Sevenoaks
DISTRICT COUNCIL

HEALTH LIAISON BOARD
02 April 2014 at 2.00 pm

At the above stated meeting the attached documents were tabled for the following items:

9. Updates from Members (Pages 1 - 16)

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Health Liaison Board report by Cllr Tony Searles

Since our last meeting I have attended approximately 15 health related meetings from CCG, HWB, PPG and Council of Governors at Darent Valley. All of these meeting have a bearing on the local provision of health needs. Whilst at these meetings I am always mindful of our Mind the Gap document.

I reported last time of the major health issues that the CCG have highlighted (as in the minutes) as their priorities for the DGS area.

I can confirm that Darent Valley NHS Trust have now stopped all talks regarding merging with Chatham, Monitor have acknowledged this. The current situation is that Darent Valley has been invited to tender for the ongoing work they have been doing at Queen Mary's Hospital and Erith Hospital. The idea will possible be for Darent Valley to try for Foundation Trust status having retained the work they carry out at these hospitals.

Darent Valley are enlarging the A&E department at Dartford, this is to accommodate the closing of A&E departments elsewhere. Currently 22-25% of all admissions come from the Bexley area. Darent Valley current is looking at the problem of attending A&E rather than a GP and the problems of health tourists.

Darent Valley Trust membership is only 703 very low when you consider the amount of residents in the Sevenoaks catchment area of the Trust, the trust would like to see a push on membership. (Perhaps we could have an article in the next edition of In shape, I understand there are to be a few articles around health issues)

Darent Valley patients have suffered, as have patients in other trust with the new transport scheme run by NSL, this seems to be getting better now that NSL have been called in by KCC.

The CCG are looking at ways to interact with the younger population by social media means. The use of the Better Care Fund has been highlighted and a report is awaited.

I t has been recognised that a high percentage of GP'S in the area are coming up to retirement age and some work is being done around federations of surgeries. New ruling that patients can now attend any GP's surgery are in its infancy, clearly this will not work until the role out of Summary Care notes online.

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NHS England

Primary Care Support Services Transformation Programme

Update from Ann Sutton, Director of Commissioning (Corporate)

UPDATE 2

5 March 2014 Publications Gateway Reference Number: 01232

This is an update for people and groups who are interested in proposed changes to primary care support services. If you want to have names added to or taken off the distribution list please email england.pcsinfo@nhs.net

Background

NHS England is changing the way primary care support (PCS) services (also known as family health services) are provided across England. A general overview of the PCS transformation project is available here

What services are affected? "Core" and "non-core" categorisation

PCS services cover similar but not identical roles in different parts of the country. We have developed a national standard for those services that will be considered "core" and will be delivered in future by every PCS service. We have also listed services that are "non-core" that may have been delivered in some places by PCS services and either provider arrangements need to be identified for the future or, in some cases, they will stop. A project is underway to decide the future arrangements.

So, there are three categorisations of services:

List 1: Core Services. These will be funded by NHS England and provided through PCS services.

List 2 a) Non-core services that may continue to be provided by PCS services but future arrangements need to be decided.

List 2 b): Non-core services that will stop.

The content of the three lists is summarised below.

Core (list 1)	Non-core (list 2a – continuing)
Registration of patients at a GP practice	
• Assigning patients unable to gain voluntary registration with a GP practice to the list. • Processing registrations received and notification in writing to confirm registration and notify NHS number. • Removal of patients following request	• Adding a patient's registration for organ and blood donation to their electronic record. • Management of the violent patient scheme contract. • Administrative activities when a GP practice closes such as informing

