To: Members of the
        HEALTH SCRUTINY SUB-COMMITTEE

        Councillor Pauline Tunnicliffe (Chairman)
        Councillor David Jefferys (Vice-Chairman)
        Councillors Ruth Bennett, Mary Cooke, Ian Dunn, Judi Ellis, Hannah Gray,
        Terence Nathan, Charles Rideout and Melanie Stevens

        Non-Voting Co-opted Members

        Sarah Dowding, Young Advisers
        Maureen Falloon, Bromley Council on Ageing
        Joanna Frizelle, Bromley Experts by Experience
        Linda Gabriel, Healthwatch Bromley
        Catherine Osborn, Carers Forum
        Stewart Tight, Bromley Mental Health Forum

        A meeting of the Health Scrutiny Sub-Committee will be held at Bromley Civic Centre
        on **WEDNESDAY 15 OCTOBER 2014 AT 4.30 PM**

                                MARK BOWEN
                                Director of Corporate Services

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Copies of the documents referred to below can be obtained from
http://cds.bromley.gov.uk/

A G E N D A

1   APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

2   DECLARATIONS OF INTEREST

3   QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

In accordance with the Council's Constitution, questions to this Sub-Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5pm on Thursday 9th October 2014.

4   MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 9TH APRIL 2014 (Pages 3 - 14)

5   TERMS OF REFERENCE (Pages 15 - 16)

The Sub-Committee's terms of reference (as agreed by Adult and Community Services PDS Committee on 29th March 2011) are attached for information.

6   PRUH PERFORMANCE REVIEW - ONE YEAR ON (Pages 17 - 34)

7   UPDATE ON NHS S.256 FUNDS APPROVAL - BROMLEY NHS HEALTH CHECKS PROGRAMME (Pages 35 - 64)

8   PROCUREMENT OF AN URGENT CARE CENTRE SERVICE AT BECKENHAM BEACON (Pages 65 - 76)

9   WORK PROGRAMME 2014/15 (Pages 77 - 80)

Next meetings –

Wednesday 3rd December 2014
Wednesday 15th April 2015

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HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.30 pm on 9 April 2014

Present:

Councillor Pauline Tunnicliffe (Chairman)
Councillors Reg Adams, Roger Charsley, Peter Fookes,
David Jefferys, Mrs Anne Manning, Catherine Rideout and
Charles Rideout

Brebner Anderson, Angela Clayton-Turner, Linda Gabriel,
Leslie Marks and Lynne Powrie

Also Present:

Councillor Robert Evans and Councillor Diane Smith

28   APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

An Apology was received from Councillor John Getgood and Councillor Peter Fookes attended as his alternate.

29   DECLARATIONS OF INTEREST

Councillor Adams declared an interest as his wife worked for Bromley Community Counselling Service.

30   QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

Written questions were received from Ms Sue Sulis and these are appended to the minutes.

31   MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 30th January 2014

RESOLVED that the minutes of the meeting held on 30th January 2014 be confirmed.

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32   MATTERS ARISING FROM PREVIOUS MEETINGS

Councillor Fookes noted that the previous minutes had indicated there would be an update on the Dementia Service. The Chairman reported that this had been considered at the Care Services PDS but it could be added to the work programme for a future Health Scrutiny Sub-Committee meeting.

Angela Clayton-Turner had previously requested statistics on the numbers of people who had dementia and of those how many had a formal diagnosis. Officers would ensure these statistics were provided.

33   THE "PERFECT WEEK" EXERCISE AT THE PRUH - VERBAL UPDATE

Kath Dean, Director of Operations at the PRUH addressed the meeting to outline the results of the Safer, Faster Hospital Week exercise which had taken place 7th - 14th March 2014.

She was pleased to report that there were some positive outcomes. During the period the Emergency Department (ED) had met the four hour target in 85% of cases, which represented the best results for the quarter. All elective surgery had been completed, extra beds had been provided and doctors had given up administration time to meet demands. Administration staff from other areas, such as Human Resources, had been moved to ward administration. Overall, staff morale had improved and patients considered the care by nursing staff to be very good.

The exercise had brought together a range of agencies including Social Services and Community Health Services with a shared understanding and better communication leading to smoother patient transfers.

Ms Dean explained that the emergency department (ED) targets did fall to approximately 80% the following week (although still higher than previous levels) and it was accepted that the intensity needed to sustain the ED targets was not possible within the current staffing levels.

The Vice-Chairman asked how it was intended to implement the behavioural and cultural changes needed for continuous improvement. In response Ms Dean explained that they had expected the target to dip but they were continuing to work with all staff over the next 12 months to make the required improvements.

The Chairman thanked Ms Dean and looked forward to receiving further updates.

34 **PATIENT TRANSPORT - VERBAL UPDATE FOLLOWING QUESTIONS AT THE LAST MEETING**

The Sub-Committee was informed of the current situation in managing the Non-Emergency Patient transport Services, since the dissolution of the South London Healthcare Trust and the new management provided by Kings College Hospital.

The scope of the service remained the same and patients continued to be assessed in accordance with the joint Bromley CCG and Kings College Hospital eligibility criteria before transport could be arranged.

The Bromley CCG was not aware of any complaints regarding the arrangements but if patients had queries about the service they could contact Kings PALs (Patient Advice and Liaison).

It was noted that the report referred to the eligibility criteria being attached to the report. These were not attached but would be circulated to Members by email.

RESOLVED That the report be noted.

35 **NHS 111 UPDATE**

Members were provided with an update on the NHS 111 service in South East London.

Dr Angela Bhan outlined that the London Ambulance Service (LAS) had stepped in as an emergency 111 provider for the area following NHS Direct exit from the sector in November 2013. The LAS had continued to maintain strong performance levels, starting from day one, in relation to access to the service, clinical call backs and referrals to emergency departments and 999.

Performance levels were maintained over the Christmas period and the local service remained one of the strongest performing in the country.

Members were presented with statistics showing the increase in in the use of the service in the previous four months even though the service had no marketing within the local area.

To ensure the service continued to provide high performance following unpredicted increases in patient use, South London commissioners had agreed not to market test the service until the call volume remained steady and the outcomes from the evaluation of market testing undertaken in South West London.

Members asked how officers were ensuring the service was used correctly and monitored the quality of the information given. They were informed that the service had a GP clinical lead who would undertake a number of audits,

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listening in on calls to check on the quality of information. A customer satisfaction survey had also been undertaken.

In comparison to NHS Direct, the current service received a greater number of calls, including out of hours calls. It was not manned by clinicians, but by trained staff who followed a series of detailed algorithms to determine how calls should be dealt with. NHS Direct was Nurse-led but did not take any out of hours calls.

In addition, there was also monitoring of the number of people who attended A&E because they considered the service received from 111 was unsatisfactory. However, it was reported that there were very few complaints about the service.

The frontline staff were not clinicians but had to rigidly follow a set of algorithms. Using the LAS did not provide the most cost effective solution and the proposal was to re-procure the service later in the year.

The Sub-Committee requested a brief summary of the accessibility to the service for people with a disability and also wanted a fuller report on the service to be circulated by email. In addition it requested details on patients who called the service but did not require a clinician.

RESOLVED that the report be noted.

36   COMMUNITY BASED NHS CARE

Members considered a report that provided an update on the current position in regard to the South East London (SEL) Community Based Care (CBC) Strategy.

The original CBC Strategy was written in 2012/13 and approved by the six CCG's in SEL including Bromley.

The strategy adopted an approach of "shared standards and local delivery" whereby each CCG committed to delivering a standard set out in the strategy through working with a number of practices, local authorities and providers. The premise being that working collectively meant working faster, learning from one another and implementing some programmes collectively and at scale.

Since the programme had been set up, clinical leads, sponsors and project managers had been appointed to assist in the management of the programme. A number of projects had been instigated and funding secured from external sources bringing in £1.67m into the SEL health economy.

The work and learning from the first year would inform the 5 year SEL commissioning strategy. This was currently being designed by a partnership of all six CCG's and commissioners from NHS England (London) together

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with the local authorities and NHS providers across the south east region and significant input from local engagement with patients, local people, NHS and social care staff, CCG memberships and other stakeholders.

A CBC refresh strategy event with representatives from the CCG's, providers and partners would work towards a refresh of the strategy to ensure it was fit for purpose in the current health service context.

Members asked whether GP's could direct refer to diagnostics such as MRI scans as this would make the patient pathway shorter. It was explained that GP's did not have direct access to diagnostics at the moment but this was being considered.

The SEL stakeholders had not yet considered the impact on carers but this could be considered as part of the strategy.

The Sub-Committee commented that the graphs contained in the report were not suitable for black and white printing making them difficult to interpret. It was agreed that coloured copies would be circulated to the Sub-Committee.

With regard to re-admissions, it was noted that this had been a problem within Bromley in the past but this had improved.

The Sub-Committee also asked for a "Glossary" as they were not familiar with some of the terms used.

RESOLVED that the report be noted.

37   WINTER PRESSURES - UPDATE
         Report CS14005HS

Officers presented a report which detailed the urgent care activity, formerly known as Winter Pressures and the use of resources. In previous years Bromley had received significant sums from the NHS for winter pressures, not all of which was allocated in any one year. These funds were held in the Council's central contingency and could be drawn down following agreement from the Executive to support the identified winter pressures. Funds were likely to be requested at the June Executive meeting.

In September 2013, local authorities were invited to bid for urgent care monies from the CCG and although bids for several million pounds were received by the local health economy, the borough only received £285k.

This grant was offset against the community equipment (£185k) and emergency placements (£100k).

The poor A&E performance at the PRUH had placed increasing pressure on the hospital social work team to safely assess and safely discharge patients back into the community. Staffing levels were increased over the winter period

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to help facilitate this. Never the less their performance across the year had been exemplary and commended by Kings and the CCG.

RESOLVED that the report be noted.

38   CCG PROCUREMENT OF URGENT CARE SERVICE

Members considered a report outlining the plans to procure the replacement urgent care centre at the Beckenham Beacon. The purpose of this report was to ask the Sub-Committee to consider whether a wider consultation exercise was required.

The current service was only sustainable within the context of a valid procurement plan: the current contract, secured by the CCG, would end in November 2014 and the walk-in centre, commissioned by NHS England would end on 30th September 2014.

Three options were being considered, one offering GP leadership, the second offering GP support and the third offering a nurse-led service. The Sub-Committee was asked to agree that the changes would not need wider consultation.

Concerns were raised that the Sub-Committee was being asked to comment on something without enough background to the proposals being provided in the covering report. The evidence of the consultation undertaken was limited and may have been under-reporting the actual numbers. Instead, it provided examples of where up to 15 people were consulted. In addition, they only had a verbal assurance that option A was the preferred option. They felt concerned that they were being requested to make a decision based on the consultation responses of less than twenty people.

In the light of the need to make a decision so as not to hold up the process, the Sub-Committee agreed that Dr Bhan would write to all members of the Sub-Committee giving accurate statements and more details of all the proposed options. Members would then inform the Chairman of their preferred option and she would then agree the recommendations. It was felt that whilst the consultation already undertaken was limited, if asked, most people would choose option A. Therefore, it would preferable to invest the time in engaging the public in promoting the chosen option and how and when to access the urgent care services.

RESOLVED that Members consider more detailed options and inform the Chairman of their preferred option so that the recommendations can then be agreed.

39   ANY OTHER BUSINESS

As this was the last meeting of the Sub-Committee in the current municipal year the Chairman extended her thanks to all the Members and co-opted members and to officers for their hard work in the past year.

The Meeting ended at 5.50 pm

                                                                    Chairman

<u>**Appendix A**</u>

**COMMUNITY CARE PROTECTION GROUP PUBLIC QUESTIONS
FOR 9TH APRIL 2014 HEALTH SCRUTINY SUB-COMMITTEE**

From: Susan Sulis, Secretary, Community Care Protection Group.

<u>1.URGENT CARE – PRINCESS ROYAL A&E CRISIS (Ref. HSS 30th Jan 2014, & News Shopper letter 19th March, "Hospital staff struggling to cope in A&E)</u>

The A&E Department is in crisis, a legacy from the staff cuts and mismanagement of SLHT.

(a)   What are the "improvements ……. needed in patient pathways"?

(b)   What is the data since Oct.2013 on delayed discharges and re-admissions?

(c)   Why is there "no uniform system for discharging patients"?

RESPONSE from Bromley CCG
1a)   Bromley CCG has been working with Kings College Foundation Trust, over the past 6 months on a number of pathways that need to be improved. A key patient pathway needing improvement at the Princess Royal (PRUH), is the pathway for those requiring a very short length of stay and observation. Most other hospitals have a 'clinical decision unit' for these patients, so that they can be properly nursed and observed whilst a decision is being made about care. The clinical decision unit at the PRUH will open in May.

The CCG has been working on other pathways with Kings, and have agreed revised pathways for DVT management and cellulitis which will be implemented shortly.

1b) The data on readmissions is currently being collected.   The data on delayed discharges will show a relatively small number (an average of 10 per day across the two sites of Denmark Hill and PRUH) consistently since October 2013. These are obviously not the same patients each day. The CCG with Bromley social services, Bromley Healthcare and neighbouring Boroughs have spoken daily over winter 2013/14 to keep the number of delays to discharge as low as possible. Delayed discharges at the Princess Royal tend to be patients who live outside the borough.

1c) Kings College identified early after acquisition of the PRUH in 2013, that they wished to expand the team of Discharge Co-ordinators working in the PRUH. This team is now complete and is developing uniformity in the discharge systems.

2. AMBULANCE DELAYS AT THE PRUH

(a)   How many times have ambulances been diverted to other hospitals since Oct.2013, and which are these?

(b)   What are the maximum waiting times outside A&E, and what is the data on this since Oct.2013?

RESPONSE from Bromley CCG

a) The number of diverted ambulances from the PRUH has been small. There have only been 9 formal diverts across the PRUH and Denmark Hill site since November 2013.

Where a formal divert is given this will be on a 360 degree basis; so patients could go to a number of other local hospitals.

This data can be found at:http://www.england.nhs.uk/statistics/statistical-work-areas/winter-daily-sitreps/winter-pressures-daily-sitrep-2013-14-data-2/

A total of 105 ambulances queued for over 30 minutes over the reporting period 4th Nov - 30th March for Kings College Hospital NHS Foundation Trust A&E. This equates to 1 ambulance per day on average across the two sites waiting for + 30 minutes, however, this was not a daily event; rather there were particular days when activity was very high. The national reporting tool is for Kings College Hospital NHS Foundation Trust as an organisation, so the report is at an organisational not a site level. The per day data is available on the same public website as above.

