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Stuart Bain
Chief Executive

Clinical Strategy Update

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QEQMH Developments in the last 5 years

- £1.7m investment in New Viking Day Centre
- £7.5m investment in wards and theatres
- £2.3 investment in New Heart Centre
- £3m investment in new Endoscopy facilities
- New staff accommodation
- 45% increase in the number of consultants employed (58.99 wte to 85.51wte)
- Over 100% increase in the numbers of Drs in training (64.64 wte to 129.6 wte)
- Over 52% growth in the number of inpatients treated

- Trauma Unit update

- Clinical Strategy
  - Emergency care
  - Outpatients
  - Planned care
  - Ambulatory care

- **Trauma Unit update**

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Trauma Unit developments

- Trauma initiative stems from National Policy
- The Kent and Medway Trauma Network and South East London Kent and Medway Trauma Board have drawn up proposals for the county
- Plans are for a Trauma Unit at the WHH (and Pembury and Medway Maritime)
- Key drivers: Improving clinical care and patient outcomes
- Trauma patients with severe injuries will go to one site in East Kent or to a Trauma Centre (King's College Hospital, Brighton or Queens in Romford)

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Trauma Unit developments

Staffing implications

- Trauma Network consider we need additional consultants at WHH
- We currently have 5 A&E Consultants, so we would need more
- May also need additional nursing staff

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Trauma Unit developments

Timings

- Trauma Network were aiming for November 2012 go-live across K&M
- Fit with Clinical Strategy timescales has been raised
- Agreed slower role out in East Kent with Network
- Network to lead discussions with local partners

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Trauma Unit developments

Q - Consultation on trauma unit plans

- The Trauma Network is Chaired by Dr Rob Stewart
- Unaware of any formal consultation taking place
- Significant change in the way services are provided?
- PCTs and CCGs responsibility to consult with the public

- Trauma Unit update

- **Clinical Strategy**
  - **Emergency care**
  - **Outpatients**
  - **Planned care**
  - **Ambulatory care**

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Clinical Strategy

Key Drivers

- Royal College of Surgeons *"Emergency Surgery Standards for unscheduled surgical care"*
- Improved outcomes for patients
- Royal College requirements for Emergency Care
- Continuing the work from ECIST
- Clear Strategy for Emergency Medicine = recruitment

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Clinical Strategy

Progress to date

- The work streams:
  - **Emergency Care** ~ Models of care agreed for Medicine, Gynaecology and Paediatrics. Work being progressed around ambulatory care
  - **Trauma** ~ links with provision of Emergency Surgery and Emergency Care models
  - **Outpatients** ~ agreed future models of care and the reduction of sites from 22 to 6. Leading on Dover development
  - **Planned Care** ~ progress has slowed due to links with trauma and emergency surgery provision. Working up extended hours for surgery (23 hour) and increase in day surgery

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Clinical Strategy

The Trust proposes to continue to provide:

- Emergency medicine from three sites
- Inpatient maternity, gynaecology and paediatrics from WHH and QEQMH
- Acute inpatient care of the elderly from three sites
- Acute fractured neck of femur from WHH and QEQMH

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Clinical Strategy

Q – Implications for local communities

- Improved outcomes
- Right treatment by the right professionals at the right time
- By far the majority of services will still be available locally
- A few patients will have to travel further for this improved care

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Q – Relocation of services in to QEQMH

Already transferred:

- One-stop urology services
- Electro-physiological studies – internal cardioversion
- Bowel screening – new endoscopy suite
- Low-risk midwifery-led birthing unit (Sept)

Planned for the future:

- Linac / oncology bunker for radiotherapy
- New day surgery (current Estates Strategy)
- Inpatient wards – four bedded bays / single en-suite rooms (current Estates Strategy)

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Ambulatory Care

- Currently have 5 embedded pathways in place (DVT, pulmonary embolism, cellulitis, anaemia and TIA)
- Aiming to introduce 6 more by end of August and possibly a further 12 pathways by March 2013
- Need to ensure commissioners agree the pathways and are willing to fund them
- Also looking to improve the provision of “hot” and “cold” ambulatory care to support the future model for emergency floor

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Clinical Strategy

Outpatients

- We currently deliver from 22 sites across East Kent, which includes:
  - Trust owned sites (Acute and non-acute Hospitals)
  - Community sites (Hospitals and GP surgeries)
  - Independent sector (BMI and Spencer Wing)
  - Other Trusts

