East Kent Hospitals University NHS
NHS Foundation Trust

EKHUFT Clinical Strategy

Case for Change

Putting patients first

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Introduction Engagement Phase

- We can not guarantee that everything will stay the same forever
- We have had a number of suggestions for change that have resulted from our discussions so far. This stage of our engagement with stakeholders is to test the validity of those ideas
- We recognise that some of the ideas are more achievable than others
- This presentation shows what the options might look like and how you can help shape them

Background

- Improving outcomes for patients and meeting improving standards are the main driver
- Every NHS Trust in the country is expected to plan services to make them sustainable, drive efficiency and deliver high quality care.
- So our current focus is on areas that we know we need to change and improve:
  - Emergency care (across all specialties)
  - Planned Care
  - Outpatients care
  - Trauma care

Key principles

- Continue to provide emergency medical services from all three acute sites WHH, K&C and QEQM. This will require on site general surgical support.
- Continue to provide in-patient services for gynaecology and paediatrics from WHH and QEQM
- Continue to provide in-patient care of the elderly services from WHH, K&C and QEQM.
- Continue to provide in-patient fractured neck of femur and non complex trauma services from WHH and QEQM
- Take into account the recommendations from the Royal Colleges, particularly the Royal College of Surgeons

Case for Change – Increasing short stay care

- We recognise that patients spend considerable time within hospital, waiting for care. This time could be better spent if care were provided in other ways:
  - Day care
  - Ambulatory care
  - Short stay admissions

So, what would the solution look like?

- We need to treat 70% of all unexpected admissions as “short-stay” or be discharged within one day
- This care would utilise both hospital and community facilities
- We are exploring new and innovative ways to use technology to deliver medical services
- We are looking at different ways of treating over 40 clinical pathways

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Outpatients - What do we want to change and improve?

- Many of our outpatient facilities are sub-standard and do not support new types of care, leading to patients having to visit multiple sites for assessment and treatment

- We currently deliver outpatient services from 22 sites across east Kent

So, what might the solution look like?

- Provide services across 6 sites and ensure that over 90% of patients can access outpatient services within 20 minutes travel time
  - 3 acute sites WHH, QEQM & K&C providing all the diagnostic and treatment facilities required
  - 3 community sites including Dover, Folkestone and another on the north coast
  - Improve diagnostic and treatment facilities that will allow for a “one stop” approach.
- Maximise use of the clinics, providing early morning and early evening clinics as well as possible clinics on a Saturday morning, which will better meet the needs of our population.

Current plans

- We plan to rebuild the facilities at Dover to provide up to date modern clinics with a pharmacy, and café
- We plan to, over the next few years, improve our other 5 out patient facilities
- We are already improving our appointment systems
- We want to try the new technology available that will allow us to communicate with GPs and patients directly saving an appointment for a hospital visit

Outpatients – Next steps – what do you think?

- We will want to discuss this more widely with the public to make sure that we get this right
- We will have to discuss this with staff groups who will potentially be asked to work differently
- We will have to link this with other planned changes to ensure that there is the best use of professional staff time.

Impact

Implementing the Trust's six site Outpatient Strategy will increase the percentage of patients seen locally within 20 minutes travel time, by 21%.

Geographical Area	Now	Six sites
Ashford	80%	93%
Canterbury	70%	87%
Dover	43%	71%
Folkestone	65%	79%
North Kent Coast	72%	84%
Thanet	82%	97%
Overall	**72%**	**93%**

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Emergency Paediatrics – what are we going to improve?

- We want to prevent children having to wait unnecessarily in an Emergency department (ED)
- If they do arrive in the ED, we want to make sure that they are seen in a child-friendly environment with an assessment by children trained nurses and doctors
- We need children seen rapidly as their conditions can change quickly
- We need fast expert decisions especially at peak times of the day.

Emergency Paediatrics

So, what might it look like?

- “GP hotline to consultant” will reduce those attending the hospital and direct those that need to be seen to the right place.
- Create a dedicated Children’s Emergency area as part of the ED, with supporting specialised nursing and medical staff
- Paediatric doctors (Consultants & middle grades) and nurses to be allocated to the ED, during peak activity hours

Emergency Paediatrics – Next steps – what do you think ?

- "GP hotline to consultant" - we want to launch this as soon as we can
- Create a dedicated Children's Emergency area as part of the Emergency Department – there are draft plans already for WHH and QEQM soon to follow
- We will need to recruit specialised nursing and medical staff

Emergency Gynaecology

Current Model

- Many women regularly attend the ED and then are referred to Gynaecological team to be seen in the early pregnancy service next day
- There are early pregnancy clinics on 3 sites, WHH, QEQM & K&C
- If women attend the ED, they may have to wait a long time because the doctors are responsible for providing cover to the Maternity (labour ward), and Gynaecology services

Emergency Gynaecology

So, what might it look like?

