Agenda Item:

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Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	30 May 2013
Officer	Director for Adult and Community Services
Subject of Report	**Briefings for information**
Executive Summary	Members will be aware that a number of items that are presented to Committee are predominantly for information. It is important that members are aware of them and they contribute to members of Dorset Health Scrutiny having a broad understanding of the provision of health services across the County. On occasions information is also emailed out so that members are kept abreast of significant developments where detailed scrutiny is not required. In addition, members sometime request updates on the progress of work that has been presented to the Committee. The presentation of such updates and briefings, which can be quite short, presents a difficulty as often such items do not warrant a dedicated report or committee time but the information is important for members to be aware of. An approach to overcome this is presented which groups together the following as a set of updates and briefings: • Update on Short breaks for children with complex health needs • Briefing on NHS 111 Implementation • Briefing on Urgent Care Services Review • Update on Any Qualified Provider • Update on the implementation of changes to outpatient clinics provided by Dorset County Hospital NHS Foundation Trust (DCHFT) at community hospitals Members may have questions about the information contained

	within these briefings so a contact point for the relevant officer has been given within the briefing template. If a briefing raises a number of issues then it may be appropriate for this to be raised as an item for consideration at a future meeting of the Committee. Members' feedback on this approach is sought.
Impact Assessment:	<u>Equalities Impact Assessment</u> None.
	<u>Use of Evidence</u> Briefing papers provided by officers within Dorset County Council, NHS Dorset Clinical Commissioning Group and Dorset County Hospital NHS Foundation Trust.
	<u>Budget/ Risk Assessment</u> None.
Recommendation	That the Committee notes the briefing report and considers this format for future items of a similar nature.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to protect and enrich the health and well-being of Dorset's most vulnerable adults.
Appendices	1. Update on Short breaks for Children from Anne Salter Dorset County Council, Children's Services 2. Briefing on NHS 111 Implementation from Ann Stevens Dorset Clinical Commissioning Group 3. Briefing on Urgent Care Services Review from Ann Stevens Dorset Clinical Commissioning Group 4. Update on changes to community services provided by Dorset County Hospital from Patricia Miller Director of Operations DCHFT 5. Update on the change in service for oncology inpatients – extension of temporary arrangements from Helen Lingham Director of Operations at Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Jane Pike Director of Service Delivery NHS Dorset Clinical Commissioning Group.
Background Papers	1. Report by Director for Public Health to Dorset Health Scrutiny Committee 27 November 2012 - Short breaks for children with complex health needs. 2. Report by Director for Adult and Community Services to Dorset Health Scrutiny Committee, 24 May 2012 - Short breaks for children with complex health needs.

	3. Report by Director for Adult and Community Services to Dorset Health Scrutiny Committee 16 September - Report by Director for Adult and Community Services to Dorset Health Scrutiny Committee 4. Report by Director for Adult and Community Services to Dorset Health Scrutiny Committee and presentation by NHS Dorset 29 November 2011 – Briefing on NHS 111 number. 5. Report by Director for Adult and Community Services to Dorset Health Scrutiny Committee 10 April 2012, Recommendations arising from the meeting of the Task and Finish Group on the review of Services Provided by Dorset County Hospital NHS Foundation Trust in Community Hospitals on 21 March 2012 6. Report by Director for Adult and Community Services to Dorset Health Scrutiny Committee 29 November 2011 Dorset County Hospital NHS Foundation Trust services provided in community hospitals.
Report Originator and Contact	Name: Lucy Johns, Health Partnerships Officer Tel: 01305 224388 Email: lucy.johns@dorsetcc.gov.uk

Appendix 1

Dorset County Council

Update briefing for Dorset Health Scrutiny Committee - 30 May 2013

Short Breaks for children with complex health needs	Anne Salter Head of Strategic Planning, Commissioning and Performance Children's Services Dorset County Council Email: anne.salter@dorsetcc/.gov.uk Tel: 01305 224648

1. This briefing updates the Committee on progress and developments to transform the provision of short term breaks for children and young people with complex health needs in Dorset, as requested by the Committee following the presentation of a full report in November 2012. That report can be accessed by following the link below:

   http://www1.dorsetforyou.com/COUNCIL/commis2009.nsf/C7D0A429D70C8F3B80257ABC0036CAAB/$file/Nov1205.pdf

2. Short Break services ceased to be commissioned from Digby Court in January 2013. All the families have been provided with Short Break Services by a range of providers. One of these is a new provider called Regard for Children based on the Wyvern School Campus site, Weymouth.

