

Kent Health and Social Care Overview and Scrutiny Committee (HOSC)

10 OCTOBER 2014

PROPOSED DEVELOPMENT OF THE HEALTH SERVICE OR VARIATION IN PROVISION OF HEALTH SERVICE – CHANGES TO DERMATOLOGY SERVICES

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Summary

This report advises the Committee of a proposal under consideration by NHS West Kent CCG, NHS Swale CCG, and NHS Dartford Gravesham & Swanley CCG working in collaboration with NHS Medway CCG to reconfigure/recommission dermatology services. In the view of the CCGs, **this is not** a substantial service reconfiguration.

1. Budget and Policy Framework

- 1.1 Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Kent. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it,

and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.

2. Background

- 2.1 Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers ("responsible persons") to consult a local authority about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment. Where more than one local authority has to be consulted under these provisions those local authorities must convene a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Committee may comment.
- 2.2 The terms "substantial development" and "substantial variation" are not defined in the legislation. Guidance on health scrutiny published by the Department of Health in June 2014 suggests it may be helpful for local authority scrutiny bodies and responsible persons who may be subject to the duty to consult to develop joint protocols or memoranda of understanding about how the parties will reach a view as to whether or not a proposal constitutes a "substantial development" or "substantial variation".
- 2.3 In the previous protocol on health scrutiny agreed between Kent and NHS bodies a range of factors were listed to assist in assessing whether or not a proposed service reconfiguration is substantial. These are still relevant and are set out below
- *Changes in accessibility of the service. For example, both reductions and increases on a particular site or changes in opening times for a particular clinic. There should be discussion of any proposal which involves the withdrawal of in-patient, day patient or diagnostic facilities for one or more speciality from the same location.*
 - *Impact of the service on the wider community and other services, including economic impact, transport and regeneration.*
 - *Number of patients/service users affected. Changes may affect the whole population (such as changes to accident and emergency) or a small group (patients accessing a specialised service). If change affects a small group it may still be regarded as substantial, particularly if patients need to continue accessing that service for many years (for example, renal services). There should be an informed discussion about whether this is the case and which level of impact is considered substantial.*

- *Methods of service delivery e.g. moving a particular service into a community setting from an acute hospital setting.*

- 2.4 The enclosed outline proposal from North and West Kent CCG's (see attached Appendix A) was recently submitted to the Medway Health and Adult Social Care Overview and Scrutiny Committee and approved. It informs on factors listed in paragraph 2.3 above, assuring that the proposed change meets the Government's four tests for health service reconfigurations (as introduced in the NHS Operating Framework 2010-2011) and providing information the Committee may need to demonstrate it has considered in the event of a decision to exercise the right to report a contested service reconfiguration to the Secretary of State for Health.
- 2.5 The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in relation to the proposal. The circumstances in which a report to the Secretary of State is permitted are where the local authority is not satisfied that consultation on the proposed substantial health service development or variation has been adequate, or where the authority considers that the proposal would not be in the interests of the health service in its area.

3. Proposed service development or variation

NHS West Kent CCG, NHS Swale CCG, and NHS Dartford Gravesham & Swanley CCG are working in collaboration with NHS Medway CCG to redesign dermatology services for children and adults. Services will continue to be provided under the NHS standard contract offering choice of provision to all patients living within the CCGs areas. Our intention is to enable a larger proportion of the works to be undertaken outside an acute hospital setting. The majority of registered patients currently attend Medway Foundation Trust (MFT) acute services with a minority proportion being treated within the community setting. By far, the largest volume of activity takes place as out-patient consultations within Medway Foundation Trust by consultant dermatologists in the acute service, although, Kent Community Health Trust (KCHT), DMC Healthcare, Concordia and KSYOS Teledermatology provide some community based services. However, there are a significant proportion of patients who could be treated by a skilled workforce within the community setting (level 3), releasing specialist appointment capacity within the acute service. Currently community based services are limited and vary across CCGs. Any service provider awarded a future contract will be expected to provide the service delivering to a high quality service specification with services available closer to home, in a number of local community settings, providing good access, both in terms of clinic location and clinic times. Detail in Appendix A.