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3. FREE SCHOOL MEALS IN LBB, AND PROVISION DURING HOLIDAY PERIODS

(a) How many Bromley children are currently receiving free school meals in each ward of the borough?

Data is collected and reported on a school basis this data was published last July and is due to be published again in July 2014

School Name	Eligible on Census Day	Pupils on Roll
Primary		
Alexandra Infant School	25	196
Alexandra Junior School	45	238
Balgowan Primary School	31	650
Bickley Primary	21	361
Biggin Hill Primary School	36	407
Blenheim Primary	74	215
Bromley Road Infant School	72	233
Burnt Ash Primary School	137	418
Castlecombe Primary School	68	234
Chelsfield Primary School	17	98
Chislehurst (CofE) Primary	4	216
Churchfields Primary School	48	353
Clare House Primary School	13	242
Crofton Infant School	45	547
Crofton Junior School	54	699
Cudham CE Primary School	10	94
Darrick Wood Infant School	19	340
Darrick Wood Junior School	36	377
Dorset Road Infant School	16	70
Downe Primary School	5	89
Edgebury Primary School	12	225
Farnborough Primary School	23	219
Gray's Farm Primary School	135	437
Green Street Green Primary	23	436
Hawes Down Infant School	12	219
Hawes Down Juniors	11	255
Hayes Primary School	33	647
Highfield Infant School	5	270
Highfield Junior School	9	380
Hillside Primary School	115	362
Holy Innocents Catholic Primary	11	216
James Dixon Primary School	147	401
Keston C.E. Primary School	12	245
Leesons Primary School	69	208
Malcolm Primary School	99	313
Manor Oak Primary School	70	203
Marian Vian Primary School	46	621
Mead Road Infant School	16	86
Midfield Primary School	72	288
Mottingham Primary School	129	305
Oak Lodge Primary School	39	644
Oaklands Primary School	72	446
Parish C.E. Primary School	57	491

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School Name	Eligible on Census Day	Pupils on Roll
Perry Hall Primary School	57	424
Pickhurst Infants' School	29	360
Pickhurst Junior School	49	502
Poverest Primary School	59	207
Pratts Bottom Primary School	6	69
Princes Plain Primary School	117	490
Raglan Primary School	29	441
Red Hill Primary	143	674
Royston Primary School	144	446
Scotts Park Primary School	42	436
Southborough Primary School	80	428
St Anthony's R.C Primary	41	174
St George's CE Primary	46	297
St James' RC Primary School	2	216
St John's CE Primary School	46	295
St Joseph's R.C.Primary School	9	209
St Mark's C.E. Primary School	28	424
St Mary Cray Primary School	101	189
St Mary's Catholic Primary	11	428
St Paul's Cray CE Primary	89	226
St Peter & St Paul R.C.	39	207
St Philomena's RC Primary	28	210
St Vincent's Catholic Primary	32	226
Stewart Fleming Primary School	79	364
The Highway Primary School	28	213
Tubbenden Primary School	37	609
Unicorn Primary	12	311
Valley Primary School	81	478
Warren Road Primary School	36	844
Wickham Common Primary School	22	425
Worsley Bridge Junior School	49	164
Primary Total	**3564**	**24980**
Secondary		
Kelsey Park School now Harris Beckenham	191	812
Cator Park School for Girls now Harris Bromley	195	990
Bishop Justus CofE School	134	1125
Bullers Wood School	102	1523
Coopers Technology College	210	1392
Langley Park School for Boys	45	1684
Ravens Wood School	56	1487
Newstead Wood School for Girls	13	1036
Kemnal Technology College (Academy)	126	1018
Hayes School	50	1644
Beaverwood School for Girls	155	1325
Charles Darwin School	104	1277
St Olave's and St Saviour's Grammar School	4	974
Langley Park School for Girls	52	1596
The Ravensbourne School	194	1458
Darrick Wood School (Academy)	72	1697
The Priory School	233	1160
Secondary Total	**1936**	**22198**
Special		
Glebe School	47	142

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School Name	Eligible on Census Day	Pupils on Roll
Marjorie McClure School	35	96
Burwood School	21	40
Riverside School	61	207
Special Total	**164**	**485**
All Schools Total	**5664**	**47663**

(b)   How are these meals funded?

Following the review of the schools funding formula for 2013/14 there is no longer any funding allocated directly to specifically for free school meals. However, the new funding formula left schools no worse off so any funding for free school meals prior to that date continues to be received as part of their allocation.

(c)   What provision is made for children identified as needing school meals during the school holidays?

No provision is made during holidays

Care Services PDS Committee

Health Scrutiny Sub-Committee:
Terms of Reference (Agreed 29 March 2011)

1. To be responsible for:

(i) the review and scrutiny of matters relating to the health service in the Borough, including NHS scrutiny, in accordance with the provisions of the Health and Social Care Act 2001 as follows:

- the review and scrutiny of local providers of NHS-funded services, in particular (but not limited to) any matter relating to the planning, provision and operation of health services in the Borough;
- supporting the improvement of health services and the reduction of health inequalities for the people of Bromley;
- considering and responding directly to consultations from the National Health Service on any proposals for a substantial development or substantial variation in the provision of health services in the Borough;
- any other health matters within the remit of the Care Services PDS Committee that the Committee may wish to delegate to the Sub-Committee;

(ii) collaborative working with health agencies operating in the Borough;

(iii) the promotion of good health and the Council's specific initiatives to support this.

2. To provide a forum for questions to be asked of the Health Trusts.

3. To consider how the Policy Development and Scrutiny Committee can contribute to the assessment of performance against national and local health standards in Health Trusts operating within the Borough.

4. To consider what practices, processes, structures and relationships are needed to have an ongoing impact on local health services in future years.

5. To submit an annual Work Programme to the Policy Development and Scrutiny Committee for approval.

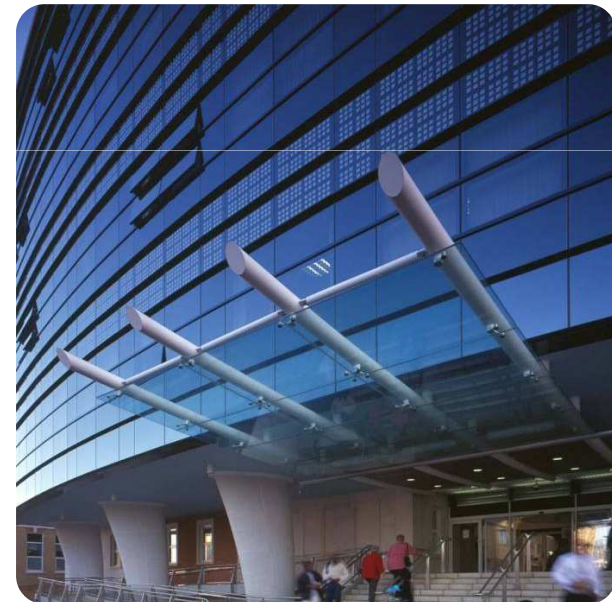6. To report progress annually to the Policy Development and Scrutiny Committee.

Rules of Procedure

1. The Sub-Committee will meet twice a year (June and November), during the day.

2. Once it has formed recommendations on proposals for development, the Sub-Committee will prepare a formal report and submit it to the Policy Development and Scrutiny Committee for consideration.

3. If a report is submitted to a Health Trust or any other responsible authority or co-operating body; a response must be received in writing (including email) and within 28 days from the date of the report or recommendations, or if this is not reasonably possible, as soon as reasonably possible thereafter.

4. Any public questions received by the Sub-Committee and directed to Health Trusts will be forwarded to the relevant member of staff in advance of the meeting. The expectation will be that answers to public questions are provided at the meeting. Where this is not possible a response from the Trust must be received in writing (including email) and within 20 days of the questions being sent.

King's College Hospital **NHS**
NHS Foundation Trust

Bromley Health Overview and Scrutiny Committee

15 October 2014

PRUH Performance review:
One Year On

KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

Pioneering better health for all

Executive summary

On October 1 2013 King's College Hospital acquired sites and services of the dissolved South London Healthcare NHS Trust. SLHT had been a historically financially and clinically challenged organisation and there were many deep rooted issues that remained to be resolved.

Start point assessment

To date the Trust has prioritised securing safe services, and establishing King's systems and processes across the enlarged organisation. Notable progress has been made in all areas and a number of the critical issues are being addressed.

While there were many areas of excellent practice at SLHT, the due diligence review completed as part of the pre transaction phase flagged a number of areas of critical risk including staffing levels, specific quality concerns, and historically poor financial control and limited delivery of Cost Improvement Programmes (CIPs). All of these issues were confirmed by the CQC during their inspection in December 2013. Following acquisition some of the issues were found to be more significant, such as the serious levels of under-establishment and the less than robust Emergency Admissions patient pathway. There were also a number of new risks that emerged, such as unreported diagnostic scans and the availability of medical records on site.

Given the baseline issues the Trust inherited; the complexity of the integration; the expected pace of improvement and the more operational performance challenges the Trust is facing, we have had to invest significantly in resolving key issues early. As demonstrated through the review a great deal has been achieved demonstrating a good return on investment, however as the Trust begin to stabilise we are now focused on driving through the financial plan as set out in our original full business case.

Current status and progress

Corporate departments have integrated well and are now focused on delivering the enhanced business as usual services to the enlarged organisation. Clinical divisions have integrated services across the multi site enlarged organisation and have driven forward a significant level of modernisation and change over the period to date. Alongside seeking to manage a significantly broader portfolio of services, improving critical clinical pathways and coping with increasing pressures of winter and ever increasing demand, divisions continue to address a range of clinical quality and safety risks and teams are working effectively across sites.

As demonstrated there has been major progress to date and a considerable amount of effort and resource has been committed to addressing the key quality and safety issues that King's adopted. Taking these actions remains the right thing to do, and indeed going forward the Trust will continue to manage the residual risk. King's will also continue to focus on securing operational performance improvement and a strong financial position through controlling costs and delivering Cost Improvement Plans.

Progress report & achievements

Operational highlights

Good progress on clinical recruitment. In September alone, 182 Band 5 nurses started, and we are on track to deliver 500 extra nurses in post by Christmas.

A successful improvement of the stroke pathway which has been fully accredited for the first time, and is now achieving the required standards of 90% of patients being thrombolysed within 45mins of presentation. Based on CQC metrics, the stroke unit at PRUH was scored as a 'D' in October 2013. This improved to a 'C' in April and is now rated a 'B'. This improvement demonstrates good collaboration across many divisions at the PRUH and is now at the same level as the stroke unit at King's College Hospital.

Dropped the midwife to birth ratio from 1:38 to 1:32, with plans in place to achieve the standard of 1:28. The Trust are also successfully tackling inherited quality and risk issues within maternity.

Made significant progress to sustainably improve the performance and patient experience of the Emergency Department (ED) and medical pathway. The Trust have invested heavily in leadership, capacity and staffing across the department, and are now seeing signs of improvement. Operational performance against the national four-hour A&E target has increased from around 70% to over 80% in the period since the transaction and the patient experience (as reported through the national Friends and Family Test) is improving. King's has ensured that patient safety and clinical quality has been maintained at all times. This progress has been tracked by a range of external partners including the CQC and NHSE.

Invested and increased operational capacity in a number of areas including the establishment of a new Clinical Decision Unit, the orthopaedic centre at Orpington hospital and the successful centralisation of elective gynae services to a hub at the PRUH.

Repatriated pathology services from Lewisham and Greenwich Hospitals NHS Trust (LGT) to the PRUH as a direct result of quality concerns. GP direct access users and the Trust's clinicians have seen immediate improvements.

Improved the service and access to clinical records for outpatients and inpatients, against a very poor record of delivery pre- October 2013.

Progress report & key achievements

Expanded clinical governance systems across the Trust. Through improved teleconferencing clinicians across sites have been able to come together and operate as one - developing Multidisciplinary Team activity, learning together, sharing and standardising best practice and improving pathways, quality and outcomes.

Established a senior clinical and managerial leadership model across the enlarged organisation rapidly securing local leadership and providing effective direction across the Trust.

The King's Board has maintained appropriate oversight of the integration plan, and has embraced the new sites and new colleagues within the King's family. The KCH executive team is dividing its time between all sites, and supporting local teams, and our advice is sought regularly by Trusts across the NHS who are considering acquisitions or mergers.

Patient feedback

Most importantly our patients and staff report increasingly positive experiences of the care the Trust are providing and through regular staff and user listening and engagement events the Trust has gained consistent feedback that the Trust are 'making a difference' in outer SE London. Clear messages are emerging that issues are being resolved, the leadership (at all levels) are listening and staff are feeling increasingly empowered.

Before October 2013, patient satisfaction and engagement at PRUH were both low and number of complaints was high. We have established the How Are We Doing Test and the Friends and Family Test at all sites. FFT feedback at the PRUH is improving steadily and latest results indicate that of 850 comments on PRUH ED, 676 would be "extremely likely" or "likely" to recommend it to friends or family. Previously, PRUH patients did not have the opportunity to respond. Now we are confident that we have a truer picture of their patient experience. Our PALS service has also been strengthened and fewer complaints are now being received.

Safety and Quality

Over the past year, the Trust has dedicated considerable effort and additional resource in addressing deep rooted and safety and quality concerns flagged at the PRUH and other operating sites. In some cases the issues and risks were far greater (and required greater investment to resolve) than originally reported. A considerable amount of time has been spent establishing the right governance and patient safety infrastructure.

The central safety challenge facing KCH going into the integration were the levels of front line nursing staff in post at the PRUH, which we felt were unacceptably low. We quickly addressed this by recruiting extra staff via agency and bank to ensure a safe level of staffing, and are now in the process of recruiting permanent staff to fill these extra posts. We are also continuing to address the on-going vacancy factor. Our aim remains to reduce agency staff and recruit permanent staff into ward nurse positions. We are on track to fill 500 extra nursing posts by 2014.

The PRUH site is leading on the development and role out of the 'Commit 2 Care' quality monitoring process and ward accreditation programme. This will establish a framework through which all wards across all sites can be assessed and compared on quality metrics, and as a result drive quality upwards across the Trust. This has only been made possible through the established local leadership on site and the true one Trust multi site ethos King's is developing.

Clinical governance systems have been expanded across the Trust, and through improved teleconferencing clinicians across sites have been able to come together and operate as one - developing multidisciplinary activity, learning together, sharing and standardising best practice and improving pathways, quality and outcomes.