3. Four young people out of the nine who are in receipt of new services have selected personal health budgets.

4. Reviews to date demonstrate that families are satisfied and enjoying the new services.

5. For information, members may be interested to know that Children's Services are working with a range of providers to increase short break opportunities across the County by providing capital funding. Currently £119k has been allocated to a range of projects. These will support the following:-

   - Off road extreme wheelchair trail
   - A new Go-karting club
   - Sports and sensory equipment

6. Dorset County Council and NHS Dorset continue to work closely together to ensure that families of children who are disabled have planned breaks to enable them to continue with their caring role.

Appendix 2

NHS
Dorset
Clinical Commissioning Group

Briefing for Dorset Health Scrutiny Committee - 30 May 2013

NHS 111 Implementation	Ann Stevens – NHS 111 Implementation Project Manager Email: ann.stevens@dorsetccg.nhs.uk Mobile: 07825 063713

1. The NHS 111 number is a national initiative with roll-out to all areas of the country due to be completed by autumn of this year. The NHS 111 service provider for Dorset, chosen through competitive tender, is South Western Ambulance Service NHS Foundation Trust – based in St Leonards.

2. Soft-launch (Out of Hours callers to GP Practices being directed to dial '111') took place on 19th February and full-launch (the 24/7 service, also encompassing calls previously taken by NHS Direct) was on 20th March.

3. GP surgeries have been provided with promotional literature for patients and also asked to remove any NHS Direct materials. Anyone now dialling their GP surgery out of hours or NHS Direct at any time will hear a message telling them to hang up and dial '111'.

4. From the start of the service, call volumes have been higher than anticipated; a position mirrored throughout the South of England. Within SWAST, staffing levels and rosters were modelled on expected call volumes and patterns but, because of the unexpected demand and unpredicted 'peaks', these were not adequate – leading to many callers waiting for a very long time to be answered or abandoning calls altogether. Whilst not tested, it is recognised that this may have led to an increase in foot-fall at Emergency Departments. What can be shown from the data being gathered on a daily basis, however, is that the implementation of NHS 111 is not leading to an increase in numbers of patients being conveyed by ambulance.

5. The causes of the disparity between expected and actual call volumes are probably multi-faceted, being a reflection of the general overstretching of the whole healthcare system due to the prolonged winter weather conditions, patient curiosity (i.e. dialling '111' to see if it works or is as bad as the National press has indicated) and inaccurate or outdated figures being used to predict demand.

6. The current position is that weekday performance is improving, although demand still exceeds forecast, it is not to the degree that it is having a severe impact on service delivery.

7. At weekends, however, demand still significantly outstrips forecast with very little let-up particularly during Saturday afternoons. There have also been some severe 'spikes' during the evening out of hours periods when, on occasion, over 40% of the total demand for the day has come in a three hour time slot.

8. In terms of quantifying demand vs forecast, the current average weekday demand is 13% above forecast; average weekend demand (excluding Bank Holiday weekend) is

71% above forecast demand for Saturdays and 66% above forecast demand for Sundays. In the run-up to the Easter Bank Holiday weekend, the expectation was for between 20% and 30% increase in demand above the normal Saturday and Sunday volumes - which equated to an 81% increase against forecast over the four day period - but actual for the four days was a 126% increase.

9. This might seem to belie the statement that performance is improving. However, analysis of key performance indicators shows that on the whole there was a steady improvement from go-live, up until the point where the weekend demand profile shifted to produce the unpredicted, extended high demand right through Saturday afternoons.

