**Kent & Canterbury Hospital (K&C) emergency transfer of acute medical services**

**Questions and Answers**

**Who is the Trust accountable to?**

The Trust Board is responsible for monitoring the Trust’s risks and on Friday, 9 June agreed to the emergency transfer of some services from K&C from 19 June. The Trust is responsible to its regulators NHS Improvement and the Care Quality Commission. We continue to work closely with our regulators and all health and social care partners on the emergency transfer of services from Kent and Canterbury Hospital on 19 June 2017.

**What have you been doing to avoid this situation happening?**

The challenges of maintaining substantive consultant cover in some services at K&C was reported to the Trust’s Board of Directors in late 2015 and has been publicly documented since December 2015 on the Trust’s risk register, which is routinely published in the Trust’s public Board papers on the Trust’s website.

The Trust has been working hard to mitigate this risk. We have done a lot of work to improve the recruitment of permanent consultants and in 2016 we made changes to the way we organise urgent care services at K&C to meet new junior doctor training requirements. This was approved by Health Education England (HEE) which has acknowledged the major efforts made by staff in the hospital to support training and understands the challenges of maintaining this support when many consultant posts are covered by locum doctors.

HEE has been consistent with the CQC and NHS Improvement’s assurances that the hospital is safe, but the withdrawal of some medical trainees means we have to change how we provide some inpatient medical services to maintain that safety.

We have advertised consistently for consultant posts within our urgent care and long-term conditions division in the year to date and continue to actively do all we can to recruit, using jobs fairs, recruitment agencies, social media and head-hunters.

We have been working very hard to recruit more doctors from the UK and overseas for some time now and will continue to do so, with regular national and international recruitment campaigns.

This is a national picture and is made more difficult in east Kent because of our relatively isolated location and because our rotas are stretched across a small number of consultants.

**Why there is a shortage of doctors?**

Today’s NHS is still set up to work the way it did 30 years ago. There have been huge medical advances since then and we treat patients very differently now, with a real emphasis on specialist teams looking after people with specific conditions such as stroke – this has led to much more effective treatment and people are living longer, with better quality of life.

This is fantastic for patients, but it also leads to situations where there simply aren’t enough doctors to work in these specialist teams across each individual site within the NHS and that puts very real pressure on our ability to provide safe services for patients.

Finding enough doctors to work at Kent & Canterbury Hospital has been difficult. There is a national shortage of these doctors, but the stretched consultant workload at Canterbury has made it difficult to both attract and retain new staff. The lengthy process of developing a long-term clinical strategy for hospital services in east Kent has added to the recruitment difficulties, due to a lack of clarity about the long-term for potential applicants. In recent months, there have been unexpected medical consultant vacancies and long-term unavoidable absences that have added to these issues.

**Why can’t you transfer consultants from other Trust hospitals?**

We have looked at the option of transferring consultants to K&C from WHH and QEQM. But there have also been medical vacancies at Ashford and Margate, which has removed the option of re-locating staff from those two sites. There are two consultant vacancies at the QEQM and eight at the William Harvey hospital.

Despite these pressures, the Trust has maintained safe services, as demonstrated by mortality rates significantly better than the national average and we are where possible sharing our resources across the sites. However, this does not make for a sustainable model going forward.

The Trust’s continued and significant improvements in patient care have been documented by the Care Quality Commission and resulted in the Trust being lifted out of quality special measures in February 2017.

***“Staff at all levels are contributing to the improvement programme and as a
result a momentum of improvement is apparent within the organisation.” -*** *Sir Mike Richards, CQC report, 21 December 2016*

**What have you tried to do in the past to meet junior doctor training requirements?**

There has not been a full A&E at Kent and Canterbury Hospital since 2005 when services at the Trust were reconfigured. The A&E then became an emergency care centre (ECC) which dealt with minor injuries and minor illnesses and also accepted some other emergency cases, but critically not general surgical emergencies.

Since 2005, the Emergency Care Centre had been seeing more and more patients as original criteria for patients attending was slowly widened– such as those with acute abdominal pain – whose healthcare needs would be better met at another site where general surgery is available. In addition, the training of junior doctors has become increasingly specialised.

In October 2015, Health Education Kent, Surrey, Sussex (HEKSS) advised the Trust that it was no longer appropriate for medical trainees without A&E training to continue to be asked to manage the broader range of medical and surgical emergencies presenting to the ECC.

To keep the medical junior doctors at the hospital, the Trust refocused on the original patient group for the ECC and implemented a new model of care supported by HEKSS and NHS England, namely a Primary Care-led Urgent Care Centre (for minor injuries and minor illnesses) and an Acute Medical Admissions Unit.

The Emergency Care Centre became the Urgent Care Centre in July 2016. This meant that patients who attend the K&C site are now ‘streamed’, so they see a GP for minor illness, a nurse for minor injuries and the hospital team via an Acute Medical Unit if the patient’s complaint is more serious.

These changes resulted in improved provision for junior doctors and an improvement in quality. However, the current difficulty in recruiting substantive consultants has led to the decision by HEE and GMC that this was not enough to maintain junior doctor rotas on site.

**How do you plan to improve consultant recruitment?**

We will continue to do everything we can to recruit permanent consultant doctors. Over recent years, we have struggled to attract and retain doctors at Kent and Canterbury Hospital due to a stretched consultant workload. By reorganising the way we staff our services, we can provide better care for patients and make consultant workloads across all three of our acute hospital sites much more attractive to applicants and in doing so regain the excellent reputation for teaching and training the Trust previously enjoyed.

