

**Focus on Commissioning:
A Healthwatch Kent report**

January 2020

Background

The way health and social care services are commissioned in Kent & Medway is changing.

Currently seven Clinical Commissioning Groups (CCGs) commission health services for their own geographical areas. For Kent wide contracts, one CCG will take the lead to commission the service on behalf of the county.

Healthwatch Kent has a unique view of this system. We are one of the few organisations who work across all the CCGs and so we are aware of the work that has been done to involve patients in the commissioning process. We also hear directly from patients from all over Kent about their experience of the services that have been commissioned. In addition, we sit on the Kent Health Overview & Scrutiny Committee (HOSC) which scrutinises services in conjunction with our own statutory role to scrutinise changes to services to ensure the public have been truly involved and informed about service change.

From April 2020 there will be a new system of commissioning and partnership working, called an Integrated Care System, made up of:

- A **Single Strategic Commissioner**, comprising of a single CCG for Kent & Medway, along with the social care commissioning of Kent & Medway councils.
- **Integrated Care Partnerships in East Kent**, West Kent, North Kent, and Medway & Swale which will commission and deliver acute and local care within those areas.
- **Primary Care Networks** delivering primary care and local care in clusters of GP practices

This new structure means that a new process for how services are commissioned is being developed. We believe that lessons can be learned from the current commissioning structure and should be used to determine the new structure.

What have we done?

- We have reviewed a number of services that have recently been commissioned in Kent & Medway.
- The majority of services we selected have been commissioned on a County wide level and which have experienced challenges and caused disruption for patients.
- We have reviewed documents from HOSC which detail the challenges services have faced, the disruption caused to patients and the debate at HOSC and any resulting actions.
- We have combined this literature review with feedback we have heard directly from patients.
- We have been able to link this to knowledge that we have about the commissioning process and how patients and service users were involved and listened to during that process.

We reviewed the following contracts

• **Wheelchair Services**

• **Integrated Community Equipment**

• **Kent and Medway Patient Transport**

• **Children and Young People's Mental Health Services**

• **East Kent Out of Hours**

• **North Kent Dermatology Service**

What did we find?

In each of these contracts, a number of issues came to light after the new provider has started to deliver the new service including:

- **Demand** was often higher than predicted meaning patients immediately started to experience longer waiting times
- The new service inherited a **backlog** of cases which added to the already growing waiting list
- Patient information was often not transferred effectively meaning patients '**got lost**' in the system
- Contracts needed to be **reviewed** substantially within the first few months to 'true-up' the contract with the actual demand
- Additional **funding** was often needed at short notice to meet the agreed demand
- Those contracts which had been commissioned through an **integrated partnership approach** (predominantly the NHS and Kent County Council) were more successful