- The aim is for women to avoid the ED altogether, except for out of hours and if clinically unstable
- By providing a combined early pregnancy /emergency gynaecology service during core activity hours at WHH & QEQM seven days a week.
- Maintain the early pregnancy service at K&C

Emergency Gynaecology – what next?

- We have a plan to extend the current emergency gynaecology service at QEQM and launch a new service at WHH
- We will need to set up a long term training plan for doctors/midwives & nurses to have the scanning and assessment skills to run this service

Case for Change – Emergency Medicine

- Patients need to see expert doctors and nurses as soon as possible
- Many patients can be referred direct to the Clinical Decisions Unit (CDU) managed by Acute Physicians
- In the ED we have difficulties recruiting consultants and middle grade doctors
- The Emergency Care Intensive Support Team (ECIST) have stated we need to provide a consultant led service for 16 hours each day at both WHH and QEQM, with strong clinical leadership

Emergency Medicine

What might it look like at WHH and QEQMH?

- 7 day a week 16 hour Emergency Department consultant-led service between 8am and midnight
- Development of the CDU to emulate the Emergency Care Centre model
- Additional Consultants will be recruited to the Trust and rotated between WHH & QEQM
- Nurse Consultants will provide additional support to the clinical teams

Emergency Medicine

What it might look like at K&C?

- Enhancement to current service
- Further extension of GP service (Integrated Urgent Care Centre)
- Maintenance of ECC model with Acute Physicians

Improvements

- The suggested improvements for emergency paediatrics, emergency gynaecology and emergency medicine would not be materially affected by the preferred surgical solution.
- The suggested improvements for Emergency Medicine is supported by the Royal College of Emergency Medicine and it is believed it will address the recruitment issues

Case for Change – Major Trauma

- Evidence shows that survival rates and patient recovery for patients suffering major trauma are improved, if patients receive immediate treatment and transport to a specialist centre
- Kent and Medway Trauma network have identified three possible trauma unit sites, Medway, Pembury and WHH and two Trauma centres on London and Brighton

So, what might the solution look like?

- Trauma patients with multiple injuries will go to one site in East Kent or direct to the Major Trauma Centre at Kings in London
- We need to consider the provision of major trauma in our clinical strategy and it will need to be provided from a site with a trauma team

Case for Change - Surgery

- The increase in subspecialisation means we can no longer recruit general surgeons and medical work force implications, eg, breast surgeons and vascular surgeons
- Junior doctors should not be unsupervised when making major decisions in emergency pathways
- With small teams of general surgeons at two sites, a consultant is not always available in an emergency and causes delays for patients

Emergency surgery

Current Model

- General Surgery emergency services are delivered from two acute sites (WHH and QEQM)
- An Emergency Care Centre operates from K&C with surgical support from the vascular team

So, what might the solution look like?

- Ensure that consultants lead the decision-making process
- Ensure consultants deliver high-risk emergency surgery
- Have dedicated general surgery teams without conflicting duties

Location definitions

- "HUB"
  - Centre for high risk colorectal and general surgical cases. One team of general surgeons available every day and night with consultant led decision making and involvement in all complex cases
- "SPOKE"
  - Consultants on site Monday – Friday during normal working hours
  - Weekends and out of hours general surgical advice would be provided by resident middle grade doctors

Suggested location options

- **Option 1**
  - Hub WHH – 1 spoke at QEQM; assumes K&C remains largely unchanged
- **Option 2**
  - Hub at K&C – 2 spokes; WHH and QEQM
- **Option 3**
  - Hub QEQM & WHH (continue as now but increase workforce to meet improved professional standards and service improvements)

Option 1 (WHH hub)

Advantages	Disadvantages
•Single consultant rota •Aligns with Women's and Children's service provision •All specialist knowledge in one place providing a centre of excellence •Co-aligns with an emergency trauma service	•Travel times from North Kent will be longer for a number of patients •Will need to provide 2 other middle grade surgical rotas to support the unselected medical take at QEQM & K&C •Capital investment in ITU •Doesn't resolve vascular sub specialisation issues

Option 2 K&C hub

Advantages	Disadvantages
•Centre of the Trust – geographically •Less travel time for patients from North Kent than if the hub is WHH •Co-aligns with vascular and urology surgery which facilitates workforce and training solutions	•Overall more patients will have to travel •Will need to provide 2 other middle grade surgical rotas to support the unselected medical take at QEQM & K&C •Capital investment in ITU and theatres •Does not co-align with an emergency trauma service or other surgical services •Doesn't co-align with paediatric services

Option 3 (2 hubs)

Advantages	Disadvantages
•Local service for patients •Travel times remain as now •Aligns with Women's and Children's service provision •Co-aligns with an emergency trauma service	•No specialist hub or centre of excellence •Doesn't resolve vascular sub specialisation issues •Requires 2 consultant on call rotas and the implications of workforce availability as described

Next steps

- Three month engagement process
- Test our plans with the long term commissioning plans
- Take independent advice from the Royal College of Surgeons