10. To address performance issues, improve the patient experience and ensure continuing clinical safety, the Project Team is in constant liaison with SWAST and Project and Clinical Governance Meetings are held fortnightly.

11. At a recent meeting, SWAST CEO was asked to provide a business case to demonstrate where additional, temporary funding might be used to alleviate some of the current difficulties and this case is awaited.

12. Meanwhile, a Recovery Plan (set out below) has been put in place.

NHS 111 - DORSET - SERVICE RECOVERY PLAN - APRIL 2013	
Issue	**Action Proposed**
Weekday demand exceeds forecast - av. 13% above predicted - which is affecting the ability to meet weekday targets consistently.	Some additional resources have already been deployed to manage demand in such a way that it is no longer at a level which has a critical impact on service delivery. It is also anticipated that some future gains will emerge through a natural decrease in average call lengths as Call Handlers become more confident and competent in dealing with patients.
NB: The above actions have raised the staffing level to a number higher than in the original resourcing model.	
In OoH and particularly during the busiest times, Call Advisors spend a large amount of time waiting to get through to Out of Area downstream providers, leading to increased call waiting times for Dorset callers.	DoH has been asked for advice on how this might be remedied.
There may be Insufficient available funding to deal with short-term difficulties.	Commissioners have requested a business case setting out how additional/temporary funding might be used to best effect.

Appendix 3

NHS
Dorset
Clinical Commissioning Group

Briefing for Dorset Health Scrutiny Committee - 30 May 2013

Urgent Care Services Review	Ann Stevens – Urgent Care Services Project Manager Email: ann.stevens@dorsetccg.nhs.uk Mobile: 07825 063713

1. The first phase of the Urgent Care project took place during 2012/13 and involved data and information collection – both local and national. From this it became clear that a great deal of activity is taking place within Dorset to try to improve Urgent Care but that this is ad hoc, uncoordinated, taking place in silos, and often duplicating effort. It cannot, therefore, achieve maximum effect. Equally there is a great deal of information available nationally that can inform plans for the future model of service, covering both what has been found to be effective and initiatives that have not been effective (or where there is less evidence for effectiveness).

2. Workshops designed to share and consider these findings were held in February, facilitated by members of the NHS Emergency Care Intensive Support Team. They were well attended by senior representatives of all stakeholder organisations and resulted in the drawing up of a draft action plan for development. The events generated a good deal of enthusiasm and the desire to make progress as quickly as possible.

3. To ensure governance and transparency of improvement measures being pursued at locality, area or pan-Dorset level, a new Urgent Care Steering Group is to be formed; for which draft Terms of Reference have been drawn up and the first meeting planned for May. This Group will be accountable to the CCG and should meet monthly.

4. The Steering Group will comprise a senior member of staff from each stakeholder organisation and a number of GPs (mainly those people who are already on the group that proposed the February workshops). The aim will be for this group to lead the Urgent Care Review programme of work to:

    - Consider proposals for initiatives in terms of their impact on the whole health and social care community and their 'fit' with the priorities of each Clinical Commissioning Programme (CCP)
    - Reduce the risk of duplication of activity
    - Ensure that the pressures are not simply moved from one area to another
    - Ensure clarity in terms of who is responsible for each initiative, its proposed outcomes and timelines
    - Manage a budget that will be available to pump-prime initiatives or pilots to show proof of concept
    - Monitor effectiveness and agree whether initiatives demonstrate sufficient impact to continue
    - Consider outcomes from initiatives or pilots in terms of their suitability for integration into future commissioning intentions

5. The CCG has purchased Mosaique Business Optimisation Software. This is a web-based portfolio, programme and project management application that can be used to coordinate and report on multiple projects. This will be rolled out for use by many workstreams within the CCG but will be adopted immediately by the Urgent Care Review.

