Notice of Meeting

Health Scrutiny Committee

SURREY COUNTY COUNCIL

Date & time	Place	Contact	Chief Executive
Thursday, 20 November 2014 at **9.30 am**	Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN	Ross Pike or Andrew Baird Room 122, County Hall Tel 020 8541 7368 0r 020 8541 7609 ross.pike@surreycc.gov.uk or andrew.baird@surreycc.gov.uk	David McNulty

If you would like a copy of this agenda or the attached papers in another format, eg large print or braille, or another language please either call 020 8541 9122, write to Democratic Services, Room 122, County Hall, Penrhyn Road, Kingston upon Thames, Surrey KT1 2DN, Minicom 020 8541 8914, fax 020 8541 9009, or email ross.pike@surreycc.gov.uk or andrew.baird@surreycc.gov.uk.

This meeting will be held in public. If you would like to attend and you have any special requirements, please contact Ross Pike or Andrew Baird on 020 8541 7368 0r 020 8541 7609.

Members

Mr Bill Chapman (Chairman), Mr Ben Carasco (Vice-Chairman), Mr W D Barker OBE, Mr Tim Evans, Mr Bob Gardner, Mr Tim Hall, Mr Peter Hickman, Rachael I. Lake, Mrs Tina Mountain, Mr Chris Pitt, Mrs Pauline Searle and Mrs Helena Windsor

Co-opted Members

Rachel Turner, Karen Randolph, Lucy Botting

Substitute Members

Graham Ellwood, Pat Frost, Marsha Moseley, Chris Norman, Keith Taylor, Alan Young, Victoria Young, Ian Beardsmore, Stephen Cooksey, Will Forster, David Goodwin, Stella Lallement, John Orrick, Nick Harrison, Daniel Jenkins, George Johnson.

Ex Officio Members:

Mr David Munro (Chairman of the County Council) and Mrs Sally Ann B Marks (Vice Chairman of the County Council)

TERMS OF REFERENCE

The Health Scrutiny Committee may review and scrutinise health services commissioned or delivered in the authority's area within the framework set out below:

- arrangements made by NHS bodies to secure hospital and community health services to the inhabitants of the authority's area;
- the provision of both private and NHS services to those inhabitants;
- the provision of family health services, personal medical services, personal dental services, pharmacy and NHS ophthalmic services;
- the public health arrangements in the area;
- the planning of health services by NHS bodies, including plans made in co-operation with local authorities, setting out a strategy for improving both the health of the local population, and the provision of health care to that population;
- the plans, strategies and decisions of the Health and Wellbeing Board;
- the arrangements made by NHS bodies for consulting and involving patients and the public under the duty placed on them by Sections 242 and 244 of the NHS Act 2006;
- any matter referred to the Committee by Healthwatch under the Health and Social Act 2012;
- social care services and other related services delivered by the authority.

In addition, the Health Scrutiny Committee will be required to act as a consultee to NHS bodies within their areas for:

- substantial development of the health service in the authority's areas; and
- any proposals to make any substantial variations to the provision of such services.

PART 1

IN PUBLIC

1 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

2 MINUTES OF THE PREVIOUS MEETING:

To agree the minutes as a true record of the meeting.

3 DECLARATIONS OF INTEREST

To receive any declarations of disclosable pecuniary interests from Members in respect of any item to be considered at the meeting.

Notes:

- In line with the Relevant Authorities (Disclosable Pecuniary Interests) Regulations 2012, declarations may relate to the interest of the member, or the member's spouse or civil partner, or a person with whom the member is living as husband or wife, or a person with whom the member is living as if they were civil partners and the member is aware they have the interest.
- Members need only disclose interests not currently listed on the Register of Disclosable Pecuniary Interests.
- Members must notify the Monitoring Officer of any interests disclosed at the meeting so they may be added to the Register.
- Members are reminded that they must not participate in any item where they have a disclosable pecuniary interest.

4 QUESTIONS AND PETITIONS

To receive any questions or petitions

Notes:

1. The deadline for Member's questions is 12.00pm four working days before the meeting (14 November 2014).
2. The deadline for public questions is seven days before the meeting (13 November 2014).
3. The deadline for petitions was 14 days before the meeting, and no petitions have been received.

5 CHAIRMAN'S ORAL REPORT

The Chairman will provide the Committee with an update on recent meetings he has attended and other matters affecting the Committee.

6 BETTER CARE FUND UPDATE (Pages 1 - 18)

Purpose of the report: Scrutiny of Services and Budgets/ Policy Development and Review.

The plans for the Better Care Fund have been submitted and the Committee will review the details and scrutinise plans for delivery.

7 PATIENT TRANSPORT SERVICE (Pages 19 - 42)

Purpose of the report: Scrutiny of Services and Budgets/ Policy Development and Review

The Committee will scrutinise South East Coast Ambulance (SECamb) delivery of the patient transport contract.

8 FRIMLEY PARK HOSPITAL NHS FOUNDATION TRUST ACQUISITION OF HEATHERWOOD AND WEXHAM PARK HOSPITALS NHS TRUST : UPDATE (Pages 43 - 48)

Purpose of the report: Scrutiny of Services

Following Monitor's approval of Frimley Park's acquisition of Heatherwood & Wexham Park Hospitals the Committee wishes to receive an update on the plans for the management of the new organisation and seek assurances on the benefits for Surrey residents and how risks will be managed.

9 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME (Pages 49 - 60)

The Committee is asked to monitor progress on the implementation of recommendations from previous meetings, and to review its Forward Work Programme.

10 DATE OF NEXT MEETING

The next meeting of the Committee will be held at 10.00 am on Thursday 8 January 2015.

David McNulty
Chief Executive
Published: Wednesday, 12 November 2014

MOBILE TECHNOLOGY AND FILMING – ACCEPTABLE USE

Those attending for the purpose of reporting on the meeting may use social media or mobile devices in silent mode to send electronic messages about the progress of the public parts of the meeting. To support this, County Hall has wifi available for visitors – please ask at reception for details.

Anyone is permitted to film, record or take photographs at council meetings. Please liaise with the council officer listed in the agenda prior to the start of the meeting so that those attending the meeting can be made aware of any filming taking place.

Use of mobile devices, including for the purpose of recording or filming a meeting, is subject to no interruptions, distractions or interference being caused to the PA or Induction Loop systems, or any general disturbance to proceedings. The Chairman may ask for mobile devices to be switched off in these circumstances.

It is requested that if you are not using your mobile device for any of the activities outlined above, it be switched off or placed in silent mode during the meeting to prevent interruptions and interference with PA and Induction Loop systems.

Thank you for your co-operation

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Health Scrutiny Committee
20 November 2014

Better Care Fund Update

Purpose of the report: Scrutiny of Services and Budgets/Policy Development and Review

The plans for the Better Care Fund have been submitted and the Committee will review the details and scrutinise plans for delivery.

Summary:

1. A report from the Surrey Better Care Fund Board is included in the agenda papers.

Recommendations:

2. The Committee is asked to scrutinise the plans for the Better Care Fund and consider further scrutiny in 2015.

Report contact: Ross Pike, Scrutiny Officer, Democratic Services

Contact details: 020 8541 7368, ross.pike@surreycc.gov.uk

Sources/background papers: None

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Better Care Fund

20 November 2014

Health and Wellbeing Surrey

WHAT IS THE BETTER CARE FUND?

- **£3.8 bn national fund in 2015/16**
- **Not 'new money' - consolidating existing funding**
- **Designed to be spent locally on health and social care to :**
  - Improve outcomes for people
  - Drive closer integration between health and social care
  - Increase investment in preventative services in primary care, community health and social care
- **Focus on the frail elderly - nature of our population / highest area of spend**
- **Covers two financial years**
  - 2014/15 Whole Systems Funding for Surrey = £18.3m
  - 2015/16 revenue allocation £65.5m + capital £5.9m = £71.4m in total
- **Part of Surrey's Public Service Transformation Programme**
- **Supports delivery of Surrey's Older Adults Health & Wellbeing Action Plan**

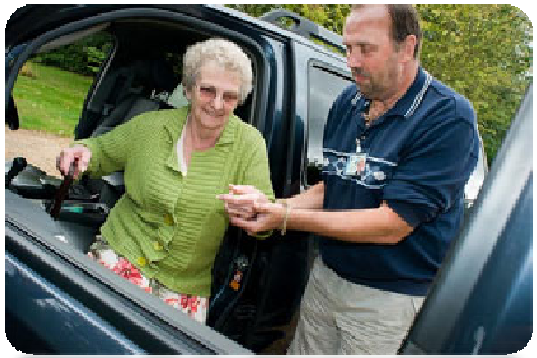
Health and Wellbeing Surrey

SURREY CONTEXT

- **The challenge is significant**
  - Complexity of Surrey's health and care system
  - The financial backdrop for all partners
  - Our integration 'starting point'

But...

- **Our journey – we have come a long way**
- **There is real and shared commitment across partners**
- **We know there is more to do**
  - Refining, preparing and implementing plans
  - Engaging further with partners and key stakeholders
  - Working with Healthwatch to ensure the voices of consumers are heard and integral to the design of health and social care services



Health and Wellbeing Surrey

SIX NATIONAL CONDITIONS

- Plans to be jointly agreed
- Protection for social care services (not spending)
- 7-day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends
- Better data sharing between health and social care, based on the NHS number
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
- Agreement on the consequential impact of changes by the acute providers

Health and Wellbeing Surrey

OUTCOMES FOR PEOPLE IN SURREY

- **Enabling people to stay well** - Maximising independence and wellbeing through prevention and early intervention for people at risk of being unable to manage their physical health, mental health and social care needs
- **Enabling people to stay at home** - Integrated care delivered seven days a week through enhanced primary and community services which are safe and effective and increase public confidence to remain out of hospital or residential/nursing

- **Enabling people to return home sooner from hospital** - Excellent hospital care and post-hospital support for people with acute, specialist or complex needs supported by a proactive discharge system which enables a prompt return home

Health and Wellbeing Surrey

PLAN OF ACTION

- **Each of six Local Joint Commissioning Groups (LJCGs) has developed local joint Better Care Fund schemes**
- **'Enabler' projects:**
  - Equipment and adaptations
  - Data and information
  - Workforce and team development
- **To deliver scale of change and benefits, at pace needed in Surrey, 'hot house' in mid-September identified further Surrey-wide plans:**
  - Total team
  - Whole system demand management
  - Mission 90
  - Call for back-up
- **On-going work to plan and model these schemes over next few months to confirm expected outcomes and savings**
- **Local schemes essential to successful delivery in complex system**

