

## Proposed changes to gynaecology ultrasound services for Lambeth patients May 2018

### 1. What change are we proposing?

NHS Lambeth CCG is considering whether we should decommission a community-based gynaecology ultrasound service at the end of the current contract, which expires at the end of September 2018. After this time, patients would continue to have access to gynaecology ultrasound services at local hospitals or other providers of their choice that are part of the NHS choice agreement. The current service is for non-obstetric patients who are directly referred by their GP. This is not a service for pregnant women, or for people with symptoms requiring urgent referral, where there are different arrangements. We attempted to secure a future community-based service but were unsuccessful in appointing a provider following an extensive procurement process that concluded in late 2017.

We are currently considering two options:

1. To cease commissioning community-based direct access, non-obstetric gynaecology ultrasound services with the expiry of the current community contract. Services would continue to be provided by acute providers.
2. To re-run the procurement for a community-based service, using the same service specification and with greater market engagement.

**Our recommended option is option 1** –to decommission community-based services from October 2018. This decision will be considered by the CCG Governing Body (GB) in July 2018.

The current provider of the community service is Clapham Specialist Provider Medical Services. The current service operates from two sites: one in Clapham and one in Streatham, covering the three localities in Lambeth.

### 2. Why are we proposing this change?

There are several reasons:

- We have attempted to recommission the community ultrasound service but we have been unsuccessful in securing a provider to meet the specification
- The current service does not demonstrate better or worse outcomes than other forms of access to ultrasound
- The service has been convenient for patients but it is not a high priority against key strategic objectives for the CCG

We are in early discussions about further changes to gynaecology services which

may create more of a 'one-stop' approach to investigation and diagnosis for patients. This might make a stand alone-ultrasound service less desirable and beneficial for patients.

NHS Lambeth CCG initially commissioned a community gynaecological ultrasound service in April 2012 for three years. The contract was extended in April 2016 to enable the CCG to look at potential future service developments and procurement requirements. Procurement started in October 2016 for a new community service to commence on 1st April 2018.

The aim was to develop a new service specification and to procure the service via a competitive tender process. The specification was for a Lambeth-wide, community based, direct access, non-urgent and non-obstetric gynaecology ultrasound service for patients 18 years and over, who are registered with a Lambeth GP.

The new service specification varied from the current specification in a number of areas, mainly related to:

- improved geographic distribution of locations to provide equitable access to the service
- strengthening links with radiology and the sharing of images
- supporting the use of diagnostics as part of an overall pathway

Following conclusion of the procurement process in November 2017, the CCG's Governing Body agreed with the recommendation of the evaluation panel and took the decision not to award a contract to any of the applicant organisations.

The rationale for this decision was that:

- Based on the written submission and interview process, there was not sufficient assurance or confidence that the highest scoring or any other tenderer would be able to deliver the service as defined in the service specification.
- The evaluation raised reservations that the panel did not feel could be resolved with the best scoring tenderer before contract award. These reservations were particularly related to safeguarding, information governance and aspects of clinical quality. There were also concerns around mobilisation, particularly related to equipment being used, and some concerns around the level of clinical leadership.

The existing contract was extended until the end of September 2018 to enable a decision regarding the future commissioning of the service to be made. The CCG's Governing Body has considered both options in detail and is mindful that:

- 1) re-running the procurement process
  - a) would require considerable resources and may impact other CCG projects and delivery of financial recovery requirements

- b) may not, even with greater market engagement, secure interest from a suitably qualified provider that can deliver the specification
- 2) decommissioning a community-based service risks service user and GP dissatisfaction, given that the current service achieves good feedback and is well used

### **3. What do these proposals mean for Lambeth patients?**

#### **Who will be affected**

The changes will affect Lambeth women aged 18+ requiring non-urgent ultrasound scanning for gynaecological symptoms. This would not include women who require obstetric ultrasound scanning or women who require urgent ultrasound scans.

Women from different areas of Lambeth have had the option to have their scan in a community setting or in a hospital. For some the choice has been influenced by length of wait, while for others it has related to ease of journey, for some from work and for others from home. It is not simply about the location of the service and the proximity of the service to home and so the potential withdrawal of a community-based service from two locations in the south of the borough is likely to affect women from all parts of Lambeth. Women will continue to be able to choose any of the available sites for their ultrasound scans.

The community service scanned an average of 328 patients per month in 2017/18 with 3941 scans over the year.

Providers offering direct access non-urgent, non-obstetric gynaecology ultrasound services are required to provide a safe, high quality, accessible and responsive service to women from all backgrounds, regardless of setting. This includes provision of suitable support, for example, interpreting services, chaperones and provision of information in accessible formats. The options being considered by the CCG do not change this requirement. We have not identified any particular groups with protected characteristics who would be disproportionately affected by this change.

