

HAMPSHIRE COUNTY COUNCIL**Report**

Committee:	Health Overview and Scrutiny Committee
Date of Meeting:	24 July 2012
Report Title:	Inquiries Received and Action Taken
Report From:	Chief Executive

Contact name: Katie Benton, Scrutiny Officer
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1. Summary and Purpose

- 1.1. This report provides Members with information about the issues brought to the attention of the Committee and the response to these referrals. It sets out the inquiries received, the source of this inquiry and any action taken. Where appropriate comments have been included and copies of briefings or other information attached.
- 1.2. The approach adopted provides the route through which Local Involvement Networks (LINKs) and other partner organisations (Hampshire district councils, NHS organisations, voluntary and independent sector providers and organisations that are representative of social care service users and carers) can raise issues with the Committee.
- 1.3. Where inquiries raised with the Committee are already subject to monitoring or other performance management activities the action taken will be focused on the local resolution of inquiries through appropriate sign-posting to the agency best placed to respond.
- 1.4. Where an issue cannot be satisfactorily resolved between the parties concerned then the Committee can consider options for further action.
- 1.5. New issues raised with the Committee, and those that are subject to on-going reporting are set out in Table One of this report.

- 1.6. The recommendations included in this report support the Corporate Strategy aim of maximising wellbeing through the overview and scrutiny of health services in the Hampshire County Council area.

Table One: Inquiries Received and Action Taken

Topic/Inquiry	Source	Action Taken	Comment
NHS 111 – Update on the award of contract	SHIP PCT Cluster	Representatives from SHIP PCT Cluster have recently awarded the contract for providing NHS 111 services across Southampton, Hampshire, Isle of Wight and Portsmouth to South Central Ambulance NHS Foundation Trust. A report can be found at Appendix One (page 7).	
<p>Recommendations:</p> <p>1. Members confirm if they require any further information on the NHS 111 service.</p>			
Fast Track and Continuing Healthcare – update on internal review	SHIP PCT Cluster and HCC Adult Services	An update will be provided on the second phase of the changes made to the fast track and continuing healthcare service. A covering report can be found at Appendix Two (page 11), and an action plan at Appendix Three (page 13).	
<p>Recommendations:</p> <p>1. That Members confirm if they require any further information on the fast track and continuing healthcare update.</p> <p>2. That Members confirm if they require a further update.</p>			
Estates strategy briefing	HOSC Chairman and elected members	Representatives from South Central Ambulance NHS Foundation Trust (SCAFT) will be present to answer questions on the future location of ambulance stations in Hampshire.	Appeared in several news stories in May 2012.

Topic/inquiry	Source	Action Taken	Comment
<p>Recommendations:</p> <p>1. Members confirm if they require any further information from SCAFT on the Estates Strategy.</p>			
<p>Extension of choice of provider for community endoscopy and dermatology services</p>	<p>HOSC Chairman Royal Bournemouth and Christchurch Hospital NHS Foundation Trust. NHS Dorset & NHS Bournemouth and Poole</p>	<p>Communication has been undertaken between the Chairman and the Chief Executive of NHS Dorset and NHS Bournemouth and Poole, following receipt of a letter from Royal Bournemouth and Christchurch Hospital NHS Foundation Trust (correspondence at Appendix Four, starting from page 21)</p>	<p>Some patients in the New Forest area have been known to use services provided in the Dorset area.</p>
<p>Recommendations:</p> <p>1. That the correspondence is noted.</p> <p>2. That the proposal does not constitute a substantial change in service, and will not warrant further exploration, given that the Hampshire population will be unaffected by changes to the community endoscopy and dermatology services in Dorset.</p>			

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes
Corporate Improvement plan link number (if appropriate):	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

IMPACT ASSESSMENTS:

Equalities Impact Assessment:

No implications arising from this report

Impact on Crime and Disorder:

No implications arising from this report

Climate Change:

- How does what is being proposed impact on our carbon footprint / energy consumption?
No implications arising from this report

- How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?
No implications arising from this report



NHS111 Update to Hampshire County Council Health Overview & Scrutiny Committee meeting July 24, 2012

Background

The NHS is introducing a single telephone number for the public to access urgent, non-emergency healthcare and the Secretary of State for Health has committed to rolling out NHS 111 nationally by 1st April 2013. The 111 service will absorb all of the calls currently going to NHS Direct and Out of Hours services. It will be available free to callers, 24 hours a day, 7 days a week, 365 days a year.

GPs and other health professionals will also be able to phone 111 directly to arrange access to urgent care services or the Directory of Services from a computer to also get real time information on services available.

