

Questions to Adults & Health Select Committee – 7 November 2017

Question submitted by Stephen Fryett

Following the closure of the Blanche Heriot Unit (BHU) a “transition clinic” for patients attending the BHU who have HIV has been set up to assess their needs. Many of the longstanding HIV patients of BHU will not be able to travel to Buryfields Clinic in Guildford because they are mobility impaired and/or frail. Others may simply not be able to afford the expense (let alone the time) of travelling to Guildford from North West Surrey. Others may need to be able to access the service quickly, as they have always been able to do at BHU, because of co-morbidities which may flare up at any time and cause acute illness. These patients will not be able to “transition” to Buryfields Clinic. The obvious answer is for a service to be maintained at St Peter’s for those patients whose assessed needs are such that they need continuing access to a local service. This can be provided in the Blanche Heriot Unit, where the transition clinic will be held in future, by maintaining that clinic provision. Will the Committee seek an assurance from the relevant officers that, in the interests of patient safety, such an arrangement will be made?

Response

The Adults and Health Select Committee has asked commissioners to respond to the concerns and has received the following response from NHS England:

Ashford and St Peter’s NHS Foundation Trust have allocated space at the Blanche Heriot Unit at St Peter’s Hospital to CNWL for six months for the purpose of delivering an HIV transition clinic. The purpose of the transition clinic is to provide an opportunity for patients to have a conversation with the clinical team about their personal circumstances and to determine optimal arrangements for their ongoing care.

A patient working group is in place to discuss any problems encountered by patients through Phase 3 of mobilisation, from the previous service at the Blanche Heriot Unit (BHU) to Central and North West London NHS Foundation Trust (CNWL) and in addition, NHS England South is working with the Coalition for Disabled People in Surrey to identify access issues.

Question submitted by Sheila Boon

The terms of reference and time scale for the task group set up by the Adults & Health Select Committee at its meeting on 4 September 2017 have yet to be published. Similarly, no information has been provided as to how the task group will take evidence from patients, GPs and other stakeholders on issues relating to consultation and implementation on the integrated sexual health & HIV services contract. BHU patients were never informed, let alone consulted, on the closure of the Blanche Heriot Unit as a consequence of the award of the Surrey integrated sexual health services contract to the single bidder, Central & North West London NHS Foundation Trust. We are anxious to brief the task group about this and the lack of adequate preparation which has become apparent following the closure of the Blanche Heriot Unit. When can we expect the arrangements for giving evidence to the task group to be agreed and made public?

Response

Surrey County Council's governance structure dictates that Select Committee's individual forward work programmes are subject to review by the Council's Overview and Budget Scrutiny Committee (OBSC), this includes the establishment of Task Groups. Agreement by Members of the Adults and Health Select Committee to form a Task Group to review the consultation process, implementation phase and any lessons learned about the commissioning of sexual health services for future commissioning of services will be considered by OBSC at its meeting on 16 November 2017. The scoping document for this Task Group was submitted for inclusion in the agenda papers for OBSC which was submitted on Wednesday 8 November, the scoping document is also attached as appendix 1 to these questions for reference. As you will see, it is the clear intention of the Task Group to undertake engagement with patients, GPs and other stakeholders to ensure all issues around consultation on and implementation of the contract are fully understood by Members to provide clarity on what lessons can be learned for any potential service changes that Surrey County Council and its partner organisations might propose to undertake in the future. Following agreement of the scoping document by OBSC, officers will commence the process of liaising with patients, GPs and other relevant stakeholders to meet with Members of the Task Group in a manner that facilitates inclusivity and accessibility.

Question submitted by Jennifer Fash

NHS England ran an online survey in August and September that was stated to be "for service users of Blanche Heriot Unit and other interested parties to help us understand your concerns." The survey was limited in scope with only five questions and, contrary to the stated intention, did not allow anyone who did not identify themselves as a current or past service user to complete the survey. When I queried this with Fiona Mackison at NHS England her response was that the web survey designer had advised that to change the current survey would lose "valuable patient responses that have already been entered" and that "setting up a new survey for 'non-patients' will take a few weeks and take us beyond the closing date of the 22nd September." It is now over 5 weeks since the survey closed and we still have not seen the results. Given that no consultation had taken place previously on the proposed closure of the Blanche Heriot Unit with BHU service users the results of this survey should be valuable evidence for the AHSC task group. When can we expect the results of the survey to be published and in what form will they be made available to those who completed the survey and other interested parties such as the BHU Patients Group and the Surrey Coalition for the Disabled?

Response

The Adults and Health Select Committee has asked commissioners to respond to the concerns and has received the following response from NHS England:

The patient survey results are being prepared by NHS England South. Additional resources were required to collate the results and this led to a short delay whilst this was sourced. NHS England South apologise for the delay and anticipates that the survey will be available on Monday 13th November. It will be available on the Healthy Surrey website (www.healthysurrey.co.uk), sent to Healthwatch Surrey and the report will be presented at the Patient Working Group.