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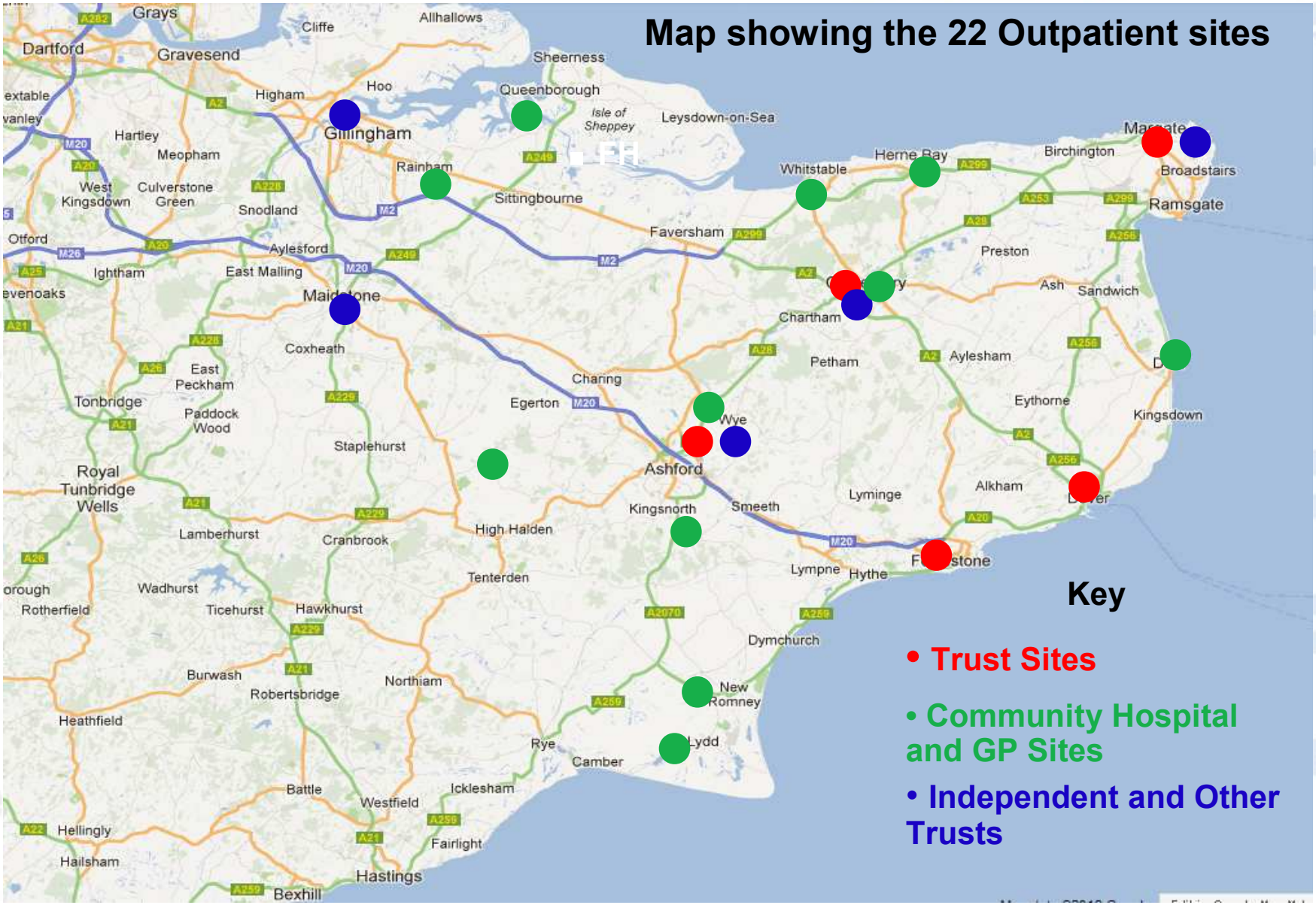
Map showing the 22 Outpatient sites



Key

- **Trust Sites**
- **Community Hospital and GP Sites**
- **Independent and Other Trusts**

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Potential services to be provided from three supporting community sites

- MIU / Walk In Centre / Urgent Care Centre
- Wide range of outpatient services
- Child Health Ambulatory Care
- Ambulatory care / Day Hospital
- Therapy services (physiotherapy and OT)
- Procedure / treatment rooms
- Pharmacy pod outlet
- Maternity ante-natal and day care services
- Radiology to support a 1 stop OPD model
- Pathology PoC testing to support a 1 stop OPD model
- Renal dialysis (Buckland)

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Outpatients

- Ensures all patients can access the outpatient services within 20 minutes
- Provides access to an increased choice of appointments
- Reducing the need for multiple visits
- Early morning and early evening as well as possible clinics on a Saturday morning
- Increased use of Tele-health and Tele-medicine
- Exploring the feasibility of including other Healthcare Professional advice into the patient journey, i.e. Pathology and Pharmacy, either directly to the G.P and/or the patient

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Clinical Strategy

Outpatients

- The Outpatient Modelling tool has shown that by implementing the Trust's six site Outpatient Strategy - will increase the percentage of patients seen locally by 21% (20 minutes travel time)

Geographical Area	Now	Six sites
Ashford	80%	93%
Canterbury	70%	87%
Dover	43%	85%
Folkestone	65%	79%
North Kent Coast	72%	84%
Thanet	82%	97%
Overall	**72%**	**93%**

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Proposed Timetable

July 12	Present proposed options to the Board of Directors Meeting
	Engaging independent support to facilitate stakeholder events
	Stakeholder engagement events to begin
	Engage independent challenge and clinical advice from Royal College
Aug	Stakeholder engagement events continue
Sept 12	Stakeholder engagement events continue
Oct 12	Produce consultation documentation
	Present update paper to the HOSC
Nov 12	Plan stakeholder consultation events
Dec 12	Sign off consultation documentation
Jan 13	Start public consultation
Mar 13	End public consultation
Apr 13	Independent analysis of consultation starts
July 13	Submit report to Trust's Board of Directors for a decision
	Submit report to CCG Boards for a decision
Aug 13	Submit report to HOSC for a decision
Sep 13	Start implementation of Clinical Strategy

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