6. It has been recognised that the scope of the work needed to ensure a successful outcome for the Urgent Care Services Review is too large to be managed as part of a wider remit within an existing staff team or by a single project manager. Therefore, it has been proposed that a small team is put in place, initially for 12 months as follows:-

    - Programme Lead at Band 8c
    - Programme Support at Band 6
    - Programme Administrator at Band 4

Appendix 4

Dorset County Hospital NHS
NHS Foundation Trust

Update briefing for Dorset Health Scrutiny Committee - 30 May 2013

Report to the Dorset Health Scrutiny Committee following changes to Community Services provided by Dorset County Hospital	Patricia Miller Director of Operations Dorset County Hospital NHS Foundation Trust Direct line 01305 254272 or PA Marie Dorton on 01305 254643 email Patricia.Miller@dchft.nhs.uk

The purpose of this report is to provide the Committee with an update of the changes made to community services provided by Dorset County Hospital following an extensive public consultation during 2012-13.

For some years, DCHFT provided a number of services in locations outside of the main hospital site. As DCHFT serves a rural community, this configuration has enabled patients to access services close to their home. These services include outpatients, day case surgery and therapies and have been provided principally within community hospitals. As the Trust does not own any of these community locations, a Service Level Agreement (SLA) has been in place via which the Trust leases facilities and staff from Dorset Healthcare University NHS Foundation Trust (DHUFT). The SLA equated to a yearly cost to DCHFT of £2.498m.

In September 2011, the hospital served notice of its intention to change the way it delivered services in community hospitals. There were a number of reasons:

- High rental costs and inefficient practices.
- Safety concerns in relation to surgery undertaken in remote locations.
- NHS Dorset's Strategy to commission less activity from DCHFT in line with its QIPP intentions (a reduction in outpatient activity of around 19,593).

The notice signalled a number of potential changes. The tables below outline the changes that were proposed in each location and the actual changes that were made to service provision.

Blandford

Proposed changes to services	Actual changes
Consultant led Diabetic clinics no longer provided in Blandford	No changes made
Nurse led Respiratory clinics no longer provided at Blandford	These were repatriated to DCHFT
Nurse led Urology clinics no longer provided at Blandford	These were repatriated to DCHFT
Nurse led Colorectal clinics no longer provided at Blandford	These were repatriated to DCHFT and converted to telephone assessment clinics
Orthoptist and visual fields clinics no longer provided at Blandford	These clinics remain in Blandford in recognition that they should be provided as an integral part of the Ophthalmology Service offered in this locality
General Anaesthetic supported day surgery to be repatriated to DCHFT	These services were repatriated to DCHFT

Bridport

Proposed Changes to services	Actual Changes
No nurse led Diabetic Clinics to be provided in Bridport	No changes made
No nurse led Urology Clinics to be provided in Bridport	These were repatriated to DCHFT
No nurse led Colorectal Clinics to be provided in Bridport	These clinics were converted to telephone assessment clinics run from DCHFT
No Consultant led Colorectal Clinics to be provided at Bridport	This clinic remains at Bridport
Orthoptist clinics no longer provided at Bridport	No changes made
No nurse led Respiratory Clinics to be provided in Bridport	These were repatriated to DCHFT
General Anaesthetic supported day surgery to be repatriated to DCHFT	These services were repatriated to DCHFT

Yeatman

Proposed Changes to services	Actual Changes
Reductions in Orthopaedic clinics	One consultant clinic occurring every fortnight was repatriated to DCH as it was under-utilised in Sherborne. The outpatient capacity available now meets the demand from patients
Reduction in Ophthalmic Visual Fields clinics	These clinics remain in Sherborne in recognition that they should be provided as an integral part of the Ophthalmology Service offered in this locality

Portland

Proposed Changes to services	Actual Changes
Reduce Care of the Elderly clinics	No changes were made
Reduce the number of Paediatric clinics	No changes were made.

To ensure that patients are not disadvantaged in terms of access to services, the Trust monitors waiting times by locality to ensure that the capacity in place is able meet the demand in each area.