Leadership

One of the most pressing issues King's faced when taking on the PRUH was the establishment of a robust senior clinical and managerial leadership model across the enlarged organisation. Rapidly the Trust have implemented service level and site wide triumvirate leadership teams consisting of a senior Medic, Nurse and Manager. Recognising the gap in medical leadership, new clinical leads were appointed, connecting services across the Trust, and leading care locally. the Trust also embedded enlarged management structures for all divisions to cover services across all sites. This combination has enabled the executive to maintain oversight and assurance while empowering local leaders to take active ownership of issues.

At the clinical service level local leadership has been revised, and where relevant the Trust has addressed specific deficits in clinical leadership. New models such as the 'consultant of the week' and the implementation of professional behaviour standards have all enabled increased leadership effectiveness. The active expectation of cross site movement of staff for direct clinical care as well as leadership, development and team-building and joint meetings has been established over the past 6months and supports the cross fertilisation of ideas and learning around the organisation.

Identifying an early deficit at the PRUH, KCH has revised the nursing leadership model across the new sites. and invested in increasing senior leadership across services. The number of matrons, for example, has increased from 8 matrons to 18. Staff report significant improvements in leadership availability and responsiveness.

Integration of governance and corporate systems

Corporate departments have established all essential business systems and processes which allow the enlarged Trust to operate as a single entity and maintain service quality and business continuity without disruption. Examples of success include:

- Site-specific risk/ governance meetings have been established across all specialties at the PRUH and at other sites where appropriate. A KPMG internal audit of risk and governance in 3 PRUH specialties (Radiology, Gynaecology and Surgery) found that risk and governance structures were in place and functioning effectively – in particular it commented on the robustness of governance processes within Gynaecology.
  We have implemented standardised performance and quality metrics between both sites to enable comparative data to be shared and used for improvement.
- Implementing new risk/patient safety governance structures and performance metrics from day 1 has ensured the robust and proven systems established at Denmark Hill are replicated at the PRUH and other sites. Examples include the permanent expansion of the patient safety and risk team to cover all sites, enhanced RCA training for all new staff, and the establishment of the PRUH serious incident committee. the Trust are embedding a learning and safety 1st culture reporting culture.
- On site Patient Advice and Liaison Service has been implemented to improve patient experience and reduce the high volume of complaints at PRUH. This has resulted in positive feedback from patients and Ward staff value the HRWD feedback from patients to deliver improvement. All aspects of clinical effectiveness governance and audit have been revised to reflect an enlarged organisation.
- PRUH incident reporting has doubled and complaints have declined since 1 October last year. This reflects a more positive reporting culture and slicker processes.
- We established an integrated payroll system from 1 October. The PRUH OHS @ Orpington; Corporate and N&M induction and the Medical Education governance structures are all embedded. The enlarged organisation has achieved Investors in People gold status and implemented leadership programmes at front line, operational and strategic level. King's in Conversation was completed at the PRUH and a cultural integration baseline established alongside future priorities. Training and education offerings have been expanded across the organisation and vocational training centres are up and running
- The Finance department has implemented robust financial performance management systems ensuring expenditure budgets and common financial reporting methods have been unified
- The Capital, Estates and Facilities Teams have worked to secure, maintain and improve facilities on all sites in support of clinical delivery. They have completed a dedicated purpose built elective orthopaedic centre at Orpington with 3 theatres and 2 wards and improved the quality and availability of medical records.
- All sites are connected through single telephony systems and teleconferencing - enabling true cross site communications, there has been positive progress on the wider ICT plan for all sites, including the planned roll out of a revised EPR at the PRUH.

Clinical pathways and capacity

King's has made major progress over the past 12 months in getting to grips with key challenged or broken pathways including emergency care, discharge, and cancer. In all cases investment and focus has been required to ensure sustainable improvements are made, and while there is significant progress the Trust continues to focus and invest to improve performance and quality across these pathways.

The emergency care pathway was (for SLHT) and remains particularly challenging however substantial improvements have been made. The Trust have established a new 9 bed, 6 chair CDU next to the ED for short stay patients who need extra treatment, observation or assessment within the ED; invested in leadership and staffing across the ED and medical pathways; established a revised AMU model to drive early review and decision making; worked closely with Bromley Healthcare to establish a new community IV service for Cellulitis patients at UCC Beckenham Beacon and established the transfer of care project to collectively drive improvements in length of stay for medically fit patients. Through this focused and substantial effort there has been an improvement in ED performance, which can be sustained. Going forward the emergency care pathway will remain a central priority for the Trust.

To further improve specialist pathways, the Trust are beginning to leverage the clinical skills and expertise present across sites in a range of specialities, and are delivering specialist clinics and robust consultant delivered inpatient referral services from Denmark Hill. e.g. renal and cardiac.

The Trust has also begun to drive the key clinical site moves and consolidations that will enable increased access to services for patients, improved quality and more cost effective models of care. Notable site moves include the Orpington elective orthopaedic development, the transition of elective gynae transition from DH to PRUH.

Culture change

Recognised by KCH and Monitor as a key risk for the integration the development of a consistent and maturing culture for the new enlarged organisation has been a priority for the programme in the 1st 6 months. In December the Trust completed a base line survey, measuring culture through an academic maturity model. Emerging from this baseline were 3 key areas of focus across the organisation:

• Doctors, nurses and managers working effectively together
• Promoting positive behaviours and performance
• Empowering staff to take decisions

Progress report & key achievements

Responding to the feedback and survey results the Trust have established a programme for culture change within the integration. The prime focus of this work has been to:

• Connect staff perceptions with the operational changes and improvements across the Trust through enhanced comms and engagement
• To work with the organisation / teams / individuals to support changes to' the way things are done around here'.
• Develop and deploy effective external comms and engagement to continue to feedback loop between stakeholder and the programme.

The issues

Orpington was not included in the original TSA proposals, and was earmarked for closure. the Trust realised the potential for the building and included it in our business case for the future. When King's took it over , there were issues with the state of the building – most of the second floor was unusable due to a leaking roof, and much of the rest of the building was empty or just used for storage.

There were also problems with staffing . morale was poor, nurses were reluctant to raise problems, and didn't have the right skill set, and the right processes were not in place. Many nurses in orthopaedics had not had proper appraisals for a long time. Communication between managers and nurses was very poor. Frontline staff were not invited to the important decision-making meetings with managers - managers tended to talk to each other and but not to nurses or medics.

> "Feedback from patients has been really good. They are happier when they know their procedure will not be cancelled at short notice ."
> Venessa Jansen, Matron

Venessa Jansen

The changes

Orpington Hospital has now been refurbished and transformed into a specialist, state-of-the-art-centre for planned orthopaedic surgery delivering first rate care for patients, with surgery and rehabilitation all under one roof.

Protecting the elective pathway at Orpington will enable increases in productivity. the Trust plan for an initial 14 cases per day, and expect to maximise theatre utilisation at best in class levels. LoS at Orpington has already proven to be reduced by an average of 0.6 days. This is through focused care pathways and discharge planning.

There is now better communication due to the regular team meetings . In additions all nurses now have appropriate appraisals, with clear objectives and learning goals.

Benefits to staff ?

Communication is much better, as there are now regular team meetings and all nurses now have appropriate appraisals, with clear objectives and learning goals. There are regular team meetings to encourage dialogue between nurses, doctors and managers. Clinicians from both PRUH and DH services are working together and sharing best practice

Benefits to patients ?

Feedback from patients for the whole elective orthopaedic service is very good. Ex doubles squash champion Anthony Scutt, 64, from Forest Hill, was one of the first patients to be referred to the new orthopaedic centre. He said of the service:

"I've had superb treatment from the team at Orpington. They have supported me all the way and the environment here is very calm. There are even places to park! I'd definitely recommend the hospital to any of my friends who are considering this type of surgery."

In a nutshell ?

A stronger focus on improving patient pathway and experience. Better communication, support and training for staff

Anthony Scutt and the team from Bodington Ward at Orpington

Case study :
Improving decision-making in the ED

The issues

Since last October, 93 percent of inpatient activity has been in emergency admissions. This increasing demand has put huge pressure on the emergency care pathway. An overstretched workforce meant that patients were waiting in the ED longer than the four hour target for a clinical decision to be made about their care. Waiting times were increasing and the patient experience was poor. Emergency admissions resulted in the cancellation of electives.

The changes

In these circumstances, the ED pathway was not sustainable. The PRUH ED team asked that some of our winter funding could be set aside to create a **purpose-built** Clinical Decision Unit. The Unit provides a less pressured space away from the main ED, where patients who need longer than four hours for their condition to be assessed can stay in a **calmer environment**. The Unit also allows patients who require a greater amount of observation to be monitored for a few more hours, before a decision about their treatment and care is made by clinicians.

"In the first week, the Unit allowed us to safely discharge a number of our frail older patients, who were able to stay in overnight. This has improved the patient experience hugely."

Kerry Lipsitz, Emergency Department Programme Manager, PRUH

The Unit is also an example of manager, doctors and nurses working together to resolves issues and meet the needs of patients. A **multi-disciplinary team** was put together, which collaborated on every aspect of project management, including the recruitment of suitably skilled staff, and the **creation of pathways** into the Unit.

Weekly meetings were held to make sure that the new Unit was delivered on time and to budget.

Benefits to staff

A huge sense of pride, better morale and work satisfaction. Improved working relationship along clinical staff in the department, helping them to achieve a common goal.

"After coming from the Emergency Department, I felt that the Clinical Decision Unit was well-organised, very calm and I was even brought a cup of tea while I waited."

One of the first patients to benefit from the new CDU

Benefits to patients

The Unit is fairly new but already feedback from patients and relatives is encouraging. They certainly appreciate being in a calmer environment away from the ED, and the patient experience is improving.

Having the Unit also means that the Trust are not discharging frail older patients towards the end of the day or in the evening. Instead, the Trust are able to keep an eye on them for longer, and then discharge them in the morning, when the community support they need is there.

"performance has increased from an average of c70% and we have seen nearly 90% days in June."

In a nutshell

The new Unit brings benefits for both staff and patients. Patients find it to be a calmer and quieter environment. Members of ED staff who worked for the former South London Healthcare NHS Trust feel that King's is investing in important projects which will support them in their work, so that they can improve patient safety and the patient experience.

Case study :
Using consultant time more effectively

The issues

Cardiology is one of the most in demand services at the PRUH, and cardiology consultants receive frequent calls. While there was an on-call system, all the cardiologists had their regular scheduled work to do while they were on call. This led to delays in response to a call from wards or the Emergency Department needing a cardiologist review and a decision about a patient's care. In turn, this led to delays in the Emergency Care Pathway and patient discharge. Patients often found the wait frustrating.

The changes

During Safer Faster Hospital week in March 2014, a 'cardiologist of the week' system was established where the cardiologist on-call had no other duties other than being on-call. This meant that he or she was able to respond immediately to requests from wards or the ED to assess a patient, and make a decision about their care: for example, whether they could be sent home, or needed to admitted as an inpatient.

This worked extremely well, and was one of the successes of the week. It has subsequently been adopted as a permanent measure within the cardiology department, and the PRUH is now considering whether other specialities at the hospital could adopt a similar approach.

"Bromley has one of the largest elderly populations in the UK, who often require complex cardiology input."

Dr Jonathan Byrne
Cardiology Consultant who introduced 'cardiologist of the week' at the PRUH

"The 'cardiologist of the week' system ensures that the patients are seen by a consultant cardiologist early in their admission, to ensure that they get appropriate and effective treatment as quickly as possible."

Benefits to staff?

Morale has improved, and working relationships with the acute medical team are much improved. The 'cardiologist of the week' approach means that cardiologists are working in a more flexible and responsive way. It supports medical workforce planning and is a developmental opportunity for consultants.

Benefits to patients?

Patients do not have to wait unnecessarily long for an assessment and a decision to be made about their care. Discharge planning can also start earlier.

In a nutshell ?

A scheme developed by cardiologists themselves, which benefits staff and patients alike. So successful that we hope it will be adopted by other specialities.

The issues

A number of factors have made this a complex issue: first and foremost, there was no dedicated site management structure across all our sites, so records were being kept in different ways in different places. For our patients accessing services across the Trust, it meant that their records could not be accessed quickly enough. There were also issues around vacancies, a lack of space to house records, a lack of support staff to make the record keep process effective, and multiple moves of records between sites.

The changes

Introduced a co-ordinated approach to medical records management, with dedicated records leads for PRUH, Orpington Hospital and Queen Mary's Sidcup. There has also been a focus on the recruitment of staff, to develop dedicated teams at each of our sites. This means that there is a dedicated team on hand who know their local patient services and their patient records really well, and who can make sure that records are in the right place at the right time. As a result, safe patient discharge is running more smoothly.

the Trust have also invested in new, purpose built facilities to create more space. For example, at the PRUH a new build to accommodate staff currently sharing very limited space has commenced. This has meant that the Trust have been able to extend working hours.

the Trust are also planning a new records library for Orpington Hospital, with plans to eventually move all records back from an external location in Greenwich to Orpington, where they will be more easily accessible.

"It has been recognised at the highest levels that the good management of medical records is fundamental to patient safety and smooth running care. This support has given my team the mandate to make real improvements."

Chris White
Development Lead, Patient Records Service

"Where we need to improve the service we offer, we make sure that we learn from what has gone before, with an emphasis on staff training and development."

Benefits to staff

More co-ordinated way of working with clearer direction. Site-based dedicated teams working on common goals. Better working environment for staff, and more flexible working hours will help to attract new staff and retain existing skilled staff who want to achieve a better work/life balance.

Benefits to patients

Records are more quickly and readily available at the point of care. This means that diagnosis and treatment can be delivered as soon as possible, and that clinical decisions about discharge and admission can be made promptly. For patients, they do not have to wait unnecessarily long for a decision to be made about their care. As the Trust run services increasingly cross-site, the Trust are making sure that patients records can at the right place at the right time, no matter where they are receiving their care.

In a nutshell

Recent activity supports the work to ensure that records are available at point of care and that staff across the PRUH site understand their individual responsibilities to ensure that records are used, secured and available to support patient care.

Safer Faster Hospital Weeks

To date, there have been two Safer Faster Hospital Weeks at the PRUH with a third due in mid-October. The aim of these weeks is to improve performance on wards and increase patient flow.

To achieve this, all non-urgent meetings are cancelled, senior review of patients happens twice daily, Ward Liaison Officers are based in clinical areas to resolve and escalate problems causing delays and the hospital is run as a controlled internal incident for a week.

