

**KENT AND MEDWAY NHS JOINT OVERVIEW AND
SCRUTINY COMMITTEE**

Tuesday, 10th September, 2019

10.00 am

**St George's Centre - St George's Centre Road,
Chatham, ME4 4UH**



AGENDA

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 10th September, 2019, at 10.00 am
St George's Centre - St George's Centre
Pembroke Road, Chatham, ME4 4UH

Ask for: **Kay Goldsmith**
Telephone: **03000 416512**

Tea/coffee will be available 15 minutes before the start of the meeting

Membership

Kent County Council Mr A Bowles, Mrs S Chandler, Mr D Daley, Mr K Pugh
Medway Council Cllr T Murray, Cllr W Purdy, Cllr B Kemp and Cllr D Wildey

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

Item	Timings*
1. Membership	
Members of the Kent and Medway NHS Joint Overview and Scrutiny Committee are asked to note the membership listed above.	
2. Substitutes	
3. Election of Chair	
4. Election of Vice-Chair	
5. Declaration of Interests by Members in items on the Agenda for this meeting	
6. Minutes from the meeting held on 12 October 2018 (Pages 5 - 12)	

7. Kent and Medway Specialist Vascular Services Review (Pages 13 - 22)
8. Assistive Reproductive Technologies (ART) Policy Review (Pages 23 - 28)

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

**Timings are approximate*

Benjamin Watts
General Counsel
03000 416814

2 September 2019

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

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 Darent Room - Sessions House on Friday, 12 October 2018.

PRESENT: Mrs S Chandler (Chair), Cllr D Wildey (Vice-Chairman), Cllr T Murray, Cllr W Purdy, Cllr D Royle, Mr P Bartlett and Mr D S Daley

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

UNRESTRICTED ITEMS**1. Membership**

(Item 1)

Members of the Kent & Medway Joint Health Overview and Scrutiny noted the membership listed on the Agenda.

2. Election of Chair

(Item 2)

(1) Cllr Wildey proposed and Mr Bartlett seconded that Mrs Chandler be elected as Chair of the Committee.

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

3. Election of Vice-Chair

(Item 3)

(1) The Chair proposed and Cllr Purdy seconded that Cllr Wildey be elected as Vice-Chair of the Committee.

(2) RESOLVED that Cllr Wildey be elected as Vice-Chair.

4. Substitutes

(Item)

Apologies were received from Cllr Royle and Mr Pugh who was substituted by Mrs Hamilton

5. Declarations of Interests by Members in items on the Agenda for this meeting

(Item 4)

(1) There were no declarations of interest.

6. Minutes

(Item 5)

- (1) RESOVLED that the Minutes of the meeting held on 22 January 2018 are correctly recorded and that they be signed by the Chair.
- (2) In relation to Item 4, paragraph 16, Cllr Wildey expressed a view that the feedback from the public consultation relating to the Kent & Medway Stroke Review had not been taken into account by the NHS at the Evaluation Workshop.

7. Kent and Medway Specialist Vascular Services Review

(Item 6)

Dr James Thallon (Medical Director NHS England South East), Oena Windibank (Programme Director, Kent & Medway Vascular Review), Michael Ridgwell (Programme Director, Kent & Medway STP), Liz Shutler (Deputy Chief Executive and Director of Strategic Development and Capital Planning, 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) , Dr David Sulch (Interim Medical Director, Medway 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.

- (1) The Chair welcomed the guests to the Committee. Dr Thallon began by giving a summary of the review and providing an update. He explained that the review commenced in December 2014 in response to a commissioner led derogation for both East Kent Hospitals University NHS Foundation Trust (EKHUFT) and Medway NHS Foundation Trust (MFT) which identified the inability for both Trusts to deliver against either the national specification for specialist vascular services or the guidelines from the Vascular Society which included the delivery of services in a network model.
- (2) Dr Thallon noted that patients from North and West Kent travelled to Guys and St Thomas Hospital Trusts for vascular surgery. It was not proposed that those patients would be directed however, it was acknowledged that this may change in the future if a centre of excellence was established in Kent & Medway. The catchment area for the review was therefore East Kent & Medway which had a population of approximately 800,000.
- (3) Dr Thallon stated that the case for change was agreed in 2016 by the Programme Advisory Board (PAB) and the review process had identified a clinical model of a single inpatient centre in Kent & Medway supported by a number of spokes including an enhanced spoke unit. A Get It Right First Time (GIRFT) review in 2018, supported the case for change, and highlighted a number of key issues to be addressed including the introduction of a hub and spoke model, increased patient volumes and better outcomes.
- (4) Dr Thallon explained that a clinical network had been established between EKHUFT and MFT and there was broad clinical agreement for the long-term arterial centre to located be in East Kent subject to public consultation.

