



**HEALTH AND ADULT SOCIAL CARE
OVERVIEW AND SCRUTINY COMMITTEE
18 JUNE 2019**

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

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Summary

This report updates the Committee on improving the outpatient services across Medway and Swale. This is 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 and the paper related to Improving Outpatient Services sent to the Committee in March 2019.

At this meeting, the Committee deemed that the proposal to reconfigure the delivery of outpatient services does represent a substantial development of, or variation to, the health service in Medway. The Committee requested that a further update report be provided.

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" by Simon Stevens, the NHS England Chief Executive. 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. Further, the system needs to support the objective within the NHS Long Term Plan that over the next five years patients will be able to avoid up to a third of face-to-face outpatient visits. Outpatient services are not one service and have layers of complexity. When exploring outpatient improvement it has been recognised that a blanket approach to change has proven to be ineffective and working with individual clinicians and teams across the whole health and social care economy to identify opportunities for improving care delivery pathways is essential, and supports the NHS Long Term Plan move to Integrated Care Systems and integrated care models.
- 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 A multi-faceted approach to an Outpatient Improvement Programme is proposed as it provides a great opportunity to jointly develop a Medway and Swale integrated approach with strategic partners to enable change to bring patient and systems benefits. It is acknowledged by the system that this will be a long term programme of change, initially planned for 2 years, which has an overarching design principle of clinicians, managers and patients working collaboratively to define and design end to end pathways to align cross-organisational benefits. The approach will be designed from a patient centric position, reflecting the Medway Model objectives previously presented and supported, 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. Communications and Engagement teams will lead on gaining patient and clinical feedback and views to support the development of the pathway improvements.
- 2.4 The programme will be under-pined by clinicians from primary, secondary and community organisations to develop the redesign to maximise the opportunity to transform the way the pathway can be changed, include best practice, reflects national guidance and 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 aim is to make most effective use of all clinicians in the pathway and is not a focus on reducing appointments in Primary Care.

2.5 The programme supports the aim within the NHS Long Term Plan, January 2019, to reduce variation across the health system and will incorporate findings from Getting it Right First Time (GIRFT), Model Hospital and NHS Right Care Programmes. The Medway and Swale Outpatient Development programme has also agreed to be a pilot for Whole System Partnership (WSP) to provide modelling support for demand and capacity planning based on care needs of local populations to further support any development proposals.

3. Efficient and effective pathways

3.1 From a review of examples of initiatives implemented in other areas there are a number of possible ways to reduce the need for consultant face to face appointments and to make more effective and efficient use of clinical resources. The vision for the programme is described in Appendix 1.

3.2 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. The first phase of the Outpatients Improvement Programme will involve establishment of clinically-led Task and Finish groups conducting end to end reviews of the referral criteria, existing pathways and patterns of activity. The aim of this review is to identify and introduce improvements along the whole pathway with input from both patients and clinicians from across the system. The aim is to identify ways to make the best use of clinical resources available to deliver the right care in the right place at the right time to meet patient needs and focus on more holistic care approaches.

3.3 Long term conditions (LTCs) coordinated care provides opportunity to drive efficiency and support patients in self-management of their LTCs in primary care and reduce the need for them to have many interactions with different services across the acute specialties and develop a new model of care to manage within the community. Embracing technology to support self-management and remote monitoring will be explored to support new models of care aiming to release clinical time to deliver care more appropriately to meet clinical needs, when monitoring indicates this to be required. This supports the aim within Chapter 5 of the NHS Long Term Plan, January 2019 of digitally-enabled care becoming mainstream across the NHS.

3.4 Other technology options being actively considered include a virtual approach which can provide clinicians and patients a flexible approach to managing outpatient consultation, reducing clinical time and improving patient experience as no travelling or waiting times are incurred. Virtual consultations can be offered through telephone consultations, video-conferencing e.g. Skype.

3.5 This approach will apply to all outpatient clinical specialty areas. During the first phase of the programme six specialties have been identified: rheumatology, neurology, respiratory, cardiology, urology and clinical haematology.

4. Advice and guidance

- 4.1 Outpatient services are often the first point of contact that most patients have with secondary care. However, getting things right at the referral stage of the pathway can have significant benefits in terms of patient safety, quality and cost further downstream and impact on the requirement for traditional outpatient services.
- 4.2 Currently there are no formal advice and guidance arrangements between primary and secondary care providers. This could be having a significant impact on the numbers of referrals being made into secondary care as a significant number of patients could be managed in primary care with appropriate specialist advice on treatment plans and/or diagnostic tests to undertake prior to referral. This could also reduce the administrative burden of booking and logging appointments. As part of the Outpatients Improvement Programme this will be introduced to allow co-ordinated advice for Primary Care from Medway consultants to support the updated local care pathways. This is proposed to be rolled out in pilot form at specialty level and supports whole system working.
- 4.3 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.
- 4.4 In order to implement the programme successfully, evidence supports the need for objectives and KPIs to be localised to individual specialities. These will be determined in partnership with the stakeholders during the programme development phase and robust monitoring processes will be agreed prior to implementation of any changes. This will include activity, finance and patient experience metrics.

5. Risk management

- 5.1 The Outpatient Improvement 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 and 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. Engagement

- 6.1 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.
- 6.2 The Outpatient Improvement Programme is designed entirely from a patient centric position. A full communications and engagement plan, including a comprehensive stakeholder map, is being developed as a first stage to the programme. HASC will be updated on what people are saying about outpatient services.
- 6.3 This follows on from the patient and public engagement already carried out for Community Service Redesign. A consultation process has been considered but the CCGs agree that the range of engagement undertaken and planned will be appropriate as the Outpatient Improvement Programme is a vehicle for delivering some of the key messages identified from this previous extensive public engagement.
- 6.4 In order to deliver a person centred outpatient system in Medway and Swale the CCGs will be carrying out a series of engagement activities with clinicians, staff, patients, local community groups, family carers, local residents and their representatives. The purpose of the engagement is to:
- Keep staff and patients informed about the improvement programme.
 - Make sure what matters most to people using and working in outpatients services is captured.
 - Establish what is currently working well and what needs improving.
 - Sense check emerging proposals for change with local residents.
 - Monitor whether the programme is having an effect on patient experience.
 - Ensure that the CCGs meet their statutory duties around engagement.

