

Agenda Item:

12

# Dorset Health Scrutiny Committee

**Dorset County Council**



Date of Meeting	23 May 2014
Officer	Director for Adult and Community Services
<b>Subject of Report</b>	<b>Briefings for Information / Noting</b>
Executive Summary	<p>As agreed, briefings are now presented collectively under one report on items that are predominantly for information, but nevertheless are important for members to be aware of.</p> <p>For the current meeting the following updates/briefings have been prepared:</p> <ul style="list-style-type: none"> <li>• An update on progress with Pathology Services Tendering Project from Dorset County Hospital;</li> <li>• A briefing from Somerset Clinical Commissioning Group regarding proposed changes to the provision of acute stroke services;</li> <li>• An update on Mental Health Urgent Care Services Review (independent evaluation) being undertaken by NHS Dorset Clinical Commissioning Group.</li> </ul> <p>Particular attention is drawn to Appendix 2 Section 7 (starting at page 10), the briefing on the Review of Acute Stroke Services by Somerset Clinical Commissioning Group. The Committee is being informed that it will be invited to provide formal input into the consultation. On this basis, members may wish to agree nominations for taking part in this consultation.</p> <p>Members may have questions about the information contained in these briefings, so a contact point for the relevant officer is provided. If a briefing raises a number of issues then it may be appropriate for this item to be considered as a separate report at a future meeting of the Committee.</p>


<p>Impact Assessment:</p>	<p>Equalities Impact Assessment:</p> <p>Not applicable.</p> <hr/> <p>Use of Evidence:</p> <p>Briefing papers provided by officers employed by Dorset County Hospital NHS Foundation Trust, Somerset Clinical Commissioning Group and NHS Dorset Clinical Commissioning Group.</p> <hr/> <p>Budget:</p> <p>Not applicable.</p> <hr/> <p>Risk Assessment:</p> <p>Having considered the risks associated with this decision using the County Council’s approved risk management methodology, the level of risk has been identified as:                  Current Risk: <del>HIGH</del>/MEDIUM/LOW (Delete as appropriate)                  Residual Risk <del>HIGH</del>/MEDIUM/LOW (Delete as appropriate)</p> <hr/> <p>Other Implications:</p> <p>None.</p>
<p>Recommendation</p>	<ol style="list-style-type: none"> <li>1. That the Committee notes and comments on the content of the briefing reports and considers whether it wishes to scrutinise any of the issues in more detail at a future date.</li> <li>2. That the Committee nominates members to take part in the consultation for the Review of acute stroke services by Somerset Clinical Commissioning Group (Appendix 2)</li> </ol>
<p>Reason for Recommendation</p>	<p>The work of the Committee contributes to the County Council’s aim to protect and enrich the health and wellbeing of Dorset’s most vulnerable adults and children.</p>
<p>Appendices</p>	<ol style="list-style-type: none"> <li>1. Dorset County Hospital – Update on progress with Pathology Services Tendering Project.</li> <li>2. Somerset CCG – Briefing regarding proposed changes to the provision of acute stroke services.</li> <li>3. NHS Dorset CCG – Update on Mental Health Urgent Care Services Review (independent evaluation).</li> </ol>
<p>Background Papers</p>	<p>None</p>

Report Originator and Contact	Name: Ann Harris, Health Partnerships Officer Tel: 01305 224388 Email: a.p.harris@dorsetcc.gov.uk
-------------------------------	---------------------------------------------------------------------------------------------------------

Dorset County Council 

## Briefing for Dorset Health Scrutiny Committee

### 23 May 2014

<p><b>Title of Update</b></p> <p><b>Pathology Services Tendering Project</b></p>	<p>Contact Name: Paul Lewis, Project Manager  Contact address: DCHFT  Dorset County Hospital  Williams Avenue  Dorchester  DT1 2JY</p> <p>Email: <a href="mailto:paul.lewis@dchft.nhs.uk">paul.lewis@dchft.nhs.uk</a>  Tel: 01305 255770</p>
<div style="text-align: center;"> <p><b>Dorset County Hospital</b> </p> <p>NHS Foundation Trust</p> </div> <p><b>Purpose</b></p> <p>1. The purpose of this paper is to update the Scrutiny Committee on Dorset County Hospital NHS Foundation Trust's (DCHFT) pathology tendering project.</p> <p><b>Background</b></p> <p>The aims and the scope remain unchanged but for completeness are reiterated here.</p> <p><b>Project Aims</b></p> <p>2. The project has two aims:</p> <ul style="list-style-type: none"> <li>• Using a tender process, compare our pathology services against other interested providers to determine if DCHFT is providing the best value service.</li> <li>• Use the outcome of the tender process to inform a decision on the future provision of the service.</li> </ul> <p>3. The tender process will create the framework to ensure DCHFT is able to objectively evaluate it's current provision of services against other interested parties. The decision of the future provision of pathology services will be made at a DCHFT trust board. One of the options, based on the evaluation could be to retain current services.</p> <p>4. The evaluation of the best service will be based on quality and cost. The quality component is weighted higher than cost, ensuring that providing a high quality, responsive and safe service to patients is the priority.</p> <p><b>Project Scope</b></p> <p>5. The pathology service can be split broadly into a number of functions:</p> <ul style="list-style-type: none"> <li>• Collection of the specimen</li> </ul>	

- Transportation to the laboratory
- Processing
- Medical diagnosis, result interpretation and collaboration with other clinical staff to support patient care.