SHIP cluster is responsible for ensuring that the NHS 111 service is deployed. The Isle of Wight implemented in 2011 NHS 111, as a tranche 2 pilot site, which is to be evaluated ahead of establishing commissioning intentions for 2013 /14. In 2011 SHIP mainland committed to a procurement route in order to implement the NHS 111 service for SHIP mainland residents.

A full business case was developed, describing both the formal requirement for the SHIP cluster and the outcome of the procurement undertaken for the Hampshire mainland 111 service.

The Case for Change

The public find it difficult to access NHS services when they develop unexpected health care needs, especially outside normal working hours when GP practices are closed or when they are away from home.

Research has shown that many people call 999 because it is the only NHS number that they remember and that they would use a new service for non-emergencies provided that the number was a memorable one such as NHS 111. Confusion and the likelihood of sub-optimal access is increased through current multiple provisions of non-emergency telephone numbers, which can require the patient to provide the same information several times.

The current system produces sub-optimal results. 37% of visits to A&E are classified as minor non-emergency attendances that could be successfully dealt with outside A&E. The ambulance service handles 7.5m calls per year of which 2.2m (29%) are categorised as requiring their lowest category of response (Category C).

NHS 111 can support the effective navigation of patients through the unscheduled care

system, in line with the SHIP unscheduled care strategy, realising financial benefits in the reduction of inappropriate A&E attendances, ambulance services call-outs and unscheduled care admissions.

The availability of the NHS 111 service will make it easier for the public to access non urgent healthcare services and will drive improvements in which the NHS delivers that care.

SHIP NHS 111 Programme and Procurement Process

Implementation of the NHS 111 number is positioned within the Directorate of Nursing of SHIP PCT Cluster. A Programme Board reports to the Clinical Leads and Executive Director for each Clinical Commissioning Group via the Board of Clinical Commissioners (BoCC). The NHS 111 programme is a standing item on the BoCC agenda and the Cluster Board has received regular assurance via approved minutes.

The procurement strategy that was recommended to the SHIP BoCC, and that has been subsequently followed, involved a restricted procedure for a Part A service tendering, involving OJEU advertisement. This was followed to remain in line with other similar procurements elsewhere and in recognition that it would make the process simpler, faster with less risk of challenge. The Restricted procedure has meant that a clear and detailed Service Specification was published at the invitation to tender stage.

In order to get the maximum from the market place and make the procurement attractive to providers, a 5 year contract has been offered which is in line with what similar procurements have pursued. It is expected that this will allow sufficient time for recovery of initial investments by the provider of choice than would otherwise be available across a shorter contract term.

Evaluation methodology

The evaluation methodology was developed in consultation with the various Subject Matter Experts (SME's) and as advised by the Department of Health, was developed by the pathfinder 111 procurement process in the North East of the country. However, recognising the crucial importance of the methodology, the detailed questions associated with the various sections of the specification were developed significantly in order to more robustly and objectively test the selected bidders' capability to deliver the service specification.

In order to select the most economically advantageous tender and deliver the required service, the split between Quality and Finance was set at 65% Quality and 35% Finance / Whole Life Costs. This reflected the key objective of delivering a high quality service whilst ensuring a sufficient element of the overall evaluation criteria was available against the financial elements and drive the market place to deliver competitive prices and an efficient service.

Outcome of the procurement

On the evaluation of the pre-qualifying questionnaire stage, 6 short listed bidders were invited to proceed to the invitation to tender stage. Only 4 of these bidders elected to make ITT submissions for formal evaluation. All 4 bidders' performance was ranked and as a result

2 bidders were invited to attend Section E Presentation and Interview, which took place on 28 March 2012.

As a result of this process a preferred provider of choice was identified along with a reserve Bidder. **The preferred provider selected via the evaluation process is South Central Ambulance Service (SCAS) and the contract award has subsequently been made.**

Ensuring successful delivery

Progress against delivery of the mobilisation of the service will continue be monitored on a monthly basis by SHIP's NHS 111 Programme Board. In addition to on-going progress monitoring, specific checkpoints are set to provide assurance to the various levels of governance.

The Hampshire mainland NHS111 provider (**SCAS**) has submitted a full and detailed mobilisation plan in pursuant of a successful and effective soft launch go live by October 2012, which is fully in line with the procurement aims.

Benefits realisation

Both the costs and benefits models have been refined in line with the local requirements of Clinical Commissioning Groups (CCGs) and in particular their QIPP plans.