Question submitted by Stephen Fash

In view of issues that are already apparent with the provision of the sexual health services contract in Surrey – difficulties in accessing the service through the online and telephone booking systems, access and travel difficulties for disabled patients expected to attend Buryfields Clinic, the need for continuing provision to be made at St Peter's Hospital for vulnerable HIV patients as determined by their assessed needs, lack of effective communication with schools and young people's organisations about availability of confidential contraceptive and sexual health services following the closure of BHU and clinics across Surrey, delays in implementing online access to self-testing kits, delay in setting up a 'spoke' clinic facility in the Runnymede area, migration of BHU patients to out of Surrey providers etc – what contingency arrangements are in place should the contract cease to be viable for CNWL to continue to operate or in the event that CNWL are unable to meet the activity and performance requirements specified in the contract?

Response

The Adults and Health Select Committee has asked commissioners to respond to the concerns and has received the following response from NHS England Surrey County Council:

NHS England South and Surrey County Council will hold joint Contract Review Meetings with CNWL on a quarterly basis. Any performance issues will be addressed through this contractual route.

In addition the Patient Working Group has an issues log that captures these themes. These are then actioned by the relevant party; commissioner and/or provider. Some performance data is now being shared with the Patient Working Group although we have to be mindful of patients' confidentiality and commercial sensitivity.

Mr Ken Gulati
Chairman – Adults and Health Select Committee
9 November 2017

Select Committee Task and Finish Group Scoping Document

The process for establishing a task and finish group is:

1. The Select Committee identifies a potential topic for a task and finish group
2. The Select Committee Chairman and the Scrutiny Officer complete the scoping template.
3. The Overview and Budget Scrutiny Committee reviews the scoping document
4. The Select Committee agrees the membership of the task and finish group.

<p>Review Topic:</p> <p>Recommissioning Sexual Health Services</p>
<p>Select Committee(s)</p> <p>Adults and Health Select Committee</p>
<p>Relevant background</p> <p>Sexual health, sexually transmitted infection (STI), contraception, reproductive health and HIV services are made up of a combination of universal and specialist services. The commissioning arrangements are split across NHS England, Public Health and the Clinical Commissioning Groups (CCGs). An overview of where responsibility rests for commissioning specific sexual health services can be found in annex 1.</p> <p>With the ending of the Virgin Care Community contract in March 2017, Surrey County Council (SCC), having sought advice from the Competition and Markets Authority, was legally bound to carry out a full tender process, compliant with European Union Public Contract Regulations and the Council's Procurement Standing Orders. The contract was awarded to Central & North West London NHS Foundation Trust (CNWL). The contract began on 1 April 2017 and, implementation was carried out in three phases. The phases are described in the paper submitted to AHSC on 4th September</p> <p>The new commissioning arrangements have seen a reconfiguration of services previously provided by Virgin Care, Frimley Health NHS FT and the Blanche Heriot Unit (BHU) at Ashford and St Peter's NHS FT.</p> <p>The reconfiguration of services has caused some concern among residents and stakeholders as was made clear to the Adults & Health Select Committee at its meeting on</p>

4 September 2017.

Why this is a scrutiny item

The committee received a formal referral from Healthwatch regarding the award of the contract to Central North West London NHS Foundation Trust and the resulting service reconfiguration. The referral by Healthwatch highlighted the lack of communication about the services being delivered by the new provider and the lack of consultation with residents and service users on the proposed reconfiguration. Concerns raised by Healthwatch have also been reflected in public and stakeholder interest around the contract as was made clear to the Adults & Health Select Committee at its meeting on 4 September 2017.

What question is the task group aiming to answer?

Consultation Process

What are the commissioners' responsibilities in respect of consulting on service reconfigurations and how were these met?

How was the consultation communicated to residents and service users?

How did the views gathered during the consultation inform the development and implementation of the contracts?

Contract Implementation

What steps did CNWL undertake to achieve continuity of care during implementation of the contract and were they sufficient?

What communication was undertaken to inform residents and service users about reconfiguration of services arising from the contract?

Lessons Learned

What improvements can be made to the conduct and communication of future consultations on service changes?

What lessons can be learned regarding the implementation of the contract?

Aim

To review the consultation process, implementation phase and lessons that can be learned from the commissioning of sexual health and HIV services, with a view to informing future commissioning of services.

Objectives

- To scrutinise the commissioners' approach to consulting on proposed changes to the provision of sexual health services and to understand what lessons can be learned for future consultations on service changes.
- To review how commissioners communicated with residents and service users around the consultation and proposed changes to the provision of sexual health service and to understand how to promote more effective engagement.