Health and Wellbeing Surrey

PLAN OF ACTION

Total team – out of hospital local integrated care teams for 65+	
East Surrey • Enabling people to stay well • Enabling people to stay at home • Enabling planned access to services • Enabling people to return home sooner from hospital	North East Hampshire & Farnham • Telecare / telehealth • Reablement • Discharge to assess • Workforce efficiency / integrated case management • Primary Care Development
Guildford and Waverley • Primary Care Plus • Rapid Response • Telecare • Virtual Wards • Social Care/Reablement/Carers • Mental Health	Surrey Downs • Primary care networks; community medical teams • Continuing care assessment process • An improved and integrated discharge pathway • Rapid response / intermediate care / reablement
North West Surrey • Integrated health and social care locality hubs	Surrey Heath • Admission Avoidance • Early Discharge from hospital • Rehabilitation / reablement

Health and Wellbeing Surrey

PLAN OF ACTION

Whole system demand management – using health and social care commissioning levers for nursing, residential and home based care	
East Surrey • Contractual levers as an enabler to change	North East Hampshire & Farnham • Care at Home • Continuing Health Care / FNC
	Surrey Downs • Continuing care assessment process
North West Surrey • Joint whole system demand management	Surrey Heath • Nursing Home and Residential Support

Health and Wellbeing Surrey

PLAN OF ACTION

Mission 90 – commissioning framework for voluntary sector, to enable over 75's to stay independent at home for one year longer

Reviewing historic voluntary sector funding across health and social care

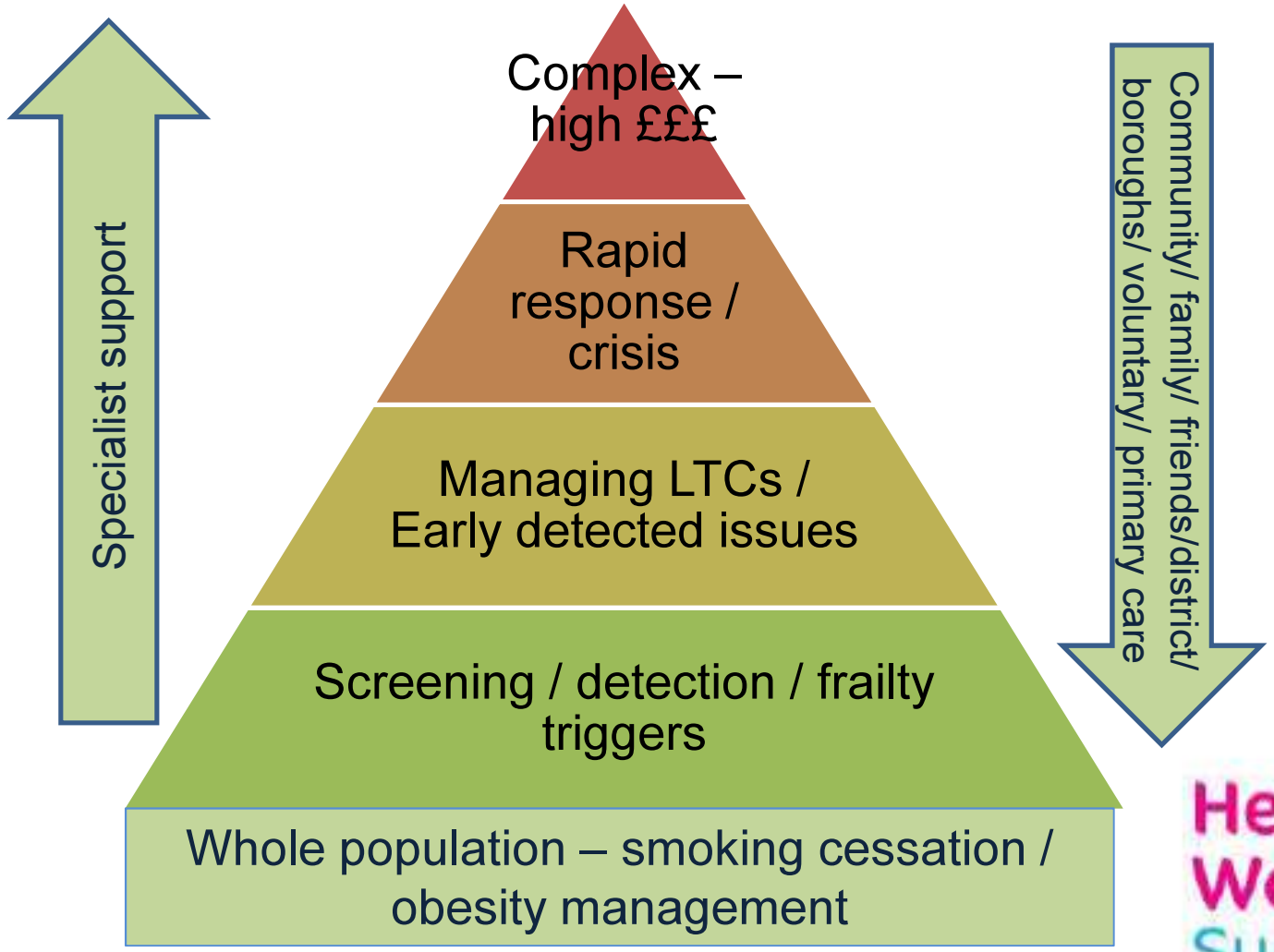
Call for back-up – crisis response service, with different levels of interaction, to respond to social care emergency or a non-injury fall

County wide scheme under development

Health and Wellbeing Surrey

MANAGING DOWN ACUITY

Integrated teams at heart of communities – managing down acuity



Health and Wellbeing Surrey

EXPENDITURE PLAN 15/16

	£000's
Protection of Adult Social Care	25,000
Care Act revenue	2,563
Carers	2,463
Subtotal – Adult Social Care and Carers	**30,026**
Health commissioned out of hospital services	17,468
Health commissioned 'in hospital' services	1,455
Subtotal – Health commissioned service	**18,923**
Continuing investment in health and social care	16,526
Total revenue	**65,475**
Disabled Facilities Grant	3,723
Care Act capital	946
ASC capital	1,278
Total capital	**5,947**
Total Better Care Fund	**71,422**

Health and Wellbeing Surrey

PROTECTING SOCIAL CARE SERVICES

One of the national conditions of the Better Care Fund is 'protecting' social care services. Our definition:

- Funds for the protection of social care must be used for the CCG population from which the funding has come
- Funds for the protection of social care cannot be used to fund local authority statutory functions or services
- Health and social care will agree jointly what specific services will be protected in each CCG area
- Joint monitoring, transparency and open book approach
- Dedicated commitment to transformation and integration at CCG level

Health and Wellbeing Surrey

PRINCIPLES

Local schemes and spending plans will support the commitment to protect social care by ensuring:

- Any contribution towards £25m is dependent upon clear implementation plans, with related impact assessments, agreed risk sharing and delivery of agreed metrics – all to be agreed locally before end November 2014. If partners do not agree, then a third party will be asked to arbitrate
- Assumption that Whole System Partnership Fund (existing Section 256 agreement) ceases from 1 April 2015 and then services are explicitly renegotiated at local level
- A named social care lead with decision making authority and a dedicated finance lead to be part of each LJCG
- £25m payment will not be received as lump sum on 1 April 2015 and may be by 1/12th payment per month

Health and Wellbeing Surrey

METRICS

Our ambition through the Better Care Fund is to improve outcomes for the people of Surrey - we have adopted the following metrics for 2015/16

Metric	Surrey target (annual % change from 14/15)
Total non-elective admissions in to hospital (general and acute), all age per, 100,000 population *	-1.0%
Permanent admissions of older people (65+) to residential and nursing homes, per 100,000 population	-1.4%
Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation	3.2%
Delayed transfers of care (delayed days) from hospital per 100,000 population (18+)	-0.6%
Patient/service user experience – friends & family test (in-patient)	+0.2%
Estimated diagnosis rate for people with dementia	21.8%

Health and Wellbeing Surrey

* Performance element of fund will be paid on delivery of this target

NEXT STEPS

Surrey received positive feedback from the National Assurance Review (NAR) - next steps:

- Respond to feedback from the NAR including:
  - provider engagement with non-elective admission targets
  - reviewing metric targets
  - aligning individual schemes with benefits and change in activity
- By end November - clear implementation plans, with related impact assessments, agreed risk sharing and delivery of agreed metrics
- By end November – governance framework including pooled funding and risk sharing arrangements
- From 1 April – implementation of local Better Care Fund plans by each LJCG
- Throughout – robust programme management, with communication and engagement, monitoring and reporting etc
- Next Better Care Member Reference Group Meeting on 8 December 2014

Health and Wellbeing Surrey

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Health Scrutiny Committee
20 November 2014

Patient Transport Service

Purpose of the report: Scrutiny of Services and Budgets/Policy Development and Review

The Committee will scrutinise South East Coast Ambulance (SECAmb) delivery of the patient transport contract.

Summary:

1. A report from Surrey Coalition for the Disabled offering a patient perspective can be found as **Annex 1**.

2. A report from the commissioners of SECAmb in Surrey, North West Surrey CCG, can be found as **Annex 2**.

3. An update report on the Patient Transport Service from the providers, SECAmb, can be found as **Annex 3**.

Recommendations:

4. The Committee is asked to scrutinise SECAmb on the delivery of Patient Transport Services.

Report contact: Ross Pike, Scrutiny Officer, Democratic Services

Contact details: 020 8541 7368, ross.pike@surreycc.gov.uk

Sources/background papers: None

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NHS
North West Surrey
Clinical Commissioning Group

Non-Emergency Patient Transport Service Surrey

A Briefing Paper for the Health Scrutiny Committee

November 2014

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1. Introduction

This briefing paper seeks to inform the Surrey Healthcare Scrutiny Committee of the current performance monitoring processes that have been adopted to contract manage the Patient Transport Service (PTS) currently provided by South East Coast Ambulance Foundation Trust (SECAmb).

The paper also seeks to advise the committee of the planned procurement process being put in place to enable a re-procurement of the service following the expiry of the existing contract on the 30th September 2015.

2. Background

The transport service within Surrey is provided by South East Coast Ambulance NHS Foundation Trust (SECAmb). It is a Surrey only contract and North West Surrey (NWS) CCG is the lead commissioner. SECAmb provide the vehicles, the crews and manage the day to day operation of the service. SECAmb also provide a web based e-booking system which enables them to receive details of the bookings both for pre-planned and on the day bookings. The e-booking system is predominantly used by hospitals/GP practises/HCPs who have web access. Surrey County Council provides a central booking service for patients requiring PTS which is a separate contract.