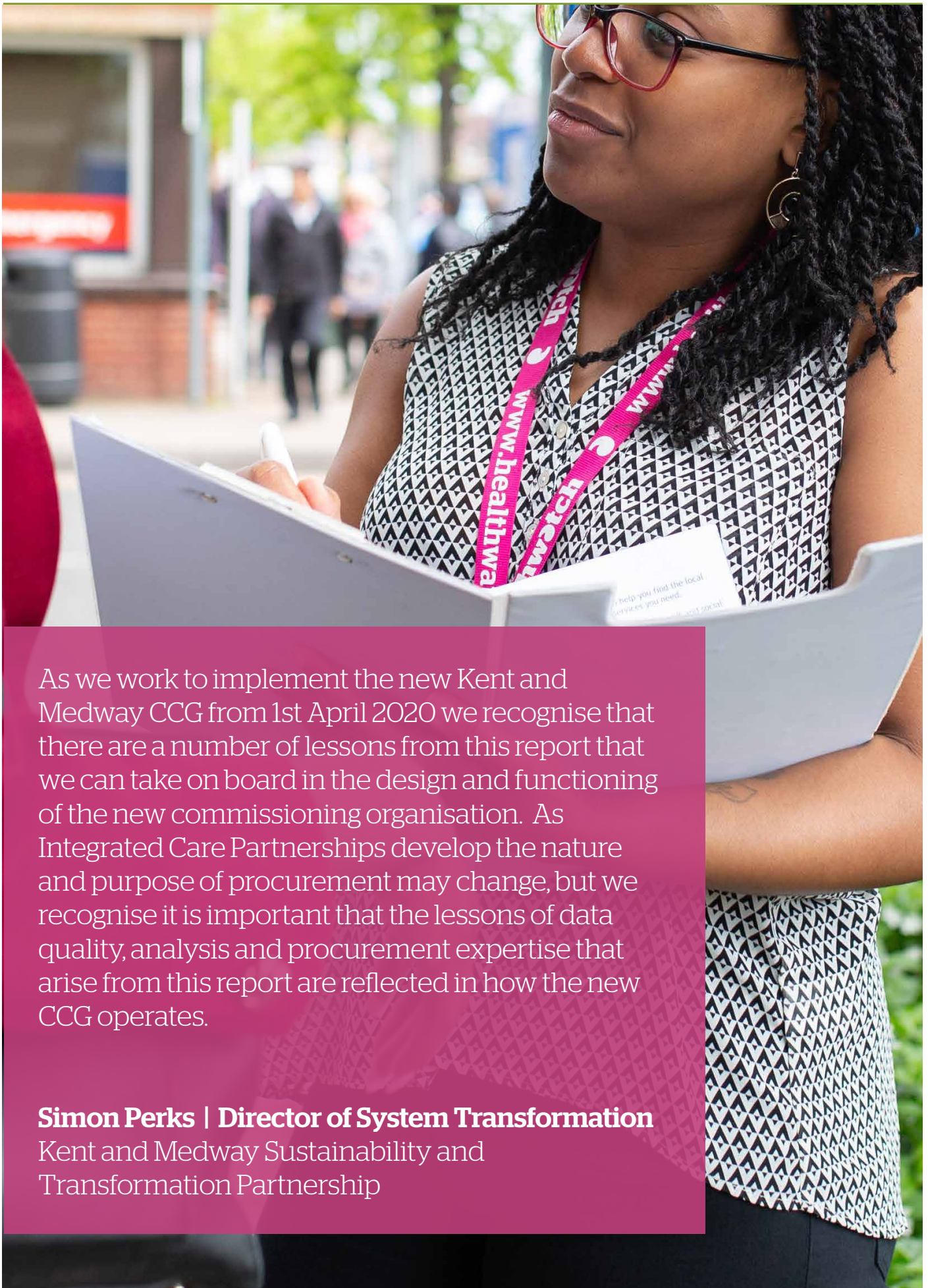
We invited key senior people from the new Integrated Care System to meet with us and explore our findings. As a result of this meeting, we have agreed a number of points.

We are grateful to Healthwatch for this report which highlights a number of key points and areas for development. The Clinical Commissioning Groups regularly review systems and processes on the basis of being 'learning organisations' and we welcome the comments in this report. We will use them to improve how we procure services for patients in Kent and Medway going forward.

By the nature of this report, the majority of the observations have been scrutinised previously by the Kent Health Overview and Scrutiny Committee through the individual reports fed back to the Committee. However, we recognise the benefit of pulling together generic issues from the reviewed procurement examples. We would want this report to be read in the context that it covers larger and more complex procurements reviewed by HOSC, and therefore is not representative of many successful and smaller procurements delivered by the CCGs that have not come under the scrutiny of the HOSC.

While we recognise the statements made in the 'What did we find?' section of the report there are two points of clarity we would wish to make. In a number of the procurements scrutinised by the HOSC, higher demand than predicted was a key issue but this was not the case in all. Also, where additional funding was required, this invariably resulted from additional demand and service activity, and was therefore a commissioning response to ensuring and maintaining timely levels of access to services.

Simon Perks | Director of System Transformation
Kent and Medway Sustainability and Transformation Partnership



As we work to implement the new Kent and Medway CCG from 1st April 2020 we recognise that there are a number of lessons from this report that we can take on board in the design and functioning of the new commissioning organisation. As Integrated Care Partnerships develop the nature and purpose of procurement may change, but we recognise it is important that the lessons of data quality, analysis and procurement expertise that arise from this report are reflected in how the new CCG operates.