6. The project scope includes the transportation and processing and some point of care testing. In effect the scope covers most of the background non-patient facing activity. The collection of the specimen and medical diagnosis is explicitly out of scope.

**Plan Update**

7. The project continues to progress against the milestone plan. Dates are now more specific as the end of the project draws closer. As with any project of this size and complexity, events can arise that necessitate a delay. To date that has not occurred but the risk remains.

Milestone	Deadline Date	Status
Prior Information Notice published	23 Oct 13	Complete
Advert published	11 Dec 13	Complete
List of Expression of Interest suppliers	15 Jan 14	Complete
Pre-Qualifying Questionnaire ends	28 Feb 14	Complete
Suppliers short-listed	21 Mar 14	Complete
Tender period completed	27 Jun 14	
Supplier evaluation completed	25 Jul 14	
Decision-making complete	Sep 14	

8. A total of 29 different potential suppliers expressed an interest in tendering for the Pathology service. Of those, 8 submitted a Pre-Qualifying Questionnaire. A shortlisting panel was convened and selected 4 potential suppliers to go to the next stage of procurement. The potential suppliers are a mixture of NHS and private organisations. The shortlisting panel consisted of 29 different staff split into 10 different teams. Most of the panel were made up from Trust clinicians.

9. Work is now underway to prepare the service specification that describes the future Pathology service in objective detail. The specification underpins the tender that is due for completion by the end of June 2014.

10. The existing internally-delivered Pathology service has not tendered for this service. The Trust has used the Pathology staff's expertise to produce specification documents and evaluate supplier responses. This precludes them from bidding themselves. The internal service will be benchmarked against the service specification and costs. The internal service will then be compared against the best potential supplier from the tender process. This will inform the final decision.


11. A final decision on the provision of Pathology services for the Trust is expected in September 2014.

Dorset County Council



## Briefing for Dorset Health Scrutiny Committee

23 May 2014

<p><b>Title of Update</b></p> <p><b>Review of acute stroke services by Somerset Clinical Commissioning Group</b></p>	<p>Contact Name: Tim Archer, Associate Director – Strategic Development, Somerset Clinical Commissioning Group, Wynford House, Lufton Way, Lufton, Yeovil, BA22 8HR Tel: 01935 385077 Email: Tim.Archer@somersetccg.nhs.uk</p>
<div style="text-align: right;">  </div> <p><b>1 Introduction and purpose</b></p> <p>The Somerset CCG is in the process of developing a business case looking at the potential future options for delivery of stroke services in Somerset. Some of these options under consideration would involve significant changes to services. While these changes primarily affect Somerset patients they would also affect some patients from Dorset who currently attend Yeovil Hospital for stroke care. These changes would require a formal public consultation before any decision could be made.</p> <p>This briefing is to summarise:</p> <ul style="list-style-type: none"> <li>• Why the CCG believes services may need to change.</li> <li>• The options we are considering.</li> <li>• Which patients are most affected by the options.</li> <li>• The process we going through to develop and evaluate the options.</li> <li>• How we are involving patients and the public and key stakeholders.</li> <li>• The proposed next steps.</li> </ul> <p>The review is driven by the CCG aim to ensure stroke patients have the highest quality of care.</p> <p>At the meeting with Committee we hope to obtain feedback on whether our process is the right one, whether we are considering the right things, key issues we should take into account, and views on our decision making criteria.</p>	

## 2 Why services may need to change

Stroke is one of the most important causes of death and impairment of quality of life for people in Somerset – approximately 1000 people have a stroke every year.

We are working hard to try and prevent strokes happening – and we hope changes we are implementing in primary care may prevent up to 100 strokes a year.

When someone has a stroke the quality of care they receive in the first few days has a fundamental impact on their outcomes. For all stroke patients, being very quickly admitted to a specialist stroke ward that is providing care and therapy every day is particularly important. After the first 72 hours of care people are mostly going into the rehabilitation phase; rehabilitation can be provided for some patients in their own homes, and this is often the fastest route to recovery and independence; for others a specialist stroke rehabilitation facility will be needed. For a small proportion of Stroke patients receiving a clot busting drug within 4.5 hours of the stroke is critical – and they can only have this if they have first had a CT scan. This requires the right doctors, technicians and equipment to be available at the hospital they go to 24 hours a day, 7 days a week.