3. Current Performance

Whilst in general terms the current PTS service meets the needs of the users, SECAmb currently have not met a number of the contractual Key Performance Indicators (KPIs), predominantly the discharge KPI's. The current complaints analysis also shows a consistent theme relating to timeliness. The issues relating to these failures are discussed at the regular hospital operational performance meetings and a number of reasons for the poor performance are acknowledged. The discharge of patients presents the most challenges with "on the day" bookings and patients not being ready acknowledged as a concern. There are very few issues with inward journeys with the majority of the KPIs being met.

4. Contract Management

On 1 April 2014 the responsibility for managing the PTS contract moved from NHS East Surrey CCG to NW Surrey CCG for itself and on behalf of the Surrey Collaborative CCGs. Since then the contract governance arrangements have been reviewed and contract management processes strengthened.

Commissioners of the Surrey Collaborative CCGs have a Commissioner Forum pre-meet to discuss issues and commissioning plans prior to the PTS Contract Management meeting. The Contract Management meeting is well attended by senior representatives from SECAmb and from the Surrey Social Information on Disability Group. This meeting looks specifically at performance and clinical governance issues and SECAmb are directly questioned on matters relating to KPI achievement, complaints and governance issues.

In addition monthly operational/stakeholder level meetings are held which involve the acute trusts and user groups. These meetings have been a key initiative in generating a constructive dialogue between users and the provider. Root causes of journey failures are discussed and actions put in place to try and avoid repetition. A typical example of the type of action taken is inviting hospital pharmacy staff to PTS meetings due to the fact that patients awaiting drugs are a constant cause of late discharge journeys. Some trusts now prioritise the dispensing of drugs for discharge patients travelling via PTS. KPI performance, complaints and clinical governance issues are fixed agenda items and are discussed each month and outcomes escalated as appropriate.

The SECAmb report submitted to the Health Scrutiny Committee (HSC) covers the main issues relating to the current performance. Whilst the issues persist there are positive steps being taken by SECAmb and we are beginning to see signs of improvement.

5. Re- Procurement

The current Surrey wide PTS contract is due to terminate on the 30th September 2015. The contract has an option to extend by up to 1 year which, if agreed by both parties, could extend it to 30th September 2016. The provision of a PTS service is subject to the usual NHS Procurement guidelines and, as such, is subject to re-tendering on each occasion of contract termination.

The current service has 2 distinct elements with 2 separate providers both with their own contracts. South East Coast Ambulance Service NHS Foundation Trust (SECAmb) provides the actual transport service with Surrey County Council (SCC) currently providing the telephone booking service.

Following a meeting of representatives from the Surrey Collaborative CCGs it has been agreed to commence preparation for a full re-procurement of the PTS transport and booking service. The procurement process and the role of Contracting Authority will be fulfilled by NW Surrey CCG on behalf of the Surrey Collaborative. NW Surrey CCG are exploring a procurement partner who will assist in the procurement process.

The procurement will focus on the delivery of a high quality, patient-focused service that is innovative, robust, cost effective and offers value for money. For these reasons, the project team will work closely with Surrey County Council to consider the benefits in a more integrated form of transport provision.

6. Termination Notice

NWS CCG have formally advised SECAmb via the six month notice letter intentions that we intend to re-tender the PTS contract in order to have in place a new PTS contract on the 1st October 2015. The CCG has formally advised SECAmb that it may be necessary to agree an extension of the existing contract due to procurement timescales. SECAmb have agreed in principle that a contract extension will be possible but have advised that any extension would be subject to a review of existing rates. SECAmb claim to be losing money on this contract and have therefore formally expressed this condition. Any such extension will be subject to revised KPIs.

7. Project Team

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A project team consisting of representatives from the Surrey Collaborative CCGs, patient groups (users) as well as Surrey County Council including Business Intelligence and Finance staff from Surrey CCGs has been established. A procurement specialist will join the project team once the procurement service has been appointed. The main purpose of the project team is to initially review the various service options and to produce a draft specification that can be then presented to other stakeholders for comments and review. The input from the hospitals and other users of the service will be vital in producing a specification that meets the needs of the users but also reflects the need to ensure the service is cost effective, integrated, efficient and meets the needs of the wider health community.

It is acknowledged that the Patient Transport Service is a vital part of the healthcare environment and, to its users, it is a crucial service. The procurement process will ensure that all stakeholders, including members of the Surrey Collaborative, Health Scrutiny Select Committee and other user groups are kept aware of the procurement process and consulted with as required.

8. Recommendation

The Committee is asked to:

- Receive and note the contents of this briefing paper

Health Scrutiny Committee
20 November 2014

SECAmb: Patient Transport Service Update

Purpose of the report: Patient Transport has been reviewed twice by the Surrey Health Scrutiny Committee and the service continues to pose challenges for service users and other parts of the health service. Since it was last reviewed the contract has transferred to a different Surrey CCG, therefore, the Committee is seeking an update on current performance and actions taken since January to improve the service.

Introduction:

1. The Patient Transport Service (PTS) in Surrey is now commissioned by North West Surrey CCG on behalf of all six Surrey Clinical Commissioning Groups (CCG) (Annexe). The service, which commenced in October 2012, is designed to provide transport for patients, with a medical need, who are being treated by the NHS and who are registered with a GP in Surrey. Journeys are paid for on a case by case basis against a rate card which is based upon the mileage travelled and the patient mobility (Annexe).

2. Bookings are made directly by patients with the Central Booking Service (CBS), provided by Surrey County Council in Kingston. The transport service is provided by South East Coast Ambulance Service NHS Foundation Trust (SECAmb).

3. This paper refers to the transport element of the service and not the booking service.

PTS Activity

4. During the working week (Monday to Friday) Surrey PTS undertakes six-hundred patient journeys per day, five-hundred of which are outpatient journeys going to or from hospital appointments and the remaining one-hundred are patients being discharged from hospital. On Saturdays seventy patient journeys are undertaken, one-third of which are outpatient journeys the remaining two-thirds being discharges. On

Sundays, forty patient journeys are carried out which are almost all discharges.

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5. Twelve-thousand patient journeys are carried out on average each month, over one-hundred-and-fifty-thousand patient journeys per year. Additionally, forty-thousand escorts are transported per year and twenty-thousand journeys are cancelled within two hours of the required transport time. Year-on-year activity is neither increasing nor reducing

6. Half of the PTS journeys booked can be transported by one person either in a car or an ambulance, the remainder require a two-crew ambulance.

7. During the previous twelve months (November 2013 – October 2014) patients have been transported to or from over one-hundred-and-fifty different locations for their treatment. On a typical day six-hundred patients will be transported to or from forty locations across Surrey and the surrounding areas, including central London (Annexe).

PTS Resource

8. Transporting six-hundred patients with differing transport needs to and from forty locations per day poses some logistical challenges. To overcome these challenges SECAmb has to convert the forecast annual activity into expected income for the year and then to determine the number of resource hours this will pay for. The contract income provides for around two-hundred-thousand staff hours per year which need to be scheduled on duty across each hour of the day and each day of the week in accordance with the location and mobility type demand (wheelchair, stretcher, walker etc.).

9. In practice, this requires analysing demand for the 168 hours of the week based upon the previous year's actual activity in East, North and West Surrey for patients requiring either a stretcher ambulance, a two-person ambulance or a single person ambulance and then combining these results into a total patient demand (Annexe). Staff rosters are then built around this demand model and SECAmb aims to ensure that all roster shifts are covered every day.

PTS Planning

10. 85% of patient journeys are booked more than 24 hours in advance and the remaining journeys are booked on the day of travel.

11. The CBS receives weekly patient details allowing them to call patients ahead of travel to confirm transport is still required. SECAmb sends out text alerts to patient bookings containing mobile phones numbers 48 hours ahead of travel to confirm transport is still required.

Second major section heading etc

12. Patient journeys are assigned to vehicles the working day before travel. They are planned by two full-time planning personnel who manually plan each of the six-hundred patient journeys to the resources scheduled on duty, a process which takes between four and six hours to complete each day.

13. There is no commercially available computerised planning system for Patient Transport Services in the UK. SECAmb are working with their current software provider to develop an automated planning module which, six months into development, is yet to improve upon the timeliness for patients that is provided by the personnel planning manually.

PTS Control

14. On the day of travel the PTS resources are managed by three PTS controllers who coordinate East, West and North Surrey respectively. They are in contact with the crews they control by telephone and text messaging via the crew's personal digital assistants (PDA). Controllers seek to assist crews with keeping on-time with their planning schedule. Significant travel disruption, vehicle or staffing problems, delays with patients or hospital clinics, difficulties finding addresses or patients, amongst many other on the day issues, interfere with a crew's ability to maintain the schedule. The controllers are, therefore, continually re-working the planning schedule and introducing additional patients booked on the day to the planning schedule in order to get patients to and from their destinations in the timeliest way. Almost all of the journeys booked on the day of travel are requests to discharge patients from acute hospitals, the majority of which are booked in the afternoon.

PTS Patient Experience

15. The PTS contract requires that SECAmb survey, every three months (i.e. quarterly), 5% of patients who have used the service. The survey is sent out to fifteen-hundred patients, nearly one-third of all patients registered to travel during the period. Typically around five-hundred responses are received which equates to 10% of all service users.

16. Patients routinely report 92% satisfaction with the overall service (i.e. either satisfied or very satisfied). Comments received from patients during the survey describe how invaluable the service is for them and their treatment.

17. Patients report 97% satisfaction levels with staff. Many of the patients comment on how kind, caring and considerate the staff are.

18. Satisfaction with the timeliness of the service is 82%. Comments from patients on timeliness are, on the whole, less favourable.

PTS Complaints

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19. Over the last year SECAmb has received seven-hundred complaints relating to Surrey PTS which represents half-of-one percent of all one-hundred-and-fifty-thousand patient journeys. The number of complaints received month-on-month has been steadily falling; down from one-hundred each month, to forty, in the last eighteen months (Annexe).

20. The majority of complaints (64%) relate to the timeliness of the service. A quarter of all complaints received relate to communication and seven out of every one-hundred relate to concerns about staff (Annexe)

PTS Performance

Arrival

21. SECAmb are required to get patients to their outpatient appointment no sooner than forty-five minutes before or no later than 15 minutes after their appointment time on 95% of all journeys.

22. This year-to-date, 10% of patients have arrived too early and 15% of patients too late. This means that each weekday twenty-five patients are too early and thirty-seven patients are too late than the contract time and each weekday two-hundred-and-twelve patients are on-time for their appointment.

