Kent and Medway

NHS Kent and Medway and KMPT responses to the concerns and questions raised by Medway Council from the Joint Kent and Medway Health Overview and Scrutiny Committee held on the 13 February 2013

Question raised by Medway Council	Response
Access and Transport	
1,When will a final Transport Plan be in place with confirmed and definite arrangements dealing with transport links, costs, new signage, information and out of hours access?	The KMPT transport plan will deliver a range of initiatives to support service users, carers and families' access to and from hospital sites. The transport plan is complete and will be signed off at the Acute Service Line Programme Board on the 23rd April 2013. Progress on the delivery and milestones of the plan will be undertaken by the Transport Sub-Committee, which reports to the Programme Board that will monitor and oversee implementation. We have engaged with experts by experience to test out public transport options for people in Medway and Swale accessing Dartford, Maidstone and Canterbury. This information has aided the development of the transport plan. We have also conducted two snapshot audits of those visiting our inpatient facilities to gain an understanding who, when and by which mode of transport access our inpatient units. We are also in the process of conducting a questionnaire utilising the patient experience group seeking specific views from those visiting A Block, Medway; re the concerns they have and the types of support they would like to see if proposed changes occur. This information will be considered by the transport group and aid the further development and implementation of this plan.
2, Will the secure transport to be used for patients be an	We also work closely with the Police and Ambulance service in

ambulance equipped to the right standards?	emergencies, and with our PTS partners to support the safe transport of patients to and from hospital**.** The type of vehicle used for transporting a patient is based on a risk assessment taking into account all the patient's assessed needs. If a patient has a high level of physical health need they will be transported in a traditional ambulance supplied through our contract with the patient transport service. If someone had both a high level physical and mental health needs the decision would be made as to where care is best delivered transferring only when all parties agreed that it was in the individuals best interest. The secure transport will not be equipped as a traditional ambulance for physical health care but as a secure vehicle for someone presenting with a high level of risk to others in the context of their mental health care. The secure transport vehicle has been purchased to the required specification and is due to arrive in the KMP Trust by the end of March. This will be used predominately for inter ward transfers.
3, What help will there actually be for people in meeting the cost of travel to Little Brook Hospital from Medway?	This is being carefully considered by the Transport Sub-Committee. A preliminary budget of £10,000 has been set aside to support the extension of the voluntary transport scheme to Medway.
4, Bearing in mind the journey on foot is difficult in an unlit environment with no signage to Little Brook Hospital what are the plans to improve this situation?	A meeting is already planned between the site manger for Little Brook, senior KMPT staff David Tamsitt and Philippa MacDonald with Dartford council to highlight this situation and to agree a resolution. The noticeboards across the Little Brook site already have the information on travel with details of public transport. And the site manager has asked for quotes from spectrum signs to direct patients and visitors to bus stops.
5, What arrangements have been put in place for transporting people to A&E from Dartford speedily?	If it was an emergency then the response would be via 999 working with the ambulance trust or police as appropriate. We have close working

	relationships with both organisations and established protocols in place to facilitate smooth support for patients. A&E transport…..Non emergency transfers would receive a nursing escort to Darenth Valley Hospital using our contract taxi provider. We also have in place a protocol with the acute trusts to provide a consultant opinion at the mental health for physical conditions in circumstances where that would be appropriate.
Data quality/accuracy	
6, Is the method used to calculate future number of in-patient beds requirements robust? It seems that only four data points have been used to produce a linear trend in the redrawn figure 2 in Appendix 2. Projecting forward two years is not well supported by such a small number of past observations. Furthermore a linear model is not generally appropriate where projections suggest zero or negative number of beds in the near future.	An assessment of the demand for beds was in the paper considered by the PCT cluster Board in July and provided to the first JHOSC meeting. The method used to calculate the number of beds needed was covered in Appendix C of the July Board paper; and responses to questions raised by members of the public during the subsequent consultation process were set out in Appendix 2 of the February JHOSC and PCT cluster Board papers. The method was based on historical bed usage and described in a narrative form in Appendix C of the July Board paper. The PCT cluster has committed to undertaking both a sensitivity analysis of bed number estimates and modelling to estimate the likely impact of the services changes proposed in the Review, e.g. enhanced Crisis Resolution and Home Treatment staffing, acute inpatient beds consolidated on three sites, and improved integration of acute and community mental health services. Additionally, the PCT cluster is exploring what is happening in other parts of the country. Dr Pete Sudbury from the National Clinical Advisory Tea informed the February JHOSC meeting that most areas are moving to have fewer specialist units / Centres of Excellence.
7, It would seem more appropriate to use the full dataset available for the last six years. The NHS Kent and Medway paper refers on page 2 to the fact that successful alternatives	As explained in Appendix 2 of the paper presented to the JHOSC on 20.2.2013, the data set analysed was bed usage over four years available from recent service information when the Crisis Resolution and Home Treatment service was in place

