

MEDWAY COUNCIL
 Gun Wharf
 Dock Road



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

1. A brief outline of the proposal with reasons for the change

Commissioning Body and contact details: Medway CCG, Nikki Teesdale, nikkiteesdale@nhs.net

Current/prospective Provider(s): Medway NHS Foundation Trust (MFT)

Outline of proposal with reasons: Medway Foundation Trust (MFT) is the main provider of Outpatient Services to the Medway and Swale population. On exploration of the data there were 15 specialties at MFT which had activity levels above 5000 episodes during the financial year. MFT continues to experience challenges in meeting the national Referral to Treatment (RTT) targets across a number of specialties. The 18 week incomplete RTT pathway is 92% however the latest RTT performance reported in December 2018 for MFT was 80.97%. The RTT target of 92% has not been achieved at MFT throughout 2018/19 YTD. As well as being a poor experience for patients, lack of access to timely appointments for diagnosis and treatment poses a clinical risk and resultant health deterioration if their condition remains unmanaged for prolonged periods.

This proposal is about improving the provision of outpatient services in Medway and Swale. This is in line with the Medway model and community service redesign which involves a patient-centric approach, it is based on best practice from other areas and 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. 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.

- 2. 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.

Medway CCG is working with MFT to progress this programme in a phased approach. The first phase of the programme is expected to commence in April 2019.

3. 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

The primary purpose of improving outpatient services is to ensure that Medway and Swale residents receive their care in a place that is most convenient. 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. 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.

4. Alignment with Kent and Medway Sustainability and Transformation Plans.

The K&M STP case for change set out the ambition to put local people at the heart of services by helping people to stay well and independent in their own homes and communities. It talks about a modern approach to health and social care services using the best technology, from booking appointments online to virtual (but secure) consultations, online assessment and diagnostic systems, and advice on apps to monitor patient health and timely appointments with the right professional in a community setting. The outpatient improvement strategy highlights our continued commitment to improving service delivery locally and it is fully aligned with the ambition set out in the K&M STP.

5. Please provide evidence that the proposal meets the Government's four tests for service charge:

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

In 2017 the CCG engaged widely with patients, families, residents and staff on their proposals for future of health and care services and the feedback informed the development of the proposed model. Approaches included:

- An online and paper survey open between 26 October and 6 December 2017
- Two public events to launch the engagement programme – in mid-November 2017
- A discussion with Medway GPs and Practice managers
- Three workshops to build aspects of the future model held in November and December 2017
- 14 focus groups within local community settings run through the CCG's community development partnership – Involving Medway
- A patient panel to ensure that user voice was prioritised at all events
- Training local residents as community health researchers who undertook 36 individual face-to-face and telephone interviews with users of services
- A stakeholder workshop was held in November 2018 where the phases of the programme were discussed and agreement was obtained on and the specialties for the first phase.

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

The CCG used the feedback from the events to create a document detailing the key changes that will improve patients' experience of services. This will guide the future redesign of the outpatient services for the local population. The CCG will continue to engage with patients and providers throughout the redesign by holding workshops and user group sessions to ensure that we deliver what patients want.

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?
-

Evidence from other areas where outpatient service improvement has been undertaken suggests that patient experience improves with revised models of care delivery. The initial Combined Impact Assessment (CIA) shows that by reducing appointments where appropriate and offering care delivery closer to home will result in a positive impact on people with disabilities. The impact on the remaining protective characteristics was found to be neutral with none of the groups worse off.

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

The outpatient service improvement programme is built on the foundations of meaningful stakeholder engagement which includes patients, service users and clinicians across the spectrum. All new pathways will be developed robustly through an agreed process of dialogue between the key stakeholders, in addition these will be based on best practice and be evidenced based to ensure patient safety as the key principle.

Test 5 – Does the proposal include plans to significantly reduce hospital bed numbers? If so please provide evidence that one of the following three conditions set by NHS England can be met:

- (i) Demonstrate that sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and / or
- (ii) Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- (iii) Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

No

6. 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)?

