

## KENT COUNTY COUNCIL

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### 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 Friday, 17 July 2015.

PRESENT: Mr R E Brookbank (Chairman), Mr M J Angell (Vice-Chairman), Mrs A D Allen, MBE, Mr H Birkby, Mrs P Brivio, Mr N J D Chard, Mr A D Crowther, Mr D S Daley, Dr M R Eddy, Ms A Harrison, Mr G Lymer, Mr C R Pearman, Cllr Mrs M Peters, Cllr Mrs M Ring and Cllr J Howes

ALSO PRESENT: Dr J Allingham and Cllr Chris Woodward

IN ATTENDANCE: Miss L Adam (Scrutiny Research Officer)

#### UNRESTRICTED ITEMS

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

Mr Chard declared a Disclosable Pecuniary Interest as a Director of Engaging Kent.

**26. Minutes**  
*(Item 3)*

- (1) The Scrutiny Research Officer updated the Committee on the following actions that had been taken:

Minute Number 21 - Medway NHS Foundation Trust: Update. Medway NHS Foundation Trust provided written clarification to the Committee on the action taken by the CQC in August 2014 which was circulated to the Committee on 16 June.

- (2) The Scrutiny Research Officer requested that the number of national vanguards in Minute Number 22 be amended to 29 from 20.
- (3) A Member noted that Mr Brazier was a substitute for Mr King instead of Mr Chard.
- (4) RESOLVED that, subject to the amendments in paragraphs (2) and (3) above, the Minutes of the Meeting held on 5 June 2015 are correctly recorded and that they be signed by the Chairman.

**27. Membership**  
*(Item 4)*

- (1) Members of the Health Overview and Scrutiny Committee noted that:

- (a) Cllr Howes (Canterbury City Council) had replaced Cllr Beresford (Dover District Council) as an East Kent borough representative on the Committee in 2015/16.
- (b) Cllr Lyons (Shepway District Council) had been confirmed as an East Kent borough representative on the Committee in 2015/16.

**28. NHS Ashford CCG and NHS Canterbury and Coastal CCG: Community Networks**  
*(Item 5)*

*Lorraine Goodsell (Transformation Programme Director, NHS Ashford CCG and NHS Canterbury & Coastal CCG) was in attendance for this item.*

- (1) The Chairman welcomed Ms Goodsell to the meeting. Ms Goodsell began by outlining the implementation of Community Networks and the development of a new model of care in line with NHS England's Five Year Forward View. She explained that three Community Networks in Ashford and five Community Networks in Canterbury and Coastal were established in 2014 through local engagement events. Each network was supported by a stakeholder group which had representatives from general practice, health providers, social care, public health, voluntary sector and patients. The role of the networks was to consider the health needs of the local population and develop key priorities to inform CCG business planning.
- (2) Ms Goodsell noted that mental health services had been identified as a top priority across the networks. The CCGs had been able to use comments and feedback from the networks to revise the local health counselling service specification. The networks had also developed a directory of voluntary services through a portal on the CCGs' websites. The directories had highlighted the range of voluntary services available to GP and nursing staff. She acknowledged that the networks were a work in progress and part of a three year programme of work.
- (3) Ms Goodsell explained that the networks would contribute to the implementation of new care models as part of the Five Year Forward View. In recognition of the need to manage care more effectively in the local community, GP practices in Whitstable, led by Dr Ribchester, had developed a new model of care - Multispecialty Community Provider (MCP) – to provide community, acute, mental health and paramedic practitioner services as a seven day primary care service. The MCP was announced as one of 29 national vanguards sites in April 2015. This followed a selection process in which 269 sites applied to NHS England's New Models of Care Team to become a vanguard in three different categories: Multispecialty Community Provider (MCP), Primary and Acute Care Systems (PACS) and Care Home Models. She noted that the MCP was a pilot, in order for it to be successful it would need to demonstrate that it was scalable, efficient and improve quality.