to inpatient treatment have been established in the community since 2004 so it is hard to see why data from 2006/7 and 2007/8 cannot be used which would make the picture quite different.	and starting to show an effect on hospital stays. The data is being rechecked by the PCT cluster as part of the sensitivity analysis, and is we understand to be independently analysed by Medway Council.
8, The report recognises that inpatient beds will always be required for some mental health patients but it is important to try and provide an estimate of the size of this sub-group and therefore the required bed count to meet expected demand. How can the report authors be confident that the optimum bed count lower threshold has not already been reached especially as bed provision is already low with respect to the national benchmarking?	The PCT cluster is modelling the impact of the proposed services changes in order to address any uncertainty around the increased availability of beds. Public Health will work with Commissioning, Performance Intelligence and KMPT to quantify the changes described in the Review, seek input to ensure that all proposed changes have been included, and then create a model that describes how the change will affect bed availability across KMPT. Quantifying each element will also provide metrics for monitoring the implementation of the redesign and alerts if changes do not result in the expected efficiencies.
9, The reduction in beds was not entirely based on the trend analysis, but as the original paper says the actual proposed bed reduction was based on other factors also particularly the strengthening of other services to enable the bed reduction and therefore is considerably more conservative than the trend analysis alone would suggest. However if the trend analysis has weaknesses and the size of the possible bed reduction cannot be based on this, the case needs to be very clearly spelt out how the additional resourcing for Centres of Excellence and CRHT provision will provide sufficient resource to support the specific bed number reduction proposed.	The impact of service changes on bed requirements is being factored into the PCT cluster modelling work.
10, We are asking the Joint Committee to agree to seek a delay in any decision –making by the PCT Cluster Board until the outcome of the external independent validation commissioned by Medway is available.	A letter sent to JHOSC on 20.2.2013 by Felicity Cox explained the decision taken in principle by the cluster Board and is part of the papers being considered by the JHOSC.
Estates Strategy/acute bed provision in Medway	
11, How were decisions not to invest in acute in-patient	The JHOSC have had two previous briefings on the attempts to pursue an

provision in Medway reached in the context of the overall KMPT Estate Strategy and priorities over the last ten years?	alternative to A Block in Medway (included in these papers) and the stakeholders and public had a briefing providing them with the information at each public meeting. We have considered other site options over the years to find a local solution for Medway and in the main the reasons for ruling these out have been due to either lack of suitability re environment or due to viability. The business case for capital investment to provide inpatient services at a block was discussed at the first board meeting of the new trust (2007) –The cost did not include a significant financial contingency for the project which had the potential to add significant cost to the scheme. A number of surveys had taken place which had identified the need for all main utilities to be addressed together with a risk of 'floating foundations' which had the potential to generate significant additional cost in the reconstruction of the site. • The Strategic Health Authority had asked why as a tenant for the site KMPT was considering capital spend – the recommendation was that Medway Hospital should spend the capital. There were new rules about capital expenditure coming into play from the Department of Health and of course Medway was looking to become a Foundation Trust. • KMPT Board wanted to review and set out an Estate Strategy that was Kent and Medway wide and not simply adopt the strategies of the two former organisations. • The co-dependencies with Medway Trust who were at the time planning a new A and E were also fundamental concerns. As an organisation we are committed to improving quality and it is a key strategy to invest in premises that raise quality standards and provide better