However, the site of the arterial centre in East Kent would be determined by the outcome of the East Kent Transformation Programme, as it was recommended that vascular services should be co-located on the site of a major emergency centre, which was being modelled on a seven year plus timetable. A need for an interim solution for vascular services had therefore been identified due to the length of time for the long-term option to be implemented.

- (5) Dr Thallon noted that the Vascular Network had four primary objectives which included shared multidisciplinary teams/meetings and a single on call rota. He reported that there had been some progress towards collaborative working but no progress on delivering a single on call rota and the future disposition of IR services. The Network had also been unable to reach an agreement on the preferred interim option and requested a commissioning decision. A review of the interim options, including both Trusts' submissions, was considered. A recommendation for the interim option to be located on the Kent & Canterbury Hospital (KCH) site was made due to better patient outcomes; better capacity in terms of bed and intensive care; minimal capital investment being required; and better workforce mitigations. Whilst the KCH site did not have an MEC, which was not in line with clinical best practice for vascular services, it had been agreed that it was not a critical limiting factor for an interim solution.
- (6) Dr Thallon reported that MFT had raised safety concerns about non-elective procedures carried out by EKHUFT and the recommendation for the interim option to be located at KCH. Dr Thallon explained that the recommendation will go to NHS England Specialised Commissioning for a decision in principal; if approved, a business case would be developed and would address queries including finance and safety. He noted that formal consultation on the interim model may be required and welcomed the JHOSC's advice on this. The Chair stated that it was not for the Committee to provide advice or determine if public consultation was required. A number of comments were made about the Kent & Medway Stroke Review consultation and the importance of consultation being meaningful. Mr Ridgwell stated that the feedback from the Stroke Review was taken into consideration as part of the preferred option decision-making.
- (7) Members enquired about workforce risks. Dr Thallon acknowledged that there were workforce issues and recognised that staff may be unwilling to move to KCH. He noted that the workforce mitigations by EKHUFT indicated that the Trust would be able to deal with workforce difficulties more successfully than MFT. He stated neither Trust met the requirements for a modern vascular service and the uncertainty about future provision both impacted on workforce; a number of surgeons were also coming up to retirement age. Ms Shutler noted that optimal configuration of service was important to recruitment. Dr Sulch highlighted that MFT had some pockets of success particularly in A&E by offering personal and professional development opportunities. Mr Ridgwell concluded by stating that workforce was one of the several key areas considered for the interim option which also included theatre and intensive care unit (ITU) capacity.
- (8) Members asked about safety concerns. Dr Thallon explained that further work to understand MFT's concerns about safety was being undertaken. He noted

that both Trusts' submissions would be reviewed, as part of the due diligence process, for the business case. Dr Sulch reported that the two areas of concern for MFT were how the clinical pathways would operate with no consultant-led emergency department at KCH and how a single interventional radiologist (IR) rota that supports both vascular and non-vascular patients would work. Ms Shutler noted that whilst KCH did not have an A&E, it did have 24/7 medical cover and outcomes at KCH, under the existing arrangements, were good. She noted that the East Kent population had similar levels of health inequality and deprivation as Medway.