6.5 Medway CCG conducted a programme of engagement with local residents, stakeholders and staff in 2017 and 2018 for adult community health services. Over 1,500 people were actively involved in developing proposals for adult community health services. Those who took part helped develop seven key messages. People said we should implement the following changes to improve access and make services less fragmented:

- The most common services will be provided locally in each Medway town, with specialist services provided centrally.
- More multi-skilled community nurses and therapists supported by specialist teams.
- Extending the hours and days of larger services in each of the six localities.
- A central booking and co-ordination function.
- Senior Community Clinicians will case manage the care of all patients with complex or three or more long-term conditions.
- Speedier response within two hours for people with complex or three or more long-term conditions when they need urgent treatment or support.
- More opportunities and support for people who use community health services to lead healthier lifestyles and to manage their own conditions.

6.6 A number of issues were consistently raised throughout the engagement. People were concerned about:

- Staffing and workforce – current staff shortages and problems with recruitment are a barrier to implementing changes. Also whether upskilling will dilute specialist skills and whether staff will be overstretched.
- Funding – whether there will be enough funding to improve frontline services.
- Mental health and well-being must be a central part of all health services in the community.
- Travel and transport – whether location changes will have a negative impact on older people or people with mobility problems, also concerns about the location of the Healthy Living Centres (HLC) not being accessible from some areas, also parking.
- Inadequate services for rural areas especially the Hoo Peninsula (a requirement for an HLC on the peninsula)

In addition GPs and practice managers said they would like to see:

- A simplified referral process.
- Better integration, better closer working relationships between GPs and community services (practice nursing teams).
- More nurse prescribers.

6.7 These findings, particularly the seven key messages agreed, will be central to the improvement of outpatients services. A further programme of engagement

and communications focusing on outpatients services and led by the CCGs has begun and will continue until the programme is complete in 2021.

During the spring and summer of 2019 engagement will be carried out to:

- Establish a baseline of information about experiences of delivering and using outpatients services
- Find out what the biggest issues/ concerns are
- Identify themes for further engagement.

- 6.8 A series of patient pathway workshops began in March involving clinicians, service users and staff from across the system to look at specific outpatients pathways. Participants discussed what is working well, what needs improving and suggested a series of potential solutions to the issues around access and joined up care. Events have been held focusing on neurology, respiratory and urology outpatients services. Cardiology and clinical haematology workshops will take place in June.
- 6.9 To enhance staff and clinical focus Medway Foundation Trust communications team has already started to tell hospital staff about the planned programme of improvement through staff information days and bulletins. Clinical leads will assist in encouraging staff to contribute their views. The CCG will engage with GPs and practice managers through dedicated discussions at the monthly GP meetings.
- 6.10 A patient and staff baseline survey will be created to establish feedback on services so that progress can be monitored throughout the programme. The survey will gather views on all the outpatients services under consideration – it will be administered online with printed paper copies distributed. There is a plan to distribute information about the survey through current clinics as well as publicising through the CCG and hospital channels – social media, writing to stakeholders and through our partners across health and care.
- 6.11 At the patient pathway workshops undertaken to date a number of patients expressed an interest in getting involved going forward. It is planned to conduct interviews with volunteer patients to look at specific patient journeys to gather patient stories and case studies to inform the case for changes and determine patient experience indicators.
- 6.12 Discussions will be carried out at patient support groups, including identified condition specific support groups to gather views and to build a community of groups to engage with throughout the programme.
- 6.13 During the autumn and winter of 2019 further workshops and meetings looking in more detail at the themes identified in the survey and spring/summer workshops will be undertaken. Subjects which are emerging so far include improving patient empowerment and self-management and making use of new technology to improve outpatients services. This supports the national direction already identified as key within the programme.

- 6.14 In addition a patient's panel will be established to scrutinise the information used in the development of the planned changes, patient/family carers feedback from all related engagement activities and how this was used in the final plans. They will identify and put questions to lead representatives of all organisations involved in this programme, to assure themselves that the process and outcomes are robust from the layperson's perspective and to raise any concerns that can be addressed before the final service changes are made.
- 6.15 Healthwatch are also key to our engagement with the public. On the Outpatient Improvement Programme they will act as an independent advocate for patient and user views, as well as supporting the programme through their regular collection of information about patient experiences. Healthwatch have been invited to join the steering group for the programme to provide strategic direction from a patient and public perspective and have also been invited to attend the initial pathway development workshops, which they have been helping to promote locally. The CCGs will work with Healthwatch to extract any patient views collected relevant to outpatient improvement and invite Healthwatch to submit evidence of local experiences to ensure the CCGs are listening to as wide a range of views as possible.

7. Financial implications

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

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. At the meeting in March 2019, where the completed template was considered, the Committee deemed that the proposal does represent a substantial development of, or variation to, the health service in Medway and requested a further paper be presented to the Committee.
- 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 Appendices 1 and 2.
 - ii) Note and support the proposed patient engagement activity as part of the programme for improving the outpatient service in Medway and Swale.

Lead officer contact

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Appendices

Appendix 1 – Improving Outpatients Services

Appendix 2 – Completed Substantial Variation Template (as presented to
Committee at 14 March 2019 meeting)

Background Papers

None.