from the practice due to violent behaviour in accordance with the Violent Patient Scheme. • Deletion of patients from practice lists following notification of deaths, removals etc.	patients, and moving records.
Population Database	
Maintenance of the population database ensuring accuracy of the data held. This data is used in patient registration, NHS screening programmes and contractor payments. It includes: • ensuring notifications of changes to patient details are recorded • handling Subject Access Requests and requests for disclosure of patient identifiable data • routine tasks to tackle potential list inflation, eg dealing with returned mail (suggesting that the patient has moved) • reconciling NHAIS data with that held on GP practice systems on request • maintain the accuracy of addresses and in particular the post codes. Routine list reconciliation	• Checks to ensure that the population database is correct including targeted project work to tackle list inflation such as letters to multiple occupancy addresses or checking registrants over 100. • Non-routine list reconciliation
Medical records	
Medical records – all processes including: • forwarding records to practice following patient registration • undertaking urgent transfers of records when required • recall and secure storage of medical records of patients no longer registered with a GP practice • processing applications for access to medical records • bulk transfer of records following GP resignations and retirement.	• Redirection of non-GP clinical notes (misdirected mail sent incorrectly to practices from clinics, to be returned by practices directly to those clinics). • GP courier services (charging practices for the collection of records as per the regulations).
Performer and contractor list administration	
• Processing applications, ensuring all checks are carried out including face-to-face identity checks, receiving and validating required. • Notifying Area Team of any identified issues or concerns and undertaking annual performers list reviews. • Processing notification of change of area being worked in, including transfer of records in accordance with the agreed protocol. • Processing of all change of status to the performers including removals by prior agreement with the Area Team. • Maintaining Primary Care Information System (PCIS) to reflect performer list changes.	• Updating performer and contractor information on the NHS Choices website. • Administration for DBS (Disclosure and Barring Service) checks for performers wanting to join the approved list • Administration for ophthalmic contractor applications, contract preparation and variation, panels and appraisals • Attending monthly panels governing contractor activity decisions • Performance appraisals of contractors • Retaining professional advisers • DBS and ID checks for practice staff

Screening	
• Cervical and breast screening administration to the specification of the relevant national screening programmes	• Administration of screening programmes other than breast and cervical call and recall, including Abdominal Aortic Aneurysm *(AAA)* cancer screening, the Heart Screening Programme, TB screening and diabetic retinopathy.
Finance 1	
• Payment of practitioners on the Exeter system. • Maintaining GP practice details on the Exeter system (National Health Authority Information. System – NHAIS) in relation to the payment process for medical contractors i.e. correct vendor numbers identified for contractors. • Maintaining ophthalmic contractors details on the Open Exeter system in relation to the Vendor Site Reference (VSR) number for payment purposes. • Ensuring the payment files generated from NHAIS are uploaded to the Integrated Single Financial Environment (ISFE) in order for payment to be made.	• The following administrative processes for GPs: - administration of the tri-annual rent reviews - updating Open Exeter following rent review appeals - some administration around changing of bank account details, specifically processing of contractor bank mandates to facilitate payment. • Payments that are the responsibility of other bodies, including local authority / CCG-responsible payments (eg collaborative fees)
Finance 2	
• Ensuring the validation of bank details for Medical and Ophthalmic Contractors and submitting changes to SBS for update on ISFE. • Receiving and banking income including: - income for medical records requests - income in respect of GP solo work - income from pharmacy applications. • Ensuring the income is receipted on ISFE and processed accordingly. • Administration of the NHS Pension Scheme • Processing of contract-related payments (including NHS England enhanced services payments) to primary care contractors • Refunding patients for optical charges	The following additional uses of the Ophthalmic Payments system: • processing claims for additional services / enhanced services • validating and processing claims for cataract referral, diabetic retinopathy screening, low visual aids and any other enhanced additional service claims • processing no- tolerance applications • updating Glaucoma Management Scheme records or processing claims • production of information for routine analysis during Post Payment Verification visits • requests and referrals to NHS Protect. • Sampling ophthalmic claims to ensure entitlement to exemption of fees. Reimbursement of hospital transport costs for patients and refunds for dental treatment.
General administration 1	
• Pharmacy administration. Processing applications for new pharmacy businesses made under the pharmaceutical regulations in accordance with current regulations including fitness to practise checks.	Pharmacy: • administering pharmacy rotas for Bank Holidays • providing expert advice to panels • arranging and administering meetings • administering payments to pharmacists

