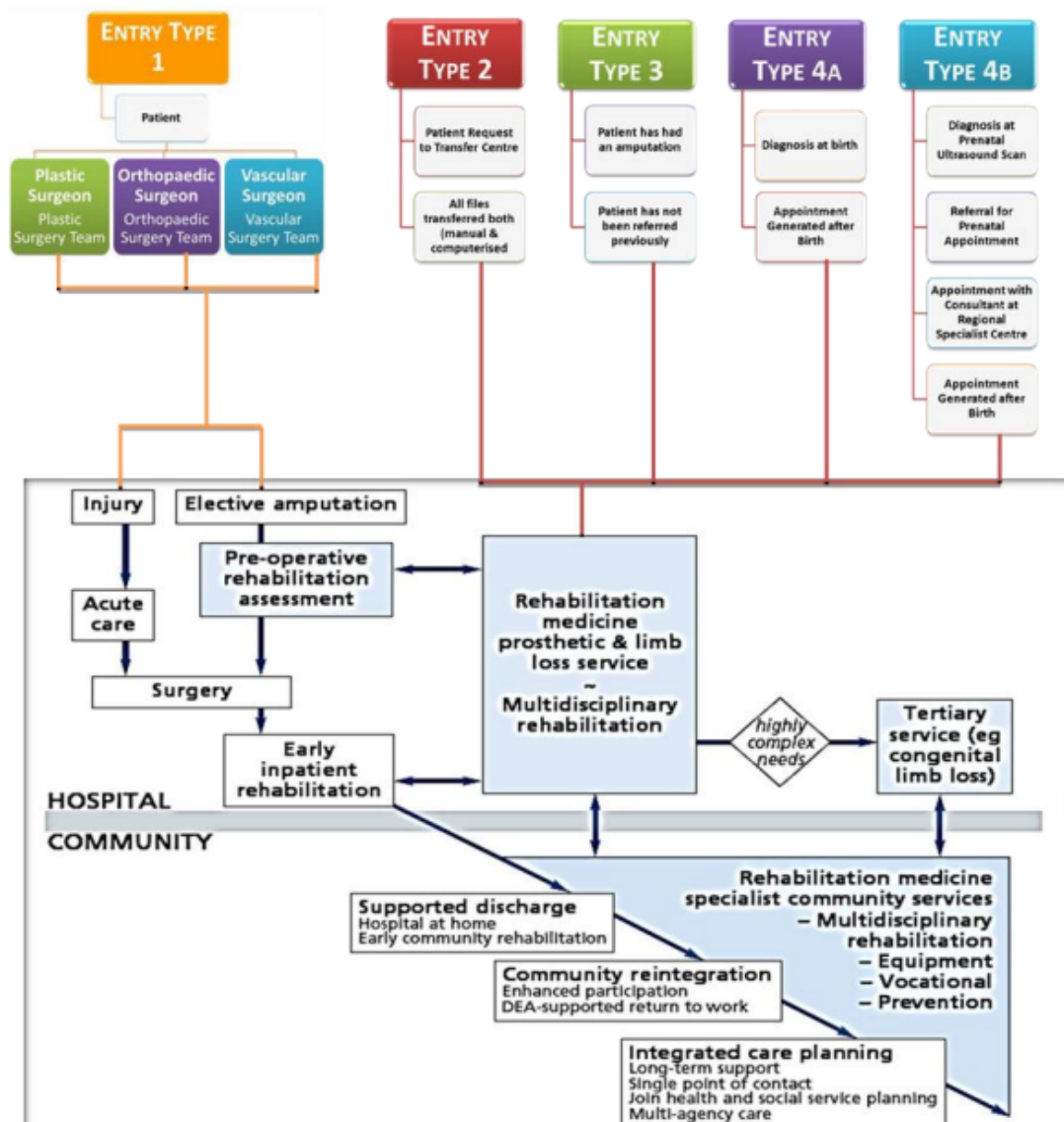


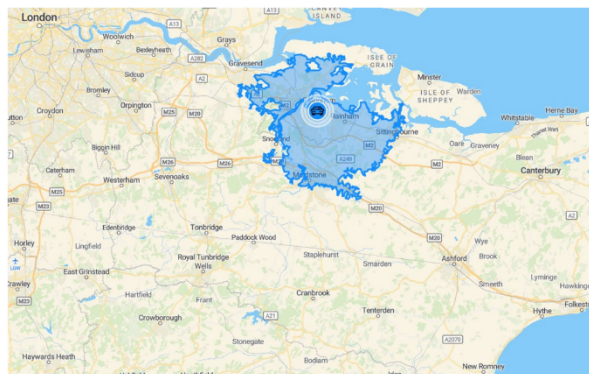
Fig 3.7 Clinical pathways for limb loss rehabilitation.