During the last SFHW in June, there were a number of notable achievements. The PRUH discharged 10 per cent more patients before 3pm and had no cancelled elective procedures due to capacity issues. The Emergency Department saw the best performance for the calendar year, length of stay reduced, as did the number of outliers. Hospital teams worked extremely well together and with colleagues in the community, notably Bromley Social Services, St Christopher's Hospice and Bromley Healthcare.

It is hoped that these successes will be replicated during the third Safer Faster Hospital Week, which is taking place between 13 and 20 October.

The Future

Whilst we have achieved a great deal over the course of the last year, we still face considerable financial and operational challenges.

Our focus in the future will continue to be the improvement of operational performance at the PRUH and our other new sites, and the successful completion of challenging Cost Improvement Plans across the Trust.

Appendix

Extract from PRUH Performance Report for August 2014 (latest figures available)

1. **PRUH 2014-15 Key Areas of Performance for Month 5:**

1.1.2 Stroke Unit – Based on CQC metrics, the stroke unit at PRUH scored a 'D' in October 2013, improved to score a 'C' in April and is now rated a 'B'. This improvement demonstrates good collaboration across many divisions at the PRUH and is now at the same level that the stroke unit at Denmark Hill attained for 2013/14.

1.1.2 Average Length of Stay (ALOS) – Elective ALOS improved slightly to 2.2 days in August but has remained relatively static compared to the 2.4 days reported at this time last year. Non-elective performance has been steadily reducing in-year to 4.3 days in August compared to the 5.5 days reported at this time last year.

1.1.3 Health Care Acquired Infection (HCAI) – PRUH continues to have no MRSA cases attributed since the acquisition in October 2014. 1 C-difficile case was reported in August so 4 cases have been reported to-date which is lower than the internal quota of 7 cases allocated to PRUH. No VRE bacteraemias reported in August.

1.1.4 Inpatient Cancellations – There were 21 inpatient on-the-day cancellations for non-clinical reasons reported for August which is the lowest level of cancellations reported since we acquired the PRUH in October last year.

1.1.5 HRWD/Friends & Family scores – Overall HRWD survey section scores continued to improve for Care Perceptions and Environment questions with Care Perceptions achieving its target. Friends & Family (F&F) Inpatient responder score improved by 2 points to 64 in August and is 4 points below the internal stretch target of 68. Whilst the F&F scores for ED are improving, the responder score was 39 in August which is below the stretch target of 61.

1.1.6. Mixed Sex Accommodation – There were zero breaches of this standard in August 2014 which is the first month in which no breaches have been reported since acquisition of the PRUH last year.

1.2 Performance challenges – 4 Areas

1.2.1 Emergency Care 4-hour Performance –

- **August 2014 Performance:** Emergency care 4-hour All types attendance performance worsened slightly from 88.8% in July to 88.1% in August, but remains above the internal trajectory of 84.4%. All type performance for the first 2 weeks in August achieved over 94.4% and the 95% target has been achieved on 9 days during August. Performance of 94.7% has been reported for the first week in September.

   The implementation of the Clinical Decision Unit (CDU) and ambulatory service combined with an increase in staffing levels have had a positive impact on the reported performance at PRUH.

- **ED Action Plans**:

   Given the impact on the Trust's financial position that investment in key ED, RTT and quality performance improvement plans is having, the Trust has commenced further discussions with its commissioner and regulatory organisations to seek assistance in re-prioritising and securing additional financial support, as well as system-wide working in areas such as integrated care, repatriation and rehabilitation.

- **Governance:** Weekly Emergency Care Board meetings continue to review progress and performance against the revised ED Action plan.

1.2.2 RTT Admitted –

- **August 2014 Performance:** The RTT Admitted pathway target of 90% was not achieved in August at 66.7%, consistent with the Trust's plans submitted to Monitor for 2014/15. The number of patients waiting over 18 weeks increased during August to just over 1,000 patients waiting over 18 weeks on the admitting waiting list and is higher than where we planned to be. The RTT Incomplete pathway target of 92% was not achieved for the PRUH site, but was narrowly achieved for the combined PRUH/QMS position at 92.0% for August.

- **52-week wait position:** There are 11 patients waiting over 52 weeks reported in the August RTT Incomplete position. 8 patients are waiting for admission in Trauma & Orthopaedics, 1 patient in Urology, 1 patient in ENT and 1 non-admitted breach in Oral Surgery. Based on the latest waiting list position, we

will have 1 admitted patient in General Surgery and 1 non-admitted patient in Oral Surgery waiting over 52 weeks at the end of September.

- **Division action plans:** The main specialities of concern for 18-week admitted backlog reduction at the PRUH are:

  Orthopaedics: There were just over 350 patients waiting over 18-weeks based on the August RTT incomplete pathway position. Additional Orthopaedic activity will be delivered as part of our plans to increase list utilisation and move elective non-complex Orthopaedic work to Orpington hospital.

  Gynaecology: The number of waiting over 18-weeks reduced to 75 patients based on the August RTT incomplete pathway position. Additional activity is being delivered off-site based on the RTT monies received.

  General Surgery: Over 130 patients waiting over 18-weeks based on the August RTT incomplete pathway position. The Trust plans to deliver additional activity off-site, which have been enabled by the £1.2m additional funding received from the winter resilience bidding process for PRUH-led initiatives.

- **Governance:**

  Progress is measured in weekly RTT performance meetings that are chaired by the Director of Operations, as well as within the monthly Patient Access Board as detailed in DH report.

1.2.3 Cancer Waiting Times –

- The 2-week waiting time target for suspected cancer has not been achieved in August. Urology pathways and the associated demand and capacity constraints and delays in additional clinic and diagnostic capacity coming on-line at Beckenham Beacon are the key pressures on this target.
- The enabling work has started in the clinic areas in Beckenham Beacon and is scheduled to be completed at the end of September.
- All other cancer waiting time targets reportable for PRUH have been achieved based on the August position.
- An internal audit has been conducted into the quality and accuracy of data at PRUH and support is currently being provided by the Denmark Hill Cancer Waiting Times Manager whilst a further review of structures is being undertaken.

Report No.

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker:	**Health PDS Committee**
Date:	**15th October 2014**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**Update on NHS s.256 Funds Approval – Bromley NHS Health Checks Programme**
Contact Officer:	Gillian Fiumicelli, Community Vascular Co-ordinator Tel: 020 8461 7789 E-mail: Gillian.fiumicelli@bromley.gov.uk
Chief Officer:	Dr Nada Lemic, Director of Public Health, Education, Care and Health Services
Ward:	Boroughwide

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1. Reason for report

    This report provides an update on the two projects supported from the monies moved to LBB under Section 256 Agreement in March 2013, previously agreed by the PDS Committee. The purpose of the projects was to maximise the effectiveness of the NHS Health Check programme by conducting an evaluation.

    _____

2. **RECOMMENDATION(S)**

    The Members of the PDS committee are asked to:

    Note the progress that has been made to date.

<u>Corporate Policy</u>

1. Policy Status: Existing policy: Mandatory Public Health Programme for Health Improvement – Department of Health (Jan 2012) Improving outcomes and supporting transparency Part 1a: A public health outcomes framework for England 2013-2016 https:/www.gov.uk/government/uploads/attachement_data/file/216160/Improving-outcomes-and supporting-transparency-part-1A.pdf

2. BBB Priority: Promoting Independence: Diabetes is a Health and Wellbeing Strategy Priority

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<u>Financial</u>

1. Cost of proposal: Estimated Cost: £43,920

2. Ongoing costs: None

3. Budget head/performance centre: 800120

4. Total current budget for this head: £751,700 of which estimate £614,235 on NHS Health Checks

5. Source of funding: Section 256 Agreement in March 2013 underspend from Public Health whilst still Primary Care Trust.

<u>Staff</u>

1. Number of staff (current and additional): Current only

2. If from existing staff resources, number of staff hours: 400 hours

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<u>Legal</u>

1. Legal Requirement: Statutory Requirement to deliver the NHS Health Check programme:

2. Call-in: Applicable:

<u>Customer Impact</u>

1. Estimated number of users/beneficiaries (current and projected): Current: 93,215 (40 -74 year olds eligible for an NHS Health Check)

<u>Ward Councillor Views</u>

1. Have Ward Councillors been asked for comments? Not applicable

2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

3.1 Underspend in Public Health budget was moved from PCT to LBB in March 2013 using a Section 256 Agreement. The PDS agreed the use of this funding for two projects to improve the effectiveness of the NHS Health Checks programme. The two projects are:

- To perform evaluation of the NHS Health Check against the Pan London Standards

- To improve the diabetes element of the NHS Health Checks by conducting a diabetes prevention audit.

3.2 Evaluation of the NHS Health Checks

3.2.1 The evaluation report against the Pan London standards is attached (Appendix 1)

3.2.2 Key Findings

Overall the majority of the Pan London Standards have been achieved either fully or partially. Areas for improvement have been identified. Results will be presented to both the CVD Strategy Group and NHS Health Check London Leads meetings.

The baseline evaluation project highlighted areas for improvement in contract monitoring and further changes will be made to the monitoring templates.

3.3 Improving diabetes prevention in Bromley

3.3.1 The effectiveness of the NHS Health Check programme is essential in the identification of people at high risk of diabetes who require intensive lifestyle interventions to reduce their risk of progressing to diabetes.

The aim was to perform a baseline audit for those people identified as meeting the criteria for the Diabetes Filter at the NHS Health Check between 1.4.11 and 31.3.13. This audit is an extension of the NHS Health Checks evaluation.

3.3.2 A provisional report can be seen in Appendix 2.

3.3.3 Preliminary findings

The audit will continue with the notes review in October 2014 to look in detail for interventions for people at high risk of diabetes. The results will inform the implementation of service developments in this area e.g. diabetes prevention programme.

The computer searches will be repeated in December 2014. It is envisaged this will show an increase in the number of people who have received the

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Kerry Lonergan, PH Registrar & Gillian Fiumicelli, NHS Health Checks Programme Lead
September 2014

required follow up of blood test for fasting plasma glucose or HbA1c And of those it is expected that a number of them will be identified as high risk.

The results of the audit will be discussed at the multidisciplinary Diabetes Network Group and will be sent to all GP Practices. Final results will be presented in a report to PDS committee – expected March 2015

4. LEGAL IMPLICATIONS

4.1 Under the requirements of The Local Authorities (Public Health Functions and Entry to Premises by London HealthWatch Representatives) Regulations 2013 No 351 Part 2 Regulation 4 and 5

4.2 The Local government will work with local partners to ensure that threats to health are understood and properly addressed in an efficient integrated streamlined system.

5. FINANCIAL IMPLICATIONS

Total allocation for the 2 projects was £44,000.

5.1 Evaluation of NHS Health Checks against the Pan London Standards: There is currently an underspend on this £20,000 budget allocated to this project as significant savings were made by not using an external academic institution but using internal expertise.

5.2 Improving diabetes prevention in Bromley: Committed spend to date is £13,830. Further expenditure is expected and we do not expect to have an underspend on the allocated £24.000

Non-Applicable Sections:	POLICY and PERSONNEL IMPLICATIONS
Background Documents: (Access via Contact Officer)	References and further reading: http://www.healthcheck.nhs.uk/local_government/ Department of Health/ Public Health England (2013) NHS Health Check Programme. Best Practice Guidance http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/ Public Health England (2014) NHS Health Check programme standards: a framework for quality improvement http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/ NICE (2012) Preventing type 2 diabetes:risk identification and interventions for individuals at high risk http://www.nice.org.uk/guidance/PH38

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Appendix 1

Evaluation of Bromley Health Checks against the Heart UK NHS Health Checks Evaluation Tool Standards

Introduction

The NHS Health Check is a national risk assessment and prevention programme that identifies people at risk of developing heart disease, stroke, diabetes, kidney disease or certain types of dementia, and helps them take action to avoid, reduce or manage their of these health problems.

Together cardiovascular conditions are responsible for a third of deaths and a fifth of hospital admissions in England each year and cardiovascular disease accounts for the largest element of health inequalities in the UK. Responsibility for the programme moved to councils in April 2013.

Economic modelling suggests that NHS Health Check programme is cost effective: The estimated savings to the NHS budget nationally are around £57 million per year after four years, rising to £176 million per year after a fifteen-year period. It is estimated that the programme will pay for itself after 20 years as well as having delivered substantial health benefits

NHS Health Checks are aimed at everyone between 40 and 74 years of age excluding those who have been previously diagnosed with a cardiovascular condition or are being treated for certain risk factors such as high blood pressure or high cholesterol. This amounts to around 15 million people across England.

Councils are required to plan for a programme that will invite all of their eligible population (either the resident population in their area or GP registered population) over a five year rolling cycle. It is recommended to invite 20 per cent of those eligible each year.

The NHS Health Check programme consists of both a risk assessment 'the Check', and risk reduction actions which can include a referral to either lifestyle or clinical interventions.

- Risk assessment: Individuals attend a face to face consultation where they are asked a series of questions and some simple tests are carried out. These seek to ascertain the risk of the individual developing a cardiovascular disease based on their current lifestyle. From April 2013 the NHS Health Check included dementia awareness and signposting for those aged 65-74 and the addition of alcohol screening for everyone attending.
- Risk management and reduction: Once the risk assessment is complete, those receiving the check should be given feedback on their results and advice on achieving and maintaining a healthy lifestyle. If necessary individuals should then be directed to either council-commissioned public health services such as weight management services, or be referred to their GP for clinical follow up to the NHS Health Check including additional testing, diagnosis, or referral to secondary care.

The data collected as part of the Check are also collated by the Public Health (PH) vascular team to assess cardiovascular risk in the population of Bromley and to

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assess provider's compliance with the NHS health checks guidance and therefore payment.

Background

Public Health England (PHE) has recently published Quality Assurance (QA) Standards[1] for the NHS Health Checks (referred to as 'national standards' throughout this document). These are comprehensive and detailed standards. The London NHS Health Checks Leads Steering Group developed QA service objectives which have been used for the Pan London service specification (referred to as 'the objectives' throughout this document).

Evaluation against Standards

In May 2014 NHS Health Checks data from the full year 2013/14 in Bromley were available for analysis. Anonymised data collected from the individual patient NHS Health Check have been analysed to demonstrate compliance with the objectives. Where possible, the objectives (attached at Appendix 1) have been mapped to national standards.

The results of that analysis are presented below.