Stroke services in Somerset have improved over the last couple of years and are now at a standard that compares well to other services in England (except those in London which perform much better). However, if we look at what is being achieved in some places in the UK and abroad we could do better. In 2013 we asked an independent expert stroke panel led by Sir Roger Boyle to review stroke services in Somerset and come up with recommendations on what could be done to improve them, and therefore improve outcomes. It issued a report which had two key recommendations. These were:

- “there should be one centre at Taunton for the acute phase of stroke treatment and this is largely determined by the need to improve outcomes for patients”.
  - The panel drew this conclusion primarily because they believed that if there was a single larger unit serving more patients the resulting critical mass would allow a concentration of specialist doctors and nurses and other clinical staff which would make it easier to provide good quality care all the time. It believed that two smaller units would both struggle to make and sustain improvements.
  - The panel identified that significant benefits had been achieved for stroke patients in London through concentrating services in fewer locations and concentrating expertise.
  - The panel also said that although concentrating services in one location would result in longer ambulance journeys for some patients, this would be counteracted by improved care at the hospital when they arrived.
  - The panel recognised that further work needed to be done on the travel and access implications of their recommendations.

(It should be noted that at an early stage in the review panel’s work the option of a single centre at Yeovil rather than Taunton was discounted. The prime reason for this is that twice as many patients would end up travelling further than if the centre was at

Yeovil – and also because of the wider range of related clinical services at Taunton).

- “People who need longer term care for Stroke should be able to access top quality community based services in the county”.
  - The panel felt there also needed to be a consistent pattern of high quality care across Somerset including ESD (Early Supported Discharge) services which would mean patients did not have to stay in hospital for so long. ESD is effectively a ‘hospital at home’ service which enables patients to receive the specialist rehabilitation that they require in their own home environment.

The CCG Governing Board considered the report. While it recognised that these were important recommendations it took the view that it was vital to fully explore all the options before any decision on whether to implement the expert panel’s recommendations. It therefore asked for the development of a business case looking at the options in detail, exploring all the issues of importance to patients and local people. If the business case suggests that there is a strong case for significant change the CCG plans to start a formal public consultation. However, it will not make any decision until after it has the feedback from that consultation.

### **3 The options**

The options being considered in the business case are as follows:

1. Do Minimum – this effectively means retain services as they are now, keeping both Musgrove Park Hospital and Yeovil District Hospital as stroke centres, and no major change to community based services
2. Do Minimum plus county wide full ESD – this would involve the same as option 1, except that full/enhanced early supported discharge services would be implemented across all of Somerset.
3. Enhanced two site service plus county wide full ESD – this would be the same as option 2, except that there would be proposals for improving the stroke service so that it was better able to provide the excellent 24/7 cover needed for patients at the acute stage of their illness.
4. Single site service plus full county wide ESD. This option would involve developing a single specialist stroke centre at Musgrove Park in Taunton. Patients would no longer go to Yeovil for the first few days of their stroke care, but would be taken to Taunton (or in some cases to another stroke centre if that was appropriate). This would also include a full early supported discharge service, and arrangements for inpatient rehabilitation at a more local hospital.

The option which would have the biggest impact on Dorset patients is Option 4. This is because if Somerset patients no longer go to Yeovil Hospital for stroke care, the current stroke service at Yeovil would not be able to continue to treat Dorset patients for stroke. Under this option it is anticipated most of the affected patients from Dorset would go to Dorchester hospital instead.

### **4 Which patients are most affected by options?**

The changes under some options for early supported discharge services in Somerset



would not directly affect Dorset patients. Any changes of this nature in Dorset would be separately determined by the Dorset CCG.

The patients most affected by the option of moving to a single acute stroke centre at Taunton would clearly be those who currently go to Yeovil and are treated for stroke care. The main groups are:

- **Inpatients admitted for stroke care.** Based on one year of data this would include 268 Somerset patients, 74 patients from Dorset and a further 14 from elsewhere – this would also impact on their friends in family who would be visiting them in hospital
- **Patients who have had what is known as TIA** (Trans Ischaemic Attack) which is not as serious as a stroke but which requires them to be seen within a few days. For one year of data this included 519 patients seen in TIA clinics in year, with a total of 892 appointments. We are in the process of reviewing the data, but would expect this to show that around 20% of these patients were from Dorset (ie around 100 a year)
- **People attending A&E with stroke or TIA symptoms.** For one year this included 339 diagnosed with stroke, 125 diagnosed with TIA and 304 diagnosed as mimic strokes (ie, non-stroke conditions that present with symptoms similar to stroke). Again we would expect that about 20% of these were from Dorset.