4. Advice and analysis

- 4.1 The Committee needs to determine in discussion with the responsible person whether or not the proposed reconfiguration is substantial and therefore subject to the formal requirement for consultation with Overview and Scrutiny.
- 4.2 If the proposed reconfiguration is substantial the Committee should be advised of the date by which the responsible person intends to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny Committee comments must be submitted.
- 4.3 If it is agreed that the proposed change is not substantial the Committee may make comments and recommendations to the Commissioning body and or Provider organisation as permitted by the regulations in relation to any matter it has reviewed or scrutinised relating to the planning, provision and operation of the health service in Kent.

5. Risk management

- 5.1 Risk management is an integral part of good governance. The Council has a responsibility to identify and manage threats and risks to achieve its strategic objectives and enhance the value of services it provides to the community.

The risks associated with the redesign of dermatology services within North and West Kent have been identified within the risk log (see next page)

North and West Kent Dermatology Redesign Risk Log

Risk Description	Current			Mitigations/Key Controls in Place	Internal & External Assurances on Controls	Target		
	Consequence	Likelihood	Initial Risk			Consequence	Likelihood	Residual Risk
If there is no fully defined service specification to meet requirement of our local population, there would be failure in delivering project objectives which impact negatively on service provisions to patients.	3	3	9	NK and WK Dermatology Redesign Group established who have been involved in identifying the local service needs. Patients Group representatives have been consulted for their comments on their Dermatology service needs. Patients and public consultation has been completed to further ensure patients' views on local service requirement. Draft Service Specification presented at the initial market engagement to potential service providers' and their feedback was captured via SWOT analysis. 1-2-1 potential providers' consultation surgeries have been completed. All the above will ensure that service specification reflect the needs of local population including the availability of service providers' for service delivery within the service specification.	Market Engagement event feedback evaluation report. Minutes of meetings with all four CCGs. Emails correspondences between the four CCGs on the editions of the Draft service specification. Patients, public and clinicians engagement completed questionnaires and report	3	1	3
If we fail to attract interest from appropriately skilled and resourced service providers to deliver against service specification, project objectives will not be delivered and this will have a negative impact on the services provided to the local populations including patients being put at risk.	3	3	9	Engaged interested providers at the market testing engagement event and at the 1:1 follow up commissioner/provider consultation sessions. Providing timely responses to questions raised by potential service providers. Successful providers' market engagement event completed. Review of workforce/skill mix to take place with the provider of the service following completion of a skills audit.	Market Engagement Event Expression of Interest Register and the event attendance register. 1-2-1 consultation surgeries attendance register	3	1	3
If information is not properly managed, there is a potential to destabilise existing service provider during the period of service redesign and market engagement events. This will result in an inadequate service being delivered to patients which will increase waiting times and result in potential delays in diagnosis and treatment. This will subsequently have impact on increase in patients complaints and reduce patients confidence level in the service provision and the CCG integrity.	3	4	12	Involve current service providers in all necessary communications. Prompt identification and effective management of issues and risks relating to service delivery. Ensure ongoing service performance monitoring including scrutiny of activity data. Prompt identification of challenge with existing providers including resolution as appropriate. Develop dermatology service in the community to mitigate for pressures on existing resources in the acute setting threatening to destabilise the existing provider.	Agreement through NK& WK Dermatology Redesign Group on actions with current providers if need arises. Market Engagement Event Expression of Interest Register and the event attendance register. 1-2-1 consultation surgeries attendance register	3	1	3
If there is no clarity of the understanding and the implication of TUPE system on project, there may be risk of service delivery not attracting service providers as most providers does not want to inherit TUPE costs	3	3	9	Met with HR representative to understand TUPE system. Got appropriate advice from HR and Finance to understand the implication of TUPE system on project. HR representatives to be involved at an appropriate time as the project progress.	Met with HR representative to understand TUPE system. Got appropriate advice from HR and Finance to understand the implication of TUPE system on project. HR representatives to be involved at an appropriate time as the project progress.	2	2	4