The case for implementing a new 111 service across the cluster was well made in August 2011 and the key drivers for that were acknowledged then were:

- The national changes to NHS Direct, particularly the end of this service by 2013
- The need to provide a service that meets the needs of the patients and public, in the SHIP area
- The need to realise both financial and non-financial benefits to reduce the cost pressure of this new national service and enable self-funding to provide value to the local healthcare systems. The primary mechanism for which is to be through the CCG Unscheduled Care QIPP Schemes.

Whilst there are early indications that the benefits are roughly equal to the costs, detailed benefits realisation are based on assumptions which follow the emerging national evidence from pilot sites. The benefits of the service are estimated to be in the range from £3.1M to £14M. As more information emerges on service mobilisation these estimates will continue to need to be revised; these estimates will need to focus on the QIPP initiatives that 111 will be a prime enabler for.

Risk management

A robust risk assessment exercise has identified the most significant risks for the programme as it enters the mobilisation and implementation phase. In response, a number of Stop/go points are identified to ensure the risks continue to be satisfactorily addressed.

Post procurement project evaluation

A number of post procurement project learning points and positive factors have been identified and summarised as part of an evaluation of the end of procurement project phase

for the SHIP Hampshire mainland NHS 111 programme.

The procurement phase of the SHIP Hampshire mainland NHS 111 programme has progressed overall well according to plan, resources and indicated costs. Levels of senior leadership have been beneficial to progress.

The distraction of the CCG Authorisation process has impacted on the programme of communications and engagement. The formal requirements of public sector procurement rules have been a limiting factor on the ability to drive forward the Clinical Governance Advisory Group stipulated as a national mandated requirement.

Conclusions and next steps

The SHIP Hampshire mainland NHS 111 programme remains an ambitious but achievable commissioning plan. The approach to date involves a go live soft launch by October 2012, with all areas across Hampshire mainland live by November 2012. This approach is designed to avoid winter pressures and to exceed the national expectations of end of March 2013 implementation (given NHS Direct ceases to operate from 21st March 2013).

Patients will receive consistent provision of advice and services and be navigated to the most appropriate treatment first time. Once implemented and evaluated it is anticipated that 111 will provide the platform for transforming unscheduled care systems beyond the envisaged benefits outline in this document.

The NHS 111 service will provide management information on the demand and usage of services to enable more effective and productive services to be commissioned in line with people's needs. Therefore, CCG unscheduled care leads will need to review the impact of the 111 service on the local system in due course and to establish, in conjunction with the 111 service provider, further service improvement changes to secure maximum benefits realisation.

Committee:	Health Overview and Scrutiny Committee
Date:	24 July 2012
Title:	Review of Continuing Healthcare Arrangements in Hampshire

1. Purpose of Report

- 1.1 The Director of Nursing of Hampshire Primary Care Trust (PCT) and Director of Adult Services, Hampshire County Council (HCC) jointly updated the Health Overview and Scrutiny Committee on the 24th January 2012, on the work that was being undertaken to review the current working practices within the Continuing NHS Healthcare (CHC) in the County, which was in response to earlier concerns raised by stake holders
- 1.2 At that time an overarching action plan was shared with Committee Members. This briefing is intended to update Members on the progress of implementing the action plan.

2. Action Plan

- 2.1 The plan comprises of actions which arose from;
- a) the independent review which was outlined to the committee members in January;
 - b) the recommendations from the committee; and
 - c) operational practices.
- 2.2 The attached updated action plan, demonstrates that within a relatively short timeframe significant progress has been made. The specific areas of success include;
- A jointly agreed Operational Policy and associated procedures, which are compliant with National CHC Framework
 - Changes to the process for “triaging” fast track applications, and the progression of the implementation of the Fast Track, End of Life pathway
 - Changes to the process for scrutinizing checklists i.e. quality control of referrals requesting full consideration
 - The development of a joint training programme
 - Strengthened joint working arrangements
- 2.3 The response to these changes has been positively received. A Joint Operational CHC meeting involving the PCT and Adult Services will continue to take forward improvement in this challenging agenda.

3. Conclusion

3.1 This briefing has provided an update for Members on the progress of improvements associated with Continuing NHS Care in Hampshire and demonstrates a genuine commitment to ensure fair access to safe and appropriate care.