[1]

http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/

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September 2014

Objective 1: *To ensure NHS Health Checks have local leadership*
No equivalent National Standard[2]
In Bromley, local leadership of the NHS Health Checks is strong. There is a lead nurse who acts as programme lead with oversight of the progress of the NHS health checks programme and drives the strategy moving forward. The Director of Public Health, who also chairs the Pan London Health Checks Group, has direct line management responsibility for the programme lead, ensuring that issues and concerns are understood and identified at the earliest opportunity. They are supported by a PH vascular team who have close working relationships with the main providers of the NHS health checks. The programme lead is responsible for reporting performance to PHE, and internally to Public Health Action Board (PHAB) which performance manages all public health programmes. Additional clinical governance support is provided by Bromley CVD Strategy Group – a multidisciplinary group including cardiologists, GP's and vascular nurses and commissioners.
Gaps and Further Action Bromley's leadership of NHS Health Checks is well established and the real aspiration is to utilise the experience gained to provide information, advice and support to other areas.

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224805/NHS_Health_Check_implementation_review_and_action_plan.pdf

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Objective 2: *To invite all eligible persons to attend an NHS Health Check 20% of eligible population aged 40-74 and no existing co-morbidities from list*
Maps to National standard 1
In 2013-2014 the Bromley targets were: • To **offer** an NHS Health Check to 20% of eligible patients In 2013/14, the total number of people 40-74years eligible to be invited to attend the health check was 92,080[3]. For the same period, 24,532 people were invited to attend an NHS Health Check. This is 6,116 people above the target of 20% set in National standard 1 and objective 2.
Gaps and Further Actions This target took a few years to achieve through working with the GP Practices to ensure they had a systematic call and recall system in place. The majority of GP Practices primarily use letters to invite their patients to an NHS health check. Only two Practices use telephone or verbal invitations only. Although the PH vascular team in Bromley are satisfied that the majority of patients who have an NHS Health Check are coded as having an invitation, the coding is not always as accurate as it could be. During 2014-15 surgeries will continue to invite their eligible population directly. Work continues to ensure that these invitations are user friendly and encourage the recipient to book and attend a health check (please see aspirations in objective 3.

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[3] (estimated using the mid 2012 ONS estimates in the NHS Health Checks Ready Reckoner Tool). This figure is an estimate number of those without diagnosed CHD, diagnosed CKD or diagnosed diabetes based on national model estimates, and with the understanding that there will be a 75% uptake rate.

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Objective 3: Maximise uptake: **50% of those offered an NHS Health Check take up the offer**
No equivalent National Standard

- To **complete** NHS Health Checks to 10% of the eligible population which is the equivalent of 50% of the invited population

The numbers of those eligible, invited, and attended against Objective 3 are set out in table 1 below. The NHS Health Checks programme in Bromley invited more than 20% of the eligible population, equal to over 6,000 additional invitations. When analysing the number that of patients that attended the NHS Health Check, 48% of the required 18,416 patients came – 8,843. However, this figure is only 36% of the actual number invited (24,532).

Table 1: Number of patients aged 40-74 in Bromley in 2013/14

Eligible	Invited	20% standard required	Attended	50% standard required	Extra required
92,080	24,532 (26%)	18,416	8,843 (48% of 18,416) (36% of 24,532)	12,266 9,208	3,423 365

Chart 1 below shows the proportion of NHS Health Checks completed by GP surgery. The variation in completed Checks between surgeries ranges from over 20% to approximately 1% of the eligible population in each surgery.

Chart 1. Percentage of NHS Health Checks completed against the eligible population 2013-14 by GP Practice.

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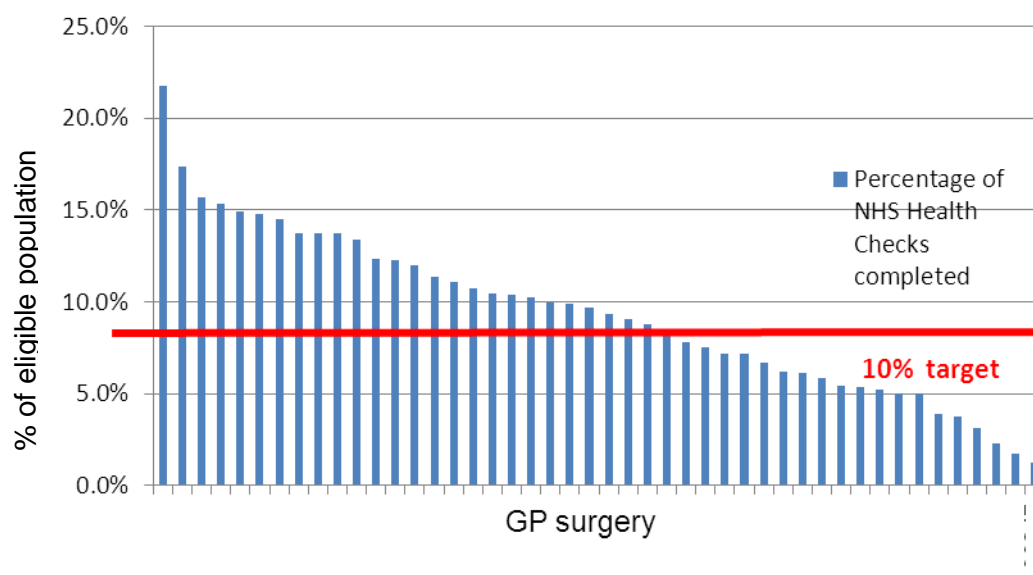
Gaps and Further Actions

The invitations to the eligible population in Bromley are above the recommended target. However further consideration should be given to ways to increase attendance at an NHS health checks appointment once an invitation has been sent.

- A pilot project is in progress encouraging people to assess their 'Heart Age' prior to attending for their NHS Health Check. The results will be published in 2015 to determine the effects on increasing uptake
- Work carried out in a study across Medway by the behavioural insights unit at the Department of Health suggests that adding a tear off slip, using direct language and shortening the text could increase attendance The letter could be reviewed to reflect these findings but would need to wait until completion of the Heart Age pilot.
- There are plans to introduce a discount card scheme for health related products e.g. fruit and veg in Bromley for people to have had an NHS Health Check which is similar to a project in Southwark which is working well. This may have an impact on increasing uptake
- New national branding will be incorporated into Posters and flyers and website to increase Public awareness about the NHS Health Check Programme.

Objective 4a:Provision of the NHS Health Check: 100% of checks have 100% complete data

Maps to National Standard 3

Each quarter the providers of the health checks submit data via secure nhs.net email to the PH Vascular Team. It is then analysed for payment. In the recent past there have been some issues with the process of data collection and analysis as primary care systems have been undergoing significant change. However, these improved systems should allow easier data extraction into the future.

The compulsory fields are listed in table 2. below. Data from 2013-14 were analysed for completeness. All but two fields – AUDIT-C and dementia - are over 90% complete. This is below the London objective of 100% but work continues to ensure that the fields are checked regularly and non-completion is queried.

Table 2: Compulsory Health Check criteria completeness of data

Standard 4 criteria	Number of blank records	% of complete records	Notes
Blood pressure	470	94%	
Height/weight/BMI	540	93%	
GPPAQ (General Practice Physical Activity Questionnaire)	652	92%	
AUDIT-C (Alcohol Use Disorders Identification Test)	4067	51%	AUDIT-C questionnaire was introduced in 2013/14 health checks and now forms an integral part of the consultation
TC:HDL	552	93%	A coding issue has been identified and rectified for 2014-15
Smoking status	427	95%	
Demographics	0	100%	
Dementia awareness (for those aged 65 years and over only)	750	45%	Dementia awareness for the over 65s was only recently introduced as part of the NHS Health Check, and this is reflected in the numbers of those who's records are blank.

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Gaps and Further Actions

Actions already taken:
- Significant improvements have been made to the data collection template for 2014 making data collection easier for the provider, in particular for the AUDIT –C, and the Diabetes & CKD filters which showed significant gaps. This is expected to improve data returns.
- The 2014/15 service specification with the providers now sets out payment terms in relation to completeness of all mandatory data every quarter. For patients who have a NHS health check and where mandatory fields are not fully completed, payment will not be made. It is hoped this measure will have an impact on the completeness of the 2014/15 data relating to the health check visits.

Further actions:
- The process of analysis is now more thorough but still time consuming as a significant number of gaps still exist. With improvement in data entry this process should become quicker. There is a plan to work with the Public Health analyst to ensure best use of available IT tools to maximise efficiency.
- Further training will be targeted to ensure the providers confidence and competence in all aspects of the NHS Health Check, with particular focus on alcohol AUDIT-C

Objective 4b: Provision of the NHS Health Check: Results communicated face to face
Maps to National Standard 6
This standard is more difficult to demonstrate compliance with. As a proxy, an initial analysis of 2013/14 data used date of QRisk score recorded against date of NHS Health Check as an indicator that the results were communicated face to face. This analysis found that 1,891 patients (22.9% of completed checks) had a QRisk score recorded date which matched their NHS Health Check recorded date.   When the proxy measures were shifted from date of QRisk score recorded to date of HDL cholesterol recorded against date of NHS Health Check the figure increased to 7,200 people. This equates to 81.4% of the health checks undertaken throughout the year.   These figures should be used with caution as they are not recorded by the provider in order to determine if the risks were communicated face to face. Therefore this may be an under estimate.   Although it is difficult to record and monitor, through our training programme, providers of the health check will be aware of the importance of communicating any risk face to face, at the same time offering any advice and support that may be required.
Gaps and Further Actions   Using the date of health check and date of cholesterol test is a proxy measure that relies heavily on the correct and accurate completion of the health checks fields in the recording system. The 2014-15 contract with providers has focussed more on payment related to data collection and recording which should help increase the accuracy of this proxy measure, and therefore the reliance upon it that the results are communicated face to face. However, a dedicated field to confirm that the results are delivered face to face would remove any doubt and has been considered, this is subject to an accurate coding of this being available which is in issue nationally.   In future a patient satisfaction questionnaire which asked a specific question relating to communication of risk factors face to face would provide a patient perspective to the health checks process in Bromley.   Regular update training for the health check providers will continiue to reinforce the importance of providing face to face feedback to patients with their risk score (low, medium or high).

Objective 5: Additional activity following NHS Health Check: Activated filters are completed

Maps to National Standard 8

The NHS health check is a complex check that involves a number of follow on investigations given the preliminary results. The results of the patient assessment may trigger the need for further investigation or intervention.

i. Use of diabetes filter when indicated by either
> *BP ≥140/90 mmHg and/or*
> *BMI ≥30 (27.5 in South Asian and Chinese population)*

During 2013-14, 2,515 people activated the diabetes filter, by either having a BP of 140/90 mmHg and/ or having a BMI of over 30. This equates to 28.4% of all those who had an NHS health check. Just over half (57.8%, n=1,454) of those that activated a filter went on to have an HbA1c value or a fasting glucose measurement recorded.

This will be further explored in the diabetes audit.

ii. Use of hypertension filter when indicated by BP ≥140/90 mmHg
and
iii. Use of CKD filter when indicated by BP ≥140/90 mmHg

Both the CKD filter and hypertension filter are activated when the BP is more than 140/90 mmHg. In the health checks conducted during the 2013-14 year, 1,377 patients activated the filters, 15.5% of those who had an NHS health check. For those who activated the hypertension filter, 968 (70.2%) were then recorded as being prescribed medication for hypertension.

iv. use of Familial Hypercholesterolemia filter when indicated by total cholesterol ≥7.5mmol/L

There were 172 patients with cholesterol of equal to or more than 7.5mmol/L during 2013—14, 1.9% of all NHS health checks done. If patients activate the filter, they should receive blood test for fasting lipids, liver function and thyroid function and consider any history of excess alcohol intake, following which they should be assessed for familial hypercholesterolaemia.

v. Use of AUDIT-C filter when indicated by score ≥5

The AUDIT-C questionnaire was introduced in the 2013-14 health check. During that year, 1,359 patients scored more than 5 on the questionnaire, suggesting that they may be at a higher risk from their alcohol consumption. Those that do score 5 or more should complete a full AUDIT questionnaire. In Bromley in 2013-14, 779 (57.3%) patients who scored 5 in the AUDIT-C questionnaire went on to complete the full questionnaire.

vi. People with >20% CVD risk to
> *be assessed for treatment and if appropriate offered statin therapy*
> *receive an annual review*

There were 482 patients who had a CVD score of more than 20% at the end of their health check in 2013-14. This score put them in the high risk category for developing a heart attack or stroke in the next 10 years. Approximately one quarter (27.1%, n=131) of those identified were recorded as receiving statins. Coding for monitoring to see if a statin is offered is not available and is likely to be included as free text.

vii. Referral into lifestyle services for
> *smoking cessation*
> *weight management*
> *physical activity*
> *alcohol use*

There are 5,264 health check records which have a date recorded for giving general lifestyle advice. Details on referral into lifestyle services are less well recorded and this proxy measure provides a reasonable indication of issues being discussed with patients (Table 3).

Table 3.

Lifestyle service	Number offered advice	%
Stop smoking	2,028	22.9%
Weight management	2,824	31.9%
Physical activity	1,094	12.4%
Alcohol use	3,406	38.5%

Gaps and Further Actions

It is difficult to know without interrogating patient records, if the patient was referred for further investigation or into a service and if they attended, or if the patient declined. In the future, routine collection of data on filters and their follow up actions would be a valuable measure to interrogate.

Learning of best practice from other areas could be integrated into Bromley practice. For instance, patients could be asked to fill in GPPAQ and AUDIT-C in the waiting room, ahead of their appointment with the NHS Health Check nurse.

The improving diabetes prevention audit is currently in progress which includes interrogating patient records. Further detailed audits should be considered.

Objective 6: Monitoring of quality within the programme: 100% devices have Quality Assurance programme
No equivalent National Standard
Contract monitoring for quality: The contract with the providers is negotiated and agreed ahead of the start of the financial year (April) through a service specification. The service specification defines the eligibility criteria, scope, organisational arrangements, workforce competencies, quality assurance, data requirements and remuneration for carrying out a NHS Health Check in General Practice, Community Pharmacy or Community Outreach organisation. Providers are required to maintain timely and accurate records and to submit them to the PH Vascular team at the end of each quarter for checking and processing before payments can be made.
Gaps and Further Actions The current system of commissioning, contracting monitoring and reporting has improved and evolved over the last five years since NHS health checks started in Bromley. Reporting between providers and the commissioners continues to have some room for improvement. • Alternative providers should securely send information on an NHS health check to the GP within 48 hours, and in the correct format i.e. in the template form. Monitoring of this has been improved from 2014-15 • GP surgeries should ensure the results are reviewed by clinical staff to see if any further investigation is required and all relevant staff are trained to add this information to their patient records via the NHS health check template

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Objective 6b: Monitoring of quality within the programme: 100% devices have Quality Assurance programme *ii. If used, all point of care devices must demonstrate and comply with quality control*

Maps to National Standard 5

As stated in the current service level agreement, the commissioner (via the PH Vascular Team) provide, on loan, the Point of Care Testing (POCT) device for cholesterol measurement (and some HbA1c testing). Training on use of the POCT device is mandatory and provided to each of the Health Check providers by the manufacturer with follow up support by the PH Vascular Team. . The trained individual then becomes the named POCT coordinator for that location. The provider is responsible for:

•   keeping accurate records.
•   perform quality assurance checks on the POCT devices monthly.