Scope (within / out of)In Scope

- The rigour of the consultation process; how views gather informed contract development
- Communication in relation to service changes and the consultation.
- Continuity of care during the implementation phase of the contract

Out of Scope

- The quality and accessibility of sexual health and HIV services provided by CNWL
- Operational implications of service reconfigurations including closure of the Blanche Heriot Unit.
- Potential implications of CNWL's deficit on the level of service provision.

Outcomes for Surrey / Benefits

The Task Group will review the quality and transparency of the consultation run by commissioners regarding the new integrated sexual health & HIV services contract in light of concerns raised by residents and stakeholders. In doing so it will make recommendations that will enable increased engagement with consultation processes. The review will also consider the implementation phase of the contract with a view to understanding how residents can be better informed about changes to service provision and feel as though they are receiving adequate continuity of care when it is necessary to reconfigure services.

Proposed work plan

It is important to clearly allocate who is responsible for the work, to ensure that Members and officers can plan the resources needed to support the task group.

Timescale	Task	Responsible
September 2017	Scoping with input from Cabinet Member and relevant officer	Chairman of Adults & Health Select Committee
October 2017	Provisional Project Plan	Democratic Services Officer/ Chairman
November 2017	Information Session – background from officers from the consultation process and implementation phase of the contract	Task Group
November - December 2017	Research and intelligence gathering- “Listening session” with service users and stakeholders.	Task Group
December 2017 - January 2018	Interview sessions with key officers, Cabinet Members and other witnesses	Task Group
February 2018	Interim Report	Chairman
March 2018	Final Report	Chairman

<p>Witnesses</p> <p>Cabinet Member for Health Strategic Director for Adult Social Care & Public Health Deputy Director for Public Health Senior Public Health Lead Representatives from CNWL Representatives from NHS England Representatives from the SASSE GP Locality Network Representatives from Surrey Local Medical Committee Mr Stephen Fash Healthwatch Surrey Service users Patient groups</p>
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Useful Documents

<https://mycouncil.surreycc.gov.uk/ieListDocuments.aspx?CId=149&MId=3676&Ver=4> - report on prevention and sexual health in Surrey (18 March 2015)

<https://members.surreycc.gov.uk/documents/s32861/160914%20Chairmans%20Report.pdf> – Chairman’s report to the Wellbeing and Health Scrutiny Committee (14 September 2016)

<https://mycouncil.surreycc.gov.uk/documents/s32272/item%2006%20-%20Integrated%20Sexual%20Health%20Services.pdf> – Cabinet decision (20 September 2016)

<https://mycouncil.surreycc.gov.uk/documents/s33441/HIV%20Services%20in%20Surrey.pdf> – Report on HIV Services to the Wellbeing & Health Scrutiny Committee (10 November 2016)

<https://mycouncil.surreycc.gov.uk/documents/s36110/Integrated%20Sexual%20Health%20Services%20cover%20report.pdf> – Report to the Wellbeing and Health Scrutiny Committee on the mobilisation of the sexual health services contract. (13 March 2017)

<https://mycouncil.surreycc.gov.uk/documents/s36880/Item%202%20-%20Sexual%20Health%20Services%20Contract.pdf> – Leader Decision on to extending the existing arrangements for sexual health services with Ashford St Peters Hospital and Frimley Park Hospital for an interim period to allow for sufficient time to exit from these contracts safely. The recommended interim period is six months subject to final agreement with providers.” (20 March 2017)

<https://mycouncil.surreycc.gov.uk/documents/s39436/AHSC%20Sept%202017%20-%20Sexual%20Health%20Integrated%20Service%20V21.pdf> – Report to the Adults & Health Select Committee on the implementation of the new sexual health services contract (4 September 2017)

Potential barriers to success (Risks / Dependencies)

There has been a significant amount of public interest in the reconfiguration of the new sexual health services contract, the closure of the Blanche Heriot Unit and in CNWL as the new provide. There is a risk that witnesses may focus their comments on these aspects of the contract rather than remain within the scope of the Task Group’s objectives. This will be mitigated by ensuring witnesses limit the scope of their evidence to the consultation and implementation phases of the contract.

Members’ ambitions to understand the consultation and implementation of the sexual health services contract must remain within the constraints of the time allocated for the Task Group to report on its findings. Equally, it must seek to challenge its own assumptions and assertions in order to identify where further evidence is required.

The Task Group must ensure that there is equal opportunity for service users, stakeholders and patient groups to share their views and to give these the same weight as those provided by commissioners.

Equalities implications

The Task Group recognises that there are a number considerations around equalities when conducting its work, and there are a number of people with complex health needs that will be contributing to this process. It will be mindful of how it conducts its work in order to ensure people are provided the opportunity to contribute, and that any barriers to doing so are mitigated.

The Task Group will monitor the equalities implications emerging from its recommendations with officers, and will work to identify mitigation measures for those with a potentially negative impact.

Task Group Members	
Co-opted Members	
Spokesman for the Group	
Scrutiny Officer/s	

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