• Contractor supplies – delivery of forms, drug tariffs to pharmacy, needles and syringes.	who audit medication at a nursing home • Provision of supplies for contractors including: needles / syringes for needle exchange and phlebotomy and cytology vials and brushes. • Registering people to use the Open Exeter system and issuing their smart card. • The data controller function for Open Exeter, policing access to Open Exeter for GP practice staff, secondary care and screening labs.
General administration 2	
	• Provision / administration (including payment activities) of liquid nitrogen and home oxygen • support to CCGs in providing local financial modelling for GP IT funding. • Counter-fraud measures to check the validity of patient exemptions on pharmacy prescriptions. • Production of information by the medicines management team. • Dental payments made through the Dental Payments Online system • Annual and monthly finance reporting • Sending NHS health check invitations • Distributing urgent Central Alerting System alerts (eg. drug alerts) and national messages to contractors and communication of lost/stolen prescriptions and patient alerts. • Probity and counter-fraud functions for ophthalmic contractors who deliver services and patients who claim eligibility for NHS funded eye care (sight tests and optical vouchers) under the General Ophthalmic Services (GOS) contract. including PPV checks on contractor performance, visits to contractor premises and patient eligibility checks to ensure entitlement to exemption of ophthalmic fees. Also probity and counter-fraud functions for GPs 5% QOF visit outcome checks and ad hoc GP visits. • Administering interpreting service on behalf of the South London CCGs • Administering payroll and recruitment service for South London CCGs • Maintaining the Child Health Information System database. • Ad hoc information and data extraction services.

Non-core (list 2b – stopping)
1. Providing a helpline for finding an NHS dentist
2. Providing a hard-copy of the drug tariff for GPs
3. Training practice staff to use Open Exeter

The project to identify how the services in list 2a (non-core continuing) are provided in future is underway and we will update you as the work develops.

Further information: england.pcsinfo@nhs.net

NHS England

Primary Care Support Services Transformation Programme

Update from Ann Sutton, Director of Commissioning (Corporate)

UPDATE 3

18 March 2014 Publications Gateway Reference Number: 01327

This is an update for people and groups who are interested in proposed changes to primary care support services. General information on the programme and previous updates are available here . If you want to have names added to or taken off the distribution list please email england.pcsinfo@nhs.net

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NHS England Board meeting

The NHS England Board met on March 6 and was given an update on the PCS project. The item was in the private session of the meeting because of the commercial sensitivities.

The Board discussed progress on the options for change that are being developed regionally, and acknowledged the impact that the extended timetable was having on staff, the significant commitment that they have shown to the consultation and to continuing to provide a good service during this period of uncertainty.

The Board was given information on the process to undertake due diligence on the proposal from SSCL (see details in Update 1via the link above). They recognised that more work is needed to enable them to make their decision and asked for further information to be brought to their next meeting in May. This item will also need to be on the private agenda.

The Board also acknowledged that information about the final regional preferred in-house options and the SSCL proposal would need to be shared with staff and stakeholders as soon as possible to allow sufficient time for consultation to be meaningful.

Work continues on the due diligence of both the regional options and the SSCL proposal so that the business case can be produced.

We are happy to meet with national stakeholders to discuss any issues these changes raise with you. Local area teams and regions are also happy to deal with local enquiries. Please email: england.pcsinfo@nhs.net

01/14 Questions from the Public

Mr Alan McKendrick commented that the majority of people knew about the delay in retendering the out of hours contract to allow what MTF was seeking to address, there was recognition that one size did not fit all and he asked the CCG what process would be used to access the needs and that the objective was rural rather than urban. Dr Whistler commented that the CCG would be establishing the requirements of the population within the localities, the CCG was able to track the demand for out of hours through NHS111, the CCG felt that it was addressing the needs of those from a more rural environment and also those from deprived areas and the CCG needed to ensure that their needs were met. When the out of hours service was commissioned the following year the CCG would be looking at these areas closely to ensure that the commissioning of a service was appropriate to meet the needs of the population within West Kent, albeit in the context of a form of contract specification that was laid down nationally.

Mr McKendrick raised the launch of the strategy document 'Closing the Gap' and the benefits of early referrals, he enquired what the benefits were to the CCG and what the priorities that the CCG needed to address were. Dr Chesover commented that the data to answer these questions comprehensively was not available and in Kent it was difficult do a comparison against the national data at the current time. Differences existed with regards to acute care between the commissioner and provider but there was willingness to address and resolve this. Early referrals necessitated the change needed and there was willingness to change but realistically achieving these changes was likely to be a full year away. This was also about sustainability. Dr Chesover would reflect on this enquiry to see if a more detailed response could be provided. **Action: Dr Chesover**

Cllr Richard Davison enquired what the CCG's view was regarding the relationship between the CCG and Kent HWB and also whether the organisations had a scrutiny role. The Chair commented that the relationship was described in the Act, and the Kent system had delegated a great deal to the CCG HWB. The role of the HWB was to generate the HWB strategy and the CCG was obliged to take account of this in its commissioning plans. The only scrutiny function of the HWB was to identify whether the CCG fulfilled its role and did what it needed to do. Mr Ayres commented that there was nothing included in the Act that allowed the HWB to instruct, they had a duty to produce a HWB strategy and JSNA. The KCC Health Overview and Scrutiny Committee had the right to scrutinise the role of the CCG.

