KENT COUNTY COUNCIL

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 12 December 2017.

PRESENT: Cllr W Purdy (Chairman), Mrs S Chandler (Vice-Chairman), Mr M J Angell, Mr D S Daley, Cllr T Murray, Mr K Pugh, Cllr D Royle and Mr M Whiting

IN ATTENDANCE: Ms L Adam (Scrutiny Research Officer), Mr J Pitt (Democratic Services Officer, Medway Council) and Mr J Williams (Director of Public Health - Medway Council)

UNRESTRICTED ITEMS

24. Membership
(Item 1)

(1) Members of the Kent & Medway NHS Joint Overview and Scrutiny Committee noted the membership listed on the Agenda.

25. Election of Chair
(Item 2)

(1) Mrs Chandler proposed and Cllr Royle seconded that Cllr Purdy be elected as Chair of the Committee.

(2) RESOLVED that Cllr Purdy be elected as Chair.

26. Election of Vice-Chair
(Item 3)

(1) The Chair proposed and Mr Angell seconded that Mrs Chandler be elected Vice-Chair of the Committee.

(2) RESOLVED that Mrs Chandler be elected as Vice-Chair.

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

(1) Mr Whiting declared an interest that his wife was an employee of the Kent Community Health NHS Foundation Trust.

28. Minutes
(Item 4)

(1) RESOLVED that the Minutes of the meeting held on 28 November 2016 are correctly recorded and that they be signed by the Chair.

29. Kent and Medway Hyper Acute and Acute Stroke Services Review
(Item 5)

Michael Ridgwell (Programme Director, Kent and Medway STP) and Patricia Davies (Accountable Officer, NHS Dartford, Gravesham and Swanley CCG and NHS Swale CCG and Senior Responsible Officer, Kent & Medway Stroke Review) were in attendance for this item.

(1) The Chair welcomed the guests to the Committee. The Chair informed the Committee of a written submission received from Cllr Belsey, Chair of East Sussex County Council's Health Overview & Scrutiny Committee, and gave Members and guests the opportunity to read and comment on it. The Vice-Chair requested that the guests take note of the comments in the written submission particularly those that were not raised as part of the discussion; Mr Ridgwell confirmed that he would.

(2) Mr Ridgwell began by acknowledging the significant time taken to reach the pre-consultation stage. He noted that the current model in Kent & Medway was not fit for purpose and required reconfiguration, which was already happening in other areas, to improve the quality of stroke service provision. He stated his intention to bring the options and consultation documents to the Committee in January, once the proposals had been presented to NHS England as part of its assurance process. He reported that the new service model would reduce the number of sites providing stroke services from seven to three sites to enable seven day specialist consultant-led stroke services; he noted that centralisation of stroke services in other areas had led to significant improvements to workforce. He explained that a Joint CCG Committee had been formed to make decisions about stroke services. The membership of the Joint CCG Committee included the eight Kent & Medway CCGs; Bexley CCG and High Weald Lewes Havens CCG had also joined as a proportion of their population used stroke services in Kent & Medway. He stated that he had attended both Bexley Council's People Overview & Scrutiny Committee and East Sussex County Council's Health Overview Scrutiny Committee who had determined that the proposals were likely to be a substantial variation for their areas.

(3) Members enquired about the creation of the new JHOSC and the Joint CCG Committee. Mr Ridgwell explained that he had written to the Chairs of Bexley Council's People Overview & Scrutiny Committee and East Sussex County Council's Health Overview Scrutiny Committee at the beginning of October as activity modelling had highlighted the extent of external flows of stroke patients to Kent & Medway from those areas. He was subsequently invited to present at both Committees who had determined that the proposals were likely to be a substantial variations for their areas. Ms Davies highlighted that the NHS had a statutory duty to consult with Bexley Council's People Overview & Scrutiny Committee and East Sussex County Council's Health Overview Scrutiny Committee.

(4) In terms of the Joint CCG Committee, Ms Davies explained that the Joint CCG Committee had recently been constituted. The Terms of Reference had been

agreed by each CCG; some CCGs were required to change their Constitution in order to delegate decision making to the Joint CCG Committee. Prior to the creation of the Joint CCG Committee, each governing body had previously been required to individually approve decisions relating to the stroke review. She reported that in the summer, three CCGs, Bromley CCG, Bexley CCG and High Weald Lewes Havens CCG, who would be potentially affected by the changes in Kent & Medway, were given the option to join the Joint CCG Committee based on their activity; Bromley CCG had decided not to participate in the Joint CCG Committee. She noted that the number of stroke patients currently treated at Darent Valley Hospital was low, 75 patients a year; if a hyper acute stroke unit (HASU) was located at the hospital, there was the potential for 404 patients, who were previously treated at the Princess Royal Hospital, to be treated at Darent Valley Hospital as it would be their closest HASU. Mr Ridgwell explained that the inclusion of the additional areas did not affect the proposals for Kent & Medway. He noted that patients in East Sussex and South East London already had access to HASUs; however if a patient from those areas was able to access the same facilities in a Kent & Medway HASU and it was nearer than their existing HASU, they would not be expected to travel further for treatment.

(5) Members expressed concerns about the length of the process to date. Both Mr Ridgwell and Ms Davies stated the importance of making progress with the review. Ms Davies reassured the Committee that the ability of the Joint CCG Committee to make joint decisions would not hinder or slowdown the process. Mr Ridgwell reported that if due process was not followed, including the duty to take into account over the border activity, the review could be challenged which would delay implementation further.