- (9) Members commented about the collocation of vascular services with an MEC, the Clinical Senate's clinical co-adjacencies and the length of the process. Mr Ridgwell explained that the location of vascular services within a MEC was proposed in the long-term solution for Kent & Medway. A range of factors including workforce, theatre capacity and ITU were considered in forming the recommendation that the interim option would be best placed at KCH. He stated that neither EKHUFT or MFT were currently configured to meet the national service specification and achieve the best clinical outcomes. Dr Thallon explained that the Clinical Senate's co-adjacencies identified services that should, rather than must, be on the same site; the collocation of vascular services with an MEC was not an absolute requirement. Ms Shutler highlighted that both IR and ITU, two critical adjacencies which should be provided on the same site as vascular, were provided at KCH. Mr Ridgwell noted that an interim solution had been generated, as it was not appropriate for the current service to continue without reconfiguration, whilst the outcome of the East Kent Transformation Programme was implemented over the next 5 – 7 years. He suggested that it might be more useful for the interim option to be called Stage 1 and the long-term option to be known as Stage 2.
- (10) Members enquired about the GP's perspective and microsurgery for amputation. Dr Allingham explained that GPs understood that in order to achieve the best possible outcomes, a degree of centralisation was required. However centralisation resulted in patients and their families travelling greater distances and often required GPs to carry out follow-up work which created additional pressure on primary care services. Dr Madhavan confirmed that microsurgery was not used for patients who required amputation. He stated that he was in favour of centralisation but had reservations about the interim option recommendation and hoped that these concerns would be addressed. He reported that MFT was achieving the same mortality outcome as EKHUFT and highlighted that MFT had a complete on call vascular service and IR rota with no gaps for the past 12 years; He suggested that another Trust could be found to implement the long-term option within the next two-three years.
- (11) In response to Dr Madhavan's suggestion that another Trust be found to implement a long-term option, Dr Thallon explained that the review had been a four-year process which had included a review of all options and the hub and spoke clinical model between EKHUFT and MFT was the only long-term option which would achieve compliance with the national specification and Vascular Service guidance. However, if significant information emerged, during the development of the business case, he committed that it would be reviewed and be brought back to the Committee.

- (12) A Member enquired about engagement with clinicians. Dr Thallon explained that the process was supposed to be led by clinicians; as the Trusts were unable to reach agreement, a commissioning decision was requested to move the process forward. He stated that NHS England's preferred model was for the clinicians to work collaboratively on the review and this remained an option. Ms Windibank confirmed that significant time had been invested in setting up the clinical network including the establishment of a forum, with independent support, to accommodate conversation and dialogue between the Trusts and their staff.
- (13) RESOLVED that
- (a) the update report on the Kent & Medway Vascular Services Review be noted;
 - (b) the formal consultation plan on the interim model be shared with the Committee;
 - (c) the Committee receives an update on the business case including workforce, safety issues and the delivery of best practice.

8. Assistive Reproductive Technologies (ART) Policy Review

(Item 7)

Stuart Jeffery (Deputy Managing Director and Chief Operating Officer, NHS Medway CCG) and Michael Griffiths (Partnership Commissioning Programme Lead – Children and Families, Medway Council and NHS Medway CCG) were in attendance for this item.

- (1) The Chair welcomed the guests to the Committee and noted that an additional report has been added to the agenda, via a supplement, as she had agreed that it should be considered at this meeting as a matter of urgency, as permitted under section 100B of the Local Government Act 1972; this was to enable the Committee to consider the East Kent CCGs' position statement which was not available for despatch as part of the main agenda on 4 October 2018.
- (2) Mr Jeffrey began by providing an update about the progress of the review since presenting to the Kent HOSC and Medway HASC in January 2018; he noted that the initial timetable was running significantly behind schedule. He stated that there was currently a single schedule of policies in Kent & Medway relating to Assistive Reproductive Technologies (ART) services which included two cycles of IVF for eligible patients. He reported that NHS Dartford, Gravesham & Swanley CCG and NHS Swale CCG had started pre-consultation engagement on IVF cycles, NHS West Kent CCG was about to begin, and NHS Medway CCG had concluded this stage of work. He highlighted that the East Kent CCGs had decided not to participate in the review relating to the reduction in IVF cycles as they had other priorities in relation to hospital reconfiguration in East Kent. He noted that whilst NHS Medway CCG was the lead commissioner for ART services, each CCG was independent and there was a risk that different policies could be created across Kent & Medway. In relation to donated genetic material (DGM), all Kent & Medway CCGs were supportive of the review to establish the inclusion of

DGM in the ART schedule of policies. He explained that a meeting had been held earlier in the week and there were still a few issues to resolve before CCG agreement which was expected within the next couple of months.