Risk RAG Scoring Matrix		Likelihoods				
Consequences	1	2	3	4	5	
	Rare	Unlikely	Possible	Likely	Almost Certain	
Catastrophic (5)	5	10	15	20	25	
Major (4)	4	8	12	16	20	
Moderate (3)	3	6	9	12	15	
Minor (2)	2	4	6	8	10	
Negligible (1)	1	2	3	4	5	

6. Consultation

North Kent (including Medway) and West Kent Clinical Commissioning Groups consulted with dermatology service users to understand their treatment pathways (from referral to treatment) and their experiences of the service to date. Over 1700 questionnaires were distributed between 9 June and 25 July across North and West Kent CCG areas via acute, community and primary care providers. A standard questionnaire format has been used for this engagement with face to face consultations carried out to capture unique experiences from referral to treatment. 411 questionnaires were completed and returned. Analysis of the completed questionnaires has been done with draft report produced for the commissioners to consider in progressing the project in the right direction. Detail in Appendix A.

7. Financial implications

7.1 This work will be undertaken under existing CCGs budget

8. Legal implications

8.1 Provision for health scrutiny is made in the Local Authority (Public Health, Health and wellbeing Boards and Health Scrutiny) Regulations 2013 together with a requirement on relevant NHS bodies and health service providers to consult with local authorities about any proposal they have under consideration for a substantial development of or variation in the provision of health services in the local authority's area

9. Recommendations

9.1 The Committee is asked to consider the proposed development or variation to the health service as set out in this report and Appendix A and decide whether or not it is substantial together with the consequential arrangements for providing comments to the relevant NHS body or health service provider.

Background papers

Appendix A: Dermatology HOSC Questionnaire

Appendix B: Pre-Engagement Report

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Planned Care and Cancer

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Appendix A: North and West Kent Dermatology Paper - HOSC brief outline of proposal

Kent Health and Social Care Overview and Scrutiny Committee (HOSC)

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 (*West Kent, Swale and Dartford Gravesend & Swanley*) is substantial

A brief outline of the proposal with reasons for the change

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Dartford Gravesend & Swanley Clinical Commissioning Group (DGS CCG)
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Current Providers:

Medway Foundation Trust & Kent Community Health Trust – West Kent CCG
Medway Foundation Trust , Concordia & DMC Health Care– Swale CCG
Medway Foundation Trust & KSYOS Teledermatology Provider - DGS CCG

Outline of proposal with reasons:

NHS West Kent CCG, NHS Swale CCG, NHS Dartford Gravesham & Swanley CCG is working in collaboration with NHS Medway CCG to redesign and commission an integrated Dermatology service for children and adults. Services will continue to be provided under the NHS Standard Contract offering choice of provider to all patients. Our intention is to enable a larger proportion of work to be undertaken outside of an acute hospital setting.

The majority of registered patients currently attend Medway Foundation Trust (MFT) acute services with a minority proportion being treated within various community

settings as specified above. By far the largest volume of activity takes place as out-patient consultations within Medway Foundation Trust by consultant dermatologists. In addition, Kent Community Health Trust (KCHT), DMC Healthcare, Concordia and KSYOS Teledermatology provide some community based services in Kent and Medway Community Health in Medway. These services are delivered by a combination of consultants, nurse specialists and GPs with special interests in dermatology.

Clinically, for some patients with conditions such as basal cell and squamous cell carcinomas, malignant melanomas and those requiring systemic medication (level 4 and above) treatments and monitoring; the acute hospital setting is absolutely the right place to be treated. However, there are a significant proportion of patients who could be treated by a skilled workforce within the community setting (level 3), releasing specialist appointment capacity within the acute service. Currently community based services are limited. Any service provider awarded a future contract will be expected to provide the service delivering to a high quality service specification with services available closer to home, in a number of local community settings, providing good access, both in terms of clinic location and clinic times.

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.

Decision to proceed with the service design will be taken as follows;

West Kent (WK) CCG – NHS WK Performance Oversight Group on 17 September 2014; Clinical Strategic Group (CSG) on 14 October 2014

Swale CCG –NHS Swale Clinical Strategic Committee on 14TH November 2014 and Finance and Performance on 21st.November 2014

DGS CCG - NHS DGS Clinical Cabinet on 11th November 2014 and Finance and Performance on 18th November 2014

Alignment with the Kent Joint Strategic Needs Assessment (JSNA) 2012

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

The CCGs are using a procurement process to ensure that patients continue to

have choice and are able to access a timely, quality service. This is consistent with the overall ambition expressed in the Kent JSNA to improve overall health of the population.

