

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

18 AUGUST 2020

DERMATOLOGY BRIEFING

Report from: Caroline Selkirk, Executive Director of Health Improvement

Author: Nikki Teesdale, CCG Assistant Director Secondary Care

Summary

DMC Healthcare has been providing dermatology services to Medway patients since April 2019. On 22 June 2020 the DMC dermatology contract was formally suspended by Kent and Medway Clinical Commissioning Group (CCG) due to serious concerns regarding patient care. This paper provides the background information and details the action the CCG has taken to ensure an effective interim service is in place.

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 Dermatology is the medical term for the treatment or management of skin conditions which can include rashes, lesions, lumps on the skin, changes to moles and skin cancer.

2.2 DMC Healthcare has been providing dermatology services since April 2019. During the 14 months of contract delivery the CCG has been increasingly concerned about the underlying quality and capability of the care provided by DMC. An informal Contract Performance Notice (CPN) was issued in November 2019 with a formal one issued on 5th February 2020. The main areas of concern at this point were:

- The lack of management of Patient Tracking List (PTL) information
- Lack of reliable reporting and assurance against constitutional standards and key performance indicators in line with contract specifications
- A lack of assurance around Serious Untoward Incident (SUI) reporting
- Lack of organisational governance and clinical accountability
- Concern over the compliance and management of patients receiving pharmacological biological treatments

2.3 The follow through of the CPN was delayed until May due to the Covid-19 response. When the process was recommenced with weekly meetings between the CCG and DMC, there was a continued lack of delivery of a clear Remedial Action Plan (RAP) which could provide the CCG with assurance that services were able to operate safely. This lack of formal progress led to further formal action.

3. Contract Suspension

3.1 Data submitted to the CCG on 17 June 2020 showed 1855 patients waiting for urgent procedures and approximately 7500 patients on a backlog waiting list. There was a significant number of high risk patients who had waited over and above NHS mandated waiting times for routine and urgent treatment. This was reviewed by senior clinicians within the CCG and external professionals. They shared significant concern regarding the content and on-going delivery of service, given the large backlog that had accumulated and the risk of harm.

3.2 As a result, the North Kent Dermatology contract provided by DMC Healthcare was formally suspended on 22 June 2020 by the CCG due to the significant concerns that patients may be placed at risk of harm should the service continue in its current state; DMC were contacted on 19 June to advise of the suspension. They were requested to cancel all clinics and share the lists of the cancelled clinics with the interim provider being put in place in order not to delay treatment. The suspension took account of emerging evidence of inadequate care that had been delivered to patients since DMC took over the service from Medway Foundation Trust (MFT) on 1st April 2019.

3.3 Under the terms of the suspension DMC were permitted to continue to care and treat a limited number of patients receiving on-going biologic medication treatment.

3.4 The CCG has ensured open communication with NHS England, the CQC and the GMC as regulatory bodies.

3.5 The decision to suspend was in accordance with General Condition (GC) 16 of the NHS Standard Contract under which the service operates. Under this there is the presumption that the provider works with the CCG to remedy the areas of operation that were considered of such a substandard nature, that a suspension of the service was an appropriate and proportionate step. Prior to, and in the period since suspension, the CCG has been meeting with DMC on a weekly basis to go through the remedial action plans that the provider has submitted. These have been targeted to address the areas causing the suspension. The CCG team has remained of the opinion that the service should continue to be suspended. In addition, in early July further evidence of inadequate processes

relating to pharmacy management for patients on long term therapy came to the attention of commissioners. In response to this evidence the CCG suspended the service in full on 15 July 2020.

4. Interim Service

- 4.1 Sussex Community Dermatology Service (SCDS) had an existing contract with Kent and Medway CCG covering west Kent and non-contracted activity with the north Kent locality.
- 4.2 An emergency short term contract was awarded to SCDS with support from 18 Week Support who specialise in supporting NHS Trusts to clear waiting lists and have capacity to see high volumes of patients in short periods. SCDS have maintained an effective service history in providing dermatology levels 1 to 4, which includes cancer pathways, to patients in west Kent and a proven track record with close links to Queen Victoria Hospital (QVH) plastic surgical unit and Maidstone oncology service. They also hold a lead role in the Kent and Medway specialist skin multidisciplinary team, with one of their consultants as lead for the skin tumour group who works in close partnership with the cancer alliance.
- 4.3 Introduction of an interim service has required a complete start from the basics including sourcing facilities, equipment and pharmacy support to deliver care with respect to a mobilisation of the contract. In addition, care pathways, including pathology and onward referral to specialist services and oncology pathways have needed to be clinically determined to ensure safety.
- 4.4 Concerns were also raised in relation to the data held by DMC Healthcare; as such the CCG has commissioned a data validation company to transfer the data to SCDS under the emergency contract. This is a manual process, and cases have been prioritised in relation to the urgency of referrals.
- 4.5 Since taking over the emergency contract, SCDS have effectively set up community capacity with clinics commencing within 2 weeks of contract award. These are fully consultant led comprising of 4 Consultant Dermatologists, 1 Associate Specialist in Dermatology, 3 Plastic Surgeons, 5 Specialist Nurses, and Healthcare Assistants to cover the north Kent and Medway localities.
- 4.6 Phase 1 of the mobilisation of service was to ensure all patients requiring urgent or cancer treatments were seen and treated and we now have in place a 2 week-wait service, urgent diagnostics, booked cancer surgery, and one-stop services. This has already stabilised the new patient cancer service and we have clinical availability to see and treat all patients within 3-weeks of referral meeting all cancer targets in a very short time interval. The surgical facilities and equipment are now all in place and have worked effectively to deliver a modern high throughput service.
- 4.7 All patients that require discussion at a multidisciplinary (MDT) skin specialist forum have all been discussed, with the first clinic taking place on the day of the original suspension to ensure no further delays were encountered for this high risk group. Patients needing clinical surveillance for monitoring of cancer and high risk conditions are actively being booked for scans, ultrasounds and are being managed by the SCDS team. The cancer pathway is clearly defined and is