The programme is under-pinned by clinicians from primary, secondary and community organisations as well as engagement from patient populations to develop the redesign to maximise the opportunity to transform the way the pathway can be changed, include best practice, 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. The Medway Model aims to deliver care locally in a safe environment which is closer to people's homes so we expect people to access

services in their local healthy living centres where all their needs are met safely thus improving the patient and carer experience.

7. 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 service improvement is designed for all the residents of Medway and Swale. The expected reduction in activity as a result of this programme is around 6% in outpatient service utilisation across each speciality.

8. 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?

The Combined Impact Assessment has shown neutral to positive impact across all groups. A full Equality Impact Assessment will be carried out before plans are agreed for each speciality to ensure that necessary mitigation is put in place if any negative impact is identified, e.g. ensuring all community sites are DDA compliant to ensure equity of access for all our service users.

9. 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) Is there assurance that the proposal does not require unsustainable level of capital expenditure?
- (d) Will it be affordable in revenue terms?
- (e) What would be the impact of 'no change'?

The outpatient service improvement programme is in line with CCG's financial objectives which set out the responsibility of ensuring value for money, directing resources to maximise benefit to make the best use of public money. In addition the service redesign will result in quality improvement ensuring services are safe, efficient and effective.

The expected reduction in outpatient activity should result in annual savings of £1.1m. Medway CCG total spend on all outpatients at MFT during 2017 was £23.2m with a forecast spend of £24.4m for 2018/19 and for Swale CCG their spend during 2017/18 was £9.18m with a forecast spend of £9.45m for 2018/19. Both CCGs have seen an increase in spend on outpatients with a Year on Year increase of 5.2% for MCCG and 3.0% for SCCG.

Outpatient Services	Medway CCG		Swale CCG	
	2017/18	2018/19	2017/18	2018/19
	Actual	Forecast	Actual	Forecast
All outpatients	£23.2m	£24.4m	£9.18m	£9.45m
Top 15 specialties	£17.8m	£18.3m	£6.22m	£6.09m

The impact of no change will see costs continue to rise with longer waiting times for patients resulting in poor patient experience.

10. 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

The CCG has invested in developing the Medway Model of local care delivery. This includes six healthy living centres, two in each of the three localities. The Medway Model is set up to deliver holistic care at each level.

Level 1: approximately 30k-50k populations

The most common services that serve the highest number of patients. Includes:

- day-to-day management of long term conditions (including respiratory, cardiology and diabetes)
- wound therapy
- phlebotomy
- end of life care
- physiotherapy and occupational therapy

Level 2: approximately 80k-100k populations

Services that are not be feasible to be provided frequently at every IHWC due to the level of demand or where specialist staff, equipment or clinic space is required. Includes:

- gym-based exercise and rehabilitation
- group education (including for diabetes)

Level 3: whole-population

The most specialist community services where staff will hold smaller caseloads and focus on providing support, education. Includes:

- specialist nursing (including continence care, tissue viability and epilepsy)
- hand therapy
- musculo-skeletal assessment and triage
- specialist palliative inpatient care

The delivery of care locally in community sites that are closer to people's usual place of residence will ensure ease of access for all patients.

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

This proposal has come about as a result of the continued challenges at Medway Foundation Trust in meeting the national Referral to Treatment (RTT) targets which lead to poor experience for patients, lack of access to timely appointments for diagnosis and treatment poses a clinical risk and resultant health deterioration if their condition remains unmanaged for prolonged periods.

The proposal is in line with the Medway Model of local care delivery and the extension to the community service redesign which is a patient centric approach to delivering care in a timely and accessible manner. The outpatient improvement will result in efficiency savings with a subsequent reduction in activity.

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

The CCG does not consider the proposal to be “substantial” in the meaning here. There are no service reductions, only developments, particularly the improved care environment which is being designed. Service users will be engaged in the development through the design and implementation process, which will be supported by comprehensive communication and engagement strategies.