The PH Vascular Team is responsible for:
- Maintaining a register of equipment and location
- Ensuring training is provided for new staff
- Monitoring adherence to Quality Assurance checks
- Procurement of approved equipment, consumables and quality assurance contracts
- Link with local Pathology laboratory and local GP Lead to ensure quality service and raise issues.

Monthly device quality assurance data are submitted from the providers via a third party. Data from that third party is then sent onto the programme lead for interrogation and action if there are any areas of concern.

During 2013-14 there were 46 POCT devices registered with providers. There were only 31 instances over the whole year where the results were out of range when submitted. These instances were not in the same machines.

Gaps and Further Actions

The current quality assurance system is not compliant with the objectives set out in the Pan London objectives, nor with the PHE national standards. However, implementation of an electronic web based data management system is planned, which will improve the QA systems related to the POCT. The new system, called 'Image', will provide providers and commissioners with a live on all aspects of quality management and consumables monitoring.

Currently there is an Internal Quality Control Check but not External Quality Assurance contract which is planned for procurement in line with the national standard.

Just one element of the national standard 5.3 will be a challenge to meet for Bromley. As a result it will be added to the risk register. As it stands, the necessity for a daily checking control sample is not achievable. The POCT devices used in practices may not be used every day and, therefore, daily control samples may not be necessary.

| Objective 7: Consistent approach to non-responders and those who do not attend: 100% eligible people receive 2 contacts |
|---|
| Maps to National Standard 2 |

i. for people who do not respond to invite

Twenty six percent of the eligible population, which in Bromley in 2013-14 was 24,532 people, were invited to attend for an NHS Health Check. Of those that responded to the invite, 4,688 responded to the first invitation.

Each practice is able to manage their own call/recall system for their patients for the NHS Health Checks. There will be some variation in how practices respond to those who do not respond to the first invitation letter. Some practices will continue to send letters. The numbers of people who then attend following their second and third invitation letters are small but this may be due to coding of the letters. Other practices will offer a telephone or verbal invitation to their patients.

Last year, nearly one quarter of all the NHS health checks attended following a telephone or verbal invitation (see Chart 2 below). However, these figures should be viewed with caution as current recording may not differentiate between second and third letter invites.

Chart 2
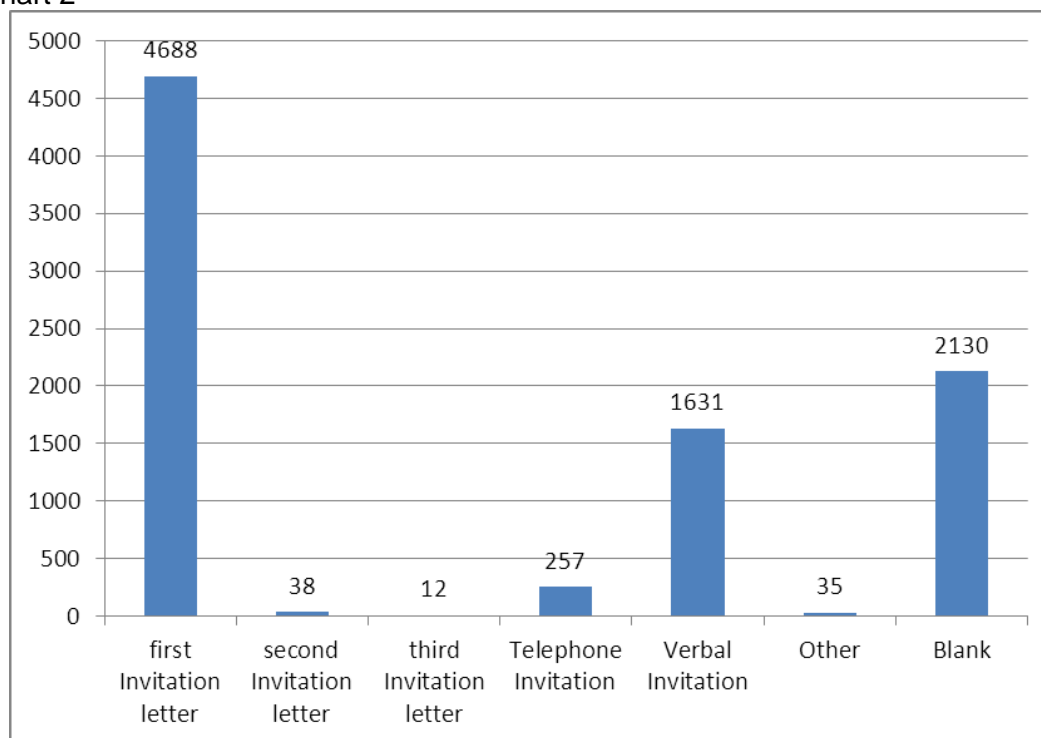
ii. for people who do not attend their appointment

The protocol suggested for those who make an appointment and then do not attend is that each patient is contacted via telephone and/or letter and asked to make another appointment. As per the first indicator, this is very practice specific, may not

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be recorded and is not currently monitored.

iii. Proportion of these individuals recalled in five years, if they remain eligible (National Standards only)

Data on this indicator are not yet available. Further developments of national coding is required in order to be able to monitor this in detail. As the programme continues, data collection on this standard will be integrated and monitored.

Gaps and Further Actions

The practices and providers collect information on the invitation method for those that attended for a health check and submit it as part of their quarterly returns to the commissioner. They may also collect information on those patients who did not respond to the invitation (the remaining 15,741 invited population) and those who made the appointment and did not attend however the recording of this is difficult without national coding to support it.

This information is not submitted as part of the quarterly returns, it is not collected systematically and is likely to be extremely difficult to monitor. In future, a discrete audit to look at the attributes of these populations may provide insight into increasing the invitation uptake across the Borough. These could be used in conjunction with findings from pilots in Bromley, and in other areas of the UK to devise methods of increasing uptake locally.

Working with the local providers to share information on the importance of accurate and timely data recording and management should provide more accurate information on source of invitation in 2014-15.

As the NHS Health Checks programme continues, a plan will be developed for monitoring invitations to those who remain eligible five years following their previous invitation.

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Objective 8: Equipment use (structure): 100% equipment validated and calibrated
Maps to National Standard 4
The devices used in the NHS Health checks by practices are validated and calibrated through an internal quality assurance system. Care Quality Commission (CQC) monitors the equipment calibration records for GP practices. For non-GP providers, the NHS Health checks team check that the machines are validated and calibrated before they are used with the public.
Gaps and Further Actions Although included in the Service Specification that all equipment is validated and calibrated, it appears in Practice that this is not always the case. This has been found by the PH Vascular Team on inspecting a new Provider premises but currently there is not process for checking this in established providers. This needs to be included in further procurement.

Objective 9: Confidential and timely transfer of patient identifiable data: 100% data sent to GP practice within 2 working days

Maps to National Standard 10

This objective links closely to objective 6.1: robust commissioning, contract monitoring and reporting mechanism.

At the end of each quarter, practices are required to extract data relating to the health checks for submission to the commissioner. This is currently all done via secure email. Providers external to the GPs are required to return a completed health check to their client's GP via email within 48 hours of the date of the health check. This timeframe is outlined in the service specification. There is currently no way to ensure this is occurring, although anecdotal evidence and reports from the surgeries is often provided to the NHS Health Check team who attempt to resolve any issues as they arise.

Analysis from the 2013-14 data uncovered a difference of 546 health checks given by alternative providers that were not recorded on the GP system (see table 4).

Table 4: alternative provider numbers for the NHS health check

Provider	Number of Health Checks 2013-14
MyTime	660
ToHealth	831
Pharmacy	272
Total	1,636
Number reported by GP	1,090
Discrepancy	546

Source: PH Vascular team 2013-14 data

The system for 2013-14 had been made as easy as possible to return the forms back to the GP. However, the process is not ideal and is prone to discrepancy and error. This could be due to some or all of the following:
- Alternative providers may not send their patient report back to the GP.
- The patient may give the alternative provider the incorrect GP details.
- The information may be sent to the practice, but the email is not picked up.
- The report from the provider is scanned into the patient record but is not added via the health check template. When the extraction is performed this patient's information will not be extracted.
- The patient's report goes missing in the practice.
- The health check is entered onto the patient record using the correct template, but is coded as a GP conducted check rather than an alternative provider check. This final point has financial implications.

Gaps and Further Action

The current method to try and reduce the discrepancy is constantly being improved following feedback. However, it remains a problem. There are some systems that can facilitate data transfer which require further exploring.

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This issue has been raised with the financial audit to explore and advise on how to improve the situation.

Discussion

The results of the evaluation have informed the Public Health team of the progress to date of the programme against the new Pan London standards. Areas for improvement have been identified. Results will be presented to both the CVD Strategy Group and NHS Health Check London Leads meetings.

The baseline evaluation project highlighted areas for improvement in contract monitoring and further changes will be made to the monitoring templates.

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Summary of key findings

Objectives	Further Actions
Objective 1: To ensure NHS Health Checks have local leadership	Bromley's leadership of NHS Health Checks is well established and the real aspiration is to utilise the experience gained to provide information, advice and support to other areas.
Objective 2: To invite all eligible persons to attend an NHS Health Check 20% of eligible population aged 40-74 and no existing co-morbidities from list	During 2014-15 surgeries will continue to invite their eligible population directly. Work continues to ensure that these invitations are user friendly and encourage the recipient to book and attend a health check
Objective 3: Maximise uptake: 50% of those offered an NHS Health Check take up the offer	The invitations to the eligible population in Bromley are above the recommended target. However further consideration should be given to ways to increase attendance at an NHS health checks appointment once an invitation has been sent. • A pilot project is in progress encouraging people to assess their 'Heart Age' prior to attending for their NHS Health Check. The results will be published in the next X months to determine the effects on increasing uptake. • Work carried out in a study across Medway by the behavioural insights unit at the Department of Health suggests that adding a tear off slip, using direct language and shortening the text could increase attendance. The letter could be reviewed to reflect these findings but would need to wait until completion of the Heart Age pilot. There are plans to introduce a discount card scheme for health related products e.g. fruit and veg in Bromley for people to have had an NHS Health Check which is similar to a project in Southwark which is working well. This may have an impact on increasing uptake
Objective 4a:Provision of the NHS Health Check: 100% of checks have 100% complete data	• The process of analysis is now more thorough but still time consuming as a significant number of gaps still exist. With improvement in data entry this process should become quicker. There is a plan to work with the Public Health analyst to ensure best use of available IT tools to maximise efficiency. Further training will be targeted to ensure the providers confidence and competence in all aspects of the NHS Health Check, with particular focus on alcohol AUDIT-C
Objective 4b: Provision of the NHS Health Check: Results communicated face to face	Using the date of health check and date of cholesterol test is a proxy measure that relies heavily on the correct and accurate completion of the health checks fields in the recording system. The 2014-15 contract with providers has focussed more on payment related to data collection and recording which should help increase the accuracy of this proxy measure, and therefore the reliance upon it that the results are communicated face to face. However, a dedicated field to confirm that the results are delivered face to face would remove any doubt and has been considered. This requires a national code to be available to facilitate this which is being addressed at national level. In future a patient satisfaction questionnaire which asked a specific question relating to communication of risk factors face to face would provide a patient perspective to the health checks process in Bromley.

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	Regular update training for the health check providers should reinforce the importance of providing face to face feedback to patients with their risk score (low, medium or high).
Objective 5: Additional activity following NHS Health Check: Activated filters are completed	It is difficult to know without interrogating patient records, if the patient was referred into a service and if they attended, or if the patient declined. In the future, routine collection of data on filters and their follow up actions would be a valuable measure to interrogate. Learning of best practice from other areas could be integrated into Bromley practice. For instance, patients could be asked to fill in GPPAQ and AUDIT-C in the waiting room, ahead of their appointment with the NHS Health Check nurse. Also, further detailed audits should be considered.
Objective 6: Monitoring of quality within the programme: 100% devices have Quality Assurance programme	There is a monthly quality assurance contract in place however it does not meet with the objectives set out in the Pan London objectives, nor with the PHE national standards. However, implementation of an electronic web based data management system is planned, which will improve the QA systems related to the POCT. The new system, called 'Image', will provide providers and commissioners with a live on all aspects of quality management and consumables monitoring. Currently there is an Internal Quality Control Check but not External Quality Assurance contract which is planned for procurement in line with the national standard. Just one element of the national standard 5.3 will be a challenge to meet for Bromley. As a result it will be added to the risk register. As it stands, the necessity for a daily checking control sample is not achievable. The POCT devices used in practices may not be used every day and, therefore, daily control samples may not be necessary.
Objective 7: Consistent approach to non-responders and those who do not attend: 100% eligible people receive 2 contacts	The practices and providers collect information on the invitation method for those that attended for a health check and submit it as part of their quarterly returns to the commissioner. They may also collect information on those patients who did not respond to the invitation (the remaining 15,741 invited population) and those who made the appointment and did not attend. This information is not submitted as part of the quarterly returns, it is not collected systematically and is likely to be extremely difficult to monitor. In future, a discrete audit to look at the attributes of these populations may provide insight into increasing the invitation uptake across the Borough. These could be used in conjunction with findings from pilots in Bromley, and in other areas of the UK to devise methods of increasing uptake locally. Working with the local providers to share information on the importance of accurate and timely data recording and management should provide more accurate information on source of invitation in 2014-15. As the NHS Health Checks programme continues, a plan will be developed for monitoring invitations to those who remain eligible five

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	years following their previous invitation.
Objective 8: Equipment use (structure): 100% equipment validated and calibrated	Although included in the Service Specification that all equipment is validated and calibrated, it appears in Practice that this is not always the case. This has been found by the PH Vascular Team on inspecting a new Provider premises but currently there is not process for checking this in established providers. This needs to be included in further procurement.
Objective 9: Confidential and timely transfer of patient identifiable data: 100% data sent to GP practice within 2 working days	The current method to try and reduce the discrepancy is constantly being improved following feedback. However, it remains a problem. There are some systems that can facilitate data transfer which are being explored. This issue has been raised with the financial audit to explore and advise on how to improve the situation.