23. Of the thirty-seven patients who are late each weekday, four arrive later than one-hour after their appointment time. It is not known whether patients who are extremely late for their appointments are seen or not. The received wisdom is that they are, as it is routine practice for SECAmb control or crew to call-ahead to the clinics to ensure patients are still able to be seen in such circumstances. It is known that one or two patients per day are not transported at all due to the inability of clinics to see them if their transport is very late, which would indicate that those patients who are transported and arrive very late are still being seen.

Departure

24. SECAmb are required to pick patients up within one-hour of their planned departure time on 95% of all occasions.

25. Year-to-date, 15% of patients have waited for more than one hour after their planned departure time. Each weekday this equates to thirty-seven patients waiting more than an hour and two-hundred-and-twelve patients are collected within the contract time.

26. Of the thirty-seven patients each weekday who wait longer than one hour to be collected, five patients have to wait more than two hours which equates to twenty-five patients per week or one-hundred patients per month. In October 2014 seven patients waited more than four hours to be taken home after their outpatient appointments from a total of over five-thousand patients.

27. These figures do not necessarily reflect the patient experience, however, who may feel like they are being delayed longer in certain circumstances. This is especially so when the patient has finished their treatment before the planned departure time. In such circumstances it might be possible to re-plan the journey and convey the patient sooner, but equally it might not be possible and patients can be waiting a considerable time for transport which might arrive 'on-time'.

Discharge

28. SECAmb are required to collect patients being discharged from hospital within two-hours of the requested pickup time on 95% of occasions. The contract levels assume that, of the one-hundred patients being discharged each day, five will be picked up after two-hours.

29. This year, 25% of patients being discharged have been collected later than two hours of their requested pickup time, 15% have waited over three hours and 5% over four hours. This means that, each day, twenty-five patients have to wait more than two hours, ten patients more than three hours and five patients more than four hours. Additionally, between one and two patients per day are not transported at all due to the inability of the PTS service to respond in time.

Long Delays

30. Each day, out of six-hundred patients transported, fifteen patients experience unacceptably long delays (Annexe).

31. Delays of this nature, especially failure to transport patients at all, are not only inconvenient to patients but can have a profound effect on the smooth running of the hospital. Each additional night stay can cost £300 compared with the average cost of transport which is around £30. Patients who are more prone to experience delays are those who require a 'two-man' ambulance crew, who were booked on the day of transport (80% of discharges are booked on the day) and who were discharged from wards rather than from the discharge lounge, accident and emergency unit or the like. Additionally, patients who were booked to go to a nursing home were most at risk of not being conveyed on the day of request due to the additional requirement that they arrive in time to be admitted by a clinician.

PTS Staff Engagement

During the summer SECAmb undertook a project to improve patient experience through improved staff satisfaction. PTS staff were asked to produce a statement which defines what they wish to be known for. They chose:

Friendly
Helpful
Caring
Reliable

32. "To most people these are just words, to SECAmb PTS this is who we are."

33. A staff survey was conducted to establish the extent to which these values and behaviours exist within the workplace. 56% of staff took part and the overall satisfaction levels were 72% indicating several areas for improvement. To this end, there is a programme of team leader development which aims to equip them to assume responsibility for the experience patients receive at the hands of their staff. This incorporates regular meetings and one-to-one feedback and evaluation of performance in a number of key areas including these PTS defined behaviours and values.

7

PTS Co-ordinators

34. During regular stakeholder meetings the hospital staff felt that a dedicated PTS coordination role was required to improve the speed at which patients requiring transport could be discharged.

35. In April 2014 a phased introduction of PTS Coordinators started in Surrey and now each Surrey acute hospital has a PTS Coordinator responsible for that site.

36. The PTS Coordinator is there to ensure that patients being discharged are not unnecessarily delayed, to build on relationships with acute hospitals, asses some of the challenges faced at the sites and educate on the best way to utilise the PTS service. The feedback so far regarding these staff has been very positive, with reports that most patients being discharged are known to the hospital much earlier than they are booked with SECAmb. The ambition is to book more patients sooner (patients booked in advance receive a more reliable service) and to increase the use of discharge lounges.

Increasing Social Value

37. Half of the patients currently being conveyed by the PTS service could be transported by a community transport service, volunteer car or ambulance provider or a range of other suitable providers. This could leave the PTS provider free to concentrate on the ‘ambulance suitable’ patients. SECAmb is currently working with Mole Valley District Council to determine whether the additional capacity within the Community Transport service could be utilised to undertake some of the suitable PTS activity.

38. SECAmb believes it is well placed to co-ordinate these qualified providers due to their experience with volunteers, both PTS and A&E, their reputation as a clinical innovator and their brand as a professional ambulance provider and is investing in the development of this ‘auxiliary ambulance service’.

Conclusion:

39. The majority of patients, the majority of the time, are being well served by PTS in Surrey. The overall performance reflects the patient experience in the patient survey, timeliness has been steadily improving

(Annexe), patients experiencing long delays have been steadily decreasing (Annexe) and complaints have been going down too. However, the performance being provided does not meet the performance specified in the contract, especially for patients being discharged. Nor, it could be argued, does it meet the expectations of patients.

40. In order to provide a better service SECAmb have been providing 25% more resources than the contract income allows for them to provide. This provides thirty-thousand staff hours per year above the roster, primarily utilising 3rd party private providers, to enhance the level of service that can be provided by the resource hours paid for by the contract income.

41. SECAmb have indicated that they are in a loss making position, in the order of several hundred-thousand pounds per year, and that they are unable to sustain that financial position going forward. They are not able to invest further additional resource to improve timeliness.

42. They have written to the lead commissioners reminding them that the contract ends by October 2015 and they are not willing to extend the contract on the existing terms. They have stated that they are fully committed to providing PTS services for patients in Surrey and see this important service as a strategic fit with the portfolio of the other services they offer, and that they wish to play a full part in any future bidding process.

43. One might take the view that an alternative provider would be able to deliver a better service within the income provided for by the contract. Experience of PTS services elsewhere would indicate that might not be the case (Annexe). In either event, it is clear that whilst greater efficiency might lead a provider to create a small surplus they would not necessarily be able to improve the timeliness for patients as well.

44. Additional resource is also being provided by individual acute trusts. It is estimated that between five and seven ambulances are being provided per day to assist with the timeliness for discharges. This is equivalent to an investment in the order of between six and eight-hundred thousand pounds per year. It is not known how much activity these resources are undertaking or what level of performance they are achieving. This additional resource is not having a material impact on the discharge performance for the PTS service, however, nor is it reducing the PTS activity or the cost of the PTS service as one might expect. It might be that these resources are undertaking the growth in activity that is seen in other parts of the health sector but not in PTS. It could be that the PTS service is still being charged for this activity as it is being cancelled within two-hours of the booked time. The PTS resources do not have more capacity freed up by these additional vehicles, simply the same number of PTS resources leaving hospital with more empty seats.

45. The NHS is required to shift health care from care in the hospital to care closer to home in order to reduce costs whilst at the same time improving the patients experience and quality of life. This shift will require a

corresponding shift in investment from acute services to Community services. The PTS service is going to play an increasingly important role in treating patients nearer to their home in order to realise these twin benefits and might, consequently, be seen as an area for increased investment to support these changes.

7

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Annexes

NHS EAST SURREY CCG
NHS GUILDFORD AND WAVERLEY CCG
NHS NORTH EAST HAMPSHIRE AND FARNHAM CCG
NHS NORTH WEST SURREY CCG
NHS SURREY DOWNS CCG
NHS SURREY HEATH CCG

Surrey Clinical Commissioning Groups

MILEAGE BAND / MOBILITTY	WALKER	ASSISTED	WHEELCHAIR	STRETCHER	SPECIALIST	ESCORT
BAND 1	10.00	20.00	30.00	60.00	120.00	10.00
BAND 2	10.00	20.00	30.00	60.00	120.00	10.00
BAND 3	20.00	20.00	30.00	60.00	120.00	20.00
BAND 4	20.00	30.00	40.00	70.00	130.00	20.00
BAND 5	20.00	30.00	40.00	70.00	130.00	20.00
BAND 6	40.00	50.00	50.00	80.00	140.00	40.00

Rate Card (Prices are indicative, not the actual values)