- (4) Members of the Committee then proceeded to ask a number of questions and make a number of comments. A Member enquired about seven day primary care services. Ms Goodsell explained that the MCP was initially being piloted in NHS Canterbury and Coastal CCG but reported that GPs in NHS Ashford CCG were watching very closely. She noted that there were a number of challenges in implementing seven day services including workforce availability. She reported that NHS Canterbury & Coastal CCG were initially focused on extending GP services to Saturday mornings only once transformation funding was released. She reported that a seven day GP service had been piloted in both CCGs, they had found that people were not using the service on a Sunday and were presenting to A&E instead.
- (5) In response to a specific question about Education Health and Care (EHC) Plans, Ms Goodsell explained that the CCGs were taking the plans very seriously. She noted that the CCGs' Chief Nurse was recruiting to the positions of Named Nurse and Doctor. She reported that the CCGs' had recently brought the commissioning of children's health services back in house as they had not been happy with the commissioning support provided by the South East Commissioning Support Unit. A Member requested a written briefing from all CCGs on the implementation of Education Health and Care Plans.
- (6) A number of comments were made about reducing costs and improving quality, sharing best practice with Kent CCGs and outpatient services in Herne Bay. Ms Goodsell explained that the CCGs were looking to identify duplication of service provision and process map commissioning in order to improve quality and reduce costs. Ms Goodsell reported that the MCP pilot would initially serve a population of 53,000 but could be expanded to 170,000 if every GP practice in the CCG area wanted to become part of the MCP. She highlighted the bimonthly Kent Pioneer meeting between Kent County Council, CCGs and hospital providers and the monthly meeting between the CCGs' Accountable Officers in which information was shared across the whole health economy. Ms Goodsell stated that the removal of outpatient services from Herne Bay to Faversham was part of a review carried out by East Kent Hospitals University NHS Foundation Trust in which the number of outpatient sites was reduced. She noted that the development of the MCP was part of the new national models of care. The NHS Canterbury & Coastal CCG was looking to develop better community services through the MCP in consultation and engagement with the local community.
- (7) RESOLVED that the report be noted and NHS Ashford CCG & NHS Canterbury and Coastal CCG be requested to provide an update to the Committee in six months.

**29. Kent and Medway Specialist Vascular Services Review**  
*(Item 6)*

*Oena Windibank (Programme Director, Kent & Medway Specialist Vascular Services Review, NHS England) and Diana Cargill (Specialised Lead, Specialised*

*Commissioning, NHS England South (East), NHS England) were in attendance for this item.*

- (1) The Chairman welcomed the guests to the meeting. Ms Windibank began by outlining the case for change. She explained that the review was only considering specialist vascular services, it would not be looking at heart disease, heart surgery or the management of the common types of stroke. She reported that in 2012 there were very poor clinical outcomes for patients in England and Wales receiving vascular services. In response to this the Vascular Society produced best practice guidance which was developed into a national service specification through the specialised Clinical Reference Group in 2013. She reported that following the introduction of the national service specification there had been improved mortality outcomes.
- (2) Ms Windibank explained that a vascular services review was initiated in Kent and Medway to determine compliance with the national service specification and best practice. She noted that vascular services were currently delivered at two sites in Kent and Medway: Kent and Canterbury Hospital and Medway Maritime Hospital. A number of patients in North and West Kent were also transferred to Guy's and St Thomas' NHS Foundation Trust. She reported that non-compliance with the national service specification by the East Kent Hospitals University NHS Foundation Trust and Medway NHS Foundation Trust had been identified. The key issues were that the total Kent and Medway activity was borderline for meeting the minimum requirements for Abdominal Aortic Aneurysm procedures and the Carotid Endarterectomy levels at Medway NHS Foundation Trust were routinely below the minimum requirements. There were also concerns regarding workforce availability, retirement and the sustainability of consultant rotas.
- (3) Ms Windibank stated that the national service specification had been reviewed nationally including in Surrey and Sussex to determine the work needed to ensure local vascular providers comply with best practice outlined in the specification. She noted that the Kent review was at an early stage and was building on learning from the other reviews. The aim of the review was to ensure the delivery of high quality, sustainable vascular outcomes for all Kent and Medway patients which complied with the national service specification. She also noted that the review was looking to develop centres of excellence in Kent and Medway in the future.
- (4) The Chairman enquired about the timescale of the review. Ms Windibank advised that NHS England were looking to develop options over the summer with the preferred option being approved in November 2015. She noted that a number of public listening events had already been held. She stated it was difficult to capture the views of service users as they were only 900 total procedures in 2013/14 for Kent and Medway residents.
- (5) In response to a direct question about the affordability of clinical best practice, Ms Windibank explained that affordability would be one of the factors looked at during the option appraisal in Phase 2. She stated that the focus of the review was safe and sustainable clinical care and quality. Ms Cargill explained that there were 591 procedures in Kent and Medway in 2013/14 and these were paid on a case by case basis. She noted that money was available to NHS

England South to pay for all these procedures. Further questions were asked about a larger Market Forces Factor in London and patient choice. Ms Cargill explained that any procedure undertaken in London on a Kent and Medway resident was paid for by NHS England London. Ms Windibank acknowledged patient choice and committed to making this clearer in the decision making report.