Author: Diane Wilson
Associate Director Quality and Safeguarding Adults

Progress Summary - Hampshire Continuing Health Care Action Plans 4.05.12

Work Area	What needs to happen	Lead	Date	Update
Hosc : Action Plan: Fast Track Continuing Care in Hampshire				
1. The PCT working with Adult Services, rolls out the Basingstoke Pilot across Hampshire, taking account the good practice identified in Southampton and Portsmouth. This should be taken forward as soon as possible and the time table for implementation shared with HOSC in January	1. Strategic meetings to be arranged for the SW and Winchester 2. Operational meetings to be arranged for SW, Winchester, Frimley and Bournemouth. 3. Options for implementation to be developed and agreed 4. Protocols to be agreed	Diane Wilson Sarah Elliott	April 2012	Complete Strategic meeting with the SE and SW Operational meeting and "pilot" has been implemented in the SE. Southampton and Winchester have also began the initial process with a view to implementation
2. The HOSC is advised of the timeframe for conducting and completing the independent review. The Report should be shared with HOSC with a supporting action plan	The Joint Independent review has commenced and will be completed December The action plan will be shared with the HOSC		January 2012	Complete Action plan to be shared with HOSC for the January 2012 meeting
3. With immediate effect, in the event of a dispute, the support recommended by the responsible clinician is put in place. If the PCT is unable to	Actioned by PCT with immediate effect		November 2011	Complete

respond to this request, as a minimum, there is a rigorous audit of the triage system in place. This should be shared with clinicians, Trusts and HOSC. Individual clinicians will also be advised in written or electronic format of the reasons why any request for fast track is declined				
4. Referrals are routinely audited and feedback regularly provided to Trusts and clinicians about the appropriateness of the use of the fast track tool	1. Develop mechanism to provide formal feedback to providers including clinicians. 2. Commence feedback process to clinicians		December 2011- January 2012	Complete
5. Arrangements are put in hand to ensure referrals from the community and other services are dealt with appropriately	1. Revisit the Basingstoke pilot 2. Roll out across Hampshire	Sarah Elliott/ Diane Wilson	Commencing in December 2011 – aim to complete by 1.4.12	Complete and on-going please see action no 1
6. Joint training arrangements are put in place to ensure that all care providers are aware of the purpose and application of the fast track tool	1. Develop a Joint Training Programme with Adult Services 2. Agree training events across Hampshire which are aimed at clinicians who are applying the fast track criteria. The priority audience are acute hospitals in the first instance	Diane Wilson	Commencing in January 2012 Training dates and format for training will be agreed in	Complete Content of Joint training agreed, arrangements for the training which will commence on 8 th June have been agreed. There will be 3 training sessions a month in 2012 and one a month there after

			February 2012	
7. Joint operational protocols are in place to support the delivery of the fast track policy, and all existing NHS Hampshire operational policies on Continuing Healthcare are updated to reflect these protocols	1. Agree fast track Protocols for each area of Hampshire 2. Update CHC Operational Policy	Paul Turner	February 2012 March 2012	Complete Please point 1 Operational policy jointly redrafted and agreed. Presented to joint strategic group 15 May 2012

Independent Review - Fast Track process and Checklists in Hampshire, Action Plan				
Fast Track Process 8. The PCT no longer requires the level of evidence and scrutiny that has been previously asked to accompany the checklists	1. Accept appropriate completed applications from "Appropriate Clinicians" view on the fast track forms – with immediate affect 2. The duty team to provide "help desk" function to fast track applicants 3. Consider communications to the team/ other clinicians 4. Re visit Joint Training opportunities with Adult Services 5. Roll out EOL Joint pilot across Hampshire 6. Protocols to be agreed		Dec 2011	Complete Complete Complete see point 6 Complete See point 1 Complete Included in the Operational policy
Checklists 9. The PCT no longer requires	1. PCT to accept checklists with clear			Complete

the level of evidence and scrutiny that has been previously asked to accompany the checklists	link to source evidence or actual evidence 2. Re visit Joint training opportunities with Adult Services			See point 6
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10. Communications and Joint working	<p>1. Facilitated discussion with Adult Services CHC team, needing to understand each others position</p> <p>2. Consider the broader opportunities for working together with HCC</p> <p>3. Communication plan, which considers what the key messages are for the wide stake holders. Website to be updated</p> <p>4. Review level of involvement of families in MDT recommendation process</p>	Sarah Elliott/ Diane Wilson/ Paul Turner/ Adult service colleagues	To set up meetings after January 2012	<p>Complete and ongoing</p> <p>Joint written communications issued by Sarah Elliott NHSH and Gill Duncan HCC</p> <p>Joint operational group established to take forward</p> <p>Being discussed at the op meeting</p> <p>Complete</p>
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CHC Operational Work plan - developing the hub

11. Website update	1. Operational policy to be updated	Paul Turner	30.1.12	Complete
	2. Internal protocols to be discussed, developed and agreed with adult services colleagues agreed	Diane Wilson/ Paul Turner	30.1.12	Complete
	3. Glossary of terms	Paul Turner/Elaine Williams	30.10.11	Drafted, to be discussed with independent reviewer , some included in reviewed operational policy