SECAmb PTS Destinations Surrey & Sussex

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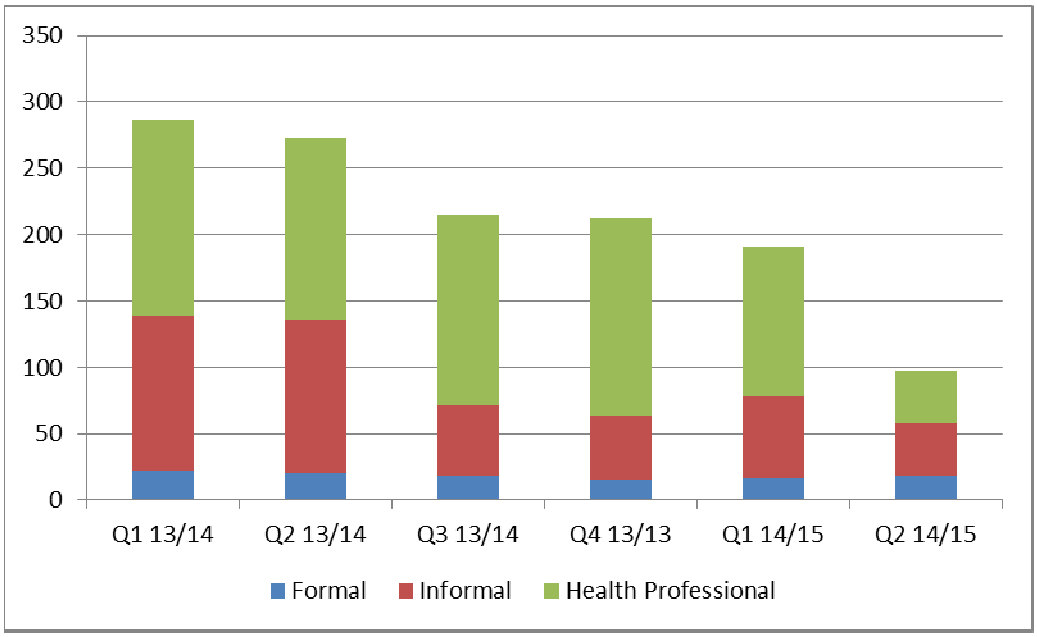
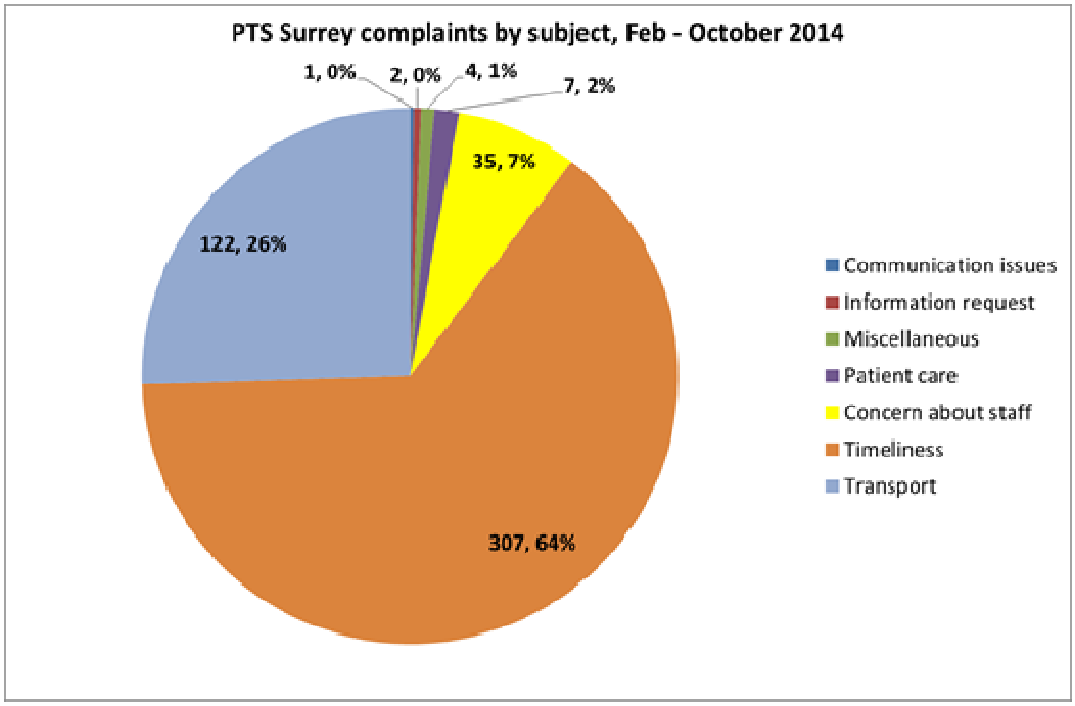
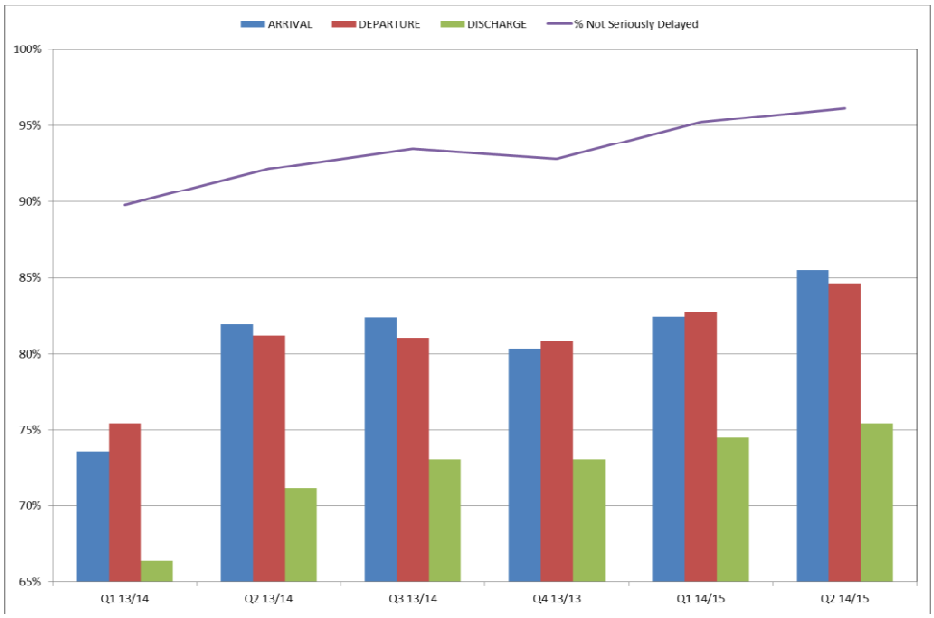


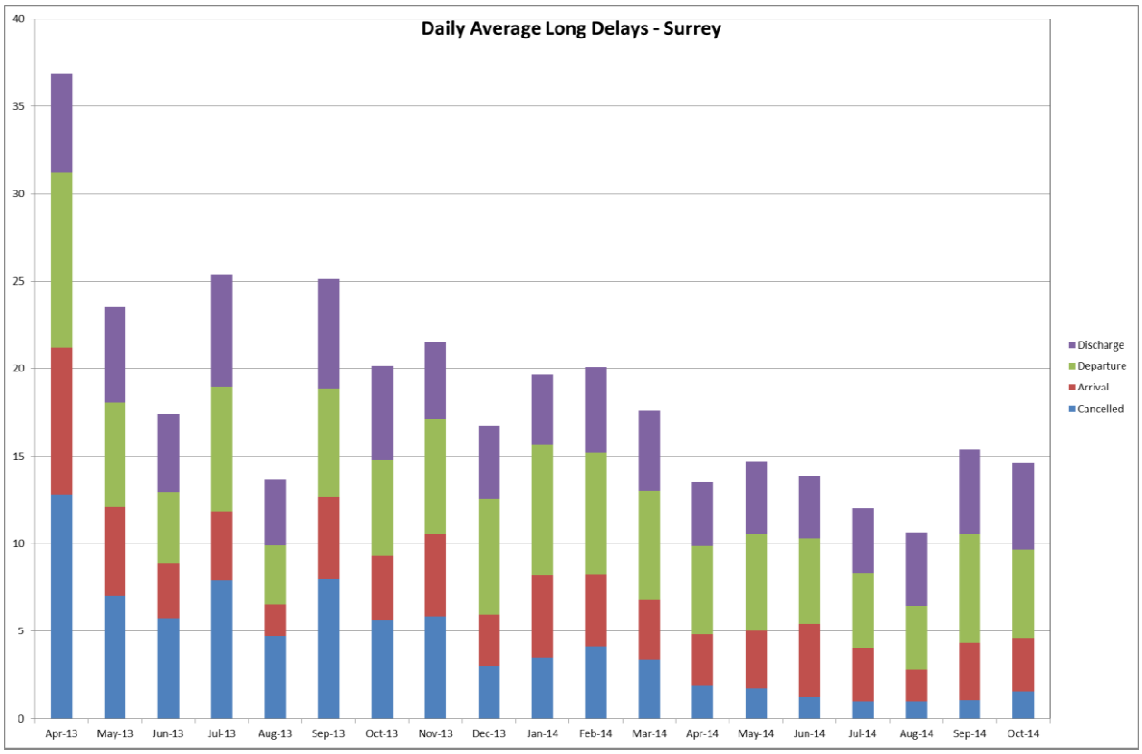
Complaints received by type



Complaints received by nature



On-time performance



Daily Average Long Delays

[Healthwatch Derbyshire NSL PTS Report]
[Healthwatch Manchester Arriva PTS report]
[Healthwatch Dorset E-zec PTS Report]
[Healthwatch London PTS Report]

Healthwatch PTS Reports 2014

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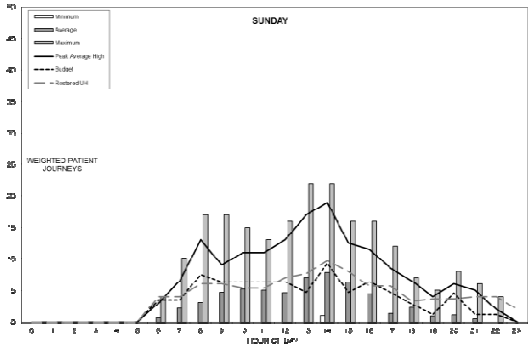
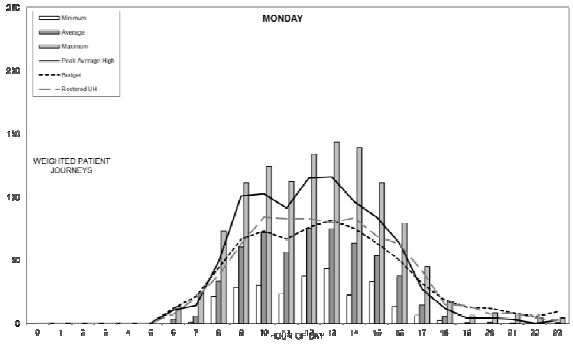
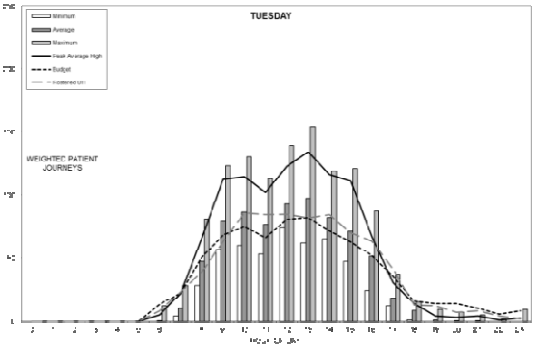
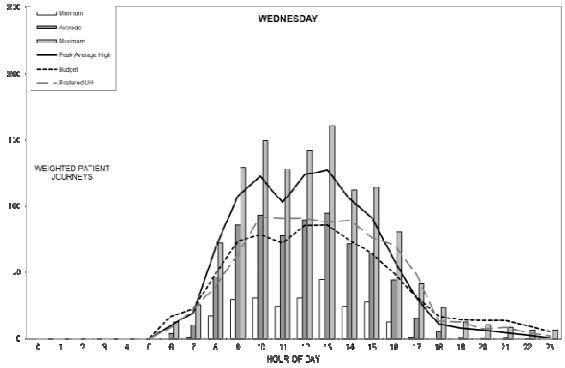
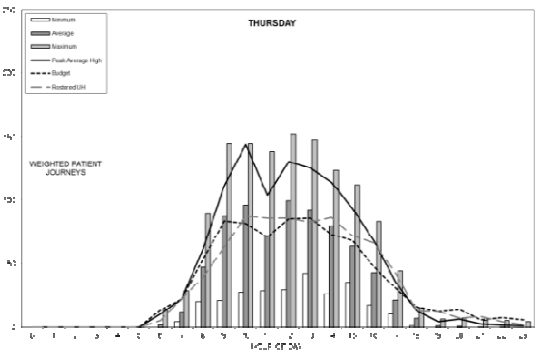
Demand Analyses

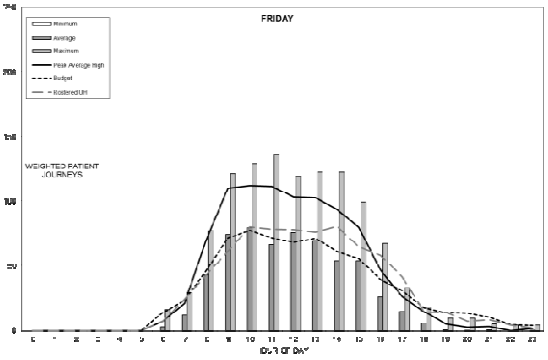


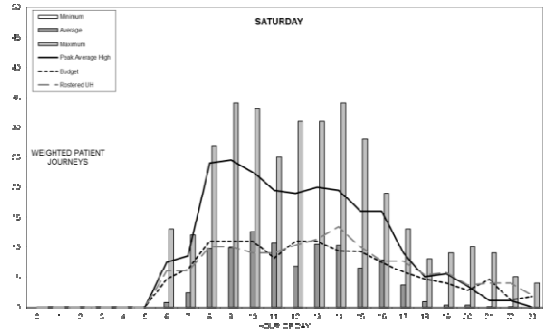












Surrey Coalition of Disabled People

Evidence submitted to the Health Scrutiny Committee on Patient Transport Services

20th November 2014

1. INTRODUCTION

Surrey Coalition of Disabled People has represented the interests of patients with long term conditions on NHS Surrey's Patient Transport User Group for many years. Patient representatives monitored the performance of the Patient Transport Service (PTS) previously provided by G4S, and were involved in developing the specification for the new service which was re-tendered in 2012. We were also involved in the procurement process which resulted in the PTS contract being awarded to South East Coast Ambulance Service (SECAmb) from 1 October 2012.