- (6) A number of comments were made about Abdominal Aortic Aneurysm (AAA) screening, consultant rotas and other NHS England reviews. Ms Windibank explained that there was a national screening programme which was delivered by East Kent Hospitals University NHS Foundation Trust for all Kent and Medway residents. Any man registered with a GP would receive a letter inviting him to screening in the year he turns 65. The AAA Screening Programme was provided by EKHUFT has been audited as good. Ms Windibank confirmed that consultant rotas were part of the review. Ms Windibank stated that she was not aware of any other reviews by NHS England in addition to the stroke review. She highlighted the alignment of stroke and vascular services.
- (7) RESOLVED that the report be noted and NHS England be invited to submit an update to the Committee at its September meeting.

### **30. Kent and Medway Hyper Acute and Acute Stroke Services Review** *(Item 7)*

*Oena Windibank (Programme Director, Kent & Medway Specialist Vascular Services Review, NHS England), Ian Ayres (Accountable Officer, NHS West Kent CCG) and Dr David Hargroves (Clinical Lead - Stroke, South East Strategic Clinical Network) were in attendance for the item.*

- (1) The Chairman welcomed the guests to the meeting. Mr Ayres began by stating that the CCGs were committed to improve current performance and outcomes for Kent and Medway stroke patients. The CCGs were looking to develop a Kent and Medway solution to the hyper acute and acute pathway. He stated that the hyper acute pathway related to the first 72 hours and the package of critical interventions and monitoring particularly within the first four hours. He highlighted the centralisation and consolidation of stroke services in London where patients were admitted to one of eight units for the first 72 hours. He stated that the Kent and Medway CCGs had identified very few county wide service configurations with the exception of stroke and vascular services. He noted that major trauma, paediatric surgery and cancer had already been configured.
- (2) Dr Hargroves explained that he was the Clinical Lead for Stroke in the South East Strategic Clinical Network. The Clinical Network had worked alongside the CCGs throughout the process. He noted that the stroke workforce in Kent and Medway was passionate about and fully supportive of the review. He stressed the importance of access to a specialist unit within four hours and clot busting drugs to improve patients' outcomes. He acknowledged that it was very difficult to deliver stroke services across all seven admitting units in Kent and Medway; performance was variable across the county. He noted that only

one site had a seven day unit and workforce levels were low. He stated the CCGs and providers were committed to improving outcomes for Kent and Medway stroke patients.

- (3) A number of comments were made about ambulance transfers and travel times. Ms Windibank advised that South East Coast Ambulance Service NHS Foundation Trust (SECAmb) were part of the Clinical Reference Group. Travel times to each unit had been mapped and key issues such as Operation Stack and city centre traffic had been identified. Dr Hargroves stated that brain imaging was an absolute requirement for effective treatment but at present could not be delivered from an ambulance. He highlighted a pilot in East Kent where stroke consultants had a telelink with the ambulance to monitor the patient. The ambulance transfer was also used to take a history which saved time on admission to hospital. Dr Hargroves reported that access to a specialist unit had the most benefit within 4 – 5 hours; all patients in Kent and Medway were transferred by ambulance within this time scale.
- (4) In response to a specific question about stroke prevention and rehabilitation services, Dr Hargroves explained that prevention was key. He stated that the risk of a stroke was increased by genetic and lifestyle factors including diet and nutrition; physical activity; smoking and alcohol. Mr Ayres stated that rehabilitation services were not part of the review and that the CCGs would be happy for the Committee to scrutinise these services separately. He noted that finance and workforce would be central to the next part of the review. He acknowledged that the stroke review may be subject to a Joint Health Overview and Scrutiny Committee with Medway Council.
- (5) RESOLVED that the report be noted and Kent and Medway CCGs be invited to submit an update to the Committee at its September meeting.

### **31. NHS England South (South East): General Practice**

*(Item 8)*

*Stephen Ingram (Head of Primary Care, NHS England South (South East)) and Dr John Allingham (Medical Secretary, Kent LMC) were in attendance for this item.*

- (1) The Chairman welcomed the guests to the meeting. Mr Ingram began by highlighting recent national strategy and policy developments. He stated that general practice remained seriously challenged and the level of change had continued to accelerate.
- (2) Members of the Committee then proceeded to ask a series of questions and make a number of comments. A Member enquired about practice mergers. Mr Ingram explained that practices submitted merger proposals to NHS England for consideration and processing. NHS England discussed the merger in consultation with the Kent LMC and relevant CCG to ensure that the merger was sustainable, resilient and achieved a greater critical mass. He noted that whilst it was possible to merge existing contracts under the General Medical Services (GMS) and Personal Medical Services (PMS) agreements, it was not possible to merge under the AMS contract. He explained that whilst the decision ultimately lay with the contract holder, NHS England were able to

make suggestions to practices about potential mergers. Dr Allingham stated that the Kent LMC supported practices during mergers and the surrendering of contracts to other providers. He noted that there were still a number of single GP practices in Kent. The Kent LMC encouraged practices to collaborate in order to work at scale and improve resilience. He reported that the CQC could place a practice in special measures and recommend that another provider takes over the service.

