

Overview & Scrutiny Committee

Monday 15 October 2018

7.00 pm

Ground Floor Meeting Room G01A - 160 Tooley Street, London SE1
2QH

Supplemental Agenda

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Overview & Scrutiny Committee

MINUTES of the OPEN section of the Overview & Scrutiny Committee held on Monday 3 September 2018 at 7.30 pm at Ground Floor Meeting Room G01A - 160 Tooley Street, London SE1 2QH

PRESENT: Councillor Bill Williams (Chair)
 Councillor Maria Linforth-Hall
 Councillor Humaira Ali
 Councillor Peter Babudu
 Councillor Victor Chamberlain
 Councillor Helen Dennis
 Councillor Tom Flynn
 Councillor Jon Hartley
 Councillor Alice Macdonald

OTHER MEMBERS PRESENT: Councillor Sunny Lambe
 Councillor Ian Wingfield

OFFICER SUPPORT: Shelley Burke – Head of Overview & Scrutiny
 Norman Coombe - Head of Corporate Team
 Stephen Douglass - Director of Communities
 Julie Timbrell – Scrutiny Project Manager
 Fitzroy Williams – Scrutiny Team

1. APOLOGIES

- 1.1 Apologies for absence were received from Councillors Margy Newens and Jason Ochere and co-opted members Martin Brecknell and Lynette Murphy-O'Dwyer

1. NOTIFICATION OF ANY ITEMS OF BUSINESS WHICH THE CHAIR DEEMS URGENT

- 2.1 There were none

3. DISCLOSURE OF INTERESTS AND DISPENSATIONS

- 3.1 There were no disclosures of interests or dispensations.

4. MINUTES

The minutes of the committee's meeting on 25th July 2018 were approved

5. KNIFE CRIME REVIEW REPORT

Councillor Jasmine Ali, cabinet member for children, school and adult care, attended the committee to present this report, which she had led on in her former role as a scrutiny chair. Councillor Evelyn Akoto, cabinet member for community safety and public health was present to discuss the report's findings.

The committee accepted the report and suggested that in its discussions and work on knife crime, the council should consider its root causes, and specifically the link with gang activity and domestic violence. How can the council's existing infrastructure be used better to reduce knife crime? What data does the council have on school exclusions and their link to knife crime? How can the council work with young people who have fallen out of the system and are not visible? Could the council invite Karyn McCluskey (chief executive of Community Justice Scotland) to take practical learning from the public health approach in Glasgow? A member asked Cllr Ali which recommendation she considered most important – she picked out the recommendation for a single point of accountability. Several members felt it was important for the council to reflect on its work on knife crime – what's going well and what could be better?

Councillor Akoto thanked the committee and welcomed the report. She was conscious of the complexity of the issue with poverty one of the biggest drivers. The answer is not top down. She would be attempting to gather together all the groups who are responding to knife crime. A member asked her whether there were other topics scrutiny could look at which would assist this work – Cllr Akoto suggested school exclusions.

6. EHCP MINI REVIEW REPORT

The committee accepted the report and agreed to review in 6 months' time

7. WORK PLAN

The chair and vice-chair agreed to work together on the committee's programme – to include a further session on knife crime, ECHPs, interviewing the Borough Commander, the review of scrutiny arrangements, sexual health clinics, domestic violence

Meeting ended at 9.53 pm

CHAIR:

DATED:

Item No. 6	Classification: Open	Date: 15 October 2018	Overview & Scrutiny Committee
Report title:		Briefing on Changes to Sexual Health Clinic Opening Hours	
Ward(s) or groups affected:		All	
From:		Kirsten Watters, Consultant in Public Health	

RECOMMENDATION(S)

Notes changes introduced by Kings College Hospital NHS Foundation Trust (KCH) Sexual Health Services to opening hours, and that Guys and St Thomas NHS Foundation Trust (GSTT) have piloted changes in opening hours at Walworth Road clinic and that and substantive changes are subject to evaluation of this pilot.

BACKGROUND INFORMATION

Providers are able to propose and implement changes to their opening hours and other operational aspects to ensure the most effective delivery of their services.

Over 2017, KCH introduced a number of changes to its service model. This was in response the introduction of the Integrated Sexual Health Tariff and shift of asymptomatic patients online which resulted in a significant reduction in income for KCH. Between 2016/17 and 2018/19, income reduced by 42% and 6 WTE vacant nursing posts were deleted from the establishment. While income reduction initiated these changes they were also influenced by increasing provision of online sexual health testing which aims to shift asymptomatic patients out of clinic.

KEY ISSUES FOR CONSIDERATION

Kings College Hospital

The changes introduced by KCH are detailed below.