- (3) Members enquired about the use of a new technology to reduce the costs of ART and pre-conception advice. Mr Jeffery stated that he was not aware of the new technology being referred to but would look into it. He reported that comments about pre-conception advice had been highlighted in the pre-consultation engagement phase and would be taken forward with the Commissioning Support Unit. Mr Griffiths added that the STP Prevention Group was considering a study of 1000 women in relation to pre-conception.
- (4) Members expressed concerns about the potential for different levels of provision for couples seeking IVF in Kent & Medway and welcomed the inclusion of the use of DGM. In response to a question relating to achieving a unified CCG position, Mr Jeffery noted that there was currently different level of provision across England. As lead commissioner, he stated that his preference would be for a unified decision. He reported that he was continuing to have conversations with East Kent about the policy review and there was the potential for it to be brought back together.
- (5) Members asked about NICE full cycles of IVF and success rates of IVF cycles. Mr Griffiths explained that NICE defined a full cycle of IVF as one fresh cycle and an undefined number of subsequent frozen cycles; the current provision in Kent & Medway was not deemed to be a full cycle as patients were only entitled to one fresh IVF and one frozen embryo transfer per cycle. Mr Jeffery committed to providing the Committee with a briefing note about cycles. Mr Jeffery stated that the average rate of a live birth was 32% after one cycle and 49% after two cycles. He confirmed that measures such as pre-conception skills to improve the success rate of the first cycle were being considered.
- (6) The Chair enquired if the review of IVF cycles was worth continuing given the creation of different provision across Kent & Medway, the relatively small financial savings and the impact that the change would have on the mental health of couples seeking IVF cycles. Mr Jeffery noted that savings were required across Kent & Medway and the East Kent CCGs' decision would be taken into consideration before moving to the next phase. In response to a specific question about re-consulting the remaining CCGs following the East Kent CCGs' decision, Mr Jeffery confirmed that the CCGs had not been formally notified but would be at their next Governing Body meetings.
- (7) The Chair invited Dr Allingham to provide a GP's perspective. Dr Allingham stated that GPs were not supportive of different levels of provision particularly in areas close to boundaries. He noted that whilst GPs would support individual funding requests if it was in the patient's best interest, he noted that they were time consuming and were often not successful.
- (8) RESOLVED that:
 - (a) the report on Assistive Reproductive Technology Services policy review be noted;

- (b) the Committee expresses grave concerns about the potential for different levels of provision for IVF cycles across Kent & Medway and requests that NHS Dartford, Gravesham & Swanley CCG, NHS Medway CCG, NHS Swale CCG and NHS West Kent CCG, in light of those concerns, reconsider their decision to continue with the review of IVF cycles.

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Item 7: Kent and Medway Specialist Vascular Services Review

By: Kay Goldsmith, Scrutiny Research Officer to the Kent Health Overview and Scrutiny Committee

To: Kent and Medway NHS Joint Overview and Scrutiny Committee,
10 September 2019

Subject: Kent and Medway Specialist Vascular Services Review

Summary: This report invites the Kent and Medway NHS Joint Overview and Scrutiny Committee to consider the information provided by NHS England South East.

It provides background information which may prove useful to Members.

1. Introduction

- (a) Vascular services manage the treatment and care of patients with vascular disease relating to disorders of the arteries, veins and lymphatic system. The diseases can be managed by medical therapy, minimally invasive catheter procedures and surgical reconstruction.

2. Background

- (a) An NHS review commenced in 2014 because both East Kent Hospitals University Foundation Trust (EKHUFT) and Medway NHS Foundation Trust (MFT) were failing to deliver against either the national specification for specialist vascular services or the guidelines from the Vascular Society.
- (b) The catchment area for the Vascular Services review is East Kent and Medway, which has a combined population of approximately 800,000. Those services currently provided in North and West Kent are not included in the review.
- (c) The case for change was agreed in 2016 and a review process identified a clinical “hub and spoke model” (i.e. a single inpatient hub in Kent & Medway supported by a number of spokes across the region).
- (d) The broad clinical agreement was that in the long term, an arterial centre (the inpatient hub) should be located in East Kent (subject to consultation). The exact location in East Kent will be determined by the outcome of the East Kent Transformation Programme which is still ongoing. There is therefore a need for an interim solution.
- (e) The proposed interim solution is for a single arterial centre to be housed on the Kent and Canterbury Hospital site, with a non-arterial centre on the Medway Maritime Hospital site.

3. Joint Scrutiny

- (a) 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 to consult a local authority about any proposal which they have under consideration for a substantial development 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.
- (b) The Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC) considered the Kent and Medway Specialist Vascular Services Review on 11 August 2015. They determined that the reconfiguration constituted a substantial variation in the provision of health services in Medway.
- (c) The Kent Health Overview and Scrutiny Committee (HOSC) considered the item on 17 July and 9 October 2015. The Committee also deemed the changes to be a substantial variation in the provision of health services in Kent.
- (d) In line with Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013¹ the Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC) was convened and has met to discuss vascular services on 6 occasions since January 2016. The JHOSC may:
- make comments on the proposal;
 - require the provision of information about the proposal;
 - require the relevant NHS bodies and health service providers to attend before it to answer questions in connection with the consultation.
- (e) The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State. This only applies in certain circumstances and the local authority and relevant health body must take reasonable steps to resolve any disagreement in relation to the proposals.
- (f) The JHOSC may consider whether the Vascular Services reconfiguration should be referred to the Secretary of State under regulation 23(9) of the 2013 Regulations. The Committee must recommend a course of action to the relevant Overview and Scrutiny Committees.

