

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

18 JUNE 2019

DERMATOLOGY SERVICES

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Summary

In September 2018, Medway NHS Foundation Trust (MFT) served notice on their Dermatology Service (including the cancer pathways), following which the North Kent CCGs jointly commenced procurement to identify a new provider to deliver Dermatology services. Following a successful procurement process the contract for the North Kent Dermatology Service was awarded to DMC Healthcare. The new service commenced on 1 April 2019.

In view of concerns raised, it was agreed at the agenda planning meeting held on 29 May that a report should be included on the agenda for the June 2019 meeting.

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 Following notification from Medway NHS Foundation Trust of their intention to cease provision of their full Dermatology service; including the 2 week wait and cancer pathways, Medway CCG, in conjunction with Dartford, Gravesham and Swanley and Swale CCGs commenced procurement to

identify a new provider of Dermatology services from 1st April 2019. The process was successful and following approval by the CCG Governing Body the contract was awarded to DMC Healthcare.

- 2.2 Although the timeline to complete a procurement process and mobilise the new service was extremely challenging the North Kent Dermatology service commenced on 1st April 2019 as intended. Due to the short mobilisation period the CCG continues to work closely with DMC Healthcare to monitor the impact of the service change.

3. Mobilisation and Exit Update

- 3.1 DMC, Medway NHS Foundation Trust and the CCG worked closely throughout the mobilisation to plan for a smooth transition between service providers, aligning the mobilisation and exit plans to provide assurance that the key risks and milestones were considered and addressed collaboratively. The three stakeholder organisations met on a weekly basis as a minimum, with ad-hoc meetings and teleconferences scheduled as required, to address and manage upcoming milestones and issues. The regular communication continued into the early weeks of service mobilisation to provide further assurance that all outstanding issues were resolved and that the transition was complete.

- 3.2 It was recognised that with only seven weeks to transfer services there would be challenges and risks associated with the mobilisation, however the collaborative working approach ensured mitigating actions were identified wherever possible and the new service was mobilised on 1st April 2019 as intended; albeit with additional issues arising which required resolution subsequently.

- 3.3 Some of the issues addressed during the mobilisation were:

Uncertainty about staff transfers resulting in difficulties clinic planning:

DMC held regular meetings with staff members and MFT human resources department to understand the volume and skillset of staff who intended to transfer to DMC from 1st April, however there were difficulties in confirming this information. There was an acknowledged risk that the intended transfer of staff was not guaranteed until 1st April 2019 as staff could choose whether to transfer or not. The uncertainty regarding the inherited staff mix created difficulties planning clinics; although DMC already has adequate workforce to mobilise the service their preference was to utilise the staff who transferred as of 1st April.

- 3.4 Mitigation: Due to the ongoing uncertainty relating who would be transferring, particularly relating to medical staff and concern about the potential backlog that was due to be transferred, DMC took the decision to plan the clinics from 1st April based on their current workforce with the view of introducing any transferring staff into local roles as their transfer was confirmed, following the staff induction programme. DMC shared their full clinic list with Medway CCG for the first two weeks of April providing assurance that the service would mobilise as planned and how they intended to address the backlog.

3.5 **Lack of clarity regarding the size of the MFT backlog**

Due to uncertainty regarding the volume of the backlog, particularly the number of long term follow up patients, there were difficulties clinic planning and agreeing a cut-off date for new referrals. DMC, MFT and Medway CCG met to discuss a way forward and this was resolved. Communications and updates were jointly developed circulated to key stakeholders including patients (current and future), referrers and other providers.

- 3.6 Mitigation: DMC used the activity that was available to them (including the activity shared in the procurement documentation) and local knowledge to re-analyse the data and develop their backlog management plan. DMC notified the CCG of their intention to run significantly higher numbers of clinics in the first few months of mobilisation (approximately 24 clinics / 1000 appointments per fortnight) with the aim of addressing the backlog by June 2019. The introduction of the tele-dermatology app is expected to manage new referrals (received as of 1st April) to allow DMC to utilise their clinic appointments to address the backlog whilst not adding to this significantly, ensuring patients are being treated in turn and reducing waiting times where a face to face appointment is required.

3.7 **Current and ongoing arrangements for specialist Multi-Disciplinary Team Meetings (MDTs)**

The mobilisation of the new service has identified some issues with the current arrangements for specialist MDT meetings.

- 3.8 The North and West Kent CCG commissioning leads have been working collaboratively with key stakeholders including the Cancer Alliance, Specialised Commissioning and the local Dermatology providers (DMC and Sussex Community Dermatology Service) to agree an interim process to ensure the departure of MFT does not negatively impact on patients whilst resolving and agreeing the arrangements for the provision of local and specialist MDTs going forward. All providers are considering the changes to service provision as an opportunity to ensure MDTs are correctly commissioned and attended in the future and are compliant with local and national guidance.