Increased STI testing online

In line with the rest of London, KCH have moved more clinical activity into online testing services through SH:24 and from 1 July 2018 to Sexual Health London (SHL, the London sexual health e-service). The majority of asymptomatic testing is now done via SHL. Shifting asymptomatic patients online increases clinical capacity for patients requiring face to face clinical assessment.

Click and collect service

KCH have introduced a click and collect service for STI testing kits for patients without access to the internet, or who do not want to receive their testing kit at home. This means people can attend the centre, order a kit through their smartphone and pick it up at the clinic. Client support workers are available in clinic to assist patients.

Improved triage and more appointments

KCH have established new triage processes to ensure symptomatic patients requiring direct clinical assessment are booked into appointment slots and have increased the number of bookable appointments. Patient feedback to the clinic strongly indicated a preference for an increase in the availability of bookable appointments, particularly during the morning.

Virtual clinics

KCH are piloting a number of virtual clinics available outside clinic opening hours. These will incorporate telephone consultations and assessment, STI testing and contraception provision which can be ordered online or accessed via a booked appointment.

Changes to walk-in clinic hours

From 14 May 2018, KCH reduced in the number of hours the Camberwell clinic was open by 30% from 49.5 hours a week to 30 hours a week. This has enabled KCH to utilise all clinic rooms and clinical staff at the same time (rather than thinly spreading a reduced workforce over the previous longer opening hours). It ensured the most equitable access for when patients attend. This reduction in opening hours has been supported by the increased availability of appointments, and appointment clinics now run alongside the walk-in clinic all day. As a result, KCH waiting times for long acting reversible contraception have reduced from 4-6 weeks to same day insertion.

Guys and St Thomas' Trust

The changes introduced by GSTT are detailed below.

Walworth Road Clinic

Over a six week period commencing 25 June 2018, Walworth Road piloted shortening their opening times by one hour to 8:30am-5:30pm every day (with the exception of Wednesday) and condensing activity into two clinics. At the end of the six week period, the clinic reverted to standard opening hours.

The trial aimed to:

- Concentrate staff over two clinic sessions and increase the number of patients seen.
- Increase staff productivity and opportunities for training.
- Shorten waiting times and improve patient satisfaction.

Patient and staff surveys were used to capture the information over the six week trial. GSTT are currently analysing productivity and staff and service user feedback from the trial, and will advise commissioners of their intention to amend or keep their opening hours in line with these analyses.

Burrell Street Clinic

Burrell Street has started a 12 week trial from 3 September to 23 November 2018 which will provide appointments alongside the first clinic session of the day (for walk in patients). The aim of the trial is to:

- Improve access.
- Improve patient experience.
- Reduce the need to queue before the clinic opens.
- Reduce the number of walkouts and associated re-attendances.

There are no changes to opening hours.

Implications**KCH**

The impacts of the changes detailed above have been evaluated by KCH and also through two surveys of patient access across Southwark, Lambeth and Lewisham.

Since launching the new opening clinic activity has increased by 40% although this was from a low baseline. Concurrent online activity has also increased from 600 patients a month in July 2017 to 1,041 a month in August 2018. Through their service redesign, more efficient utilisation of clinical staff and continued shifting of patients online KCH have managed a 42% reduction in income. Overall KCH estimate that the reduction in activity is 11%.

The reduction in opening hours facilitated increased availability of appointments, with appointment clinics now running alongside the walk-in clinic all day. As a direct result of these changes, KCH waiting times for long acting reversible contraception (LARC) have reduced from 4-6 weeks to same day insertion. Access to LARC is a key indicator of reproductive health.

GSTT

No data from either pilot is available yet. GSTT will work with commissioners and stakeholders in implementing and communicating any changes which may arise from the pilots.

Community impact statement

These changes have been proposed and implemented by the NHS Trusts independently, as they are able to do to effectively manage their services to continue to meet demand.

All changes introduced by Kings College Hospital at the Camberwell clinic were subject to patient and public consultation and engagement.

The piloted changes at GSTT clinics include patient feedback and are being analysed at present.

A recent survey measuring demand for sexual health services in Lambeth, Southwark and Lewisham revealed that there were no statistical differences between the protected characteristics measured (ethnicity, age, gender, sexuality) in whether people were able to access sexual health services or not. Surveys will continue to be undertaken to understand ongoing demand for sexual health services. Lambeth, Southwark and Lewisham is the only area in the country undertaking this work.

Resource implications

Not applicable.

Legal/Financial implications

Not applicable.

Consultation

KCH consulted with service users prior to implemented the changes detailed above. The response rate has a proportionate representation of black and minority ethnic groups. Women were over represented in the consultation, reflecting the usage of integrated sexual health services.

GSTT are consulting with service users and staff as part of their pilots at Walworth Road and Burrell Street.

Author

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END