¹ When NHS bodies and health services consult more than one local authority on a proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authorities' areas, those local authorities must appoint a Joint Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.

Item 7: Kent and Medway Specialist Vascular Services Review

- (g) The JHOSC cannot itself refer a decision to the Secretary of State. This responsibility lies with the Kent County Council HOSC and/or the Medway Council HASC.
- (h) The JHOSC last considered the Vascular Services reconfiguration at its meeting on 12 October 2018. The Committee agreed the following:

RESOLVED that

- i. the update report on the Kent & Medway Vascular Services Review be noted;*
- ii. the formal consultation plan on the interim model be shared with the Committee;*
- iii. the Committee receives an update on the business case including workforce, safety issues and the delivery of best practice.*

4. Legal Implications

- (a) The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 govern the local authority health scrutiny function. The provisions in the regulations relating to proposals for substantial health service developments or variations are set out in the body of this report.

5. Financial Implications

- (a) There are no direct financial implications arising from this report.

6. Recommendation

The JHOSC is invited to:

- CONSIDER and NOTE the report.

Background Documents

Kent County Council (2015) '*Health Overview and Scrutiny Committee (17/07/2015)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5841&Ver=4>

Kent County Council (2015) '*Health Overview and Scrutiny Committee (04/09/2015)*', <https://democracy.kent.gov.uk/mgAi.aspx?ID=32939>

Medway Council (2015) '*Health and Adult Social Care Overview and Scrutiny Committee (11/08/2015)*', <http://democracy.medway.gov.uk/ieListDocuments.aspx?CId=131&MId=3255&Ver=4>

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (08/01/2016)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=6314&Ver=4>

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (29/04/2016)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=6357&Ver=4>

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (04/08/2016)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=7405&Ver=4>

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (28/11/2016)*', <https://democracy.kent.gov.uk/mgAi.aspx?ID=42591>

Kent County Council (2017) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (12/12/2017)*', <https://democracy.kent.gov.uk/mgAi.aspx?ID=46700>

Kent County Council (2018) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (12/10/2018)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=8154&Ver=4>

Contact Details

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Joint Health Overview & Scrutiny

MEETING/ DECISION MAKER:	Joint Health Overview and Scrutiny Panel	
MEETING/ DECISION DATE:	General Update - September 2019	
		E 9999
TITLE:	Kent & Medway Vascular Network Update	
WARD:	All	
List of attachments to this report: No attachments		

1 PURPOSE

Following previous engagement with JHOSC around the requirement for engagement for the Kent & Medway Vascular Network, NHSE/I Specialised Commissioning SE have committed to updating the committee regarding progress.

2 BACKGROUND

What is vascular disease?

Vascular disease affects veins and arteries. It may cause blood clots, arterial blockages and bleeds which can lead to strokes, amputation of limbs and conditions such as aneurysms that might threaten life if left untreated.

Specialised vascular services which are commissioned by NHSE/I Specialised Commissioning provide treatment for:

- **Aortic aneurysms** – where a bulge in the artery wall is caused by arterial disease that can rupture. Treatment for this may be planned before the bulge reaches a critical size, or as an emergency if it ruptures;
- **Carotid artery disease**, which can lead to stroke; and
- **Arterial blockages**, which can put limbs at risk.

All these treatments are highly specialised and need a skilled team available 24 hours a day, every day of the year, to provide this service and support patients.

What prompted the review of the current service?

In an effort to ensure specialised services are of the highest standards of quality and safety no matter where people live, NHS England worked with clinical and commissioning experts and patients across the country to come up with a National Service Specification (NSS) of what services should provide.

