

## Nottingham NHS Treatment Centre – An Update

### Background

The Treatment Centre opened on 28 July 2008. It is sited on the Queens Medical Centre site of Nottingham University Hospitals (NUH) and run by Nations Healthcare. The total contract annual value is approximately £40M. The Project Agreement (PA) was signed by 7 sponsor PCTs in the East Midlands in 2005 and runs for five years from 28 July 2008.

The Treatment Centre is staffed by clinical staff seconded from NUH under a secondment agreement called the Staff Services Agreement (SSA). In addition to the clinical staff being seconded to Nations a number of other support services such as diagnostics including imaging and pathology, physiotherapy and facilities support e.g. sterile services, administration and potting will be provided by NUH staff under a service level agreement (SLA) arrangement between Nations and NUH.

The Project Agreement requires an NHS Representative to exercise the functions and powers of the sponsors. The NHS Representative is Andrew Kenworthy; the Chief Executive of Nottingham City PCT. Nottingham City PCT is the host PCTs and is currently advertising for a contract manager to manage the PA on a day to day basis. Dr Trevor Mills, the Medical Director at the PCT, will act as Clinical Guardian to the contract to assure the quality of care.

### Facility

The Treatment Centre is a new facility which is easily accessible and has a number of car parking spaces available for patients. Internally the building is arranged around a central atrium with the specialty areas having separate reception areas around this. There is also a café facility for patients

### Services

The mix of specialties and procedures (the case mix) has been agreed with Nations and NUH and is based on the 2006/07 outturn level of activity seen at QMC. In total, patients in 13 specialties will be seen at the Treatment Centre. The specialties transferring from NUH are Cardiology, Respiratory Medicine, Diabetes, Rheumatology, Dermatology, Orthopaedics – General and Hand, Gynaecology, Colorectal Surgery, Vascular Surgery, Hepatobiliary Surgery, Gastroenterology, Pain Management and Oral Surgery.

The transfer of the services relating to each of the specialties is taking place in a phased manner to ensure a smooth transfer from NUH to the Treatment Centre with the minimum of disruption to patients and is being widely publicised to both patients and GPs in advance of each new service opening at the Treatment Centre.

Most clinical services are moving from NUH to Nations over the next 6 months:

Service	Date
Day Case surgery	28 July 08
Dermatology	28 July 08
Digestive Diseases (Colorectal, Gastroenterology and Hepatobiliary Surgery)	22 September 08
Respiratory Medicine, Vascular	27 October 08

Surgery and Cardiology	
Orthopaedics (General & Hand) and Gynaecology	1 December 08
Diabetes and Rheumatology	August 2009

### **Finance**

The contract is a minimum take contract, which means that the contract guarantees a payment to Nations based on the expected casemix profiled to take account of the number of working days per month. The total contract value is £209M over 5 contract years from July 2008.

### **Quality**

Nations Healthcare has a Clinical Governance & Risk Management Committee that reports to its Executive Board and Integrated Governance Committee. Its clinical and non clinical policies and procedures have been assessed by the Department of Health and by the Healthcare Commission as part of the mobilisation process.

The PA has a series of Key Performance Indicators (KPIs) which form the basis of the performance management arrangements and include cancellations, unexpected returns to theatre, day case overnight stays, undesirable clinical outcomes, complaints and reportable incidents.

### **Governance arrangements**

The sponsor PCTs meet as Contract Management Board (CMB). The CMB has delegated authority from each PCT. Its main functions are to:

- fulfil the obligations of sponsor PCTs set out in the Project Agreement
- assist the NHS Representative with performance managing the service
- monitor take up against commitments and develop turn-around plans when required
- review the results of Joint Service Reviews with the provider
- agree changes to the contract
- manage the brokerage policy between PCTs

CMB is chaired by the NHS Representative and has representatives from each of the sponsor PCTs plus representatives from the Central Contract Monitoring Unit at the Department of Health and the Strategic Health Authority.

### **Performance Management**

Schedule 6 of the Project Agreement outlines the performance management regime and the role of the quarterly Joint Service Review (JSR). This is a formal body for assessing and managing performance, with membership from sponsor PCTs and the provider with the casting vote held by the NHS Representative. Because the patient pathways for services in the TC are shared with NUH, it has been agreed that the JSR will be in two parts – the first part will be between Nations Healthcare and sponsor PCTs and will review the performance of the contract. and the second part will include NUH and consider joint issues.

The Project Agreement outlines the performance management process in detail. A Joint Service Investigation (JSI) can be called by the JSR if there is concern over performance. A JSI is an investigation carried out when a Service Anomaly has been established. A Service Anomaly is defined as occurring when a performance indicator figure fails to meet a performance threshold.

In addition to service anomalies revealed by performance indicators, the Provider has a general duty to keep Sponsor PCTs informed, particularly in the event of a significant incident.

**Progress to date**

In its first 5 weeks, the TC treated over 800 day cases, over 1,000 first outpatients and over 2,500 follow up outpatients. Patient feedback has been generally good with over 90% of patients surveyed saying they would recommend the Treatment Centre to family and friends.

There have been capacity problems in Dermatology in the first few weeks which resulted potential cancer patients waiting over two weeks to be seen in outpatient clinics. Additional capacity was found in the TC and in other providers and these patients have now been seen and received their diagnosis. The TC is committed to ensuring that all of these patients are treated within the national treatment times.

There have also been concerns from GPs that there have been no slots on Choose and Book and they have been unable to give patients appointments. Nations have now resolved this by making more slots available.

Nations has commissioned its own internal root cause analysis into the capacity problems and PCTs have also composed an external Sponsor Inspection Report to ensure that the capacity problems have been resolved and lessons learned for future migrations.

On the 22 September 2008 Digestive diseases service transferred from Nottingham University Hospitals to Nations. To date the only issue with this was a technical issue relating to appointments on Choose & Book which has now been resolved.