12. Templates for letters	1. File with all templates available to include; Holding decision letters Decision letters Review letter Complaints	Paul turner/ Elaine Williams	15.11.11	Complete Draft template when a complaint is identified completed + updated
13. Filing Cabinets	1. All patient files to be in locked cabinets/ rooms 2. Paper files to be put in A-Z format 3. Archiving to be completed 4. Electronic files to be put in A-Z format	Amanda Patton	1.12.11	Complete Complete Complete
14. Post	1. System for the receipt and distribution of mail to be agreed 2. System for response and follow up	Amanda Patton	1.12.11	Complete
15. Complaints/ FOI	1. Process for Data base to be kept up to date 2. All to be aware of process 3. Training for staff on process and letter writing 4. Complaints database contents discussed + drafted and implemented	Elaine Williams with Jackie Perkins see point below Paul Turner/Elaine Williams	1.12.11 13.10.11	Complete Complete

		/Bridget Colbran		
16. Computers	1. Access for all – to intranet and shared drives	Amanda Patton	16.12.11	Complete – service wide single shared drive in place.
	2. Purchase PC's and lap tops	Amanda Patton	30.10.11	Complete – access to intranet.
	3. All PC's to be registered	Jackie Perkins	30.10.11	Some outstanding queries re pcs/laptops.
	4. Staff trained as required	Amanda Patton	30.12.11	
				Training scheduled.

17. Documentation	1. Flowcharts for the public to include how to challenge info	Diane Wilson/ Paul Turner	30.10.11	Complete
18. Telephones	1. Adequate phones available for all	Jackie Perkins	30.10.11	Complete
	2. Extension numbers known by all		30.10.11	
19. Training	1. Admin staff - Managing difficult telephone calls	Elaine Williams	12.9.11	Complete
	2. Other staff – complaints awareness	Elaine Williams TBA when staff appointed under new structure, including admin staff	1.12.11 1.12.11 25 Nov + 2 Dec	Complete

	3. Review clinical and managerial supervision	Michelle Ennis	30.1.12	Complete
	4. Conflict resolution	Sarah Elliott		Complete Staff attended sessions, which have provided greater awareness and confidence in conflict resolution
20. Communications	1. Developing a plan to improve reputation and communication	Sarah Elliott/ Comms (engaging with comms team)	5.10.11	Meeting held and way forward agreed , comms plan being developed
	2. Discuss with HR zero tolerance policy	Sarah Elliott/ Diane Wilson		Complete Meeting held, to follow up on policy and on actions arising from the meeting. HR leading on the revision of the policy in 2012
	3. Investigate strategies for managing conflict in the work place to include telephone messages/ letters	Paul Turner	30.1.12	Comms developing response
21. Recruitment	1. Appoint to nurse assessor vacancies – to follow up with HR	Sarah Elliott (follow up with HR)	30.10.11	Completed and in post recruitment to vacancies to nurse assessors and admin.
	2. Appoint to admin vacancies	Paul Turner (recruitment process)		Completed and in post
22. Capacity Mapping	1. Review processes/ practices – revisit	Amanda	30.12.11	To take place after April

	the LEAN work	Patton		2012
23. Roles and responsibilities	1. Reviewing work loads and skill mix in light of the review of process	Paul turner/ Amanda Patton	1.12.11	Complete Communications to include named people for each of the acutes, hospices and CCG's
24. Appeals and Retro work	1. Implement a project to manage 25 retro cases by Jan 2012 2. Additional nurse assessors and admin to reduce current appeals and manage future	Paul Turner/ Michele Ennis	1.1.12	Completed recruited to vacancies to nurse assessors
25. Task and finish group – this group was set up following the Winterbourne	1. Collate all agreed information from the group which includes framework for quality visits to providers	Jaki Metcalfe/ Chrissie Dawson	1.2.12	Ongoing
26 Contracts	1. All queries to be resolved	Paul Turner and Amanda Patton	30.11.12	Complete
27: General Office Clearance to create more space	1. Redundant equipment e.g printers, filing cabinets etc removed	Amanda Patton	30.11.12	Complete

The Royal Bournemouth and 
Christchurch Hospitals
NHS Foundation Trust

Cllr Pat West
Chair of Health Overview and Scrutiny Committee
Hampshire County Council
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SO23 8UJ

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29th March 2012

Dear Cllr West

Re: Patient and Public Interest in Endoscopy & Dermatology plans of Dorset, Bournemouth and Poole PCT cluster

We are writing as the three Chief Executives on behalf of our medical consultants in Dermatology and Gastroenterology urgently requesting you to consider "calling in" a decision regarding the future patterns of care in these areas. The reasons for this request is that the clinical leads would like to address your committee members as to their serious concerns about creating fragmented and more expensive services for our local population requiring diagnosis and treatments for skin cancer, colorectal cancer and a range of other serious conditions.