After reviewing the evidence and conducting a national programme of patient and public engagement the Vascular Society of Great Britain and Ireland and the team of experts and patients that developed the service requirements recommended that specialised vascular services should have:

- A minimum population of at least 800,000 in a specified area to ensure an appropriate volume of patients are seen each year
- Twenty four hour, seven day a week vascular surgery and interventional radiology with on-call rotas staffed by a minimum of 6 vascular surgeons and 6 interventional radiologists
- All arterial surgery with a dedicated vascular ward provided at a vascular centre to ensure that highly experienced staff are treating sufficient patients to maintain their skills
- Access to cutting edge technology including a hybrid operating theatre for endovascular aortic procedures such as endovascular aortic aneurysm repair and combined open and interventional radiology procedures.
- Vascular surgeons who work closely with specialist nurses, interventional radiologists, vascular scientists, diabetes specialists, stroke physicians, cardiac surgeons, orthopaedic surgeons, and in emergency medicine amongst other specialities to provide a comprehensive multi-disciplinary service.

What did the review include?

NHS England & Improvement (NHSE/I) in collaboration with East Kent Hospitals University NHS Foundation Trust and Medway NHS Foundation Trust reviewed both emergencies and planned specialist vascular treatment at hospitals in Kent and Medway.

This includes outpatient care (e.g. appointment with a specialist), day care treatment (e.g. an operation where you go home the same day) and inpatient treatment (an operation requiring you to stay in hospital), which we are describing here as specialist treatment.

The review did **not** include varicose vein surgery, heart disease, heart surgery or the management of the common types of stroke.

2018 review

In 2018, a further review of vascular service in Kent and Medway, acknowledged that the future permanent location of the 'main arterial centre' for Kent and Medway would be determined through the East Kent transformation programme (part of the local Sustainability and Transformation Programme).

The proposed options in the transformation programme are still in the evaluation stage and are yet to be finalised. It is likely to take several years to complete this process and deliver the changes within East Kent, Therefore in April 2019, to comply with the national clinical guidance, NHS England/Improvement recommended that an interim main arterial hub should be located at the Kent & Canterbury Hospital until such time as the longer-term transformation programme happens.

All Trusts involved are in agreement with this recommendation and are committed to working together to further develop the vascular network and ensure the very best care for patients in Kent and Medway.

3 BENEFITS OF AN INTERIM MAIN ARTERIAL CENTRE

What happens now?

Kent and Canterbury Hospital is treating above the minimum numbers of core index procedures for specialised services, whilst Medway is not.

Currently patients requiring an inpatient stay following vascular surgery attend the Kent and Canterbury Hospital in Canterbury or Medway Maritime Hospital in Medway either through an elective pathway (e.g. planned operation) or an emergency pathway (e.g. via A&E).

An elective pathway is where the patient is referred for non-urgent treatment by their GP.

An emergency (or non-elective) pathway is where the patient is admitted as an emergency.

For elective patients, the initial referral will normally be for an outpatient appointment. These currently take place at:

- Medway Maritime Hospital, Gillingham
- Maidstone Hospital
- Tunbridge Wells Hospital
- William Harvey Hospital, Ashford
- Queen Elizabeth The Queen Mother Hospital, Margate
- Kent and Canterbury Hospital, Canterbury.

Patients requiring emergency or elective inpatient surgery are currently treated at Kent and Canterbury Hospital and Medway Maritime Hospital.

What needs to happen in the future?

Establishing the interim Main Arterial Centre at Canterbury will ensure an ongoing high standard of care for all Kent and Medway patients and is driven by clinical need as outlined above.

To ensure patients get the highest standards of care in hospitals in Kent and Medway that meets all the recommended criteria for specialist vascular services:

- Patients will continue to go to their local hospital (as listed above) to ensure that most care will be delivered as close as possible to people's homes. This includes outpatient appointments, tests, scans, and day procedures.
- Day surgery would continue to be provided in Medway and Canterbury, as it is now.
- Specialised Inpatient emergency or particularly complex operations will in future be delivered at the main arterial centre.
- Elective inpatient operations will in future be delivered at the main arterial centre.

- Non Elective (Emergency) Inpatient operations will in future be delivered at the main arterial centre.
- Bringing inpatient services together into a 'main arterial centre' will ensure that patients have access to a sustainable consultant-led vascular service 24/7, every day of the year in line with National Specifications.

Please note: There are a number of Clinical Commissioning Groups involved in this work in addition to Specialised Commissioning and patient numbers are currently being estimated for next year. We will update Overview and Scrutiny Colleagues further when this work is complete.

4. ENGAGEMENT

Historical Engagement

Patient and clinical engagement has already been conducted through the initial review and the development of the Case For Change (2015) which articulated the need to reconfigure local Vascular services in order to meet the National Service Specification (NSS) and VS POVs standards.

The engagement process commenced in July 2015 with a number of listening events across Kent and Medway.