Simon Perks | Director of System Transformation
Kent and Medway Sustainability and
Transformation Partnership

Summary of findings for each contract

Wheelchair Services

Millbrook Healthcare took over the Kent & Medway NHS Wheelchair contract on 1st April 2017. In the first year, April 2017 to March 2018, several issues were identified:

- The quality of the initial data transfer at the start of the contract revealed some service user records were missing, incomplete or inaccurate.
 - Millbrook Healthcare inherited a backlog of people who had been waiting a long time. The case load included more complex cases than they had expected.
 - It was estimated that 40% of people had been waiting for more than 18 weeks at that point in time.
 - The higher complexity of cases affected the ability of the service to manage the ongoing referrals.
 - The demand for specialist wheelchairs was 154% higher than expected although average costs were lower than expected.
- **There were also several issues linked to funding:**
- The CCGs could not disregard the possibility that Millbrook Healthcare may have underbid for the contract during the procurement.
 - Millbrook Healthcare over-spent their equipment budget by 21% during the first year of the contract from April 2017 to March 2018.
 - As a result, additional funding (£1,103,938) was released.



Summary of findings for each contract

East Kent Out of Hours

Primecare was awarded a contract in 2016 to provide an integrated NHS 111 and GP out of hours (GP OOH) service across the four east Kent Clinical Commissioning Groups (CCGs).

The GP OOH service went live on 28 September 2016 with NHS 111 following shortly afterwards in a phased approach starting from November 2016.

The CQC inspected the service in May 2017 and published their findings on August 3rd. The report stated:

- There was a failure to take into consideration the risks to the health and care of service users.
- The care needs of patients were not always assessed and delivered in a timely way.
- Staff reported that they could not access patient records.
- There were not enough staff to meet the needs of patients and there was a lack of induction and mandatory training.
- Staff did not feel fully supported by management.
- When errors were made, not all staff knew how to report incidents.
- Investigations into incidents were found to be superficial and there was limited evidence of learning from mistakes.
- There were long delays in dealing with patient complaints.

Primecare were owned by Allied Health Care who were going through financial difficulty at the time. On July 7th 2018, it was announced that Primecare had left the contract early.



Open 24 hrs

Summary of findings for each contract

Patient Transport

G4S was awarded the three contracts in July 2016, which together cover every aspect of the non-emergency patient transport service for Kent & Medway.

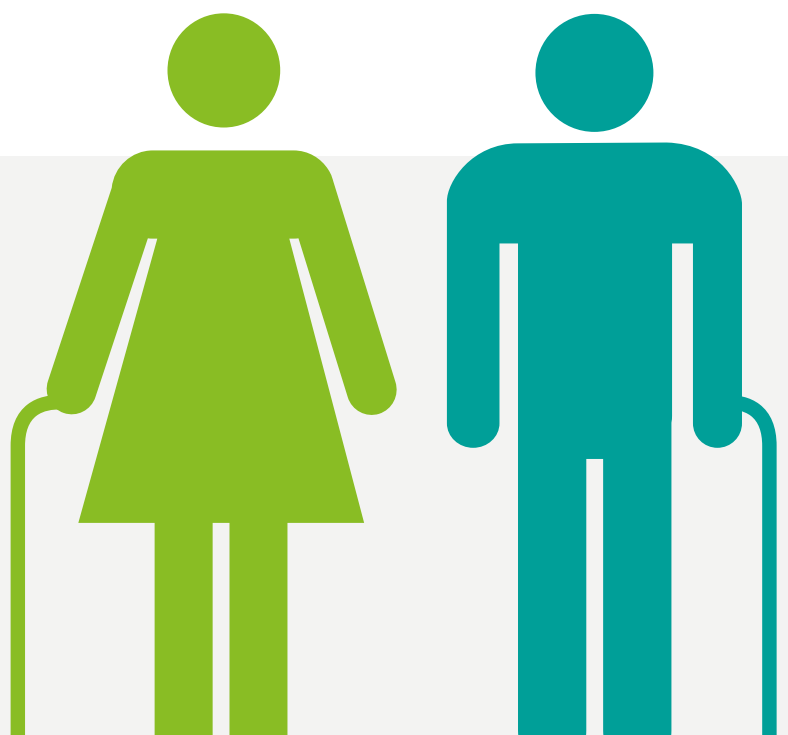
- During the commissioning process, the activity data was inaccurate.
- During the mobilisation phase, the London activity data provided was also not accurate. It was then decided that the mobilisation of London journeys would be postponed until February 2017.
- None of the contract KPI's were met during the first 12 months of the contract.
 - The average complaints per month were 138 representing 0.6% of total patient journeys. Complaints were highest during the opening months of the contract.
- In February 2018, based on the KPI data,
 - Performance remained below the contracted levels of the 18 KPIs across all 3 contracts.
 - In the six months to February 2018 complaints averaged 64 a month representing 0.2% of total patient journeys.
- There was a 'true up' exercise undertaken in March 2018
- After the contract true-up exercise was completed in March 2018, it was concluded that the patient journey mix was different from that set out in the tender process. The review exercise identifies the following adjustments to the contract:
 - A reduction in car journeys;
 - An increase in ambulance journeys;
 - An increase in the requirement for services with a patient escort; and
 - Longer patient journeys
- This led to West Kent CCG proposing to rebase the contract according to revised activity levels which, at the time (May 2018), was being considered by the eight CCGs.
 - This would mean that the three lots were consolidated into one and the value of the contract increased from the original £13.2 million a year to £17 million a year.
 - It also meant that the KPI targets would be recalibrated with target levels reduced from between 90-95% to 80%.
- The commissioners had also recognised that whilst a KPI was a general measure of performance, the standard of performance reporting was not indicative of the full service provided. As an example:
 - For June 2018, 81% of patients arrived for their appointments within the contractual KPI, and 93% of patients arrived within 30 minutes of their allocated appointment time.