	environments in inpatient units and community. There are plans to upgrade Canada House - the community base for Medway.
12, What are the plans for patients accommodated in Ruby Ward at "A" Block if the other two wards are to be closed?	KMPT are engaging with Commissioners (CCGs and the Commissioning Support Team) and partner organisations in Medway (Medway LA and MCT) to consider alternatives for a number of patient and rehabilitation services for older adults in Medway, which includes the possibility of co-location on the Medway Hospital site. The strategy is in the early stage of development and is being led by the Commissioning Team. KMPT are working with MCT to describe 'Intensive Dementia Care Solutions' and alternatives to hospital admissions. The outcomes from this strategic work is not dependent on the future provision of Adult Acute Services currently provided on A Block.
Quality and levels of staffing for the CRHT team in Medway	
13, What is being put in place to ensure there are sufficient numbers of qualified and experienced CRHT staff in Medway over and above Support Time Recovery Workers to deal with the complex nature of decisions and risk assessments needed on behalf of vulnerable clients and their families?	There is a multidisciplinary team in Medway both in acute services and in community recovery services, we will be enhancing that local provision to strengthen the service further. We have listened to users and carers and will be providing an enhanced role for STR workers that links with our commitment to recovery. The planned additional investment in CRHT in Medway will be the investment in STR workers. The majority of staff within the Medway Swale CRHT at present are experienced qualified staff, the decision to use the investment for STR workers was in response to frequent feed back from service users and carers that this level of practical and social support, as well as support for carers was what was missing within the current provision. This will give qualified nursing staff more time to support service users and carers to best effect. As part of the planning following the consultation outcome we are committed to review staffing requirements as a result of team changes and in particular

	the impact of Swale being located elsewhere.
14, What consideration has been given to staffing levels for escorted leave and the accessibility of the home area for periods of section 17 leave to support a phased return home?	If escorted leave is required then staffing to support this is obtained. Regarding Section 17 leave, each case is reviewed and arranged on an individual basis; depending on the individual's needs, care treatment plan and duration of leave. This may involve utilising the voluntary driver scheme, STR support, or possibly use of public transport. The individuals centred care plan will determine the type of support required. We are fully committed to achieving the best outcome and support to this leave is important.
15, What assurances do we have that the very important social care elements of care and support in mental health will be addressed in the new system?	Mental Health commissioners have long established partnership of working with fellow commissioners in social care. Operationally across Kent health and social care ,clinical commissioning groups and colleagues in social care and community services are establishing integrated work programmes to improve coordination and delivery of care and support to patients and carers. A Discharge coordinator role has been developed and piloted in east Kent, which will ensure links are made and maintained with various partners including social care and housing. This means Support around timely discharge will be provided as part of the acute pathway, utilising support from Support Time and Recovery workers to aid that transition. Also Care co- ordinators within the community team remain involved throughout an individual's time in acute care and will be part of the team that considers what care and support is required both as an inpatient and on discharge home. We will be working closely with our Medway Social Care colleagues to

	ensure that plans are agreed with colleagues, users and carers.
16,The Care Quality Commission recommend having access to psychological support at an inpatient unit. What plans are there to fill the vacant Psychologist post for Little Brook Hospital?	Interviews for this Band 7 post were held on the 5th March 2013 and a suitable applicant has been offered the position.
17, What verifiable progress has been made to improve patient experience of CRHT services in Medway since concerns were raised with KMPT by the Medway Health and Adult Social Care Overview and Scrutiny Committee last October?	KMPT have increased staffing at night to support access to out of hours support. Previously the Team had 2 staff at night, which meant that when a Section 136 assessment or A&E assessment came in no-one could receive an assessment at home. The staff rotas have been increased to 3 in order to support improved access, safety and responsiveness. A Senior SRT worker and two STRs have been recruited into the Crisis Team and they are now fully engaged in providing planned enhanced support to patients and their families. We have also agreed a CRHT survey, which will be rolled out imminently to ensure we can act on feedback from service users. The CRHT regularly meet with the Medway Carers Group and there has recently been positive feedback about the impact of the additional interventions the STR support has been able to make.