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Appendix 2 –Preliminary Findings

Audit of the Prevention of Diabetes through the NHS Health Check

Aim: To ensure patients identified as at increased risk of diabetes at the NHS Health Check, receive appropriate assessment and management.

1. Background and Introduction

There is strong evidence that providing intensive lifestyle interventions for patients at increased risk of developing Diabetes can prevent it or slow its progression (NICE 2012). With the continuing increase in prevalence of Diabetes, it is essential we maximise prevention opportunities, ensuring the effectiveness of the NHS Health Checks Programme in identifying people at high risk of developing diabetes.

The NHS Health Checks Programme has a Diabetes Filter, to aid identification of those at high risk of diabetes, who then require further assessment through blood testing of HbA1c or Fasting Plasma Glucose:

NHS Health Checks Diabetes Filter Criteria
Body Mass Index ≥ 30 (or ≥27.5 in South Asian and Chinese population)
Blood Pressure ≥ 140mmHg Systolic and/ or ≥ 90 mmHg Diastolic
                    Reference: DH (2009) NHS Health Check: Best Practice Guidance

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2. Outline of audit:

The objectives of the audit were to check that:-
- the diabetes filter was triggered appropriately
- patients identified as high risk of diabetes are managed appropriately.

The audit method involves:
- Computer searches to identify patients meeting the criteria for the Diabetes Filter at the NHS Health Check between 1.4.11 and 31.3.13.
- Letters to patients to attend for a blood test or to provide consent for notes review as appropriate.
- Blood tests results reviewed to identify those additional patients at high risk of Diabetes.
- A comprehensive notes review of a sample of consenting patients identified as high risk.

The results of the audit will be used to address gaps in identification processes and inform GP Practices about their management of patients at High Risk of Diabetes.

The audit will also help with further pathway and template development and implementation of evidence based intensive lifestyle interventions. We are currently piloting an intensive diabetes prevention programme across several GP Practices.

3. Audit standards

Standard 1:
If the individual has a BMI ≥ 30 (≥27.5 South Asian population) or a blood pressure at or above 140mmHg systolic and/or 90mmHg diastolic, an HbA1c test or fasting plasma glucose (FPG) is required.

Standard 2:
If patients' have a raised HbA1c of ≥42 - <48 mmols/mol (6.0 – 6.4%) or FPG ≥ 5.5 - ≤6.9 mmol/l, they should receive **intensive** lifestyle intervention (this will be measured by assessment of number of consultations for lifestyle intervention and any referrals to exercise programme, weight management, dietician, smoking cessation.)

Standard 3:
If patients' have a raised HbA1c ≥42 - <48mmols/mol (6.0-6.4%) or FPG ≥5.5 – ≤6.9 mmol/l , they should have had a repeat blood test for HbA1c or Fasting Blood glucose within 2 years of the NHS Health Check.

Standard 4:
If patient's have a raised HbA1c of ≥42 - <48mmols/mol (6.0-6.4%) or FPG ≥5.5 - ≤6.9 mmol/l
They should be coded with an appropriate READ code indicating level of risk of diabetes and/or diagnostic code of pre diabetic state e.g. Impaired Fasting Glycaemia.

Standard 5:
Patient identified as high risk of diabetes should have improved risk factor profiles at 1-2 years:
- Increased physical activity GPPAQ.
- Weight loss been achieved and maintained.
- Waist circumference reduced and maintained.
- Repeated Blood test 1-2 yearly.

4. Information Governance
To ensure patient confidentiality is maintained,
- No patient identifiable data will be removed from the GP Surgery.
- Notes reviews will only be performed by the Public health Vascular Nurses for those patients who have given their consent.

5. Progress to date

The audit is still in progress. There are some preliminary results from the computer searches shown in Figure 1:

Results are available from 43 GP Practices. 5379 (35%) of people who received an NHS Health Check in 2011-13 were found to meet the diabetes filter criteria. This should have triggered the patient to be sent for a blood test to assess their level of diabetes risk by measuring either an HbA1c or Fasting Plasma Glucose. Both of these tests are recognised as acceptable methods of identification of high risk (or Pre-Diabetes)

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Figure 1. Numbers of people identified through the initial searches – Prevention of Diabetes Audit