Test 3 - A clear clinical evidence base

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

- i. The change is expected to deliver the same or better clinical outcomes for patients. The incoming provider will be held to account for the delivery of the service against the same specification as the current provider. The location of service is not expected to adversely impact clinical outcomes.
- ii. The proposed site improves the access for Kent patients (73% of the patient population) while maintaining the provision for Medway patients (20% of the patient population).

ME7 5PA current location



ME14 2UU proposed future site



- iii. Most of the staff are expected TUPE to a new building, delivering a like for like service as there are no changes in eligibility criteria or range of interventions provided. The difference will be a change of location, and this was explored with patients, carers, and staff during the engagement process.

Patients and carers were more concerned about having the opportunity to maximize each appointment for example through quick workshop turnaround times.

The change is a change to location so no impact on priorities and targets

Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

The provider selection process has been led by the NHSE Specialised Commissioning Team. A multidisciplinary evaluation panel has assessed and determined that the selected provider can meet all requirements in respect of service delivery including patient safety.

Test 5 – Does the proposal include plans to significantly reduce hospital bed numbers? If so, please provide evidence that one of the following three conditions set by NHS England can be met:

- (i) Demonstrate that sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and / or
- (ii) Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- (iii) Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

Not applicable as there is no change to the national service specification, so no changes as above.

5. Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (i.e. changes to travel or times of the day)?

- a. There are just under 1,100 patients on the service list.
- b. No service is being withdrawn – the only change is the location.
- c. Just under 1100 patients are registered with the service. 73% of patients from Kent, 20% are from Medway and the remaining from other areas such as Southeast London. The scope of service available to patients will

remain the same. In 23/24, there were 177 new referrals and patients will continue to be able to access the service as previously – there will be no change.

- d. Patients and carers will experience a change in the way they access services because the location of the service will change. The proposed site improves the access for Kent patients (73% of the patient population) while maintaining the provision for Medway (20% of the patient population). Staff, patient, and carer views have been sought on what a good location and estate would look like. Their feedback has been shared with the incoming provider to inform the identification of potential locations. The incoming provider will continue to engage with patients, carers, and staff members throughout their mobilisation period, to best design the local service.

6. Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

- a) There is no change to the service specification therefore there is no expected change to the demand for the service resulting from the change of provider. This means there is also no change in eligibility criteria or range of interventions provided and the referral rate into the service remains stable over time.
- b) Patient flows and catchment areas will remain the same and the location of the service will continue to be within Kent and Medway ICB Geography.

7. Diversity Impact

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Kent?

Due to the nature of the service specification, there should be no difference in the service provided by a new potential provider. The patient and carer survey aimed to draw out challenges for patients and carers if the journey times increased due to a change in location, but patients showed an understanding of the need to travel to appointments. Feedback suggested it was most important to maximise the benefit of each visit and the possibility of phone or online appointments.

The provider has committed to continuing to engage with patients, carers, and staff as they mobilise the service to ensure that protected characteristics are considered throughout the work they do.

There are no changes in eligibility criteria or range of interventions provided.

8. Financial Sustainability

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example, the need to make efficiency savings)
- (c) Is there assurance that the proposal does not require unsustainable level of capital expenditure?
- (d) Will it be affordable in revenue terms?
- (e) What would be the impact of 'no change'?

- a. There is no change to the service specification therefore there is no expected change to the demand for the service resulting from the change of provider
- b. Not applicable – the need to procure the service and identify a new location is driven by the current provider serving notice
- c. The proposal does not require capital expenditure by the commissioner
- d. The contract award is within the financial envelope for the procurement therefore is considered affordable in revenue terms
- e. The current provider has served notice on the service. If no action to re-procure a service within Kent and Medway the service delivered by KMMH would cease and the patients within Kent and Medway would have to access services in London, Sussex or further afield.

9. Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

- a. The service is not being reconfigured
- b. Transport and access were important considerations when looking for a future estate, as were parking (both blue and non-blue badge)

10. Is there any other information you feel the Committee should consider?

11. Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny

As per the diagrams in section: Test 3 titled, *A clear clinical evidence base* above, the service has under 1,100 registered patients from across Kent, Medway, and southeast London. The proposed site improves the access for Kent patients (73% of the patient population) while maintaining the provision for Medway patients (20% of the patient population). Most of the staff are expected TUPE to a new building, delivering a like for like service as there are no changes in eligibility criteria or range of interventions provided.

As the change is from one location to another, within the Kent and Medway ICB geography, we do not consider this as substantial service change. However, recognising the importance of this specialised service, we have throughout, ensured that voices of the patients, carers, staff, and stakeholders were heard, and going forward, the new provider has made a commitment to continue the same.