(6) Members commented about workforce and the clinical benefits of reconfiguration. Ms Davies noted that if centres of excellence were established in Kent & Medway, these would attract and retain staff; she stated that the greatest impact on staffing was certainty. She reported that Medway NHS Foundation Trust had recently recruited a stroke physician from South East London, who had helped to design and implement the stroke service there. Ms Davies stated the centralisation of stroke services was well evidenced; in areas where services had been reconfigured and centres of excellence had been established, the ability to survive and return to independent living increased. She reported that outcomes were currently inconsistent across Kent and Medway. She noted that the four options for a three site model were all compliant with the 120 minute call to needle standard. Mr Ridgwell highlighted that no change was not an option and population growth had been taken into account; all of the site options would have the ability to grow before reaching the maximum volume for procedures.

(7) In response to a specific question about a preferred option being presented in the public consultation, Mr Ridgwell stated that it was unlikely that a preferred option would be included; it was anticipated that the consultation would include four options for a three-site configuration which was subject to agreement by the Joint CCG Committee. He noted that for a preferred option to be included, it would have to clearly state why it was the preferred option which would be difficult to articulate as there was little to distinguish between the options. He reported that a robust consultation was required to provide assistance to the Joint CCG Committee in differentiating between the four options.

(8) Members enquired about the impact of hospital reconfiguration in East Kent, risks to the timeline and length of the consultation. Mr Ridgwell explained that there were a variety of factors and risks to work through prior to the launch of consultation which was planned for the end of January. He stated the importance of a robust consultation including activity in Bexley and East Sussex. In response to a question about stroke assessment in the new model, Ms Davies explained that in most cases the ambulance service would make an assessment of the patient's condition and take them directly to a HASU if a stroke was suspected. Pathways were being developed for patients presenting with stroke mimics and TIAs and those who presented themselves at A&E. Members also made comments about the resilience of SECAmb and health inequalities in Medway.

(9) The Chair stated the importance of the process moving to the consultation phase. She noted the representatives from Bexley and East Sussex would be invited to attend and speak at the Committee in January as non-voting guests to enable the consultation to proceed as planned.

(10) RESOLVED that the Joint CCG Committee be requested:

(a) to note comments about length of the process to date and the importance of moving to the consultation phase;

(b) to present the final options and consultation plan to the Committee prior to the start of public consultation.

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

Michael Ridgwell (Programme Director, Kent and Medway STP), Nicky Bentley (Director of Strategy and Business Development, East Kent Hospitals University NHS Foundation Trust), Simon Brooks-Sykes (Senior Strategic Development Manager and Programme Manager for the Kent and Medway Vascular Clinical Network, East Kent Hospitals University NHS Foundation Trust) and Dr Anil Madhavan (Consultant Interventional Radiologist at Medway NHS Foundation Trust and Deputy Chair for the Kent and Medway Vascular Network) were in attendance for this item.

(1) Mr Ridgwell began by introducing the guests and outlining the current service provision in Kent & Medway. Vascular services were currently delivered at the Kent & Canterbury Hospital and Medway Maritime Hospital; both sites were non-compliant with the national specification for vascular surgery particularly in relation to the number of procedures being undertaken. As part of the review process, the Kent & Medway Vascular Network was established by the two providers, Medway NHS Foundation Trust (MFT) and East Kent Hospitals University Foundation Trust (EKHUFT), to enable the future delivery of sustainable vascular services through a single arterial centre. The Network had undertaken an options appraisal which had indicated that the arterial centre would be best placed in East Kent with an enhanced non-arterial centre in Medway.

(2) Members commented about recruitment, local care and consultation. Dr Madhavan explained that there was a national shortage of vascular surgeons

and interventional radiologists. The two centres in Kent & Medway currently had seven vascular surgeons and seven interventional radiologists; the network model would require eight vascular surgeons and eight interventional radiologists. He stated that once the centralised model, which would be compliant with the national specification and be used to deliver the service for the next 15 – 20 years, had been finalised, it would attract staff to Kent & Medway. Mr Ridgwell noted that the provision of optimally configured health services improved recruitment; he gave the example of the Estuary View Medical Centre in Whitstable. Dr Madhavan stated that only a small proportion of patients were required to travel to an acute specialist centre for treatment. He confirmed that the majority of the service would continue to be delivered locally including pre-operative and post-operative assessments. Mr Ridgwell explained that a range of engagement activities had been undertaken including a survey, targeted listening events and workshops. He reported that when the review was presented to Stage 1 of the NHS England assurance process in June 2016, the assurance team advised that the change did not require formal consultation if adequate engagement was carried out.

(3) Members enquired about the financial gap which had been identified in the development of the business case. Ms Bentley confirmed that the business case was near completion and that financial investment would be required to consolidate the two services. In terms of the deficit, Mr Brooks-Sykes reported that there was a combined deficit of £4 million which took into account £2.2 million deficit at MFT, £.1.1 million deficit at EKHUFT and additional investment required to house the new facilities. He stated that the network board was in discussion with NHS England about the opportunities to attract a higher income and join the national procurement process to purchase high cost equipment. Mr Ridgwell committed to providing the Committee with the total spend on vascular services. Mr Brooks-Sykes noted that the abdominal aortic aneurysm screening programme would remain unchanged. Dr M Madhavan highlighted that a significant proportion of the deficit was the cost of temporary staffing which would reduce with the implementation of the new model. He noted that whilst vascular services worldwide were loss making services due to the use of expensive technology; it was a speciality that supported other services which achieved an overall financial balance. Mr Ridgwell concluded by reminding Members that finance was one aspect of the business case.

(4) RESOLVED that the Vascular Review Programme Board be requested:

(a) to note the comments about recruitment, local care, consultation and the financial position;

(b) to present the final model and key recommendations to the Committee prior to approval by NHS England Specialist Commissioning.