During 2013 the PTS Patient User Group continued to meet with NHS Commissioners, SECAmb and the County Council's Central Booking Service to monitor implementation of the new PTS Contract.

We reported to the Health Scrutiny Committee in March and September 2013 on our disappointment that the new PTS was not delivering the service we had expected.

We then submitted evidence again to the Heath Scrutiny Committee in January 2014 on the significant problems still faced by patients 15 months after the contract was awarded to SECAmb.

Since then there have been several changes in managers appointed by NHS Commissioners while lead CCG responsibility for patient transport transferred from East Surrey to North West Surrey CCG, resulting in long periods when our patient representative was not involved in contract monitoring processes. Only more recently have we started to receive regular contract monitoring information again.

As a result the evidence we wish to submit to the Health Scrutiny Committee is not based on reports and statistics but on the actual experiences of very many of our members who have used the patient

transport service over recent months. This sadly shows that there has been very little improvement in the quality of the service received, two years after the new contract started.

7

2. EVIDENCE OF PATIENT'S EXPERIENCE OF USING PTS

Many individuals and care Home staff have written to us over recent months giving details of the problems they have faced. Examples of these are summarised below:

- Waiting time for return journeys was too long especially when escorting a patient living with dementia who became unsettled and tired, and missed a meal.
- Transport not turning up at all (care home had to cover staff shift at extra cost, this was in an SCC home).
- Transport turned up after the appointment time - involved care come in phoning the hospital to see if they would still see their resident.
- Resident was ready an hour and a half before appointment (as requested) – which often involves organising an escort to come in early, arranging early lunch etc. Problem in ensuring insulin is given to a diabetic resident before they left for the appointment, then transport arrived late.
- Next of kin had arranged to meet their relative at the hospital and scheduled their work around the appointment time – no show.
- Transported a resident and carer all around Surrey when their drop off was only 10 minutes away.
- Ambulance due at 2pm as appointment was at 3:15pm, but the ambulance didn't arrive until 3:00pm so patient missed their appointment.
- Patient discharged two days after operation – waited from 9:30 in the morning until 4:30pm to be picked up – waited in discharge lounge all day.
- "Transport was never perfect but in last two years it has become worse. As part of a care home group we are expected to deliver a professional service to our residents and it is a pity that SECAmb cannot do the same".

- "The service has been so unreliable, patients have asked their families/friends to help or have opted to pay for private transport" – even when they clearly met the eligibility criteria

- "The majority of the time the transport arrives late. In two instances the transport was hours late resulting in our residents missing their appointments".
- "Nobody contacts the care home to explain that the transport is running late".
- When phoning the SECAmb helpline to enquire about the location of transport, the response is vague and unhelpful.
- Residents' families were so appalled with the service that they have refused to use it again and either pay for a wheelchair accessible taxi to take their relative to hospital or use own car experiencing extreme difficulty in getting the resident in/out of vehicle.
- Incident of awful customer service from the crew who were rude, abrupt and unpleasant to a resident who was then upset for days afterwards.
- Residents who have had to wait for over four hours to return from outpatients, which is very distressing for people with dementia.
- Concern with the temperament and lack of patience and understanding of some of the transport staff – who on more than one occasion have complained that they are in a rush and do not have time to wait for a resident to simply be escorted down a corridor to the main entrance.
- Occasions when the transport has arrived whilst the resident is being assisted to the toilet – crew unwilling to wait.
- Care home staff have had to bring their resident back in an accessible taxi after waiting hours for transport – this cost then had to be passed on to the relatives, who are unhappy about this. "It is fast becoming the case that NHS transport is not providing an adequate service in any way."
- "… lateness of pick ups, inability to wait when they arrive even though we have frail elderly people and transport not turning up at all".

3. SUMMARY OF ISSUES

3.1. Continuing problems and concerns

7 The evidence shows that many people known to us are continuing to experience problems, and in our view the key issues are as follows:

- **Scheduling of journeys**
  This appears to be the root cause of the very routine delays in people being picked up from home for their appointment. These delays in the early mornings cannot be attributed to demands from the acute trusts for patient discharges, so appear to be the result of poor scheduling of vehicles and crew.

  There is also evidence of patients from different geographical areas being scheduled for the same vehicle, again, causing delays and long journeys.

- **Lack of capacity to provide prompt transport on discharge**
  There are many examples of patients waiting for many hours in discharge lounges or at reception for transport home after discharge from both inpatient and outpatient treatment.

- **Notification of late pick up**
  Although recommended by both the Health Scrutiny Committee and ourselves, SECAmb have not yet instituted a process for routinely notifying patients of delays, so many people are left worrying about whether transport will arrive at all or whether they will be late for, or miss, their appointment.

  We have recently been contacted by a member of SECAmb's staff who has been tasked to look at improvements in communicating with patients to remind them of their pick up times and to notify them of delays. We will be meeting him shortly to give our views on the most accessible and appropriate ways of doing this.

3.2. Improvements

On a more positive note, there are some examples of good practice and improvement:

- **Attitude and competence of the crew**
  Evidence from individual patients has shown that the crew members are usually polite, helpful and competent although very frustrated by the system which causes them to be late in collecting patients. The evidence from several care homes, however, shows that the crew are not always helpful and, due to time constraints, cannot even wait for frail elderly people.

- **Handling of complaints**
  Several of the individual concerns reported to us from patients have been submitted to SECAmb for formal investigation. From this experience it would seem that the complaints procedure is working better and that patients are now receiving a formal response within the set timescale

4. OTHER REMAINING CONCERNS

4.1. Assessing eligibility for PTS

Whilst we believe that the staff operating the transport call centre in Surrey County Council are following the process map for assessing eligibility, we understand that this was to have been formalised through an IT front-end process which would assure greater consistency and to improve efficiency. We understand that this has not yet been implemented by SECAmb.

4.2 Patient Information about PTS

We helped to design a patient transport leaflet two years ago but, despite continued requests, these have not been produced either by commissioners or SECAmb to date.

However, we have just seen a draft leaflet produced by North West Surrey CCG which clearly aims to restrict eligibility for PTS even more, and may preclude people who have social issues as a consequence of their condition, particularly those with mental health problems.

We will discuss these concerns further with the commissioners.

5. EVIDENCE FROM HEALTHWATCH

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The Healthwatch Surrey evidence received from people via the enquiries line and the Citizens Advice Bureau exactly reflects the summary of issues and concerns outlined in this report.

In addition, Healthwatch has also heard from people who attend such providers as the Royal Marsden and St George hospitals for treatment having problems with transport because of the increased distance. Some Surrey acute providers have expressed concerns that when this type of transport service is required for discharge it is for the most vulnerable group of patients and improvement is required especially for this group.

The most common quote from the experience stories is "Patient transport services are still a poor experience**".**

6. CONCLUSION

We remain very concerned that two years after the contract was awarded to SECAmb the quality of service has not improved significantly. Although the statistics may show an improvement there remain hundreds of patients per month who experience delays and long waiting times as evidenced above.

We continue to hope that by working together the commissioners and providers can deliver a service to the standard which patients should reasonably expect.

Cliff Bush OBE, Chair
Nick Markwick, Vice-Chair — Jane Shipp

Surrey Coalition of Disabled People — **Healthwatch**

3rd November 2014

SURREY
COUNTY COUNCIL

Health Scrutiny Select Committee
20 November 2014

Frimley Health NHS Foundation Trust:
Frimley Park Hospital NHS Foundation Trust acquisition of Heatherwood & Wexham Park Hospitals NHS Foundation Trust: UPDATE

Purpose of the report: Scrutiny of Services

Following Monitor's approval of Frimley Park's acquisition of Heatherwood & Wexham Park Hospitals the Committee wishes to receive an update on the plans for the management of the new organisation and seek assurances on the benefits for Surrey residents and how risks will be managed.

Introduction:

1. Heatherwood and Wexham Park hospital (HWPH) was facing significant financial, operational & clinical challenges. In the absence of the transaction, ongoing financial and operational challenges may have risked Frimley Park Hospital's (FPH) sustainability in the medium term
   - 1.1 Increasing financial and operational pressures are being placed on acute Trusts. FPH was facing declining surpluses over the coming years and HWPH was in a continuing unsustainable financial position.
   - 1.2 There is a continued drive for high quality sustainable care in the NHS. FPH was at risk of becoming clinically subscale in certain areas as the NHS consolidates to preserve and improve quality care. HWPH already had areas of poor quality in patient care and had lost certain services.
   - 1.3 Both trusts were facing a growing and ageing population, coupled with a forecast increase in chronic diseases, which will put additional strain on local services.
   - 1.4 The combined organisation provides the opportunity to achieve critical mass in clinical services and achieve a sustainable financial position.
   - 1.5 Options appraisal has shown that acquisition offered the best opportunity for FPH to maintain medium term sustainability at the current time.

2. The acquisition of HWPH by FPH and the resulting increased population served of between 800,000 and 1,000,000 people creates the organisational scale necessary to establish robust, sustainable services for the people of Berkshire, Buckinghamshire, North East Hampshire and Surrey.