The CCG will follow due process as laid out in guidance published by Monitor 2013 (Procurement, Patient Choice and Competition no.2 Regulations) <http://www.legislation.gov.uk/ukxi/2013/500/regulation/3/made>

We will set contractual targets with key performance indicators to ensure positive impacts for patients. The services will be provided in a more integrated way (including with other health care services, health-related services, or social care services), ensuring good accessibility and allowing patients a choice of services within a setting in their local community.

The equality analysis details positive impacts for patients through the dermatology service redesign, improving access to services within community settings without removing access to acute provision as clinically appropriate.

Please provide evidence that the proposal meets the Government's four tests for reconfigurations (introduced in the NHS Operating Framework 2010-2011):

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) What has been the outcome of the consultation?
- (iv) Weight given to patient, public and stakeholder views

The CCGs have worked together to consult with dermatology service users to understand their treatment pathways (from referral to treatment) and their experiences of the service to date through a number of mechanisms outlined below. Potential service providers and clinical experts have also been consulted.

- *CCG Patient Participation Group (PPG) Engagement:* A project presentation was delivered to the PPGs across all the CCGs. This was used to inform and engage the PPG group on this project which successfully gained their support for the project. (July/August 2014)
- *Patients & Public Engagement:* Kent & Medway Commissioning Support Unit led and completed this aspect of the project on behalf of the 4 CCG's. Between 9 June and 25 July 2014 clinical staff across a number of providers handed out over 1,700 questionnaires to their patients with 411 returned and completed. Analysis of these questionnaires is completed with draft report produced in August 2014 (attached below). Information emerged from the report showed that

patients value the acute hospital service.

However patients feedback shows:

- Appointments booking process is inefficient
 - Long waiting times for appointments
 - Access to local service and appointment in a timely manner are important
 - Parking access and charge concerns
 - Consultation with clinician is brief
 - Long distance travelled to access Dermatology service by some users
- *Clinician Engagement:* The need to reconfigure services was identified through engagement with CCG GPs and Consultants in MFT. All clinical leads across the CCGs including representative GPs from all GP practices have been successfully informed-involved-engaged on this project.
 - *Initial Providers' Market Engagement Event:* successfully completed. Over 40 delegates were in attendance across 16 different organisations. Completed evaluation of the event outcome have been used to positively develop the project (July 2014)
 - *Providers' 1-2-1 Consultation Surgeries:* successfully completed with 10 different potential providers. The successful outcome of these surgeries assisted the commissioners to measure the true potential providers' interest in providing services and potential models of service delivery, which further informed on the final model to procure (August 2014)
 - *Wider Stakeholders Engagement:* British Association of Dermatologist (BAD) and Strategic Clinical Network (Cancer). These consultations have clarified the need for the retention of services such as level 4 and above specialist provision in a setting with access to high level equipment and resources and robust multi-disciplinary team.
 - This consultation also highlighted the national and local shortage of consultant dermatologists and stressed the importance of configuring services so that patients are seen by the most appropriate health care professional for their particular needs thus utilising consultant dermatologists where their expertise is required.

Overall the outcome of this consultation directs us to the need to reconfigure dermatology services so that community services are integrated, equitable and available locally thus enabling a safe and effective move of more provision to the community ensuring quality remains whilst retaining certain specialist dermatology services in the acute hospital setting..

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

The CCG has actively engaged with patients, local GPs, clinicians, current providers, British Association of Dermatology and Strategic Clinical Network (Cancer) to understand current issues and choices being made by patients. A key focus of the service review and redesign is to ensure that patients continue to have choice of local provision and are able to access timely, quality services locally.