- (3) In response to a specific question about housing growth, Mr Ingram explained that NHS England was involved in the housing developments at Ebbsfleet and Chilmington Green Ashford. He stated it was important for a practice to be established early, in order for new patients to register. The practices, including the patient list and workforce, should expand as the community grows. He noted that in Broadstairs, a practice's patient list recently increased from 2000 to 5000 following the closure of an existing practice.
- (4) Members enquired about the recruitment and retention of GPs. Mr Ingram highlighted the publication of The New Deal for General Practice – GP Workforce 10 Point Plan which set out initiatives to recruit newly trained doctors into general practice, retain GPs and encourage doctors to return to general practice. Dr Allingham stated that general practice was struggling with recruitment and retention. He highlighted barriers to retention included a loss of seniority pay, changes to the pension scheme and GPs reaching their pension lifetime limit early. He reminded the Committee of a case study he had previously brought to their attention regarding a GP who had faced difficulties returning to general practice after a period of absence. He stated that he was currently helping a European GP to retrain in order to practice in the UK. He noted that since April funding had become available to pay the practice providing the training and the European doctor during their training.
- (5) A number of comments were made about workforce in coastal areas, sole practitioners in urban areas and prescription and referral powers. Dr Allingham explained that it was difficult to attract the workforce to coastal areas. Many young doctors who trained in Kent had aspirations to return to London. He noted that 36% of GPs in Kent were over the age of 50. Mr Ingram explained that other coastal areas in Essex, Norfolk and West Sussex had similar recruitment problems. Mr Ingram reported that there were a number of sole practitioners in Medway, Dartford and Gravesham. He stated that NHS England's role was to ensure those practices were not left behind in delivering services to the required standard. NHS England's levellers were to encourage and support small practices to reconfigure themselves and become more resilient. Mr Ingram noted that in certain circumstances nurse practitioners were able to prescribe and refer patients. He stated that in the future nurse consultants would be able to independently prescribe allowing GPs to spend more time on complex consultations.
- (6) RESOLVED that the report be noted and that NHS England be invited to attend the June 2016 meeting of the Committee.

**32. East Kent CCGs: Talking Therapy Services (Written Update)**  
(Item 9)

- (1) The Committee received a report from NHS Ashford CCG, NHS Canterbury & Coastal CCG, NHS South Kent Coast CCG and NHS Thanet CCG which provided details of the procurement and service specification for talking therapy services in East Kent.
- (2) RESOLVED that:
  - (a) the Committee does not deem the new service specification for Talking Therapy Services in East Kent to be a substantial variation of service.
  - (b) East Kent CCGs be invited to submit a report to the Committee in six months.

**33. Faversham MIU (Written Update)**  
*(Item 10)*

- (1) The Committee received a report from NHS Canterbury & Coastal CCG which provided an update on the Faversham Minor Injuries Unit.
- (2) A number of comments were made about the Committee's involvement and the positive outcome it had achieved. A Member suggested that the Chairman write to the CCG to express the Committee's satisfaction with the cooperation and response from NHS Canterbury & Coastal CCG.
- (3) RESOLVED that the report be noted, the NHS Canterbury and Coastal CCG be requested to keep the Committee informed with progress and the Chairman write to the CCG to express the Committee's satisfaction with the outcome.

**34. SECamb: Future of Emergency Operation Centres (Written Update)**  
*(Item 11)*

- (1) The Committee received a report from the South East Coast Ambulance Service NHS Foundation Trust which provided an update on the Emergency Operation Centres.
- (2) RESOLVED that the report be noted and SECamb be requested to provide a written update to the Committee in six months.

**35. Date of next programmed meeting – Friday 4 September 2015 at 10.00**  
*(Item 12)*

- (1) The Scrutiny Research Officer updated the Committee on two of the items listed for the September meeting. She stated that the West Kent CCG Diabetes Care item was to be confirmed. She explained that the Patient Transport Services item was unable to return as the procurement process was still running. NHS West Kent CCG was looking to award a contract by 1 February which would prevent it from returning to the Committee before this date.



- (2) A Member requested a written briefing on stroke rehabilitation services commissioned by the CCGs in Kent.
- (3) A Member requested a written briefing from all CCGs on the implementation of Education Health and Care Plans.
- (4) A Member requested that the latest Sussex Partnership NHS Foundation Trust performance data by district. The Scrutiny Research Officer advised that West Kent CCG had committed to provide this to the Committee at the September meeting when the Emotional Wellbeing Strategy returned to the Committee.