Cllr Richard Davison enquired whether the MTF document was to be published in a precis form. The Chair confirmed that such a document would be sent out to all PPG Chairs in due course.

A question had been received from Mr David Morris, Chair of Abbey Court PPG and Vice Chair of TWOFF, regarding out of hours, enquiring how big was the area this service covered and how many GPs were employed. The Chair commented that IC24 provided this service to the whole of the Kent area covering 5m people, the number of GPs employed varied depending on the time of the year against previous activity for the same period but was up to 15. IC24 had Lay Member representation, Mr Munson, who attended the monthly clinical governance meetings and had volunteered to be involved in these meetings.

EXTRACT FROM CCG MINUTES

EXTRACT FROM CCG AGENDA

Patient Transport Services

Background

- The contract for patient transport services (PTS) is hosted by NHS West Kent CCG on behalf of all Kent and Medway CCGs.

- Historically PTS services were provided by a range of providers in Kent and Medway.

- The previous PCT cluster re-procured the service in 2011/2012 and NSL Care Services were appointed as a new provider for the whole of Kent and Medway.

- Two months before contract go-live the commissioner discovered that they had failed to advise all bidders of an additional 100 staff who needed to be TUPEd to the new provider. Discussions were held with NSL who agreed to take on these staff, subject to the Commissioner paying the additional costs. These additional costs are c£0.6m per annum.

- NSL took over the contract in July 2013.

Contract performance

- Following implementation of the new contract in July 2013 it became clear that the mobilisation was running into difficulties. Patients were not being collected on time. This meant patients arriving late for appointments or trust not being able to discharge patients on time.

- NHS West Kent CCG worked with NSL to support the mobilisation and performance started to improve over the summer.

- However, by September it was clear that performance had plateaued at about 60 to 65% of contract KPIs and was not improving. Over the period September into October performance started to drift downwards.

- NSL were asked for a recovery plan and trajectory which they produced but failed to achieve.

- A review of activity showed that although actual activity compared to activity estimates included in the ITT and Contract were significantly different. Although total activity was comparable the profile was very different:

Current position

- NSL have brought in new management for the Kent and Medway Service which is helping to re-build confidence in their local team.

- CCGs and NSL have concluded a re-basing of the contract and are about to sign the formal contract variation to conclude this. Additional costs to ~~West~~ All Kent CCG £1.6m per annum.

- NSL are recruiting additional staff and leasing additional vehicles to enable them to meet the revised demand estimates.

- A recovery trajectory has been agreed with NSL which will see performance hit most contract KPIs by Easter and all of them by June 2014. These are being monitored on a weekly basis and the early signs are that performance is beginning to improve in line with the trajectories.

EXTRACT FROM CCG AGENDA

CAMH Services

Background

- Child and Adolescent Mental Health Services (CAMH Services) are commissioned at 4 levels:
  - Tier 1 – support delivered within universal settings
  - Tier 2 – targeted support
  - Tier 3 – specialist support
  - Tier 4 – Specialist MH services

- In 2011/12 the Kent Cluster PCTs in partnership with Kent County Council (KCC) retendered the CAMH Service following dissatisfaction with the previous service.

- KCC commission Emotional Well-Being services (Tier 1 CAMH Services) from Healthy Young Minds.

- Sussex Partnership Foundation Trust (SPFT) took over provision of Tier 2 (targeted) and Tier 3 (Specialist) services from September 2012. This service is now commissioned by CCGs with NHS West Kent the lead provider.
  - These services were previously provided by 7 separate providers with different pathways and processes.

- Tier 4 (specialist Mental Health) services are commissioned by NHS England Specialist services team. The current provider is South London and Maudsley NHS Foundation Trust (SLaM).