A further deliberative event was held in February 2016 where detailed conversation took place between members of the public, patients and clinicians on the emerging recommendation.

The key messages from the events were;

- a. A specialist 24/7 service is vitally important and must remain in Kent and Medway.
- b. The ability to keep outpatient care close to home is important and needs to ensure that the out of hospital support is timely especially after surgery.
- c. A recognition that some patients would have to travel further for inpatient care but this was acceptable in order to get safe and high quality care and the best outcomes.

Further engagement events were held on the 7th and 8th February 2017 for vascular patients to describe the recommendation and the proposed network arrangement between EKHUFT and MFT. Participants at each event included patients, relatives and families, voluntary and provider organisations, clinicians and commissioners. Three JHOSC members also attended the Medway session, as independent observers.

In August 2017, two further engagement events were held which included vascular patients, family members, members of the Joint Health Overview Scrutiny Committee (JHOSC), the Programme Director and lead clinicians and commissioners.

Overall, there was consensus amongst patients, across both events, that the proposed network model made sense to them, as it was about building a sustainable model that will allow patients to access 24/7 expert care.

Ongoing Engagement

Despite the extensive engagement that has occurred to date, and the national guidance and clinical requirement to implement the interim main arterial centre as part of the establishment of the Vascular Network, we believe it is important to continue engaging with patients as the Vascular Network develops and the following is planned for September:

An online survey is now live on the NSHE/I Specialised Commissioning South East website to get patient views.

<https://www.engage.england.nhs.uk/survey/kent-and-medway-vascular-network-survey/>

Also, patient events are to be held at:

CANTERBURY: Tuesday 24th September 2019, 6-9pm
Harvey Hall, Postgraduate Centre, Kent and Canterbury Hospital,
Ethelbert Road, Canterbury, Kent CT1 3NG

MAIDSTONE: Monday 16th September 2019, 1-4pm
Oakwood House, Oakwood Rd, Maidstone ME16 8AE

MEDWAY: Wednesday 18th September, 12.30 to 3.30pm
Medway Adult Education, Rochester Community Hub, Eastgate,
Rochester, Kent ME1 1EW

Over 200 letters have been sent inviting patients to these events, with follow up calls made where possible.

The aim of these events is to update patients on progress and the changes taking place, and also to understand from patients what they particularly value from the service currently and what they feel could be improved to ensure this is considered as we move forwards.

Overview and Scrutiny colleagues are invited to observe these events. To book a place please contact england.speccomm-southeast@nhs.net stating which event you would like to attend.

Staff Engagement

Whilst we are unable to share details of staff engagement ahead of that engagement with staff themselves, there is an ongoing work stream and plan around staff engagement.

Contact	england.speccomm-southeast@nhs.net
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Item 8: Assistive Reproductive Technologies (ART) Policy Review - written update

By: Kay Goldsmith, Scrutiny Research Officer to the Kent Health Overview and Scrutiny Committee

To: Kent and Medway NHS Joint Overview and Scrutiny Committee, 10 September 2019

Subject: Assistive Reproductive Technologies (ART) Policy Review – written update

Summary: This report invites the Kent and Medway NHS Joint Overview and Scrutiny Committee to consider the information provided by NHS Medway CCG.

It provides background information which may prove useful to Members.

It is a written briefing only and no guests will be present to speak on this item.

1. Introduction

- (a) Assistive Reproductive Technologies (ART) are medical procedures that are primarily used to assist infertility. An example is in vitro fertilisation (IVF).
- (b) NICE guidelines (CG156, section 1.11 “Access Criteria for IVF”¹) recommend that the NHS funds up to three full IVF cycles for women aged under 40.
- (c) Across Kent and Medway, there is a single policy relating to ART and it entitles eligible patients two IVF cycles. The lead commissioner for ART services is NHS Medway CCG.²

2. Background

- (a) In order to achieve financial sustainability³, CCGs nationwide have been considering whether to reduce the number of funded IVF cycles available to eligible patients. One such review is underway in Kent & Medway.
- (b) The proposal presented to JHOSC in October 2018 was for a maximum of one full IVF cycle per each eligible patient. It was anticipated this would yield a saving of £650k - £680k per annum across Kent & Medway.⁴
- (c) As at October 2018, East Kent CCGs had advised Medway CCG that they did not wish to progress with a review of the number of IVF cycles available to eligible patients.⁵

¹ <https://www.nice.org.uk/guidance/cg156/chapter/recommendations#access-criteria-for-ivf>