#### **Getting a referral**

Patients' route of access to appointments will remain unchanged, regardless of the decision on whether to recommission a community service, since this is by referral from their GP to the provider. GPs will continue to use the existing referral system to refer their patients, and appointments for scans at local hospitals will be offered via the established appointment centres.

Waiting times are currently longer in hospital than with the current community service. However, referrals into this service are for non-urgent, non-obstetric gynaecological conditions and so a potentially longer wait does not imply increased clinical risk to patients. GPs use established routes to expedite women who present with symptoms requiring a two-week (cancer) referral-to-appointment time, and pregnant women are not seen within this service. Patients requiring a 2 week wait are referred direct to hospital and do not use the community service.

Current waits in the local hospitals are 3-4 weeks for a routine ultrasound and hospitals are required to meet the maximum 6 weeks wait diagnostic targets.

### **Location of ultrasound services**

If the service is re-procured and the contract awarded, the service will continue to be provided in community settings.

If a community-based service is decommissioned, gynaecology ultrasound services will no longer be available at the two current community sites in Lambeth (Streatham and Clapham) and patients will attend local hospitals for their scans. Women will be able to choose between GSTT and King's College Hospital sites, both of which are served well by public transport for Lambeth patients. Alternatively, patients may choose referral to other local hospitals.

### **Appointment times available to patients**

Patients will be able to attend local hospitals (or a hospital of their choice under the NHS Choice framework) for their scans if a community-based service is decommissioned. There will be some variation in times for appointments, compared with existing community provision, but there will continue to be good access spread across the week, with appointments available 8am-6pm Monday to Friday and on Saturday mornings at either GSTT or King's College Hospital.

Current opening hours of the community service are:

- Tuesday 8am - 8pm in Streatham and 9am – 5pm in Clapham
- Wednesday 12pm - 8pm in Clapham
- Saturday 9am – 7pm in Streatham and 9am – 1pm in Clapham

Opening times for hospital direct access services are:

- GSTT: 9am - 5pm Monday to Friday with evenings and weekends as required
- KCH: 8am - 6pm Monday and Friday and 8am-1pm Saturday

Patients may also choose to be referred to other local hospitals.

The vast majority of patients only use the service once – this is not a service that requires continuity of care or multiple appointments.

#### **4. When will we make a decision?**

We are further exploring the two options with a view to enabling our Governing Body to consider all of the relevant information and impact and to make a decision at its meeting in public on 4 July 2018.

If the option to decommission the service be agreed, the current service would be demobilised by the end of September 2018.

#### **5. Involving people – the story so far and how you can help**

Development of the service specification and the procurement process was informed by patient feedback and engagement with patients and patient representatives. This included:

- analysis of patient feedback and patient experience from providers of acute and community-based commissioned services
- direct patient engagement to inform the model and specification for the service procurement. This included face to face interviews with patients using both acute and community-based ultrasound
- representation by Healthwatch Lambeth on our procurement evaluation panel and ensuring that we fed back to Healthwatch Lambeth on the decision not to award the contract; Healthwatch is an independent organisation that collects views about health and care services and shares these with decision-makers

To inform the CCG decision in July we are involving people by:

- a) sharing options under consideration for the provision of non-urgent, non-obstetric gynaecology ultrasound service for women in Lambeth, including the CCG's preferred option and
- b) seeking people's views on the options we are considering, whether we have fully considered the potential implications, and whether there are any options we have not considered

During May and June 2018 we are sharing information on our website and offering briefings to Healthwatch Lambeth and Lambeth Patient Participation Group Network and local councillors who have a responsibility to scrutinise health services in Lambeth. Healthwatch Lambeth will be helping to collect views and feedback on our proposals through their networks, and we are also offering people an easy way to feed in their comments online. In addition to this, we are encouraging CCG

members and Lambeth GP practices to use their locality lead system to channel feedback to their CCG Governing Body member representatives.

**The options we are considering are:**

1. To cease commissioning community-based direct access, non-obstetric gynaecology ultrasound services with the expiry of the current community contract. Services would continue to be provided by acute providers.
2. To re-run the procurement for a community-based service, using the same service specification and with greater market engagement.

**The questions we would like you to think about are:**

- What are the potential implications for Lambeth patients of each option?
- Are there any specific implications of Option 1 or Option 2 for particular groups of patients?
- Are there any actions that might increase potential benefits or reduce potential negative impacts of the options we are considering?
- Are there any further options that the CCG has not considered?

**How to let us know your views**

If you would like to let us know your views, please do so by 17 June:

- fill in a short [online survey](#)
- email us [lamccg.getinvolved@nhs.net](mailto:lamccg.getinvolved@nhs.net)