PROVIDER SERVICES REPORT

Officer Contact	Nav Johal and Nikki Stubbs, Deputy Chief Executive's Office
Papers with report	None

REASON FOR ITEM

To enable the Committee to examine Hillingdon PCT's provider services, specifically:

a. End of Life Care;
b. Children's Speech and Language Therapies;
c. Tuberculosis;
d. Community Dental Service;
e. Physiotherapy; and
f. Vertical integration.

OPTIONS AVAILABLE TO THE COMMITTEE

1. Receive the presentations from the witnesses

2. Question the witnesses on their presentations

3. Make recommendations as appropriate

4. Decide what further action is required

INFORMATION

Background

1. Primary Care Trusts (PCTs) are at the centre of the NHS and control approximately 80% of the NHS budget. PCTs spend this money in two ways: firstly, they commission services for their local residents (e.g., from hospital and mental health trusts); and secondly, provide a range of healthcare services themselves. These are known as 'provider services' and include services usually provided in the community such as community nursing, health visitors and podiatry.

2. Government policy has sought to refocus the role of PCTs onto the commissioning of services from other providers and move away from providing services themselves. In 2005, the Government indicated its view that PCTs should divest themselves of provider services and only commission services. This was controversial and the requirement was then changed so that, at the very least, PCTs must create new governance arrangements for their provider services that maintain an internal separation from the commissioning function.

3. Hillingdon PCT reformed its governance structure for provider services in order to meet Government requirements. Senior officers from the PCT will be attending the meeting to outline the service that they provide in relation to: end of life care, children's speech and language therapy, tuberculosis, community dental services and physiotherapy. Members will also receive an update on the progress of the vertical integration.

End of Life Care

4. The Community Palliative Care Team's main care activities are**:** symptom surveillance, care planning, including anticipatory symptom control, acute symptom control, emotional support, support for the carer, referral to appropriate services, eliciting Preferred Place of Care (patient's and carer's), and making arrangements (out of hours service referrals, anticipatory medication, information for patient and carer) to enable patients to achieve their preferences, liaising with other clinicians, initiating admission to appropriate services when necessary and preventing inappropriate hospital admissions.

5. The measurable forms of the Team's activity are telephone calls, direct patient contacts (home visits, outpatient clinics and clinical input at the Enhanced Care Beds) and education sessions. The service delivered 6,210 direct patient contacts and 6,959 telephone contacts between April 2009 and March 2010. During this period, there were 394 deaths under the care of the Community Team - 293 (74%) of these died at their Preferred Place of Care (PPC).

6. Twenty Enhanced Care Beds were available in Hayes Cottage Nursing Home and in the Northwood and Pinner Community Unit in Mount Vernon Hospital. Care concentrated on end of life care, for patients in the last (estimated) 3 months of their life. For these patients, an advanced care plan was available, together with priority access to the Out-of-Hours Medical Service and with access to anticipatory medication. From the summer of 2009, the ten beds in the Northwood & Pinner Community Unit were no longer available.

7. Following an identified need to enhance the care given to residents in care homes, and a successful bid to Macmillan Cancer Relief for an additional funded post to support the work, the Team set up a care home project. To date, 355 patients have been identified as having a limited prognosis and a management plan which reflects their wishes for care. 270 of these have died - 260 of which died in the nursing homes, as was their wish.

8. The Team has completed 2 audits (Preferred Place of Care and Hospital Deaths of Nursing Home Residents) and produced 3 basic guidelines for use in the community (Admission to the ECB, Anticipatory Therapy for opioid-naïve patients, and guidance on use of Fentanyl Patches). An information sheet was developed for patients and carers concerning home care and out of hours' services. 36 formal education sessions were organised and were attended by 546 individuals.

9. For the third year in a row the team received a PCT award for exceptional contribution to patient care.

Children's Speech and Language Therapies

10. Prime responsibility for the provision of Speech and Language Therapy (SLT) services to children has rested with the NHS since 1974. The NHS is not under a statutory duty to provide SLT. A joint Department of Children Schools and Families (DCSF)/Department of Health working group on provision of speech and language therapy services to children with SEN was established in November 1998 and reported in November 2000. This report made a number of recommendations to improve SLT provision.