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┌─────────────────────────────────────────┐
│     Baseline number of NHS Health Checks │
│            1.4.2011 - 31.3.2013          │
│                 15,367                   │
└─────────────────────────────────────────┘
                     │
                     ▼
         ┌───────────────────────────┐
         │ Number of patients who met│
         │      the diabetes filter  │
         │           5,379           │
         │           (35%)           │
         └───────────────────────────┘
              │               │
              ▼               ▼
┌──────────────────────┐  ┌──────────────────────┐
│ Number of patients   │  │ Number of patients   │
│ who **had** an       │  │ who **did not have** │
│ HbA1c/FPG            │  │ an HbA1c/FPG         │
│       3,593          │  │        1,786         │
│       (67%)          │  │        (33%)         │
└──────────────────────┘  └──────────────────────┘
              │
              ▼
┌──────────────────────┐
│ Number of patients   │
│ at high risk of      │
│ diabetes due to blood│
│ result*              │
│        980           │
│        (27%)         │
└──────────────────────┘
```
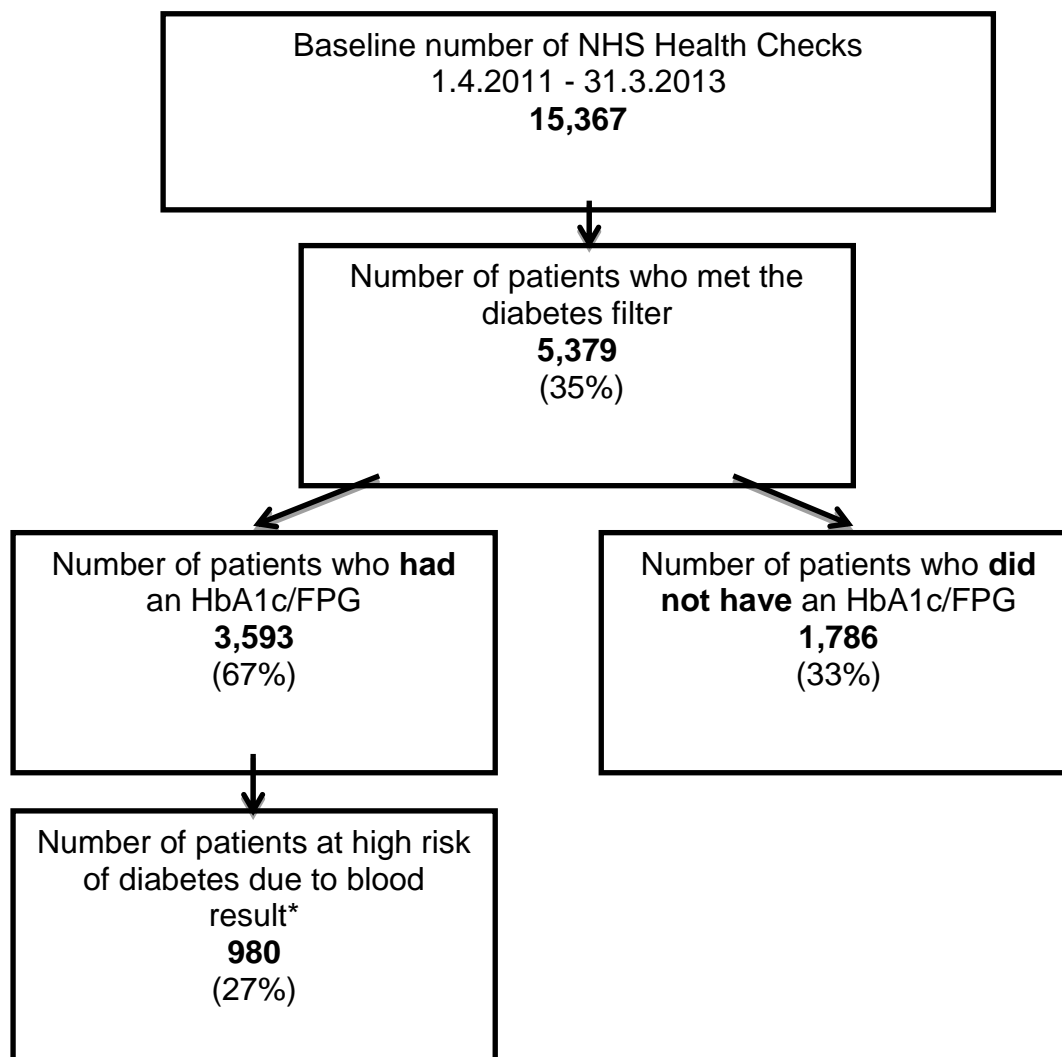
6. Next Steps

The audit will continue with the notes review in October 2014 to look in detail at interventions for people identified as being at high risk of diabetes against the audit standards. This will inform the implementation of service developments in this area e.g. diabetes prevention programme.

Repeat computer searches will take place in December 2014. This will update the numbers assessed by blood test and the numbers identified as high risk of diabetes.

The full statistical analysis to ascertain the sensitivity and specificity of the diabetes filter will be conducted.

A full report will be available for Health PDS Committee in March 2015.

Gillian Fiumicelli, Cathy Aiken, Nada Lemic
October 2014

National Institute for Health and Care Excellence (2012) *Preventing Type 2 Diabetes - Risk Identification And Interventions For Individuals At High Risk*. PH38. London: National Institute for Health and Care Excellence.

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Report No.   **London Borough of Bromley**

PART ONE - PUBLIC

Decision Maker:	**Health Scrutiny Sub-Committee**
Date:	**15th October 2014**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**PROCUREMENT OF AN URGENT CARE SERVICE AT BECKENHAM BEACON**
Contact Officer:	Leilla Horsnelll, Tel: 01689 866555 E-mail: leilla.horsnell@bromleyccg.nhs.uk
Chief Officer:	Dr Angela Bhan, Bromley Clinical Commissioning Group
Ward:	Kelsey and Eden Park

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1. Reason for report

1.1 To advise the Overview and Scrutiny Panel of the outcome of Bromley Clinical Commissioning Group's (CCG's) procurement of the Urgent Care Centre (UCC) at the Beckenham Beacon site. This follows approval of the recommended model given by the OSC in April 2014.

1.2 To confirm that patient representatives were involved in the procurement process.

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2. **RECOMMENDATION**

2.1 **That the Overview and Scrutiny Committee are satisfied that Bromley CCG's procurement and ratification process used to select a preferred provider for the UCC at Beckenham Beacon was fair and transparent, involving members of the public.**

Corporate Policy

1. Policy Status: Existing Policy:

2. BBB Priority: Children and Young People Supporting Independence:

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Financial

1. Cost of proposal: Not Applicable:

2. Ongoing costs: Not Applicable:

3. Budget head/performance centre: Not Applicable

4. Total current budget for this head: Not Applicable

5. Source of funding: Not Applicable

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Staff

1. Number of staff (current and additional): Not Applicable

2. If from existing staff resources, number of staff hours: Not Applicable

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Legal

1. Legal Requirement: None:

2. Call-in: Not Applicable: Report does not involve an executive decision

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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Not Applicable

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Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable

2. Summary of Ward Councillors comments: Not Applicable

3.   COMMENTARY

a.   Context

3.1   Following approval of the recommended model given at the April 2014 Overview and Scrutiny Committee (OSC) meeting, Bromley CCG undertook a competitive procurement exercise to commission a UCC at Beckenham Beacon. Procurement support was provided by South of England Procurement Service. Four tenders were submitted and evaluated by a panel including two patient representatives, and a preferred bidder was selected based on the scoring methodology used.

3.2   The evaluation process and scoring was ratified by the Governing Body on the 14th August 2014 (see Attachment 1), and no challenges were received during the standstill period. The CCG has now notified the preferred bidder, Greenbrook Healthcare, and has entered into contract negotiations. The new service is due to start on the 1st December 2014. The current provider Bromley Healthcare is aware of the decision, and there is an exit plan in place to ensure a smooth transition.

b.   Background

3.3   A business case was presented to the Governing Body in May 2014 recommending the procurement of an Urgent Care Centre to operate at Beckenham Beacon. The decision to commission a UCC, was supported by a Needs Assessment for the population of Bromley (Nov 2013) conducted by Public Health. This identified the need for the continuation of an urgent care service located within the Beckenham area to provide ease of access for a growing population of older people and children, many of whom reside in local areas with high levels of deprivation.

3.4   The preferred option was to commission a service that would provide patients with an integrated urgent care service, combining existing urgent care and walk in centre services to improve the patient journey through a more streamlined approach. Public consultation was not required due to there being no significant change to the service model from the patient perspective.

3.5   A service specification was developed based on recommendations from a series of local workshops, focusing on the current state of unscheduled care walk-in services at Beckenham Beacon, and examples from National Guidance on the commissioning of Urgent Care Centres. Stakeholders included representatives of patient participation groups and GPs.

3.6   Although the Walk-In Centre (WiC) will close when the new UCC service commences, there will be no change in service provision to Bromley patients or users of the WiC or previous UCC service. The new UCC service will be GP led, treating and assessing those patients previously seen by the WiC provided by Kelsey Healthcare Ltd, as well as providing care to unregistered patients, and supporting them to register with a GP. NHS England as the responsible commissioner for this service is sending communications relating to this.

c.   Procurement Evaluation

3.7   The procurement process was managed by South of England Procurement Services, and attracted 19 bidders, out of which four submitted a tender. Bids were evaluated against the same domains used in the options appraisal for consistency. Scoring was weighted based on the outcomes from the local workshops, which included patient representatives to determine the service model, with 60% of the scores allocated to demonstrating quality.

3.8   Patient evaluators were involved in reviewing tender responses relating specifically to the patient journey and engagement, as well as participating in the overall moderation of the bid to give an overview of the tenders in their entirety. Feedback on the process from all evaluators including patient representatives has been sought, and these will be translated into a lessons learned session, as part of Bromley CCG's drive to continually improve quality.

4. **PERSONNEL IMPLICATIONS**

4.1   TUPE

Transfer under protective employment (TUPE) will apply to Kings, Bromley Healthcare, and Kelsey staff currently providing services at the UCC and WiC. Consultations with staff are underway from current and incumbent organisations.

5. **POLICY IMPLICATIONS**

5.1   All local and national policies relating to urgent care will be incorporated into service standards set out in the contract.

6. **FINANCIAL IMPLICATIONS**

6.1   There are no financial implications, as the new service model has not been developed to provide cost savings or to alleviate cost pressures.

7. **LEGAL IMPLICATIONS**

7.1   Legal advice around procurements was provided through South of England Procurement services as part of their service agreement with the CCG.

Non-Applicable Sections:	None
Background Documents: (Access via Contact Officer)	None

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Bromley Clinical Commissioning Group
Special Part II Governing Body Meeting
14th August 2014

BROMLEY UCC PROCUREMENT
DIRECTOR RESPONSIBLE: Clive Uren, Director of Health Care System Reform
AUTHOR: Leilla Horsnell, Interim Primary Care Project Manager
SUMMARY: This paper sets out the procurement process followed for the Urgent Care Centre at the Beckenham Beacon. The purpose of this report is to seek the approval of the Governing Body to appoint a preferred provider selected through a competitive tender procurement process, and to agree to progress to contract negotiations resulting in the award of a 3 year contract starting from the 1st December 2014 with the option of a 2 year extension.
KEY ISSUES: **Background** A business case was presented to the Governing Body in May 2014 recommending the procurement of an Urgent Care Centre to operate at Beckenham Beacon. The decision to commission a UCC, was supported by a Needs Assessment for the population of Bromley (Nov 2013) conducted by Public Health. This identified the need for the continuation of an urgent care service located within the Beckenham area to provide ease of access for a growing population of older people and children, many of whom reside in local areas with high levels of deprivation. The preferred option was to commission a service that would provide patients with an integrated urgent care service, combining existing services to improve the patient journey through a more streamlined approach. Public consultation was not required due to there being no significant change to the service model from the patient perspective. A service specification was developed based on recommendations from a series of local workshops, focusing on the current state of unscheduled care walk-in services at Beckenham Beacon, and examples from National Guidance on the commissioning of Urgent Care Centres. Stakeholders included representatives of patient

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participation groups and GPs.

The options appraisal was evaluated based on outcomes in the domains set out in the table below (Table 1). The ITT sections followed this format for consistency, and weighting reflected discussions at the local workshops held to review the service model. Leads remained as those used in the business case development, apart from where this was not possible due to staff transition, and were also responsible for clarification question responses. Patient representatives were also part of the panel. Questions for each section were developed by subject matter experts, supported by the procurement team who advised on appropriateness of content, weightings, and word count.

Table 1 – Domains for review

Domain	Key Option Appraisal Criteria	Relating ITT Sections and Weighting	Lead Subject Matter Expert
Clinical	Safety, Transparency, Clinical output based	Clinical Service Delivery – 12% Prescribing – 5%	CCG Clinical Lead
Patient Experience	Perceived benefits and safety, Continuity of Care, Care Closer to Home	Quality - 8%	CCG Governance Lead
Financial	Perceived value for money, Affordability	Finance - 40%	CCG Finance Lead
Strategy	Meets national or local strategy	Contracts Management – 5%	CCG Contracting Lead
Delivery	Ease of delivery	Mobilisation & Planning – 8%	CCG Commissioning Lead
User Defined	Safeguarding Children & Adults	Safeguarding – 5%	CCG Safeguarding Lead
	Additional Quality elements	HR – 7% (reflecting the need for strong clinical leadership and adequate capacity through recruitment as mentioned in business case) Estates – 5% (reflecting the need to plan services around existing premises) Equipment – 2% IM&T – 3% Information Governance – Pass/Fail	CCG Leads for HR, Premises, IG, and Infection Control

To summarise 60% of the scores were allocated to quality domains, and 40% of the scores are based on the finances.

Business questions were sent out at the same time as the ITT (Table 2), as recommended by the procurement team to enable the timescales below to be met. The short timeline is based on the date the

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current service expires to allow for a seamless transition without a break in service.

Table 2 – Procurement Timeline

Target Date	Activity
15th May 2014	Contract Notice & ITT published
15th May to 12th June 2014	Bidder Clarification Period
5th June 2014	Bidder Event
24th June 2014	Deadline for completed BQ/ITT Submissions
25th June to 30th June 2014	Evaluation of Business Questions
1st July to 11th July 2014	Evaluation of bids by the Evaluation Team – to be scored individually.
14th July 2014	1st Moderation Meeting
23rd July 2014	Bidder Presentations
30th July 2014	Final Evaluation Meeting
14th August 2014	Governing Body ratifies successful Bidder
18th – 28th August 2014	Alcatel Standstill Period (10 days)
1st September 2014	Contract awarded
1st September – 28th November 2014	Transition – for migrating services
1st December 2014	Service Commencement

All evaluators received training from the procurement team on the process (Appendix 2 – training manual). Training included the need for confidentiality and fairness, as well as an overview of the process and timeline relating to the procurement.

Procurement Process

The procurement process was managed by South of England Procurement Services, and full details of the procurement process and final evaluation are included in their ratification report included as Appendix 3. The serviced was procured through the OJEU due to the value of the contract, and attracted 19 bidders, out of which four submitted a tender. All documents were shared through the Bravo e-tendering portal.

A bidder event was held on the 5th June 2014, which was attended by four organisations. CCG subject matter leads attended this event, and commissioners gave a presentation setting out their vision for the service in line with commissioning priorities. Presentations and clarification questions were made available to all potential bidders through Bravo.

The CCG were able to respond to all bidder clarification questions in a timely and appropriate manner as set out in the procurement guidance. However in some cases holding responses were issued where information was not available to the organization, or where the request was deemed to be inappropriate as it did not directly relate to the service specification or any interdependencies.

Four organisations submitted tender documents by the deadline, and were invited to the presentation day. Sections of the ITT were scored initially by the subject matter expert(s), and then moderated by the wider

panel to ensure consistency, as well as to agree methodology for awarding scores. Finance scores were calculated based on the finance templates submitted.

All questions were given a score between 0 – 10 using the rationale in table 3, and weightings were then applied. Evaluators were asked to reach a consensus rather than an aggregate on scores. As part of moderation evaluators had to define the requirements of superior, good, satisfactory, below expectations, poor, and unacceptable. This was for assurance on scoring methodology, as well as to use in feedback to bidders.

Table 3 – Scoring

Score range	Basis of score
9-10	**Superior:** An excellent and comprehensive response submitted in terms of detail and relevance which clearly meets or exceeds the requirements in all areas which is likely to result in increased clinical quality (including improvement through innovation).
7-8	**Good:** A good response submitted in terms of detail and relevance which meets the requirements in most areas/all areas
5-6	**Satisfactory:** An adequate response in most areas but less detail provided which reduces the extent to which the response merits a good score
3-4	**Below expectations:** The response only partially addresses the question. A below expectation response.
1 -2	**Poor:** very limited response provided or a response that is inadequate or substantially irrelevant
0	**Unacceptable:** No response given or response is unacceptable

Bidders were asked to present to the subject matter experts on how they would meet service requirements, and broad questions on service delivery relating to CCG urgent care priorities were posed to all providers, as well as clarification questions on presentation content. The final moderation day took place following the evaluation, and evaluators were able to reflect on the additional information provided to further ratify scores.

Outcome of Evaluation

The table below (Table 4) shows total scores against each section, and the % weighting as a result. Comments from the evaluators and full breakdown of scores can be found in Appendix 4. The ITT questions are included as Appendix 5.

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Table 4 – Final Scores

Domain	Weight	Maximum Score	Organisation A Weighting	Score	Organisation B Weighting	Score	Organisation C Weighting	Score	Organisation D Weighting	Score
Clinical/ Service Delivery	12%	410	7.4%	254	7.0%	240	4.6%	156	9.3%	317
Safeguarding	5%	300	2.8%	170	3.3%	200	2.2%	130	2.7%	160
Prescribing	5%	100	3%	60	3.5%	70	2.5%	50	5%	100
Quality	8%	500	6.1%	380	5.6%	350	4.6%	290	5.6%	350
Human Resources	7%	920	4.5%	592	5.3%	696	3.5%	466	5.3%	690
Premises/ Property	5%	100	4%	80	4.5%	90	3%	60	4%	80
Equipment	2%	100	1.2%	60	1.6%	80	1.2%	60	1.6%	80
IM&T	3%	360	2.4%	292	2.5%	298	1.9%	224	2.5%	298
Contract Management	5%	200	3.5%	140	4%	160	2.3%	90	4.3%	170
Information Governance	Pass / Fail	N/A	Pass	N/A	Pass	N/A	Pass	N/A	Pass	N/A
Contract Mobilisation and Planning	8%	500	7.2%	450	5.3%	330	2.2%	140	5.4%	340
Total Quality Domains	60%		42.2%		42.6%		28%		45.6%	
Finance Template	40%		40%		39%		35%		39%	
Total	100%		82.2%		81.6%		63%		84.6%	

Three of the tenders submitted (organizations A, B, and D) were of a sufficient standard to warrant a contract award. Evaluators were assured that the contracting process will ensure any areas where scores are low are robustly monitored during the duration of the contract, and service improvement plans agreed if needed.

Three of the organizations (B,C, and D) are local providers of urgent care services. To summarise the differences between the tenders produced, the evaluation panel found Organisation A to be strong in areas relating to operational process management with a good organizational structure supporting monitoring, but details of service delivery were lacking in comparison to the other strong candidates. Organisation B scored well overall, but did not include as much information as Organisation D to translate its protocols into service delivery.

The evaluation panel are satisfied that the organization with the higher score have provided the most evidence that they are able to provide a service as detailed in the specification, and the governing body are asked to ratify the recommendation to offer Organisation D the contract for the UCC at Beckenham Beacon.

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RISK:
- A delay or failure to award the contract to the preferred bidder will impact on the ability to negotiate a contract with the provider and for the new service to be operational from the 1st December. Contingency plans are in place with existing UCC providers in the event of any slippage.
- There is a risk that the outcome of any procurement is subject to challenge. While the CCG is confident in its process, any additional standstill outside of the standard 10 days as a result of this may delay service commencement, and contingency plans will need to be implemented.
- At clarification stage the CCG were unable to provide costs for the expansion of the diagnostic service at the UCC, and were unable to ascertain whether this would be within the financial envelope for this service. This will be reviewed as part of contract negotiations, and any cost pressures will be managed and mitigated as a risk.

COMMITTEE INVOLVEMENT:
The Clinical Executive Group has also had sight of this summary report.

The Governing Body's decision will be reported to Part I of the next Governing Body meeting in public to be held on 22 September 2014.

PUBLIC AND USER INVOLVEMENT:
Patient representatives were involved in the evaluation

IMPACT ASSESSMENT:
An impact assessment was included as part of the options appraisal and business case. The OSC have also been notified of the procurement.

RECOMMENDATIONS:

The Governing Body are asked to review and ratify the recommendation to offer the contract for the UCC at Beckenham Beacon to Organisation D.

ACRONYMS
BQ – Business Questionnaire
CCG – Clinical Commissioning Group
GPs – General Practitioners
HR – Human Resources
IG – Information Governance
IM&T – Information Management and Technology
ITT – Invitation to Tender
OSC – Overview and Scrutiny Committee
UCC – Urgent Care Centre

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Report No. CSD14147	**London Borough of Bromley** **PART ONE - PUBLIC**

Decision Maker:	**Health Scrutiny Sub-Committee**
Date:	**15th October 2014**

Date: **15th October 2014**

Decision Type:	Non Urgent	Non-Executive	Non-Key

Title:	**WORK PROGRAMME 2014/15**

Contact Officer:	Graham Walton Democratic Services Manager Tel: 0208 3461 7743 E-mail: graham.walton@bromley.gov.uk

Chief Officer:	Mark Bowen, Director of Corporate Services

Ward:	(All Wards);

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1. Reason for report

1.1 Members are asked to review the Sub-Committee's work programme for 2014/15.

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2. **RECOMMENDATION**

2.1 **The Sub-Committee is asked to consider its work programme and indicate any changes that it wishes to make.**

Corporate Policy

1. Policy Status: Existing Policy: As part of the Excellent Council stream within Building a Better Bromley, PDS Committees and Sub-Committees should plan and prioritise their workload to achieve the most effective outcomes.

2. BBB Priority: Excellent Council

Financial

1. Cost of proposal: No Cost:

2. Ongoing costs:: N/A

3. Budget head/performance centre: Democratic Services

4. Total current budget for this head: £373,410

5. Source of funding: 2014/15 revenue budget

Staff

1. Number of staff (current and additional):   There are 10 posts (8.725fte) in the Democratic Services Team

2. If from existing staff resources, number of staff hours: Maintaining the Sub-Committee's work programme takes less than an hour per meeting

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Legal

1. Legal Requirement: No statutory requirement or Government guidance

2. Call-in: Not Applicable: This report does not require an executive decision

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Customer Impact

1. Estimated number of users/beneficiaries (current and projected):   This report is intended primarily for Members of this Sub-Committee to use in controlling their on-going work.

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No

2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

3.1 The draft 2014/15 Work Programme is attached as **Appendix 1.** It reflects the areas already identified at the beginning of the year. Other reports may come into the programme or there may be references from other Committees, the Portfolio Holder or the Executive.

3.2 The Sub-Committee is asked at each meeting to consider its Work Programme and review its workload in accordance with the process outlined at Section 7 of the Scrutiny Toolkit. In approving the work programme Members will need to be satisfied that priority issues are being addressed; in particular this Sub-Committee's primary role is to undertake external scrutiny of local health services. The programme has to be realistic in terms of Member time and officer support capacity.

Non-Applicable Sections:	Policy/Financial/Legal/Personnel
Background Documents: (Access via Contact Officer)	Care Services PDS Committee – Work Programme Report (2nd October 2014)

HEALTH SCRUTINY SUB-COMMITTEE WORK PROGRAMME 2014/15

15th October 2014 (4.30pm)	
Sub-Committee Terms of Reference	For noting
PRUH Performance Review – One Year on	Update from Kings
Update on S.256 Funds Approval – Bromley NHS Health Checks	Update from BCCG
Procurement of an Urgent Care Centre Service at Beckenham Beacon	Update from BCCG
3rd December 2014 (4.30pm)	
PRUH Improvement Plan	Update from Kings
Integrated Services Programme (BCF)	
Outcomes of the Weight Management Pilot Project	
15th April 2015 (4.30pm)	
PRUH Improvement Plan	Update from Kings