

## **MEDWAY COUNCIL**

Gun Wharf  
Dock Road  
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### **Health Overview and Scrutiny**

#### **Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial**

##### **A brief outline of the proposal with reasons for the change**

###### **Commissioning Body and contact details:**

Medway Clinical Commissioning Group (MCG)  
Carole Eastwood (Programme Manager)  
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###### **Current Providers:**

Medway Foundation Trust and Medway Community Healthcare

###### **Outline of proposal with reasons:**

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 various community settings. 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 provide some community based services.

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

both in terms of clinic location and clinic times.

**Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

Decision to proceed with the service design will be taken at Medway CCG's Commissioning, Finance and Performance Committee 17 September 2014.

**Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).**

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

Medway CCG is using a procurement process to ensure that patients continue to have choice of local providers and are able to access a timely, quality service. This is consistent with the overall ambition expressed in the Medway JHWBS to improve overall health and reduce inequalities.

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

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

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

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

**Test 1 - Strong public and patient engagement**

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Medway Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

North Kent (including Medway CCG) and West Kent Clinical Commissioning Groups are currently working together to consult 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. Healthwatch Medway is aware of the patient engagement and has shared the survey and requested specific feedback from their network.

The engagement sessions are planned to finish at the end of July 2014, and it is expected by this date that over 250 patients will have been interviewed. Patient responses are currently being analysed and collated, so the full details of the engagement sessions are not yet available.

Early information emerging from the responses received show that patients value the acute hospital service. However feedback shows that:

- Appointments booking process inefficient
- Long waiting times for appointments
- Access to local service not as high priority as receiving an appointment in a timely manner
- Parking charge concerns
- Consultation with clinician is brief

All responses from the engagement sessions will be analysed and collated by the end of July 2014 with key themes used to inform the development of the service specification for the new dermatology service.

Further to patient engagement in service redesign North Kent and West Kent CCGs have consulted with the British Association of Dermatologists and South East Coast Strategic Clinical Network (cancer). These consultations have clarified the need for the retention of services such as level 4 specialist provision requiring robust multi-disciplinary team delivery in a setting with access to high level equipment and resources.

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

Choice will still apply to patients in Medway. Clinics at Medway Foundation Trust main acute hospital will remain with expansion of community provision currently delivered at Parkwood Health centre, Rochester Health centre and Lordswood Health centre considered based on need.

The services will be provided in a more integrated way (including with other health care services, health-related services, or social care services), ensuring good accessibility and allowing patients a choice of provider of the services within a setting in their local community.

## Test 3 - A clear clinical evidence base

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

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

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

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

Services should be delivered in line with the following guidance:

- Our Health, Our Care, Our Say; A new direction for community services (DH January 2006)
- Commissioning Framework for Health and Well-being (DH 2007)
- Commissioning safe and sustainable specialised paediatric services

(DH 2008)

- Shifting care closer to home dermatology report (DH 2006)
- Implementing care closer to home, Parts 1 – 3 (DH 2007)
- Revised guidance and competences for the provision services using GPwSI (DH 2011)
- Commissioning Guidance (British Association of Dermatologists 2008)
- Improving Outcomes for People with Skin Tumours including Melanoma (NICE 2006)
- Model of Integrated Service Delivery in dermatology
- Improving Outcomes Guidance for Skin Tumours including Melanoma (NICE updated May 2010)
- Skin cancer Peer Review Measures (NCAT 2008 and update 2011)
- Referral guidance for skin cancer (NICE 2005)

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

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

Dr Chris Markwick, supported by Dr Pete Green, is the clinical lead for the dermatology service redesign workstream.

Medway CCG is working to ensure that community dermatology services are commissioned to a consistently high quality, to ensure that services are:

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

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

- 'Our Health, Our Care, Our Say; A New Direction for Community Services'<sup>1</sup>,
- 'Improving Outcomes for People with Skin Tumours including

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

Melanoma<sup>2</sup>.

- 'Model of Integrated Service Delivery in Dermatology'<sup>3</sup>
- Next Stage Review and<sup>4</sup>;
- High Quality Care for All<sup>5</sup>.

### **Effect on access to services**

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

On average 4,500 Medway patients are referred annually as new patients for a first out-patient appointment to Medway Foundation Trust acute services. It is anticipated that 60% (2,700) – 70% (3,150) of these patients will receive future services within the community setting releasing capacity in the acute trust to treat patients with complex conditions.

Medway CCG will take action to improve quality and efficiency in the provision of the services. The services will be provided in a more integrated way (including with other health care services, health-related services, and social care services as relevant), ensuring good accessibility and allowing patients a choice of provider of the services within a setting in their local community.

### **Demographic assumptions**

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

The dermatology service review and redesign proposals support the Medway Joint Strategic Needs Assessment (2011) results in regards to patient experience of acute hospital out-patient appointment waiting times in the departments. The JSNA notes that patient experience is adversely affected by long waits in the out-patient system. Future community based services will release capacity within the acute out-patient department improving experience. Patients currently travel from all over Medway to the acute hospital, it is envisaged that community provision will increase the choice of clinic access with more variable times available.

<sup>2</sup> Improving Outcomes for People with Skin Tumours including Melanoma

<sup>3</sup> Model of Integrated Service Delivery in Dermatology, Skin Care Campaign (2007)

<sup>4</sup> Next Stage Review 2008

<sup>5</sup> High Quality Care for All 2009

### **Diversity Impact**

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

There are positive impacts to the dermatology service redesign, improving access to services within community settings without removing access to acute provision as clinically appropriate. The Dermatology service redesign is in the scoping phase with various options of service delivery in the community being considered. The patient and carer engagement report is due to be published by the end of July and the outcome of this will help to inform future decisions.

### **Financial Sustainability**

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) What would be the impact of 'no change'?

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

### **Wider Infrastructure**

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

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

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

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

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

Medway Clinical Commissioning Group does not believe the proposed new dermatology model is a substantial service variation. The development of the service will be undertaken through a robust procurement process. Any service provider awarded a contract will be expected to provide the service delivering to a high quality service specification with services available closer to home, in a number of local community settings, providing good access, both in terms of clinic location and clinic times.