## 5 Developing and assessing the options

The CCG is working closely with the local hospital Trusts (including Dorchester Hospital) and the Somerset Partnership Trust and the ambulance service to understand what each option would mean and to provide stronger evidence on the extent to which they would be likely to improve our stroke performance to the level of the best.

We have engaged an independent clinical expert, Dr Elizabeth Warburton from Addenbrookes Hospital in Cambridge to be our expert advisor. She was not a member of the earlier independent expert panel and had no part in its recommendations.

Detailed work is being carried out on travel times and their implications, especially in terms of how long it would take patients to get to hospital by ambulance under each option.

We are also working with the providers to assess the financial impact of each of the options.

We are asking a group of “expert patients” with an experience of or interest in stroke to look at the options and provide feedback on them.

This work will be drawn into a detailed business case which will assess each option. The following criteria are proposed. Will the options:

1. Have a positive impact on patient outcomes? (eg mortality rates and recovery

of independence)

2. Provide the best patient experience of care including access (travel time and convenience), quality of care (environment), and quality of ongoing support?
3. Support the sustainability of stroke services and wider clinical services?
4. Demonstrate value for money?

## **6 Involving patients, the public and key stakeholders**

In 2013 the CCG did a lot of work with local forums and an “engagement questionnaire”. This has resulted in a detailed report with a lot of information on what patients and members of the public thought was important about stroke services, and views on the benefits or not of having two centres or one. Issues raised included travel times, the importance of carers, and the need for 24/7 care, with many respondents stressing the importance of retaining centres of excellence at both Taunton and Yeovil.

During the development of this business case we are adding to this feedback by inviting a group of “expert patients” to comment on each of the options in detail. We are not actively running more engagement events as this would replicate what we would be doing in any public consultation, and we know that people can experience “consultation fatigue”.

However, if the CCG decides a consultation is appropriate there will be a full range of consultation events and activities, with publicity to ensure people are fully aware of the issues and have every opportunity to make their views known. This would extend over both Somerset and affected parts of Dorset.

We are engaging with a wide range of organisations to ensure we explore all issues properly including:

- Provider hospitals (at Yeovil, Taunton, and Dorchester primarily – but we will also talk to the Royal United Hospital at Bath)
- The Somerset Partnership Trust
- The South Western Ambulance Services Trust
- South Somerset Council
- The Dorset Clinical Commissioning Group
- The Dorset Health Scrutiny Committee
- The Somerset Health and Well Being Board.

We are also ensuring we get the views of local GPs whose patients will be affected.

## **7 What will happen next**

The business case is being developed now, and we are gathering as much information we can on all the key issues. This includes transport analysis – looking at

issues such as ambulance travel times, and travel times by car and public transport for family and friends visiting patients.

At the end of the April our independent expert will be visiting Somerset and will meet with all the Somerset providers so she can understand their ideas for improving services, and assess the extent to which the different options proposed will improve services for patients.

The Business Case will be finalised during May, and will be considered by the CCG Governing Board on June 4th.

The Business Case is not expected to recommend a single preferred option. Instead it will show whether or not there is a sufficiently good case for change that we should formally consult with the public on a range of options for improving services.

If the Governing Board decides to commence a public consultation it is expected to start in June and be completed in September, with a final decision being taken in October. The Committee would be asked to provide formal input into the consultation.

Dorset County Council



**Briefing for Dorset Health Scrutiny Committee  
23 May 2014**

<p><b>Title of Update</b></p> <p><b>Independent Evaluation of the Mental Health Urgent Care Services in the west of Dorset</b></p>	<p>Contact Name: Kath Florey-Saunders</p> <p>NHS Dorset Clinical Commissioning Group Canford House Discovery Court Business Centre 551-553 Wallisdown Road Poole, Dorset BH12 5AG</p> <p>Tel: 01202 541650</p> <p>Mobile: 07750 225671</p> <p>Email: kath.florey-saunders@dorsetccg.nhs.uk</p>
<p>The CCG has been undertaking procurement for an independent organisation to carry out an independent review of the Mental Health Urgent Care service in the west of the county.</p> <p>The bid documentation was sent out to four universities with a background in health research, but as requested by stakeholders this did not include the University of Southampton or Bournemouth University as it was felt that there was the potential for a conflict of interest.</p> <p>Only one proposal was eventually received and the other Universities were contacted and stated they were either over committed or unable to bid at this time. The proposal was submitted on 31 March 2014.</p> <p>The CCG is currently evaluating this response to ensure the proposal is credible and that there is sufficient experience in the research team to enable the review to be a successful piece of work.</p> <p>The bid panel will have scored the bid by 30 April and a decision will be made once this process has been completed.</p> <p>The Committee will be updated further once the decision has been made.</p>	