3. The acquisition enables a platform for change, driving forward clinical service changes where appropriate and providing the impetus to create new services to serve the growing and ageing population. The enlarged trust is better placed to recruit and retain high quality clinical staff and to offer excellent training opportunities. Back-office and operational consolidation will help release resources for front-line services.

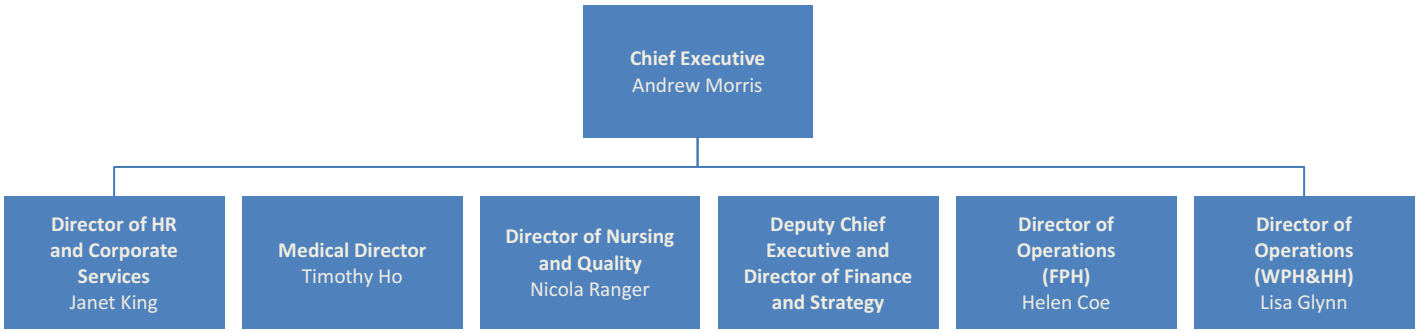
8

4. The enlarged organisation is committed to significantly improving the quality of care and delivery of performance on the Wexham Park and Heatherwood Hospital sites while maintaining and improving all aspects of care on the Frimley Park site. The longer term goal is to achieve the same standards of quality, performance and financial efficiency across the whole organisation.

Governance arrangements for Frimley Health NHS Foundation Trust:

5. Frimley Health Foundation Trust (FHFT) is a single foundation trust incorporating Frimley Park Hospital, Heatherwood Hospital and Wexham Park Hospital. The foundation trust has a single Board of Directors, made up of the Board of FPH plus two additional positions, one executive and one non-executive.

6. The structure for the executive team (given below) includes a dedicated operations director for each acute site, to ensure that there is sufficient focus on maintaining and improving performance and delivery on each of the Frimley Park and Wexham Park sites:



7. Reflecting the successful governance structure of FPH, the clinical services are organised into 10 directorates, each headed by a Chief of Service, who is an experienced consultant. These chiefs of service have responsibility across all sites and report directly into the Chief Executive. They are supported by associate directors who also work across the sites, in order to promote strong clinical leadership and aligned managerial support that will drive integration and best practice

improvements. The only exception is the medical/emergency department associate directors, who each work on a single site.

8. The trust is establishing an organisation-wide clinical and corporate governance structure that supports the Board, executive team and the clinical and corporate leadership team. This is based on the most successful elements of the FPH approach to governance, with modifications to make it scalable and appropriate for a multi-site organisation.

9. Quality assurance arrangements will include two site-specific quality committees for the first year at least, to ensure that there is no loss of focus on the Frimley Park site. A cross-site Corporate Governance Committee will review arrangements at specialty level across the organisation, using an assessment framework reflecting the Care Quality Commission's five domains: safe, effective, caring, responsive and well-led. Specialties will also report on how well their services reflect the Trust's values: committed to excellence, working together and facing the future. The Board of Directors has established a new Quality Assurance Committee of the Board, which will provide the Board with the opportunity to gain greater assurance as required.

10. The FPH management has successfully embedded their vision and principles among the staff through significant communication activities and leadership engagement. Following the acquisition, the executive team will lead the engagement work with teams, explain the imperative for change and cascade a single set of core values across all sites through the local management teams and face to face meetings with the executives.

11. An integration programme board will oversee the work plans that will deliver the required changes across the organisation, and give the Board and our regulators assurance that the benefits of the integration will be achieved. Both Monitor and the Care Quality Commission will work alongside our local commissioners to monitor progress, share learning from other acquisitions and mergers and provide assurance that patients will benefit from improved quality, performance and financial viability.

12. The trust is also committed to working with its partners on transformation across the broader health and social care system and will achieve this through joint transformation initiatives with health and social care partners.

Commissioning and contracting arrangements for Frimley Health Foundation Trust:

13. The acquisition of HWPH by FPH to form Frimley Health NHS Foundation Trust (FT) impacts on how the local Clinical Commissioning Groups (CCGs) will work together to commission and contract for high quality and safe services for local people.

14. There are six main CCGs that that commission services from Frimley Health Foundation Trust. Currently the CCGs work together in two systems; the FPH system and the HWPH systems. The FPH 'system' includes Bracknell and Ascot CCG, North East Hampshire and Farnham CCG and Surrey Heath CCG. The HWPH 'system' includes Bracknell and Ascot CCG, Chiltern CCG, Slough CCG and Windsor, Ascot and Maidenhead CCG (please note Bracknell and Ascot CCG works with both 'systems').

15. The CCGs recognise that currently HWPH and FPH have different quality and performance standards and different contracting arrangements in place. The CCGs agree that changes to the commissioning and contracting structures and processes (e.g. to one Frimley Health NHS FT-wide contract) needs to be implemented at an agreed pace to ensure that quality, performance and activity and finance can be appropriately contracted and monitored.

16. It is proposed that a Joint Strategic Commissioning Forum, encompassing all six CCGs, is established. This strategic forum will bring together the two existing commissioning systems (as described in 13) providing strategic oversight and leadership to the services commissioned from newly formed Frimley Health NHS FT.

17. It is proposed that in the short term (e.g. for 2015/16) the current arrangements for commissioning and contract monitoring remain the same as they currently are. This will mean two contracts for next year; one for FPH site and one for HWPH sites. In relation to quality, this will ensure that commissioners can monitor and lead quality improvements at each site, focusing on specific areas of development for local services and local people. The establishment of a Joint Strategic Commissioning Forum will ensure there is strong commissioning clinical leadership and the sharing of best practice and lessons learnt.

Benefits for Surrey residents:

18. FPH has recently been rated as 'outstanding' by the Care Quality Commission, the first trust in England to receive this rating. The acquisition provides a way forward to improve services for both legacy organisations, ensure equity of services and parity of access for the population served by HWPH and FPH. The proposed clinical model will bring the following specific benefits:
    - 18.1 Improve the quality at Heatherwood Hospital and Wexham Park Hospital through a common culture based on FPH leadership through robust clinical governance.
    - 18.2 Improving existing services and developing new services for patients based on sharing expertise and developing improved interfaces with community healthcare.The scale of the new organisation will allow for greater subspecialisation.
    - 18.3 New model of elective care including a new centre of excellence for elective care at Heatherwood and enhanced patient centred models of care, for example 'one stop shop' services.

18.4 Improved flexible capacity and ability to develop and transform services to meet the increasing demands on the system, particularly for frail elderly patients.

19. Key specific changes envisaged within the proposed clinical model include:
    19.1 Changes in care of the elderly (CoE): proactive management of higher risk patients, provision of front-door CoE physicians, and greater integration with local health providers will create treatment pathways specifically for older adults and lead to both improved hospital care and early supported discharge;
    19.2 Changes in the ED model: excellent quality of care (in all 5 quality indicators) will be achieved through streamlined patient flows, 24/7 Consultant-delivered care, and closer integration with community services;
    19.3 Maintain hyper acute services such as stroke, heart attack and vascular services on the Frimley Park site;
    19.4 Changes in the urology and cancer networks to ensure that more local services are available for patients, including access to highly specialised services where possible.

20. Bringing together two Trusts with important complementarities will deliver improved clinical outcomes through larger clinical teams and improved access to services for patients. The ability to attract and retain high quality staff will support the delivery of these benefits across all sites.

21. Implementation of the clinical model will be carried out to ensure that the existing excellent quality of services is maintained or enhanced, new services are developed and the clinical pathways are transformed over a pragmatic timeline so that senior leaders are able to devote adequate time to the integration. The focus will therefore be on delivering the short-term changes to 'business as usual' that address current clinical issues and preparing the medium and long-term changes that will drive patient benefits.

22. The clinical model assumes that the mix of services currently offered to patients in their local area will remain locally. Should the enlarged organisation wish to make any substantial service changes in the future, it would follow an appropriate process of involving all local stakeholders in shaping plans and giving formal feedback on those plans.

Conclusions:

23. The formation of Frimley Health through the acquisition is required to provide Frimley Park with a sustainable future, given the challenging external environment.

24. Frimley Health is maintaining its successful governance structure of strong clinical leadership and an empowered and engaged culture to ensure the success of the enlarged organisation.

25. The governance structure has been developed to particularly ensure that there will be high quality services maintained and improved on the Frimley Park site, while integration is achieved.

26. There are clinical benefits to being a larger organisation, able to provide more local services with greater sub-specialisation, and these benefits will be available to the residents of Surrey.

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27. The six CCGs that commission services from Frimley Health NHS FT will work together, bringing together the collaborative strength of commissioning clinical leadership to drive improvements whilst ensuring local focus on the quality of local services.

28. The organisation will also be better able to engage in the transformation agenda with its health and social care partners including commissioners and the local authority. This will drive improved care for patients with more care intended to be delivered closer to home, and only the sickest patients being admitted to hospital for their care.

Recommendations:

29. The Health Scrutiny Select Committee is asked to note the update provided.

Report contact:

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ANNEX 1

HEALTH SCRUTINY COMMITTEE
ACTIONS AND RECOMMENDATIONS TRACKER – UPDATED 10 NOVEMBER 2014

The recommendations tracker allows Committee Members to monitor responses, actions and outcomes against their recommendations or requests for further actions. The tracker is updated following each Select Committee. Once an action has been completed, it will be shaded out to indicate that it will be removed from the tracker at the next meeting. The next progress check will highlight to members where actions have not been dealt with.