This is the first time we have ever written making such a request of you. We cannot accept the commissioner's decisions, and their reluctance to take on board any comments from the local experts in their fields, that we are obliged to raise our concerns publicly with you.

There are numerous areas of specific concern that we would be keen to expand on further in a meeting. This includes:

- reducing quality standards for diagnosis and treatments
- competition on price, going against national policy
- expecting a reduction in the current departments, in an unplanned, chaotic way that would force closure of services at Christchurch Hospital (Dermatology) or Poole, if commissioner intentions are fully realised.

Our primary concern is the fragmentation and reduced quality controls for cancer care, which could lead to missed cases and perversely over treatment or testing, which also poses a risk to patients.

We have a very high quality care in both primary care (GPs) and secondary care (hospitals) but the PCT plans for Any Qualified Provider (AQP) seriously diminish the quality and integrated nature of current provision.

The PCT has explained to the Trusts that they have already consulted with the various Overview and Scrutiny Committees on plans to fundamentally change these services. We consider these plans not to be in the interests of local people and that any such changes are, in our view, a significant change in service provision, requiring more extensive consultation.

We hope you will be able to consider this request, and will ask the PCT cluster not to proceed with their plans until you have had a chance to consider them and if appropriate request they are publicly consulted on given the grave consequences such service changes may have for patient services and quality.

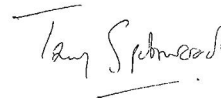
Yours sincerely,



Chris Bown
Chief Executive Officer



Jean O'Callaghan
Chief Executive Officer



Tony Spotswood
Chief Executive Officer

cc: Denise Holden
Democratic Service Officer

This letter has also been sent to:

Borough of Poole
Cllr Charles Meachin, Chair of Health Overview and Scrutiny Committee
cc: Victoria Wathan, Clerk to the Health Scrutiny Committee

Bournemouth Borough Council
Cllr John Trickett, Chair of Health Overview and Scrutiny Committee
cc: Matthew Wisdom, Democratic Services Officer

Dorset County Council
Mr Ronald Coatsworth, Chair of Health Overview and Scrutiny Committee
cc: Helen Whitby, Senior Democratic Services Officer

Christchurch Borough Council
Cllr Nick Geary, Chair of Scrutiny Committee
cc: Vanessa Ricketts, Democratic Services Officer

17 April 2012

Mr Paul Sly
Chief Executive
Dorset, Bournemouth and Poole PCT Cluster
Canford House
551-553 Wallisdown Road
Poole
BH12 5AG

Room 105, Chief Executives
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e-mail: pat.west@hants.gov.uk

Dear Mr Sly,

Re Patient and Public interest in Endoscopy & Dermatology plans of Dorset, Bournemouth and Poole PCT cluster

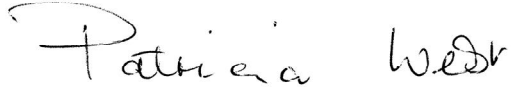
I am writing to you following receipt of a letter dated 29 March 2012, titled the above, signed by the three Chief Executive Officers of the Dorset, Bournemouth and Poole acute Foundation Trusts. This letter urges me to 'call-in' a decision on changes to Endoscopy and Dermatology services in the region.

As this is the first that I have been made aware of such changes to Endoscopy and Dermatology services, I am writing to you as the commissioner of these services to clarify:

- What services are being proposed, and how these differ from those previously commissioned.
- The numbers of Hampshire patients affected by proposals.
- The performance of the current service against the agreed service specification, and the quality indicators that are measured.
- The extent to which the proposed change meets the 4 'tests' of the Secretary of State:
 - Has the development of the proposal been informed by appropriate engagement and involvement of local people and those using the service. This should take account of the relevant equality legislation and be clear about the impact of the proposal on any vulnerable groups.
 - The extent to which GP commissioners have informed and support the change
 - The strength of clinical evidence underpinning the proposal and the support of senior clinicians whose services will be affected by the change.
 - How the proposed service change affects choice for patients, particularly with regard to quality and service improvement
- The extent to which you are able to demonstrate that you have met your statutory duty to engage and involve on such service changes.

I look forward to receiving your responses to the above points. I have copied this letter to the Chief Executive Officers noted above.

Yours sincerely

A handwritten signature in black ink that reads "Patricia West". The signature is written in a cursive style with a large initial 'P'.