Patricia Miller
Director of Operations
May 2013

Appendix 5

NHS Dorset Clinical Commissioning Group

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Update briefing for Dorset Health Scrutiny Committee - 30 May 2013

Change in Service for Oncology Inpatients – extension of temporary arrangements	Helen Lingham Chief Operating Officer Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust Email: anne.salter@dorsetcc/.gov.uk Tel: 01305 224648 Jane Pike Director of Service Delivery NHS Dorset Clinical Commissioning Group Email: jane.pike@dorsetccg.nhs.uk Tel 01202 541659

On 19 October 2012 members will recall that an email was circulated that notified a temporary change to how the inpatient oncology patient service was provided. This was moved from the Royal Bournemouth Hospital to Poole Hospital.

This was due to major difficulties the Trust has in recruiting enough appropriately trained medical staff needed to look after patients who need complex oncology inpatient care on both sites. This is because of a national shortage of suitably qualified staff.

The outpatient and day case services remained unchanged.

A clinical review meeting with staff from both the Royal Bournemouth and Poole hospitals was held in March. Below is a summary of that review meeting and its recommendations:

Benefits achieved from the temporary change
The review meeting concluded that the current temporary arrangement has achieved the following benefits:

- It resolves the on-going problems in staffing the Royal Bournemouth Hospital (RBH) oncology on-call service
- It resolves the medical staffing issues at RBH as there is no requirement to cover inpatient work on that site.
- Enhanced inpatient and acute oncology service at Poole supported by Middle Grade staff - the enhanced presence of middle grade staff on the Poole site has increased presence in acute oncology and also on the wards enabling an enhanced service to be delivered.
- Education and supervision of Junior Medical Staff is enhanced - this is evidenced by formal discussions and meetings with this grade of staff. There is no longer an

issue regarding unsupervised practice of F2s.

- The increased Middle Grade cover and presence on inpatient wards improves the quality of inpatient management and support the drive to improve patient flow and reduce length of stay.

A nursing and medical review has also taken place to ensure access of electronic patient records so that patient information is available when a patient is admitted as an inpatient at Poole. It is generally working well and allows for immediate recording and cross site review of triage information.

An extended ward round for the oncologist is in place at Poole Hospital and there is now a three tier rather than two tier on call rota which is working well.

The average length of stay for a neutropenic sepsis patient is 2-3 days and it was confirmed that all patients have achieved the 1 hour door to needle time.

It was acknowledged that, as anticipated, the change of pathway was more challenging for patients who were in the middle of their treatment when the pathway was changed. Patients entering the pathway now are accepting of it and there are few problems associated with it, other than those detailed above.

No patients have been admitted to RBH in error or have not been admitted as a result of the change in pathway.

Summary
The review group agreed that the change of service has been beneficial to patients and it has realised the benefits that were anticipated. It was also acknowledged that the drivers for the original change of service have not altered and therefore would still need addressing should the decision be taken to move the service back to RBH.

The clinical view of the process is that patient admissions are being handled appropriately and well.

There have been very few issues with patients being able to access the appropriate pathway and those that have occurred have been successfully addressed.

There are two minor issues regarding the recording of patient information and the bleeping of middle grade staff during the night. These are being resolved.

Recommendation
The view of the group is that the service is working well, the benefits are being realised as planned and therefore, it is recommended that delivery of the service be continued at Poole for a period of time to be agreed by the Chief Operating Officers of both Trusts.

A request has been made to commissioners to extend the interim arrangements as the previous issues that led us to this decision have not altered.

Update from NHS Dorset Clinical Commissioning Group as service commissioners
The decision to move the service on an interim basis was taken last year due to clinical reasons. As commissioners we are minded to extend this interim arrangement as the reasons for the initial transfer are still extant. Jane Pike Director of Service Delivery at NHS Dorset CCG will be writing to both parties (i.e. Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Poole Hospital NHS Foundation Trust

to reiterate the need for full consultation should there be a wish to make the arrangement permanent.

As members are aware the two Trusts are planning to merge and this process is currently subject to review by the Competition Commission. The decision from the Commission is not expected until late June at the earliest. Whilst this review is being undertaken neither trust is able any substantive change to services including progressing the changes to oncology on a more permanent basis. To ensure safe clinical service is delivered to patients the extension of the current interim arrangements set out by the Trust have been approved.