

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

9 DECEMBER 2021

MEDWAY COMMUNITY HEALTHCARE SERVICE BRIEFING

Report from: Penny Smith, Director Operations

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Summary

To provide the Medway HASC with an overview of MCH's current position of community health services provision.

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 Overview and Scrutiny Committee as set out in the Council's Constitution.
2. Executive summary
 - 2.1 National Situation and Medway Community Healthcare (MCH) responsiveness
 - 2.1.1 Along with all NHS organisations, MCH is required to fully retain their Emergency Preparedness, Resilience and Response (EPRR) incident coordination functions given the COVID-19 pandemic and anticipated winter pressures.
 - 2.1.2 MCH has maintained a robust incident control centre and continues to operate a formal governance structure that has strategic oversight and operational

functions to ensure our patients and staff can safely access services and return to work now.

2.1.3 This report provides details of the key organisational and service delivery issues, current situation and actions taken to overcome the challenges.

3. Our challenges

3.1 Workforce

3.1.1 Workforce remains a focus area for MCH. We currently have the following sickness absences:

Total staff away from work due to COVID19: 8
% Staff away from work due to COVID19 : 0.50%
Total staff Absent: 85
% Staff Absent: 5.32%

3.1.2 Our overall sickness absence currently is 5.32%

3.2 Covid Vaccinations Uptake

3.3 The current uptake of our clinical services is as follows:

Pillar	%
Urgent & Intermediate care	96.71
Planned	92.75
Children's	94.68
Local Care	90.37

4. Operational Performance

4.1. Activity and Waiting times

4.1.2 Numbers waiting have continued to grow with the increase in referrals, however the numbers waiting beyond 18 weeks is being maintained and managed well. The key areas where there are over 18 weeks are those previously reported, Respiratory (Pulmonary rehab), Community rehab, Diabetes (Education) & Children's Therapy (Speech and Language and Dietetics).

4.1.3 More positively, MSK and CAS have reduced their waiting times down to 8-9 weeks.

4.2 Referrals

4.2.1 Referrals to our services overall have returned to pre Covid levels.

4.3 Contacts overall

4.3.1 Contacts for our services are returning as planned back to pre Covid plans, with services continuing to offer virtual consultations where possible to help manage patient footfall on our estate.

4.4 Adult Nutrition and Dietetics (N&D)

4.4.1 This service will be fully staffed by beginning of December, however the service remains challenged with 210 patients waiting over 18 weeks and 504 below 18 weeks. All patients waiting are being triaged to ensure the most clinically urgent patients are being seen first now the initial Band 7 is in post.

4.5 Urgent Response

4.5.1 Urgent response continues to provide an excellent service to helping managing flow away from secondary care as can be seen below:

	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	August
Total Referrals	249	338	492	463	349	360	336	350	392	440	452
Referrals SECAmb	38	68	160	116	75	74	79	101	75	84	109
Referrals GP	43	66	80	83	60	88	75	74	84	93	67
Referrals referred on for Therapy	54	67	85	82	84	106	84	29	52	29	23
Admission Avoidance	79	84	265	209	201	226	207	257	265	283	410
Admitted	20	19	31	25	19	14	26	16	12	24	24

4.6 Phlebotomy

4.6.1 The Phlebotomy service is now established within the Care Coordination Centre and the telephone line menu has been reviewed to support the patient journey.

4.6.2 As of the 1st November 2021 the new online booking platform SwiftQueue is available for patients to use allowing them to directly book, cancel & re-schedule their appointments. A communication & engagement plan has been put in place to help promote this new offer across our system partners.

4.7 Integrated Discharge team (Intermediate Care)

4.7.1 Flow and discharge remain a challenge for our system and MFT especially for patients who require packages of care on discharge. This is caused by increased demand and poor provider capacity, this is a known issue across Kent and Medway. In an attempt to mitigate we are sourcing new care providers and working with Council colleagues to ensure system pressures are reduced where possible.

4.8 Falls Car

4.8.1 Positively this pilot service is still performing well. Performance is still operating at 65-70% of patients using this service remain at home instead of being sent to the Emergency Department.

4.9 Urgent Care Hub

4.9.1 A pilot is underway (commenced November 10th) with co-locating our urgent response team with the SECamb paramedic hub to help pull patients into a more appropriate setting, on the first day a number of referrals were redirected to Primary Care, Urgent Response, MedOCC and Community Nursing.

4.10 OurZone

4.11 The Ourzone day centre reopened on 25th October 2021 since having to pause for a considerable time whilst we had to reduce footfall on our sites and refrain from group activities. The service whilst opened is still working on a restricted basis to ensure social spacing can be adhered to.

4.11 Estates

4.12 One key challenge remains across a number of services is room availability and parking facilities. With regards to parking, the limiting factor is the 4 hour restrictions at some sites, we have staff able to work longer hours at these sites to help clear the backlog but unfortunately owing to the timing restrictions the staff have to vacate.

4.13 Room availability generally is still causing a concern with not having sufficient space whilst primary care colleagues utilise space for their vaccination clinics.

5. Patient feedback

Compliments

5.1 Compliments are recorded directly by the services on to the IQVIA system, they can be received verbally or in writing. During Q2 2021 there were 109 compliments recorded. This is an increase from Q2 2020 where the organisation received 63 compliments. The organisation often has a high return of compliments, the low return rate in 2020 could be attributed to the covid-19 pandemic and the reduction of service activity.