11. The Speech and Language Therapy Department (SaLT) based at the Hillingdon Hospital provides a service for patients with communication, cognitive, voice or swallowing difficulties

due to stroke, brain injury, progressive neurological diseases and other medical conditions. The SaLT team, experienced in all aspects of assessment and treatment, work with the multidisciplinary team to achieve the best possible outcome for each patient.

12. Speech and language disorders can include the following:
    - Speech may be slurred due to difficulty producing sounds clearly in words because the tongue or other facial muscles are slow-moving and discoordinated.
    - Voice disorders may be caused by a variety of health problems (e.g., asthma, stroke, road traffic accidents, cancer, degenerative disorders) and vocal strain that may impact vocal cord closure, affect pitch, volume or quality of voice and distracts listeners from what is being said. Voice disorders may also cause pain or discomfort for the person speaking.
    - Language disorders may be receptive or expressive in nature, or both. Receptive language disorders refer to difficulties understanding language, whether written or spoken. Expressive language disorders include difficult putting words together, difficulty accessing vocabulary, or difficulty formulating sentences to convey ideas such as wants, needs, choices or opinions.
    - Cognitive problems (higher level thinking problems) include difficulty with attention, memory, organisation, problem solving, reasoning, judgement and the ability to integrate all of these skills to function independently and safely in everyday life.
    - Swallowing disorders may result from brain injury, stroke or other medical conditions and involve difficulty on holding food in the mouth, chewing or swallowing. Chest infection, malnutrition or dehydration can occur if these problems are not addressed.

13. Patients with swallowing problems will need a referral from a medic, consultant or GP, whereas patients with communication and cognition difficulties can self refer by telephoning the department directly.

Tuberculosis (TB)

14. Hillingdon had the 11th highest rate of tuberculosis diagnoses in the country for 2004/06. It is thought that this might have been a reflection of the local population, which may have a high percentage of persons in at risk groups, such as people who have recently emigrated from countries with high rates of TB.

15. TB is a bacterial infection which is spread by inhaling tiny droplets of saliva from the coughs or sneezes of an infected person. Mycobacterium tuberculosis (the bacteria responsible for TB) are very slow moving, so a person may not experience any symptoms for many months, or even years, after becoming infected.

16. Although TB primarily affects the lungs (pulmonary TB), the infection is capable of spreading to many different parts of the body, such as the bones or nervous system. Typical symptoms of TB include a persistent cough, weight loss and night sweats.

17. There are three possibilities that can occur after becoming infected by TB:
    - Your immune system kills the bacteria, and you experience no further symptoms - this is what happens in the majority of cases.
    - Your immune system cannot kill the bacteria, but manages to build a defensive barrier around the infection - this means that you will not experience any symptoms, but the bacteria will remain in your body and is know as latent TB. There is the possibility that a

latent TB infection could develop into an active TB infection at a later date, particularly if your immune system becomes weakened.
- Your immune system fails to kill or contain the infection and it slowly spreads to your lungs - this is known as active TB.

18. Before antibiotics were introduced, TB used to be a major health problem in England. Nowadays, the condition is much less common, although in recent years TB cases have been increasing, particularly among ethnic minority communities originating from places where TB is widespread. The number of tuberculosis cases in the UK reached a 30-year high in 2009 when 9,040 new cases were identified - the highest figure since 1979 when there were 9,266 cases in England and Wales alone. Furthermore, the number of TB cases resistant to first-line treatment has almost doubled in the past decade, according to data from the Health Protection Agency (HPA).

19. The number of drug-resistant cases went from 206 in 2000, to 389 cases in 2009. Of these, the proportion resistant to treatment with multiple types of antibiotics remains low (1.2%) but has still seen a rise over the last decade. In 2000, there were 28 multi-drug resistant cases of TB, rising to 58 cases in 2009.

20. People can suffer drug-resistant TB either from catching a drug resistant strain or due to inappropriate or incomplete treatment. Those without a drug-resistant strain need a six month course of multiple antibiotics, but those with multi-drug resistant TB may need to be treated for 18 months or longer.

21. Globally, in 2007, there were 9.2 million new cases of TB, and 1.7 million deaths resulting from the condition. It is also estimated that one-third of the world's population is infected with latent TB. Countries with high numbers of HIV cases also often have high numbers of TB cases. This is because HIV weakens a person's immune system, which means that they are more likely to develop a TB infection.