Select Committee Actions & Recommendations

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC044	Patient Transport Service [Item 7/14]	The Commissioner must ensure that hospital discharge planning improves across Surrey. Member Reference Groups will follow-up on this work with the acute hospitals.	North West Surrey CCG Member Reference Groups Acute hospitals	The Lead Commissioner for the PTS contract has changed to NW Surrey. More time will be needed to allow for changes in management. NW Surrey have been briefed on these recommendations.	*November 2014*
SC045	Patient Transport Service [Item 7/14]	The Commissioner will report on how they will ensure the viability of the Patient Transport Service and the chosen provider for the future through its contracting arrangements. They should assure the Committee that any new service specification includes realistic and achievable KPIs.	North West Surrey CCG Scrutiny Officer	The Lead Commissioner for the PTS contract has changed to NW Surrey. More time will be needed to allow for changes in service. NW	*November 2014*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
				Surrey have been briefed on these recommendations.	
SC046	Patient Transport Service [Item 7/14]	That there is an effective complaint handling system that allows this Committee to scrutinise individual outcomes.	SECAmb North West Surrey CCG		*November 2014*
SC047	Sexual Health Services for Children and Young People [Item 8/14]	The team returns with further information on completion of its Sexual Health Needs Assessment and Strategy in early 2015.	Public Health Services for Young People Scrutiny Officer		*March 2015*
SC048	Sexual Health Services for Children and Young People [Item 8/14]	The Committee is included in the consultation on the Sexual Health Strategy.	Public Health, Scrutiny Officer		*March 2015*
SC049	Sexual Health Services for Children and Young People [Item 8/14]	The commissioning plans that emerge from the review of School Nurses is brought to a future Committee meeting.	Public Health, Scrutiny Officer		*January 2015*
SC050	Surrey and Sussex Local Area Team [Item 9/14]	That the Area Team works with Healthwatch to analyse the Annual Declaration from GPs and returns to this Committee on its completion for further scrutiny.	Local Area Team Healthwatch Scrutiny Officer	Report circulated at September meeting.	*Completed*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC051	Surrey and Sussex Local Area Team [Item 9/14]	The Area Team keeps the Committee informed of the plans for consultation on the future of the Ashford Walk-in Centre and involves when appropriate.	Local Area Team Scrutiny Officer	Report circulated at September meeting.	*Completed*
SC052	Surrey and Sussex Local Area Team [Item 9/14]	Publicity is devised to promote the helpline that advises the public about the availability of NHS dentists.	Local Area Team	Report circulated at September meeting.	*Completed*
SC056	End of Life Care [Item 19/14]	That there is review of capacity and funding of hospices in Surrey (as part of the Better Care Fund work) including private and voluntary providers of End of Life care.	CCGs	Response received from Hester Wain. Circulated to Committee	*Completed*
SC057	End of Life Care [Item 19/14]	Request for a Surrey-wide implementation of an Electronic Patient Coordination System (or systems with inter-operability) that integrates primary, community and acute end of life care. Update from CCGs in six months.	CCGs	Report circulated at September meeting.	*Completed*
SC059	Care Quality Commission [28/14]	The Committee requests that the Chairman and Scrutiny Officer agree with CQC how it will work in partnership	CQC/Scrutiny Officer	Dates are being considered for first meeting in October.	*August 2014*
SC061	Care Quality Commission [28/14]	Invite CQC to return in the autumn to review progress on the work they have carried out in Surrey following this Committee meeting	CQC/Scrutiny Officer		*November 2014*

Number	Item	Recommendations/ Actions	Responsible Member (officer)	Comments	Due completion date
SC062	Frimley Park Hospital NHS FT merger with Heatherwood & Wexham NHS FT [29/14]	Committee requests to be kept informed on the progress of the transaction.	Frimley Park		*Completed*
SC063	Frimley Park Hospital NHS FT merger with Heatherwood & Wexham NHS FT [29/14]	Scrutiny Officer to liaise with Frimley Park management to agree next appearance.	Frimley Park / Scrutiny Officer		*November 2014*
SC064	Integration: Community Provision in the Health System and the use of technology [50/14]	The Committee asks the providers to give an update on the progress of integration in six months time.	Community Health Providers		*March 2015*
SC065	Member Reference Group report on SECAmb plans to reorganise its Emergency Operation Centres [51/14]	Clarify finance for reorganisation for SECAmb EOCs having reached capacity.	Scrutiny Officer Director of Commercial Services, SECAmb		*November 2014*

Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
November 2014				
20 Nov	Patient Transport Service Review	Scrutiny of Services – Patient Transport has been reviewed twice by this Committee, the service continues to be problematic for service users and other parts of the health service. Since it was last reviewed the contract has transferred to another CCG therefore the Committee is seeking an update on performance and actions taken since January to improve the service.	Geraint Davies - Director of Commercial Services, SECAmb Julia Ross - Chief Executive, North West Surrey CCG Sumona Chatterjee - Associate Director for Contracts, NW Surrey CCG Jane Shipp - Engagement Manager, Healthwatch Cliff Bush & Nick Markwick,	

Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			Directors – Surrey Coalition of Disabled People	
20 Nov	Better Care Fund Update	Scrutiny of Services/Policy Development – the plans for the Better Care Fund have been submitted and the Committee will review the details and scrutinise plans for delivery.	Julia Ross - Chief Executive, NW Surrey CCG Dave Sargeant, Strategic Director, Adult Social Care Susie Kemp, Assistant Chief Executive Andy Brooks - Chief Officer, Surrey Heath CCG Michael Gosling - Cabinet Member for Public Health and Health & Wellbeing Board	

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Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
20 Nov	Frimley Park NHS Foundation Trust acquisition of Heatherwood & Wexham Park HospitalsTrust: update	Scrutiny of Services – Following MONITOR's approval of Frimley Park's acquisition of Heatherwood & Wexham Hospitals the Committee will receive an update on the plans for the management of the new organisation and seek assurances on the benefits for Surrey residents and how risks will be managed.	Andrew Morris – Chief Executive, Frimley Park Hospital FT Maggie MacIsaac – Chief Executive, NE Hants and Farnham CCG Andy Brooks, Chief Officer, Surrey Heath CCG	
20 Nov	Budget Workshop	Scrutiny of Budgets -The Committee will consider the finances of the Public Health team	Helen Atkinson, Director of Public Health Ruth Hutchinson, Deputy Director, Public Health Lucinda Derry, Principal Accountant	Private Workshop

Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
January 2015				
8 Jan	Public Health 0-19 Commissioning	Scrutiny of Services – The Committee will the Public Health team's commissioning plans for the 0-19 years old pathway including school nursing.	Helen Atkinson, Director of Public Health Kelly Morris, Public Health Principal for Children and Young People	
March 2015				
18 Mar	Public Navigation of the health service and NHS Communications	Scrutiny of Services – how people use the NHS is under greater scrutiny as attendances and admissions at Acute settings increase and appointments at GP surgeries are difficult to secure. The Committee will consider patient experience of using the health system, the information and guidance that is already available and how it can contribute to appropriate use of the health service.	CCGs PPEs Healthwatch	
18 Mar	Review of Quality Account Priorities	Policy Development – The Committee will receive progress reports from the QA MRGs for each NHS Trust and review the MRG's comments on priorities for the next year's QA for those Trusts that have submitted draft priorities.	MRG Chairmen/ Scrutiny Officer	
18 Mar	Sexual Health Services for Children and Young People	Scrutiny of Services – The Committee will scrutinise prevention work with children and young people in schools, colleges and the youth service following consultation on the strategy	Helen Atkinson, Director of Public Health Kelly Morris,	

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Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
			Public Health Principal for Children and Young People	
May 2015				
21 May	Reconciliation of residents requirements with CCG and NHS England priorities	Scrutiny of Services – patients and residents should be at the heart of NHS decision making. The Committee will review the ability of NHS Commissioners to engage with their service users and to incorporate their needs into commissioning plans. As part of this the Committee will continue to consider how the NHS communicates with its stakeholders.	CCG representatives Area Team Patient Representatives Healthwatch	
21 May	Review of Quality Account Priorities	Policy Development – The Committee will review the MRG's comments on priorities for the next year's QA for those Trusts submitting priorities since the last meeting.	MRG Chairmen/Leah O'Donovan, Scrutiny Officer	
July 2015				
2 July	TBC			
To be scheduled				
	Renal Services	Scrutiny of Services/Policy Development – St Helier Hospital, which is based in the London Borough of Sutton, provides renal services to most Surrey residents. Following the outcome of the Better Services Better Value review that X should become a planned care centre, there	Epsom & St Helier Hospitals CCG lead (TBC)	

Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
		is a need to review access to these services for residents of Surrey. The Committee will scrutinise current availability of renal services and the potential to move services back into Surrey.		
	Cancer Services	Scrutiny of Services – The Committee will scrutinise current provision of cancer screening and treatment services across the County.	Acute hospital representatives Community health representatives	
	Continuing Health Care (CHC)	Scrutiny of Services – Historically there was a backlog of CHC decisions to be made. The Committee will scrutinise the new lead CCG on arrangements for handling the backlog and moving forward.	Surrey Downs CCG	
	Adult Mental Health and Wellbeing Commissioning Strategy	Scrutiny of Services/Policy Development – The Mental Health Services Public Value Review of 2012 reviewed the partnership working arrangements of Surrey County Council and Surrey & Borders Partnership NHS Foundation Trust. The Committee will scrutinise the outcomes of this review.	Diane Woods, NE Hants & Farnham Donal Hegarty,	To be joint with ASC Select
	Public Service Transformation Network	Scrutiny of Services/Policy Development – there are six strands of the Public Transformation programme of which the Health and Social Care Integration projects including the Better Care Fund will be scrutinised by the Committee		
	Transformation Boards Update	Scrutiny of Services/Policy Development - Transformation Boards are made up of NHS commissioners and providers and SCC. The Boards centre on the Acute Trusts and have the entire health economy of that area as their scope. They solve problems and strategise on thematic terms. The Committee would benefit from understanding the outputs of	Board representatives	

Health Scrutiny Committee Work Programme 2014-2015

Date	Item	Why is this a Scrutiny Item?	Contact Officer	Additional Comments
		an exemplar board and their role in the health system		

Task and Working Groups

Group	Membership	Purpose	Reporting dates
Alcohol Member Reference Group	Karen Randolph, Peter Hickman, Richard Walsh	The health effects of alcohol are well known however its use remains prevalent among Surrey residents of all backgrounds. The group should investigate public perceptions on safe drinking and the effect on statutory services. The group may also develop strategies for managing alcohol intake, raising awareness and contribute to Public Health's Alcohol Strategy	November 2014
Better Care Fund (Joint with Adult Social Care)	Tina Mountain, Tim Evans	To monitor and scrutinise the plans and investment in services in terms of impact and risk for existing services in Surrey and patients.	Quarterly
GP Access Task Group	Ben Carasco, Karen Randolph, Tim Evans, Tim Hall	Working together with partners in the NHS Surrey and Sussex Area Team and Healthwatch Surrey, this group aims to gather evidence on the availability of appointments, the barriers to improved access and to offer solutions and support in improving availability for residents.	November 2014

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