

## **HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE**

**19 AUGUST 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 Medway CCG to reconfigure/recommission dermatology services. In the view of NHS Medway CCG 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 Medway. 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 Medway 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 eg moving a particular service into a community setting from an acute hospital setting.*

2.4 The current DoH guidance suggests local authorities could find a systematic checklist useful in reaching a view on whether or not a proposed service reconfiguration is substantial and that this approach may also be helpful to NHS Commissioners in terms of explaining to providers what is likely to be regarded as substantial. Medway already has a questionnaire for use by responsible bodies wishing to consult Medway Council’s Overview and Scrutiny Committees on proposed health service reconfigurations (attached as Appendix A). The questionnaire has recently been updated. It asks for information relating to the factors listed in paragraph 2.3 above, seeks assurance that the proposed change meets the Government’s four tests for health service reconfigurations (as introduced in the NHS Operating Framework 2010-2011) and also seeks 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**

- 3.1. Medway Clinical Commissioning Group is redesigning dermatology services for children and adults. Services will continue to be provided under the NHS standard contract offering choice of provider to Medway patients, but 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 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. Medway Community Healthcare provides some community based services.
- 3.2. 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.

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 Medway.

## 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.

| Risk  | Description   | Action to avoid or mitigate risk  | Risk rating |
|---|---|---|-------------|
| Potential to destabilise existing provider during the period where market testing and subsequent service redesign is taking place. This could result in an inadequate service being delivered to patients potentially increasing waiting times with delays in diagnosis and treatment. This will lead to an increase in patient complaints and lack of confidence in the service and the CCG. | <p>Regular updates from Lead Commissioner (Medway CCG) of issues and risks relating to service delivery.</p> <p>To ensure ongoing performance monitoring/challenge with existing provider including scrutiny of activity data.</p>  | <p>Agreement through Dermatology Service Development Group on actions with the current provider if need arises.</p> <p>Develop dermatology service in the community to mitigate for pressures on existing resources in the acute setting threatening to destabilise the existing provider.</p>  | 6           |
| Failure to deliver against the project plan which includes defining a service specification fit for purpose. This will lead to an inadequate service and will not meet the needs of our patients.   | <p>Development, action and monitor the project plan to identify work streams/tasks including timelines and accountability.</p> <p>Ensure governance is in place to keep project on track and/or identify additional risks in a timely manner and put in place appropriate mitigation.</p> | <p>Strengthened collaborative working with North Kent &amp; West Kent CCGs supporting dermatology service redesign with agreement for shared responsibilities in delivery against the plan through the Service Development Group.</p> <p>Strengthened relationship and communication with Clinical Leads throughout the process.</p> <p>Reporting and escalating concerns in a timely manner to ensure appropriate support.</p> | 6           |

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| Failure to attract interest from appropriately skilled and resourced providers to deliver against service specification. This includes workforce issues (appropriately skilled staff), including succession planning where clinicians leave a post. This will lead to failure in delivering the service and could lead to patients being put at risk. | Engaging interested parties at the market testing event and at the 1:1 follow up commissioner/provider consultation sessions.<br><br>Providing timely responses to questions raised by future providers. | Ensure good planning and delivery of a successful market testing event through Service Development Group.<br>Review of workforce/skill mix to take place with the lead provider of the service following completion of a skills audit. | 4 |
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## 6. Consultation

North Kent (including Medway) and West Kent Clinical Commissioning Groups are currently consulting with dermatology service users to understand their treatment pathways (from referral to treatment) and their experiences of the service to date. Over 1500 questionnaires have been distributed between 9 June and 25 July across North and West Kent CCG areas via acute, community and primary care providers with 411 completed. 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.

Detail in Appendix A

## 7. Financial implications

7.1 This work will be undertaken under existing CCG 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 which 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: SV Questionnaire – Dermatology

**Lead officer contact**

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