22. Left untreated, an active TB infection can be potentially fatal because it can damage the lungs to such an extent that a person becomes unable to breathe properly. With treatment, a TB infection can usually be cured. Most people will need to take a long-term course of antibiotics, usually lasting for at least six months.

23. It is thought that between 70-80% of people who are given the Bacillus Calmette-Guérin (BCG) vaccine are protected against TB. However, BCG vaccinations are not routinely given as part of the childhood immunisation schedule, unless a baby is thought to have an increased risk of coming into contact with TB compared to the general population. For example, babies born in areas of inner-city London, where TB rates are higher than in the rest of the country, will probably be given the BCG vaccination. Vaccinations may also be recommended for people who have an increased risk of developing a TB infection; for example, health workers, people who have recently arrived from countries with high levels of TB and people who have come into close contact with somebody infected with TB.

Community Dental Service

24. Specialist community dentistry services are provided from Uxbridge Health Centre and Ickenham Health Centre and covered orthodontics, periodontics, endodontics, adult special needs, prosthetics and paediatrics. These services were transferred to Hillingdon PCT from

Hammersmith and Fulham PCT in 2007 with a subsequent reduction in waiting times from 24 months to 4-10 months.

25. Although Ward Councillors had received reports from Residents that had been unable to register with an NHS dentist, there was an underspend by the PCT on "units of dental activity" in 2008/2009. This appeared to be a communication issue in that Residents were finding it hard to get an NHS dentist even though the NHS dentists had spare capacity.

26. In 2008/2009, access levels were at 68%, with a target of 72% for 2009/2010 and 75% for the year after. To address this gap, additional promotion of services was undertaken and Residents experiencing problems with accessing an NHS dentist are encouraged to contact the PCT dental advisors. Information on this service and the emergency contact number were distributed to all Councillors for use in their ward surgeries.

27. At the meeting on 15 July 2009, it was agreed that further investigation would be undertaken into the concern regarding a two tier approach used by some NHS dentists, i.e., some would not accept patients that were in receipt of benefits.

28. It is thought that the provision of dental services to those with special needs has improved, but legislation has reduced options in that dentists are no longer permitted to administer a general anaesthetic as they don't have back up facilities.

Physiotherapy

29. Physiotherapists help and treat people of all ages with physical problems caused by illness, accident or ageing. They work autonomously, most often as a member of a team with other health or social care professionals. Physiotherapy is a healthcare profession which sees human movement as central to the health and well-being of individuals. They identify and maximise movement potential through health promotion, preventative healthcare, treatment and rehabilitation.

30. The core skills used by physiotherapists include manual therapy, therapeutic exercise and the application of electro-physical modalities. They also have an appreciation of psychological, cultural and social factors which influence their patients. Physiotherapists try to bring the patients into an active role to help make the best of independence and function.

31. At the Committee's meeting on 15 July 2009, Members were advised that the physiotherapy service was being expanded further and it was hoped that patient waiting times would be reduced to a maximum of two weeks from receipt of referral. This would be achieved through measures such as the introduction of Saturday clinics and an additional site which was currently in the planning process.

32. As there were no pulmonary nurses in the Borough, physiotherapists had been dealing with the low number of referrals received for chronic obstructive diseases.

Vertical Integration

33. On 30 March 2010, the Board of NHS Hillingdon endorsed a recommendation from the Community Services Externalisation Assessment Panel to vertically integrate Hillingdon Community Health with CNWL (Central & North West London Foundation Trust).

34. 'Vertical integration' is the term applied in healthcare to describe the integration of services across hospital and community boundaries. It is widely accepted that vertical integration has the potential to provide significant patient care whilst making economic sense. This separation of provider services from the commissioning arm of PCTs is designed to ensure that each part of the organisation will be able to focus exclusively on its core business.

35. At its meeting on 16 June 2010, the External Services Scrutiny Committee was advised that the internal separation of the commissioning and provider functions had taken place 18 months previously and was working well. It was noted that the external separation would need to be managed carefully to ensure that Residents were aware that there would not be a reduction in services or a change in access points (unless the commissioners decommissioned the service).

36. CNWL is the successful NHS organisation chosen from those short-listed as it is perceived that CNWL will bring benefits centred around improving outcomes and quality, the ease of service integration, clinical sustainability, financial stability and whole system fit.