We are working hard to attract people to east Kent. We hold regular national and international recruitment campaigns, place targeted adverts in publications such as the British Medical Journal, work with recruitment experts who specialise in recruiting doctors, and use targeted social media adverts. A new website for the public sector has been launched in east Kent called Take a Different View specifically selling the advantages of relocating to east Kent.

We are also looking closely at how we can make the roles more attractive to consultants, for example, by reviewing our research opportunities, relocation incentives and working patterns.

**How many consultant vacancies are there?**

At the time of writing, within internal medicine (acute and general medicine) there were 17.99 whole time equivalent vacancies across the Trust out of 78.71.

We have absolutely no plans to stop or pause consultant recruitment. The number of consultant posts available will not be reducing in light of the temporary service moves.

**Is it safe for patients to travel to another hospital?**

There has not been a full A&E at Kent and Canterbury Hospital since 2005 and the Trust has safely run emergency services for many east Kent patients from its hospitals at Ashford and Margate since then. For example, complex trauma cases and many heart attack patients across Kent are already taken straight to the William Harvey Hospital in Ashford for specialist care.

The Trust has a strong safety record, as evidenced by mortality rates significantly better than the national average.

The withdrawal of medical trainees from K&C means we have to change how we provide some inpatient medical services to maintain that safety. It would not be safe to keep services as they are now, because without these junior doctors there will not be enough doctors to treat patients and that would be unsafe.

The Trust has a duty to maintain patient safety, which is why it is making this emergency transfer of some services.

Emergency transfers of services and can only be made on a temporary basis. Any permanent changes to services would not be made without public consultation.

The Trust is working with other health and social care organisations in east Kent, its staff, and patient and carer representatives, to ensure that the changes cause as little disruption as possible. It has commissioned an independent review of its plans to provide objective assurance that the proposed plans are robust and will address the implications for patient safety on all of the sites.

**Are the changes that are being made really temporary?**

The changes to some services at Kent and Canterbury Hospital are being made because we cannot continue to safely run them without the junior doctors that are being moved following a decision by the General Medical Council and Health Education England. This is called an emergency transfer of services. It does not require public consultation. Emergency transfers can only be made on a temporary basis.

While this is being done quickly, a lot of work and planning has gone into making the changes that are happening this month. We have been clear that we cannot reverse them unless it is safe to do so and the General Medical Council and Health Education England are satisfied that we can provide appropriate supervision and training for junior doctors.

This situation, triggered by long-standing challenges in recruiting sufficient senior doctors to run services safely across three sites, illustrates why it is so important that we move to a sustainable way of providing hospital care.

Our longer-term strategy to reconfigure services was set out in the Sustainability and Transformation Plan (STP) published in October 2016 and is separate from the emergency transfer. The STP sets out proposals for a comprehensive reconfiguration of services to improve the quality and safety of care we can offer, to improve outcomes for our patients and meet the long-term needs of our changing population.

The proposals include organising our services across our three existing hospital sites so that we have an emergency care hospital with A&E and specialist services, a second emergency care hospital with A&E and a third hospital with GP-led 24/7 urgent care, planned care and specialist intensive rehabilitation. We plan to use all our existing three hospitals at Canterbury, Margate and Ashford, with greater additional support for people in their local communities.

We have been clear that this way of organising services means providing acute medical services on only two of our three hospital sites in the future. The detailed plans will be consulted on as part of the public consultation of the Sustainability and Transformation Plan. The temporary changes we are making now may still be in place when we reach public consultation. If this is the case, the Trust will focus on implementing any longer-term reconfiguration once the final decision is made on where and how services are provided.

**Is this about saving money?**

The temporary changes that we need to make are to preserve patient safety and are not about saving money. Health Education England (HEE) requested that EKHUFT make the changes due to a shortage of permanent consultant doctors who oversee and support junior doctor training.

**What are the future plans for K&C?**

We are looking at a long-term model of care which makes the best use of all of our hospitals.

Our early thinking for our three main hospitals, Margate, Canterbury and Ashford, is to have two emergency hospital centres which include 24/7 A&E and planned care, with one of these providing specialist services. The third site would be a hospital dedicated to planned care, for example hip and knee replacements, and rehabilitation, alongside a GP-led urgent care centre.

These will be supported by strong local care in community settings or at home. Providing services across our sites in different ways means we can provide better care and outcomes for patients because we can give them the specialist care they need from a single expert team, instead of stretching every specialist service across multiple sites.

So, while you might not be treated at your closest hospital, you will get care at the East Kent Hospital that can provide the best treatment for you.

In this model, there will still be two accident and emergency departments and an urgent care centre, as well as our minor injury units.

**How are you involving the public?**

Our longer-term plans include providing acute medical services on two of our three hospital sites as part of wider reform of health services. This is something we will consult on as part of the STP public consultation.

No decision has been made about which hospital would have which services. These options will form part of the public consultation that will be led by East Kent’s clinical commissioning groups.

We need local people to help us to get this right which is why there will be a public consultation into any permanent changes. The NHS in Kent and Medway is continuing to work with the public on developing proposals for the future of health and social care for public consultation.

**June 2017**