² JHOSC (2018) Assistive Reproductive Technology Services – policy review, 12 Oct 2018

³ ibid

⁴ ibid

⁵ ibid

3. Joint scrutiny

- (a) 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 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.
- (b) On 18 January 2018 the Medway Health and Adult Social Care Overview and Scrutiny Committee considered the Assistive Reproductive Technologies (ART) Policy Review and determined it to be a substantial development of or variation in the provision of health services in Medway.
- (c) The Kent Health Overview and Scrutiny Committee deemed the policy review to be a substantial variation on 26 January 2018, in the provision of health services in Kent.
- (d) In line with Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013⁶ the Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC) was convened and has met to discuss ART services on one occasion so far (12 October 2018). The JHOSC may:
- make comments on the proposal;
 - require the provision of information about the proposal;
 - require the relevant NHS bodies and health service providers to attend before it to answer questions in connection with the consultation.
- (e) After discussing the ART policy review at their meeting of 12 October 2018, the JHOSC made the following recommendation:

RESOLVED that:

- (a) *the report on Assistive Reproductive Technology Services policy review be noted;*
- (b) *the Committee expresses grave concerns about the potential for different levels of provision for IVF cycles across Kent & Medway and requests that NHS Dartford, Gravesham & Swanley CCG, NHS Medway CCG, NHS Swale CCG and*

⁶ When NHS bodies and health services consult more than one local authority on a proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authorities' areas, those local authorities must appoint a Joint Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.

Item 8: Assistive Reproductive Technologies (ART) Policy Review - written update

NHS West Kent CCG, in light of those concerns, reconsider their decision to continue with the review of IVF cycles.

- (f) This written report from Medway CCG provides Members with an update on the Review's progress.

4. Legal Implications

- (a) The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 govern the local authority health scrutiny function. The provisions in the regulations relating to proposals for substantial health service developments or variations are set out in the body of this report.

5. Financial Implications

- (a) There are no direct financial implications arising from this report.

6. Recommendation

The JHOSC is invited to:

- CONSIDER and NOTE the report.

Background Documents

Kent County Council (2017) '*Health Overview and Scrutiny Committee (24/11/2017)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7533&Ver=4>

Kent County Council (2018) '*Health Overview and Scrutiny Committee (26/01/2018)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7639&Ver=4>

Medway Council (2018) '*Health and Adult Social Care Overview and Scrutiny Committee (18/01/2018)*', <https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=131&MId=3727&Ver=4>

Kent County Council (2018) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (12/10/2018)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=8154&Ver=4>

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Assistive Reproductive Technologies: Update for Kent & Medway Joint HOSC August 2019

Background

Discussion relating to Assistive Reproductive Technologies (ART) took place at the Kent & Medway NHS Joint Overview and Scrutiny Committee on 12th October 2018.

At this meeting, commissioners outlined proposals relating to a potential consultation to reduce the number of NHS funded IVF cycles for eligible couples from two to one, and to amend the associated policy to enable the use of ART using donated genetic materials.

The chair of the Joint HOSC then wrote to commissioners to express the concern of the committee in relation to the potential for different levels of service provision across Kent and Medway, given the decision of East Kent CCGs to prioritise their focus on other areas of health.

Update

On receipt of the letter from the Chair, NHS Medway CCG shared this with all CCGs and discussed it at governing body or subcommittee meetings of each CCG.

At present, CCGs are waiting for a suitable time to consult with the public regarding the number of cycles of IVF for eligible couples. Given the priorities of CCGs across Kent and Medway, it is expected that this is unlikely to be in the current calendar year. NHS Medway CCG will keep the Committee informed when a suitable time for consultation is agreed.

Work relating to the use of donated genetic materials in NHS-funded ART provision has progressed. A detailed policy review has taken place, and all CCGs have now agreed to a revised schedule of policies which allows the use of donated genetic materials for NHS-funded patients in this provision. This change is currently being implemented with existing specialist fertility providers through development of revised contracts, which will be completed shortly. The contracts bring in the new schedule of policies, and this positive change will take effect when they are signed.

Furthermore, NHS Medway CCG is leading a procurement of specialist ART services on behalf of Kent and Medway CCGs, with a market engagement event taking place at the beginning of September. This will also be based on the new schedule of policies and will include the use of donated genetic material across the life of the future contract(s). Providers will be advised of the potential for consultation relating to the number of IVF cycles for eligible couples, and the contract will hold the possibility to reduce this if required.

END

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