Our proposal aims to provide an integrated community Dermatology service which is equitable both in terms of patient access and choice – this will address the issues/inequities experienced by current service provision. The service specification will be developed to ensure that the programme is offered from a number of geographical areas across West Kent and North Kent with good transport links and parking facilities. In addition, choice will still apply to patients in West Kent and North Kent. Clinics at the acute trust hospital will remain with expansion of community service provision. The services will be provided in a more integrated way (including with other health care services, health-related services, or social care services), ensuring good accessibility and allowing patients a choice of provision within a setting in their local community.

We will continue to support patients and where appropriate offer informed choice of treatment and care options.

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?

The Government's White Paper *Our Health, our care, our say: a new direction for community services* (published 2006) proposed a planned shift of care closer to the patient and their community. The National Dermatology Workforce Group (sub group of the Long Term Conditions Care Group Workforce Team), was commissioned by the Workforce Review Board to assess current service models for dermatology and suggest future models. A report was published in January 2007.

In summary, the report found that the present balance of service provision may be skewed with too many patients attending hospital based services for the provision of care that could be managed in a community setting. Any future model should concentrate on service delivery governed by three broad statements:

- Secondary care teams should do those things that only they can do;
- Care should be delivered in the right place by individuals with the right skills and at the right time (first time);
- Policies should facilitate patient self-management.

While various community services have been developed in Kent and Medway in the period since this report they have not been optimally integrated and this project aims to address that integration. Our market research has identified areas where integrated community dermatology services are already being delivered with evidence of improved patient experience, good outcomes and shorter waiting times and gives us confidence that this can be done for our patients

In addition there will be a focus of developing and future proofing a model that meets the needs of patients within the financial envelope. The model proposed will improve access and experience for all users and no user groups will be disadvantaged by this reconfiguration.

Services should be delivered in line with the following guidance:

- Our Health, Our Care, Our Say; A new direction for community services (DH January 2006)
- Commissioning Framework for Health and Well-being (DH 2007)
- Commissioning safe and sustainable specialised paediatric services (DH 2008)
- Shifting care closer to home dermatology report (DH 2006)
- Implementing care closer to home, Parts 1 – 3 (DH 2007)
- Revised guidance and competences for the provision services using GPwSI (DH 2011)
- Commissioning Guidance (British Association of Dermatologists 2008)
- Improving Outcomes for People with Skin Tumours including Melanoma (NICE 2006)
- Model of Integrated Service Delivery in dermatology
- Improving Outcomes Guidance for Skin Tumours including Melanoma (NICE updated May 2010)
- Skin cancer Peer Review Measures (NCAT 2008 and update 2011)
- Referral guidance for skin cancer (NICE 2005)

The guidance documents detailed above are not an exhaustive list and providers will be expected to work to new and emerging policy guidance which relates to and links the delivery of dermatology community services and the well-being of patients.

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

All the CCGs clinical leads including the member GP Practices have been fully engaged at every stage and are fully in support of the project development.

As part of the governance process within CCGs, the progress and recommendations of this project have been reported to Clinical Strategy Boards and appropriate Governing Bodies. Final approval of business cases is expected in October/November.

The clinical leads for the dermatology service redesign workstream are as follows;

Dr Mark Ironmonger - West Kent CCG
Dr Mick Cantor - Swale CCG
Dr Balaji Chalapathy - Dartford, Gravesham and Swanley CCG
Dr Chris Markwick - Medway CCG

The CCGs are working to ensure that community dermatology services are commissioned to a consistently high quality, to ensure that services are:

- Safe – ensuring that the services are safe
- Effective – focused on delivering best outcomes for patients
- Standardised – all services are provided to consistent standard and format so patient can expect the same quality of care and access to care where ever they are treated.
- Fair – available to all, taking account of personal circumstances and diversity

The service specification document will specify the outline for a community dermatology service (Level 3 of the overall Dermatology Service) for patients seen locally in a community setting. The key drivers for the development of a community dermatology service are to provide a local, more accessible and cost effective service for patients, as set out in government documents such as:

- 'Our Health, Our Care, Our Say; A New Direction for Community Services'¹,
- 'Improving Outcomes for People with Skin Tumours including Melanoma'².
- 'Model of Integrated Service Delivery in Dermatology'³
- Next Stage Review and⁴;
- High Quality Care for All⁵.