- 3.9 Mitigation: Due to the complexity of this issue it was recognised that a long term solution could not be agreed and implemented by 1st April 2019. The key stakeholders have agreed that specialist MDTs will continue, following the same format, with the minor amendments of Queen Victoria Hospital (QVH) hosting the meetings with DMC sending the North Kent patients to QVH for presentation. This provides assurance that there will not be a reduction in service provision or patient care whilst the longer term process is being finalised. DMC Healthcare has established a local MDT which continues to be held on a weekly basis as was previously in place.

- 3.10 DMC has also submitted a request to NHS England to ensure the future MDTs are subject to appropriate review.

3.11 **Telephone access for patients**

Letters were sent to patients informing them of the change of provider and that DMC would contact patients to rearrange their appointment. Following

this, DMC received a significantly number of calls (46,000 in April 2019) which has resulted in patients experiencing delays and difficulties contacting DMC. To respond to this DMC increased their telephone lines and issued staff with mobile phones to ensure outgoing calls to reschedule/book appointments continued whilst ensuring the maximum numbers of incoming enquiries from patients are responded to. A dedicated email address has also been circulated which offers an alternative method of communication for patients. DMC endeavours to respond to urgent queries e.g. medication enquiries within 24 hours and routine enquiries in 5 days. Once the backlog of patients have been contacted and appointed DMC will commence scheduling appointments for referrals received via the new service pathway.

3.12 Since April there has been a significant reduction in the number of calls to DMC.

3.13 Results transfer

During May, the CCG was informed that there was a problem with the transfer of scan results from MFT to DMC affecting 30 patients. This was due to an issue with the Tele-Dermatology system that Medway NHS Foundation Trust used.

3.14 MFT subsequently resolved the issue with the system provider for 23 of these patients. Seven records remained inaccessible so those patients have been contacted and booked into an urgent face-to-face appointment at a clinic with DMC Healthcare.

4. Current Update

4.1 The Dermatology service mobilised on 1st April 2019. The CCG continues to communicate with DMC on a regular basis to monitor progress and ensure that the transition of services has been seamless. DMC has assured MCCG the clinics are being well utilised.

4.2 During the April 2019 the new provider made available in excess of 1,200 clinical slots and over 1000 patients were seen (see tables below)

Outpatient Attendances							
Provider	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19
MFT	470	527	456	473	381	214	0
DMC	-	104	183	97	65	21	1067
Total	470	631	639	570	446	235	1067

2 week wait performance	78% All breaches were pre-mobilisation and inherited from the previous provider.
No of 52w breaches	68
Reduction of backlog in April	488

4.3 **Waiting list and service backlog**

To address the backlog DMC will continue to hold a significantly higher number of clinics to ensure patients are treated as quickly as possible and to prevent the backlog negatively impacting on the new service. Based on the current trajectory the backlog is anticipated be cleared by June 2019. The majority of 52 week breach patients have been treated with the exception of about 6 patients.

5. **Next Steps**

- 5.1 DMC and MCCG continue to work closely to ensure that the impact of the service changes is monitored via regular telephone calls and meetings as required. Once the service is fully mobilised and the backlog position is stabilised monitoring of the service will move to the standard contractual monitoring approach as detailed and agreed in the contract e.g. monthly contract review meetings and monthly submissions of datasets including activity and KPIs.
- 5.2 The service will also be monitored and reviewed based on patient and referrer feedback.

6. **Risk management**

- 6.1 The table below outlines the main risk associated with the transition of Dermatology services following Medway NHS Foundation Trust serving notice on their service.

Risk	Description	Action to avoid or mitigate risk
Inherited backlog impacts on new service provision	Uncertainty about the Medway FT backlog position posed a risk on the provision on the new service if the provider inherited a large number of patients awaiting treatment.	During the mobilisation and exit planning discussions it was identified that Medway FT would be unable to provide an accurate backlog figure; on this basis DMC used the historic activity shared as part of the procurement to estimate activity and schedule significantly higher numbers of clinics during the early months of service provision to allow them to address the backlog as soon as possible; preventing long term impacts on the new service and referrals received from 1 st April onwards.

Risk	Description	Action to avoid or mitigate risk
		<p>It was DMCs aim to clear the backlog by June 2019 and they continue to monitor clinic utilisation and the backlog activity on a regular basis.</p> <p>To date over 500 backlog patients have been seen and DMC continue running higher numbers of clinics.</p>

6.2 The challenges and mitigating actions identified during mobilisation have been listed in section 3 of the report.

7. Consultation

7.1 As part of the service development and procurement process the CCGs engaged with patients via surveys and patient engagement events. Regular updates have been provided to the Committee to ensure that members were cited on the issues and progress throughout the process.

8. Financial implications

8.1 There are no financial implications to Medway Council directly arising from the contents of this report.

9. Legal implications

9.1 There are no legal implications to Medway Council directly arising from the contents of this report.

9. Recommendations

10.1 The Committee is asked to note and comment on the report.

Lead officer contact

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Appendices

None.

Background Papers

None.