Summary of findings for each contract

Integrated Community Equipment

Kent County Council awarded the contract to NRS Healthcare for five years starting on November 30th 2015. The total anticipated contract value for the life of the contract was £45 million. This was one of the largest community equipment service contracts in the country.

- The mobilisation of the contract needed a considerable amount of resource, determination and a strong project managed approach.
- Since NRS Healthcare took over the contract the financial visibility and performance monitoring have greatly improved.
- A number of staff left despite TUPE applying to that transfer.
- A stable team have now been recruited with a continuous recruitment campaign to cover natural attrition.
- Challenges were seen around operational efficiency, but they are reported to have settled down.
- Processes for the ordering and provision of equipment have greatly improved.
- Recycling remains a challenge and as a result of the contract's financial model, NRS Healthcare's financial viability has not been what was anticipated.



Summary of findings for each contract

Children and Young People's Mental Health Services

North East London NHS Foundation Trust (NELFT) was awarded the contract for the provision of emotional wellbeing and mental health advice and support for young people and their families across Kent. The contract started on September 1st 2017.

- Included in the invitation to tender documentation was data relating to known waiting lists provided by Sussex Partnership Foundation Trust (SPFT) and PSCION.
- However, subsequent to service transfer it was apparent that this data was inaccurate.
- The tender did not include enough detail about assessments, decisions and referrals.
- There was a lack of vigorous information relating to patients that were being cared for by EKHUFT and PSCION. This had an impact on these patients who were meant to transfer to NELFT from April 1st 2018.
- Prior to the start of the contract, it was identified that the financial envelope to meet the prescribing needs of children, particularly those in East Kent that were on the current prescribed medication by PSCION and EKHUFT, may not have been accurate.
- The volume of need was not fully understood. There were 7,000 children who needed specialist care but this had not been planned for.
- There were not enough admin staff and clinicians to handle the volume of calls to the service. At one point in NELFT were taking 600 calls a day.
- Many of the calls were from people trying to complain. The volume of complaints meant they became diverted dealing with complaints rather than addressing the issues within the service.



Summary of findings for each contract

Dermatology

In September 2018 Medway Foundation Trust informed commissioners they were going to give notice on their dermatology service. DMC Healthcare was awarded the contract for the North Kent Dermatology Service from April 1st 2019.

Throughout this process a number of issues were identified including:

- A short mobilisation period meaning things weren't ready in time.
- Difficulties finding suitable premises in the area.
- Uncertainty about staff transferring from the current contract to the new service which meant it was challenging to plan clinics and staff rotas.
- Lack of clarity regarding the number of patients who were still waiting from the previous provider.
- Uncertainty about the arrangements for Multi Disciplinary Teams (MDTs) in the area.
- During this time DMC experienced a high number of calls which resulted in patients facing delays contacting DMC.
- There was a problem with the transfer of scan results from MFT to DMC affecting 30 patients

WAITING ROOM