working well between SCDS and QVH clinical consultants across the Kent and Medway area. The cancer service for new and existing active cancer patients is safe clinically.

- 4.8 More than 80% of the patients being treated for long term conditions with biologic medications have been transferred and are being actively managed by experienced Consultant Dermatologists, all of whom are used to running biologics clinics. The remaining patients are being transferred. The data transfers have been completed in a priority order depending on dates that medication reviews are required.
- 4.9 The identification of patients unseen and not treated has gradually emerged through analysis of the DMC database. These patients are being transferred onto the SCDS systems, so that patients can be tracked through the system more accurately. This process is nearly complete and there are approximately 3500 follow-up patients and 1800 surgical cancer waits. Access to DMC Healthcare data has proven challenging and medical notes are not readily interpreted with few patient time lines identified to prioritise care.
- 4.10 The long-term non-urgent follow-up patients will be provided with care in Phase 2 of the mobilisation. At the time of writing this report over 1000 patients have been seen; this includes patients on the urgent lists as well as new patients on a 2 week wait cancer pathway. The trajectory with current clinical capacity is for a further 4084 patients to be seen during August, although this will be adjusted as further clinical capacity becomes available during phase 2 of mobilisation. Clinics are currently being held 7 days a week from the Rochester Healthy Living centre, Rainham Healthy Living centre and Fleet Health campus.
- 4.11 Due to concerns with DMC data the CCG requested that local GPs go back through their records and re-refer directly to SCDS any patient who was originally referred on a 2 week pathway, urgent or with a potential condition that could deteriorate if left untreated. As a result of this instruction referrals went up by 450% in July compared to referrals in January and although we would expect to see a rise in summer months this is un-proportionate to other areas, particularly with Covid influencing patient behaviours: west Kent for example has seen a significant reduction in numbers. All the referrals have been processed, with urgent and cancer pathways treated. The doubling up of patients will cause some interim data issues as we will have patients being moved over from DMC Healthcare to the SCDS database that have already been treated; we will not be able to fully validate this and have a complete 'clean' waiting list until this process has been completed. It is important to note that this will not cause any additional delays to patient care; this is a back office function impact.
- 4.12 A helpline has been commissioned for patients both current and previously treated by DMC for dermatology conditions. This is being manned by the organisation IC24, Monday to Friday 9.00am to 6.00pm. Call handlers are not clinicians but are following a prepared script in order that the correct disposition can be reached for each patient. Calls in the main are in relation to appointment details. Any calls that relate to potential harm or complaints are being collated by the CCG quality and safety team and investigated in line with CCG policy.

- 4.13 All patients referred to DMC Healthcare dermatology services that have been waiting for longer than 52 weeks for treatments and those waiting for longer than 104 days for definitive cancer treatments will have a clinical harm review undertaken. All other patients who have been transferred to SCDS for their dermatology assessment and treatment will have a view taken by their treating clinician and those where there is a suspicion that an extended wait may have caused harm will also have a full clinical harm review. The findings of these reviews will be moderated by a panel with agreed terms of reference. DMC Healthcare patients that fall outside of these categories that are deemed to have come to harm will be escalated through the serious incident reporting process mandated by NHS England Serious Incident Framework (2015). The CCG patient safety team will be collating all the findings of the harm reviews and the serious incidents so that patient learning and recommendations can be identified. These will be reported through the quality safety and safeguarding committee at the CCG. All patients will have a full duty of candour undertaken.
- 4.14 The CCG is collating complaints and these are being dealt with as per CCG policy. In some cases the complaints are being referred into the harm review process and will therefore follow an alternative timeline for a response.

5. Future of the Contract

- 5.1 DMC Healthcare and the CCG have agreed in principle to a mutual termination of the dermatology contract. At the time of writing this report the CCG is unable to comment as to the future of the service but will provide a verbal update at the meeting.

6. Risk management

- 6.1 The management of risk to patient care and clinical outcomes is detailed in the above report. There are no material risks arising from this report that will impact on the Council's ability to achieve its strategic objectives.

7. Financial implications

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

8. Legal implications

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

9. Recommendations

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

Lead Report Contact:

Nikki Teesdale, Assistant Director, Secondary Care
Kent and Medway CCG
Nikkiteesdale@nhs.net

Appendices

None.

Background papers

None.