37. The Joint Integration Commission (JIC) was in place to oversee the integration and ensure that patients received the best quality and outcomes and that tax payers received the best value for money. Membership of the JIC included NHS Hillingdon, HCH, CNWL, HCH Staff Side, LINks, GPs (Practice-based Commissioning (PbC)) and the Council.

38. Members were advised that the proposals would be the subject of a communications and engagement plan which would be considered by the staff and would be the subject of weekly written briefings, face-to-face meetings and posted on the Intranet. Engagement was also undertaken with PbC/GPs, the LINk (and other patient/public groups) as well as the Council.

39. The next step of the process is to produce a due diligence report and an integrated business plan. These will then need to be approved by the Cooperation and Competition Panel (CCP), Monitor, Hillingdon PCT and CNWL's Board and then full approval will then be given by the NHS London Board. The due diligence process requires that key criteria be met, such as improved pathways to the community. These criteria have been borne in mind throughout the whole process to date. The due diligence process will culminate in the production of one report which will include background information (reports on accounts, estates, clinical service, etc) and will illustrate that the proposal to appoint CNWL is appropriate. This information will be checked by Monitor.

40. It is anticipated that the transfer will take place on 1 April 2011 at the latest (although January 2011 is preferred). Following the completion of the transfer, Hillingdon PCT will take on a contract management role with regard to the provider services in Hillingdon.

Witnesses

41. Representatives of the health service providers in the Borough will be attending and are likely to include:

- Maura St George: Clinical Service Lead for End of Life, Hillingdon PCT
- Freda O'Driscoll: Head of Children's Therapies, Hillingdon PCT
- Hannah Kaur: Senior Nurse Specialist (TB), Hillingdon PCT
- Alan Taylor: Clinical Lead for Specialist Community Dental Service, Hillingdon PCT
- Jill Dady: MSK Clinical Lead (physiotherapy services), Hillingdon PCT

- Maria O'Brien: Managing Director, Provider Services, Hillingdon PCT
- John Vaughan: Director of Strategic Planning and Partnerships, Central & North West London NHS Foundation Trust

SUGGESTED SCRUTINY ACTIVITY

Members to question representatives from the Hillingdon PCT, Central & North West London NHS Foundation Trust and Hillingdon Hospital on the developments to provider services and decide whether to take any further action.

BACKGROUND REPORTS

Hillingdon Community Specialist Palliative Care Team – Annual Review April 2009/ March 2010

SUGGESTED KEY QUESTIONS/LINES OF ENQUIRY

End of Life Care

1. During 2009/2010, 74% of the Community Team's patients died in their Preferred Place of Care – how does this compare to other areas and what action is being taken to increase this figure?
2. How has the withdrawal of the 10 enhanced care beds at the Northwood and Pinner Community Unit impacted on the service provided?
3. How long will the funding provided by Macmillan Cancer Relief be available for the care home project? Are there any plans to extend this project?

Children's Speech and Language Therapy

1. Does the number of therapists in Hillingdon currently meet the demand for the service?

Tuberculosis

1. What action is being taken to reduce the number of TB diagnoses in Hillingdon?
2. Is there any publicity or education planned in a bid to reduce the number of TB cases?

Community Dental Services

1. What are the current waiting times for community dentistry services?
2. What were the access levels in 2009/2010 (the target was 72%)?
3. What action has been taken to address concerns raised about a two tier approach used by some NHS dentists?
4. Are there currently any areas of Hillingdon where demand for NHS dental services outstrips supply? Are there any areas where supply outstrips demand?
5. How is the PCT working to promote oral good health e.g. through health promotion activities, working with partners?
6. How is the PCT proposing to allocate funding for dentistry since the three year ring fencing ended in March 2009? Has the level of funding for NHS dental services increased or decreased since March 2009?

Physiotherapy

1. What are the current patient waiting times and have these been reduced since July 2009?
2. What progress has been made with regard to the introduction of Saturday clinics and an additional site?
3. Are physiotherapists continuing to deal with referral for chronic obstructive diseases (as a result of having no pulmonary nurses in the Borough)? If so, how does this impact on their workload?

Vertical integration

1. What was learnt from (and what actions were taken as a result of) the consultation with staff on the communications and engagement plan?
2. What progress has been made with regard to the due diligence process?
3. Have services been affected by the proposed changes?