



**HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
14 MARCH 2019**

**VARIATION IN PROVISION OF HEALTH SERVICE –
IMPROVING OUTPATIENT SERVICE IN MEDWAY AND
SWALE IN LINE WITH THE MEDWAY MODEL AND
COMMUNITY SERVICE REDESIGN**

Report from: Nikki Teesdale Associate Director of Secondary
Care Commissioning, NHS Medway Clinical
Commissioning Group

Author: Dr Hasham T Khan, Senior Programme Manager,
NHS Medway Clinical Commissioning Group

Summary

This report updates the Committee on improving outpatient services across Medway and Swale. This in line with the Medway Model and community service redesign, which will enable care to be delivered closer to people's homes. The improvement programme will be bringing services together, this will enable health and care staff to work more closely together and develop services that focus on the needs of the patients.

This report from NHS Medway Clinical Commissioning Group (CCG) updates the Committee on the progress of the programme since the previous paper on the Community Service Redesign and the Medway model that was sent to the Committee in January 2019.

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 The current outpatient model within the NHS across England has been described as “obsolete”. In the past ten years, the number of outpatient appointments has doubled, meaning we need to address our services to ensure we are meeting the needs of the patients.
- 2.2 The Medway Foundation Trust (MFT) serves a catchment of 400,000 patients from across Medway and Swale. In 2017/2018, the Trust had 325,000 outpatient attendances, with a cost of £32m.
- 2.3 Across the local system, there is the opportunity to work collaboratively to address the increase in patient referrals by reviewing specialty level pathways through a close working relationship between clinicians from primary, secondary, patient and community organisations.
- 2.4 The programme is based on best practice from other areas and it will incorporate digital and innovative approaches to manage patients seamlessly from primary care, through to secondary care then back to primary care for their acute and ongoing long term management. This should result in a patient centric position reflecting the Medway Model and a modernised approach to the delivery of outpatient care to meet the emerging and changing health needs of the Medway and Swale population, acknowledging the different population demographics and long term conditions.

3. Options

- 3.1 From a review of examples of initiatives implemented in other areas there are a number of possible ways to reduce consultant face to face appointments and make more effective and efficient use of clinical resources, especially consultants. The vision is shown in Appendix 2.
- 3.2 These initiatives would apply to all specialty areas. During the first phase of the programme six specialties have been identified, these include: rheumatology, neurology, respiratory, colorectal, urology and haematology.
- 3.3 The first phase of the outpatients improvement programme will involve reviewing the referral criteria, reviewing the existing pathways and patterns of activity. The aim of this review is to carry out improvements in the referral process by introducing the use of technology and building strong relationships across community, primary and secondary care providers.

4. Advice and analysis

- 4.1 Outpatient services are often the first point of contact that most elective care patients have with secondary care.
- 4.2 Getting things right at the referral stage of the pathway can have significant benefits in terms of patient safety, quality and cost further downstream.
- 4.3 The management and delivery of outpatient services is frequently complex, often requiring the co-ordinated delivery of parallel and/or sequential

process steps by a range of clinical and non-clinical staff across many disciplines and departments.

- 4.4 This programme is a redesign of the current system from a patient centric position, reflecting the Medway Model, and a modernised approach to the delivery of outpatient care.
- 4.5 A combined impact assessment (CIA) was carried out, which found a positive impact on disabled people while there was neutral impact on all other protected characteristics.

5. Risk management

- 5.1 The improving outpatient programme has been included in the CCG's performance risk register.
- 5.2 All areas of the model will be monitored, audited and evaluated through a set of agreed standards any incidents identified will be investigated according to local policy.

| Risk | Description | Action to avoid or mitigate risk |
|-------------------------------------|--|---|
| 1. Financial Risk | There is a financial risk to the CCG for non-delivery. | This will be mitigated in part by ensuring adequate resource is available for the programme. |
| 2. Stakeholder engagement | There is a risk of poor engagement from clinicians / stakeholders. In addition, the current service is not sustainable and not fit for purpose. | Stakeholder engagement held in November. Further engagement workshops are being planned for each specialty. |
| 3. Patient Experience & expectation | Patients often have duplication of care, unnecessary appointments and long waiting times for follow up. This does not lead to a positive patient experience; this will continue if the project does not deliver. | Patient engagement is vital for the success of this programme. Patient and public groups will be part of all stakeholder engagement workshops with dedicated sections on patient experience during workshops. |

6. Consultation

- 6.1 The outpatient improvement strategy will set out the approach and phases of the programme enabling innovation, implementing pilots to test and embed change using a whole system approach. This will be developed to ensure a successful and evolving change and structure, in a phased approach.
- 6.2 Engaging patients and understanding their views and needs for outpatient care and engaging clinicians and including their clinical and administration teams will be instrumental to the success of the delivery of this programme.
- 6.3 The service improvement programme is designed entirely from a patient centric position. This has been led by patient engagement carried out in the redesigning the community services. The Medway Model is seen as the next stage of modernising the approach to deliver outpatient care to meet the emerging and changing health needs of the Medway and Swale population, acknowledging the different population demographics and long term conditions. Communications and Engagement teams will lead on gaining patient feedback and views to support the development of the vision.
- 6.4 A full communications and engagement plan, including a comprehensive stakeholder map is being developed as a first stage to the programme. This follows on from the patient and public engagement already carried out for Community Service Redesign. The CCG is fully committed to engaging the population and this will be done through a number of ways which will include surveys and face to face discussions with patients, staff and local communities.

7. Financial implications

- 7.1 There are no financial implications to Medway Council directly arising from the contents of this report. Financial considerations in relation to the outpatient improvement programme are set out in Appendix 1.

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 and includes a requirement on relevant NHS bodies and health service providers (including Public Health) 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. 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.
- 8.2 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 with the local authority on the proposed substantial health service development or variation has been adequate, in relation to content or time allowed, or where the authority considers that the proposal would not be in the interests of the health service in its area.

- 8.3 Revised guidance for health service Commissioners on the NHS England assurance process for service changes was published in March 2018:

<https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>

- 8.4 The guidance states that broadly speaking, service change is any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered. It also says that any proposed changes should be aligned to Sustainability and Transformation Partnership (STP) Plans.

- 8.5 The NHS England guidance acknowledges that the terms “substantial development” and “substantial variation” are not defined in the legislation. Instead, commissioners and providers are encouraged to work with local authorities to determine whether the change proposed is substantial thereby triggering a statutory requirement to consult with Overview and Scrutiny. The Council has developed a template to assist the Committee in determining whether a proposed change is substantial. This is attached as Appendix 1 of this report.

- 8.6 The NHS England guidance also states that public consultation, by commissioners and providers is usually required when the requirement to consult a local authority is triggered under the regulations because the proposal under consideration would involve a substantial change to NHS services. However, public consultation may not be required in every case, sometimes public engagement and involvement will be sufficient. The guidance says a decision around this should be made alongside the local authority.

9. Recommendations

- 9.1 The Committee is asked to

- i) Consider and comment on the report and proposed development or variation to the health service, as set out in this report and Appendix 1.
- ii) In consideration of Medway NHS CCG’s assessment that the proposal does not represent a substantial development of, or variation to, the health service in Medway, to determine whether it agrees with this assessment.

Lead officer contact

Nikki Teesdale
Associate Director of Secondary Care Commissioning
07769 742284
nikkiteesdale@nhs.net

Appendices

Appendix 1 – Completed Substantial Variation Template
Appendix 2 – Improving Outpatients Services