Cllr Pat West

Chairman, Health Overview and Scrutiny Committee

Cc Chris Bown / Jean O'Callaghan / Tony Spotswood, Chief Executive Officer(s)



**NHS Dorset
NHS Bournemouth and Poole**

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Councillor Pat West
Hampshire County Council
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23 April 2012

Dear Councillor West

Re: Extension of choice of provider for community endoscopy and dermatology services in Bournemouth, Poole and Dorset through Any Qualified Provider (AQP) process.

Thank you for your letter received on the 19th April 2012 addressed to the Trust's former Chief Executive, Paul Sly, in response to a letter you had received from the Chief Executive Officers of Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH), Poole Hospital NHS Foundation Trust (PHT) and Dorset County Hospital NHS Foundation Trust (DCH) in relation to the commissioning plans being implemented to offer greater choice to local people in Dorset in accessing community dermatology and endoscopy services.

I believe our correspondence may have crossed in the post. I had taken the opportunity to write to you and the other Health Scrutiny Chairs on the 16th of April, following sight of the letter you had received from the hospital Chief Executives. A copy of this correspondence is enclosed.

I hope the letter was helpful in providing clarity of the situation. Ours plans are to increase choice of services to support Dorset patients, and are therefore not directly impacting on Hampshire residents. If the Hospital Trusts intend to develop any proposed changes to the secondary care service model, these would be required to be shared and agreed with the PCT, and the Hospital Trusts would need to identify what engagement/consultation requirements they may have to undertake to enact this change, including discussion with Health Scrutiny Committees if indicated. The PCT are not aware of any such proposals.

I hope this provides you with reassurance, however please do not hesitate to contact me to discuss this further should you wish.

Yours sincerely

Suzanne Rastrick
Interim Chief Executive

Chair – Jacqueline Swift

Interim Chief Executive – Suzanne Rastrick



**NHS Dorset
NHS Bournemouth and Poole**

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Health, Overview and Scrutiny Committee Chairs

Councillor Ronald Coatsworth
Dorset County Council

Councillor Charles Meachin
Borough of Poole

Councillor John Trickett
Bournemouth Borough Council

Councillor Pat West
Hampshire County Council

16 April 2012

Dear Colleagues

Re: Extension of choice of provider for community endoscopy and dermatology services in Bournemouth, Poole and Dorset through Any Qualified Provider (AQP) process.

I am aware that you have received a letter from the Chief Executive Officers of Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH), Poole Hospital NHS Foundation Trust (PHT) and Dorset County Hospital NHS Foundation Trust (DCH) in relation to the commissioning plans being implemented to offer greater choice to local people in accessing community dermatology and endoscopy services.

You will be aware from our previous briefings to you and discussions with the PCT (the latest briefing note was shared early last week) that the PCT has been implementing national Department of Health policy which increases choice of providers in community and mental health services. Following a local engagement process, community endoscopy, dermatology and primary care psychological therapies were identified as the priority service areas to deliver by September 2012. These three services are already being provided within community settings locally, however we identified that there was not comprehensive locality based availability or a wide choice of provider for local people.

I wanted to provide you with our position on this matter and address some of the misleading information contained within the letter to provide you with some reassurance and balance with regard to the proposals for both endoscopy and dermatology.

Chair – Jacqueline Swift

Interim Chief Executive – Suzanne Rastrick

Reducing quality standards for diagnosis and treatments

The service specifications for the provision of community endoscopy and dermatology services require providers to meet the national and locally specified quality standards and have been scrutinised by clinical experts including the national Clinical Director for Endoscopy and the national accreditation body. Community health providers will be expected to meet the same quality standards as we expect from current providers such as RBCH, PHT and DCH.

Competition on price, going against the national policy

All AQP providers for community dermatology and endoscopy will be paid the same fixed price, in line with national policy for AQP, supporting the concept that providers need to compete on quality and outcomes, not on price.

Expecting a reduction in the current departments, in an unplanned chaotic way, which would force closure of services (dermatology) at Christchurch hospital, or Poole if commissioner's plans are realised.

The PCT has planned and budgeted for an expansion in all of the three AQP service areas (community endoscopy, dermatology and psychological therapies). This provides a real opportunity for existing and new providers to expand locality based services, using current and potentially new local, community based facilities.

In response to the DH guidance to increase choice of providers in community and mental health services, the PCT are working with existing providers, and in the future with any new providers, to ensure that each provider delivering these services work effectively together to ensure that patients experience is optimised and any transition to different parts of the health system is managed effectively.