SPFT contract performance

- When SPFT took over the tier 2 & 3 service it rapidly became clear that there were significantly more children waiting for assessment and treatment than had been anticipated through the tender process. This led to considerable delays for assessment and treatment and failure to meet contract KPIs. It has taken an unacceptable time for SPFT to reduce these delays.

- SPFT rapidly undertook a review of the team structure they had taken over and restructured into a more appropriate model. This led to high levels of vacancies in some teams which compounded the problems clearing waiting lists.

- Demand for the service has also been rising since the new service was introduced.

- SPFT have had to move to a single information system, from the previous 7 systems, and in a number of instances this has meant introducing systems where none existed. This has led to a poor flow of performance information from the Trust to commissioners.

- SPFT have also been a low reporter of clinical performance issues and Serious Incidents (SIs).

- All of this has led to considerable numbers of complaints from parents, MPs, and HOSCs; together with interest from local media.

S136 Issues and interaction with SLAM

- Soon after NHS West Kent took over the lead for the SPFT contract it became clear that the arrangements for caring for children picked up by the Police under S136 were not working with a number of children waiting for far too long in police cells for an assessment and/or placement by the Tier 4 service.

- NHS West Kent has been working with SPFT, SLaM and the Police to understand the issues and take action to resolve them. It has become clear that the whilst this Tier 4 contract requires SLaM to place children needing a Tier 4 inpatient bed, they are not required to assess them for a bed or look after them in a place of safety until they are assessed! The Tier 3 contract with SPFT requires them to assess children for a Tier 4 service and hand them over to SLAM if a placement is needed, it does not require them to look after children in a place of safety until they are assessed. – Neither contract requires the provider to look after children until they are assessed! This leaves a critical gap in service.

- There are also significant problems with SLaM finding placements when required and a number of children have either been placed a long way out of county or have had to wait for a bed to become available. Where a child has to wait SPFT has often incurred considerable unfunded costs looking after them. The shortage of Tier 4 beds is a national problem experienced across England.

Actions

- SPFT have re-aligned management to the Kent service which is giving a greater focus to improving delivery.

- SPFT have cleared the backlog from 1/4/13 and have prioritised assessing children to enable them to treat in clinical order. Although this led to an improvement of waiting times for assessment it has led to an increase in waiting times for treatment.

- SPFT have ensured all urgent referrals are treated within the 24 hour timeframe required.

- SPFT have completed the team restructuring and a number of rounds of recruitment to fill vacancies. Although vacancies still exist the number of vacancies has been reduced to the point where these can be safely filled by agency staff. Teams are thus able to operate at full capacity.

- A performance notice has been serviced on SPFT requiring them to produce a recovery pan and deliver rapid improvements to ensure compliance with contract standards for waiting times for routine referrals (4-6 weeks for referral to assessment and 8-10 weeks for referral to commencement of treatment). The plan has been received and reviewed by the CCG. Performance is now being regularly monitored to ensure compliance. The plan will see full achievement of contract KPIs by the end of August 2014.

- Dr Steve Beaumont the CCG Chief Nurse has met with SPFT to agree a quality dashboard and a process for reporting SIs.

- To resolve the immediate S136 problems West Kent CCG has agreed to commission a place for safety for children held under a S136 and is close to concluding an agreement for this service. This will provide a short term fix to the issue.

- West Kent CCG has agreed with KCC and the Health and Wellbeing board to jointly review commissioning arrangements for CAMH Services with a view to bringing the commissioning of Tier 1 to 4 services into an integrated approach. This will help avoid some of the problems that the fragmentation of commissioning responsibilities has created. This review will also consider issues of transition and the interface with Education and other agencies.

- Steve Duckworth (NHS England), who manages the Mental Health Strategic Clinical Network, has agreed to review Tier 4 services for Kent and also identify a number of providers elsewhere in the country who provide good CAMH services and whom we can use to benchmark and support local services.

Current position

- Quality and SI data is beginning to flow from SPFT and the quality committee is reviewing the information. This has provided improved assurance.

- Performance data is beginning to flow from SPFT and is starting to show some indications of improvements to waiting times.

- SPFT have walked the CCG through the recovery plan and the CCG are assured that it is a robust plan.

- SPFT are now producing weekly sit reps for their team and the CCG which are helping to galvanise action and provide re-assurance that the actions set out in the recovery plan are being delivered.

- Vacancy levels at SPFT continue to fall.

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