5.2 The table below shows the leader board of compliments received by services for Q2 2021.

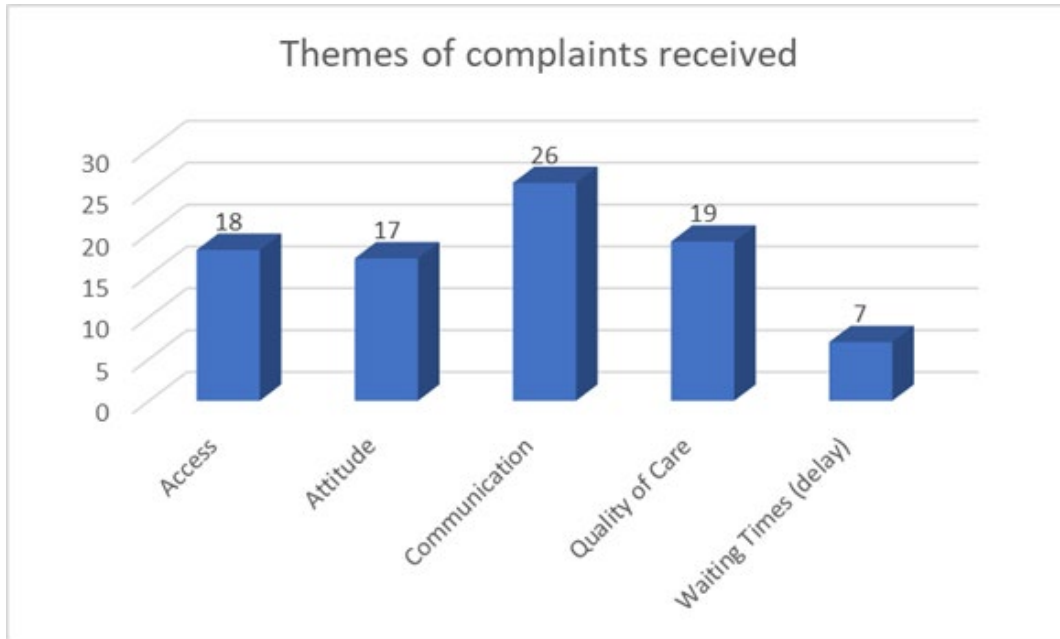
Service	Returns	Service	Returns
Palliative Care	15	Continence Service	1
Care Coordination Centre	14	Community Nursing - Rainham	1
Children's Therapy Service Medway	7	Community Nursing Out of Hours	1
Looked After Children	7	Diabetes Service	1
MedOCC	7	Occupational Therapy - Hands	1
Wound Care	6	Darland House	1
Nutrition and Dietetics	6	Rapid Response Therapy Team	1
Britannia Suite	6	Estates	1
Phlebotomy (blood tests)	4	School Nursing	1
Health Visiting	4	Children's Therapy Service Swale	1
Clinical Quality Team	3	Dental Services	1
Community Nursing - Gillingham	3	Continence Service	1
Cardiology	3	Community Nursing - Rainham	1
Musculoskeletal Physiotherapy	3	Community Nursing Out of Hours	1
Harmony House	3	Diabetes Service	1
Adult Speech and Language Therapy	2	Occupational Therapy - Hands	1
Stroke Services	2	Darland House	1
Dementia Crisis Support Team	2	Falls Service	1

Complaints

5.3 Complaints are received via the Customer Experience Team. Anyone can complain via email, web form, phone or in writing to the Customer Experience Team, where the complainant is making a complaint on behalf of another consent is required in certain circumstances.

5.4 Below is the breakdown of complaints for Q2 2021/2022

Number of complaints:	Organisational 87	Local Care 12	Children's services 19	Planned Care 23	Urgent and Intermediate Care 25	Corporate 8
Written	62	6	15	17	15	6
Verbal	15	5	1	4	2	2
Grumble	2	0	2	0	0	0
Joint complaints	8	0	1	0	7	0



- 5.5 Of the 62 written complaints during Q2 2021 17% had an outcome aligned to the complaint. No further action was the main outcome aligned.
- 5.6 Of the 62 written complaints 11% were defined as upheld, partially upheld or not upheld.

Upheld = 3	Partially Upheld = 1	Not upheld = 3
Clinical Quality	U & I care	U&I x2
Planned Care		Planned Care
Local Care		

- 5.7 Outcomes are defined by the service when they provide the Customer Experience team their draft response. Given the services are not recording robustly the outcome, the Customer Experience team provide services with a template to draft their response to a complaint which has a section for services to complete the above fields, the Customer Experience team then enter this onto the complaint record. By doing this we hope to be able to capture the outcome going forward.

6. Supporting our partners to ensure patient flow

- 6.1 MCH are signed up to the principle of partnership working and collaboration to support whole system solutions to surge and escalation. Our organisation contributes to supporting the local health and care economy by responding collaboratively, effectively and flexibly, maximising capacity during periods of high and unusual demand. This will include attendance at Medway and Swale whole system surge planning meetings, ICP planning, MCH EPRR meetings and the wider Kent and Medway EPRR led meetings for all providers, as well as specific community provider-based meetings including the local councils.

7. Risk Management

7.1 There are no significant risks to the Council arising from this report.

8. Legal and financial implications

8.1 There are no legal or financial implications for the Council arising from this report.

9. Recommendation

9.1 Members are asked to provide any feedback regarding MCH services.

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Appendices:

None

Background Papers:

None