¹ Our Health, Our Care, Our Say; A New Direction for Community Services, DH (2006)

² Improving Outcomes for People with Skin Tumours including Melanoma

³ Model of Integrated Service Delivery in Dermatology, Skin Care Campaign (2007)

⁴ Next Stage Review 2008 ⁵ High Quality Care for All 2009

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)?

Data shows that there are approximately 48,000 appointments for dermatology services across the 4 CCG areas (excluding level 5&6).

The majority of the CCGs patients (approx. 80-85%) are currently referred annually as new patients for a first out- patient appointment to an acute hospital, the vast majority of these being to Medway Foundation Trust. with the remainder being seen by community providers It is anticipated that 60% – 70% (approximately 23,500) of patients will receive future services within the community setting releasing capacity in the acute trust to treat patients with more complex conditions.

Whilst potential demand is expected to increase the model aims to support patients within the management of primary care, with additional training and support to GP's in a primary setting.

The CCGs will take action to improve quality and efficiency in the provision of the services, ensuring that the model is financially sustainable; this will also be supported with a drive coming from the current hospital acute provider.

The services will be provided in a more integrated way (including with other health care services, health-related services, and social care services as relevant), ensuring good accessibility and allowing patients a choice of provision of the services within a setting in their local community. We have used the patient engagement/consultation feedback to inform our service specification to improve access to services as outlined in the response to Test 1.

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?

The growth in need for dermatology services mirrors the well documented changes in population growth and demographics, particularly the rising elderly population. It is recognised that there is a year on year growth and the need for a percentage of

activity to take place in the community. This will achieve cost effectiveness and value for money of community services.

The dermatology service review and redesign proposals support the Kent Joint Strategic Needs Assessment (2012) results in regards to patient experience of acute hospital out-patient appointment waiting times in the departments. The JSNA notes that patient experience is adversely affected by long waits in the out-patient system. Future community based services will release capacity within the acute out-patient department improving experience. Patients currently travel from all over the CCGs area to the acute hospital, it is envisaged that community provision will increase the choice of clinic location and appointment times.

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?

There are positive impacts to the dermatology service redesign, improving access to services within community settings without removing access to acute provision as clinically appropriate.

The Dermatology service redesign is in the design phase with various options of service delivery in the community being considered. The patient and carer engagement draft report was completed in August 2014 and the outcome of this has and will continue to help to inform future decisions.

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) What would be the impact of 'no change'?

Referrals to dermatology services increased by 5% in 2013/14 compared to the previous year 2012/13. To continue investing into acute hospital services without developing community based services is untenable. Continuing to refer patients to dermatology services in the acute setting is not cost effective for the majority of patients who do not require specialist services. The acute specialist services currently treat patients with a clinical diagnosis that although requiring specific high level quality services do not need a specialist multi-disciplinary team approach in hospital.

We recognise that there is a shortage of dermatology specialists (locally and

nationally). The new model will be building capacity of a workforce and delivering a service through a multi-disciplinary team with range of skill sets.

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

Dermatology service (level 3) which was previously only available from the acute hospital will be located in community based settings within the CCG area basing services in GP surgeries, community hospitals, healthy living centres and Gateways. The high quality services will be delivered with consideration given to public transport access for patients both in terms of clinic location and clinic times.

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

The Clinical Commissioning Group has actively engaged with patients, local GPs, clinicians, British Association of Dermatology and the South East Coast Strategic Clinical Network (Cancer) to understand current issues and choices being made by patients. Any specific issues raised or key themes that emerge from the engagement sessions have been considered during business case and service specification development. A key focus of the service review and redesign is to ensure that patients continue to have choice of local providers and are able to access timely, quality services locally.

On 19th August 2014, Medway CCG presented Dermatology service redesign paper to Medway Health and Social Care Advisory Committee (HASC). The committees concluded that the dermatology proposals did not constitute a substantial variation or development of service.

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

The Clinical Commissioning Groups do not believe the proposed new dermatology model is a substantial service variation. The development of the service will be undertaken through a robust procurement process. Any service provider awarded a

contract will be expected to provide the service delivering to a high quality service specification with services available closer to home, in a number of local community settings, providing good access, both in terms of clinic location and clinic times.