One of our key priorities is to improve outcomes for patients. This national requirement to increase choice of provider for our patients is designed to do just this. Increased competition will improve quality which in turn improves the outcome for all our patients. I am sure you will agree that as we move forward together with our joint health and wellbeing responsibilities, this is what we all seek for the population of Dorset.

We do not feel that this is a substantial change in service provision as more choice of location and service providers will be available for patients and our impact assessments have not identified any significant impacts on any of our community. We would not therefore be undertaking any more public consultation on this, however we are continuing to engage with service users on specific elements of the specification to ensure it meets patient needs.

This is not the first, nor will it be the last time we (and in the future our GPs, as part of the new Clinical Commissioning Group) implement decisions which our providers may not be comfortable or happy with. Our Transforming Community Services strategy clearly states that more services will be based in the community, and our priority is to deliver this as we know this is what patients want and we have seen how this can make a considerable difference to the overall experience of our patients.

We would be happy to brief yourself or the Scrutiny Committee on this matter should you have any concerns. However at this time I do not feel it appropriate that providers have contacted you directly with concerns about our commissioning decisions and are trying to abuse the Scrutiny system in this way. We want to avoid this becoming a precedent whereby when our providers contact your Committee whenever they are unhappy about commissioning decisions.

I hope this provides you with reassurance, please do not hesitate to contact me to discuss further should you wish.

Yours sincerely



Suzanne Rastrick
Interim Chief Executive

c.c. Jacqueline Swift, Chair – NHS Dorset and NHS Bournemouth & Poole

26 April 2012

Ms Suzanne Rastrick
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Dear Ms Rastrick,

Re Endoscopy & Dermatology service - Dorset, Bournemouth and Poole PCT cluster

Thank you for your letter dated 23 April 2012, and enclosed letter dated 16 April 2012. I understand that the primary objective of your endoscopy and dermatology plans are to 'increase choice of services to support Dorset patients', and that you feel that this does not therefore directly impact on Hampshire patients. We also note that this commissioning decision is being made as a result of the national Department of Health policy of 'Any Qualified Provider' (AQP).

However, as noted to you in my letter dated 17 April 2012, this is the first that we have been made aware of such changes. As we have not been part of the engagement activities that you have undertaken as part of the AQP process, the Hampshire HOSC will require an assurance from you that your proposals will not affect any Hampshire patients.

You state in your letter dated 16 April 2012 that you 'do not feel that this is a substantial change in service provision'. I wish to clarify that in Hampshire it is the role of the HOSC to come to a view about the nature of service changes in any options provided by an NHS Body - in this case about the changes to endoscopy and dermatology services developed by yourselves as the commissioners of this service. In order to make this decision each HOSC needs to consider the options under consideration and the impact on its population. We have not been party to such briefings and discussions as noted in your letter dated 16 April, and therefore assurances as to whether your proposals affect the Hampshire population will enable our Committee to either come to such a view, or to request the further information it needs to do so.

I look forward to receiving your response to the above point. I have also copied this letter to the Health Overview and Scrutiny Chairs in the Dorset, Poole and Bournemouth areas.

Yours sincerely

Patricia West

Cllr Pat West

Chairman, Health Overview and Scrutiny Committee

Cc

Councillor Ronald Coatsworth, Dorset County Council

Councillor Charles Meachin, Borough of Poole

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Councillor Pat West
Hampshire County Council
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The Castle
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27 April 2012

Dear Councillor West

Re: Extension of choice of provider for community endoscopy and dermatology services in Bournemouth, Poole and Dorset through Any Qualified Provider (AQP) process.

Thank you for your letter dated the 26th April 2012, where you have requested assurance that the PCT Cluster plans for extending choice of providers for community dermatology and endoscopy services will not affect Hampshire patients.

I can give you assurance that the PCTs plans are directed at expanding choice for Dorset patients, and are therefore not affecting Hampshire residents, and this is the reason why the PCT has been engaging with the three HOSC in Bournemouth, Poole and Dorset.

As indicated in my letter of the 23rd April 2012, and as you quite rightly indicate in your letter of the 26th April 2012, if the Hospital Trusts intend to develop any proposed changes to the secondary care service model, they would need to identify what engagement/consultation requirements they may have to undertake to enact this change, including discussion with Health Scrutiny Committees if indicated, to agree the nature of the service change. The PCT is not aware of any such proposals.

I hope the letter was helpful in providing clarity of the situation. Ours plans are to increase choice of services to support Dorset patients, and are therefore not directly impacting on Hampshire residents.

I hope this provides you with reassurance, please do not hesitate to contact me to discuss further.

Yours sincerely

Suzanne Rastrick
Interim Chief Executive

Chair – Jacqueline Swift Interim

Chief Executive – Suzanne Rastrick