

# Annual Members' Meeting

## 2014

# Delivering our Future

## 5 to 10 Year Strategy

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## East Kent Hospitals NHS Foundation Trust

- Our turnover (for 2013/14) reached a new high of nearly £526 million, which contributed to a surplus of almost £6 million
- We use this to continue to invest in our services e.g. new endoscopy suite, cardiac laboratory, one-stop out patient clinic facilities and the new hospital in Dover.
- We are also one of the safest acute Trusts in the country - our hospital death rates are around 20% lower than the national average

## But we face challenges and must address these at pace:

- Our recent CQC report identifies weaknesses in our current models of care e.g. emergency services (A&E), medicine, surgery and we do have a number of workforce constraints
- We have operational issues in A&E and with meeting waiting time targets

## We can't stand still

These challenges are fuelled further by:

- Population growth;
- Increased complexity of patients;
- Workforce challenges;
- Patient expectations; and
- Financial pressures.

# Can we continue to do what we are currently doing?

If we continue to deliver services in the same way as we do at the moment, by 2023:

- Activity would increase by the following amounts:
  - Inpatient: +16% (15,000 people)
  - Day case: +17% (12,000 people)
  - Outpatient: +15% (92,000 people)

The Trust does not have the spare capacity in terms of staff, estate or beds to deliver growth at this level.



## Can we continue to do what we are currently doing?

- EKHUFT would have a projected deficit of £40m by 2017/18 and £147m by 2022/23.
- The health economy is already predicting a financial challenge of £168m by 2018/19 across the four Clinical Commissioning Groups.

## So, what's the answer?

- It is no longer a given that the current pattern of services can continue to be provided.
- We need to re-consider how we deliver care in the future.
- In particular, we need to ensure we continue to deliver services locally wherever possible but consolidate services where absolutely necessary.

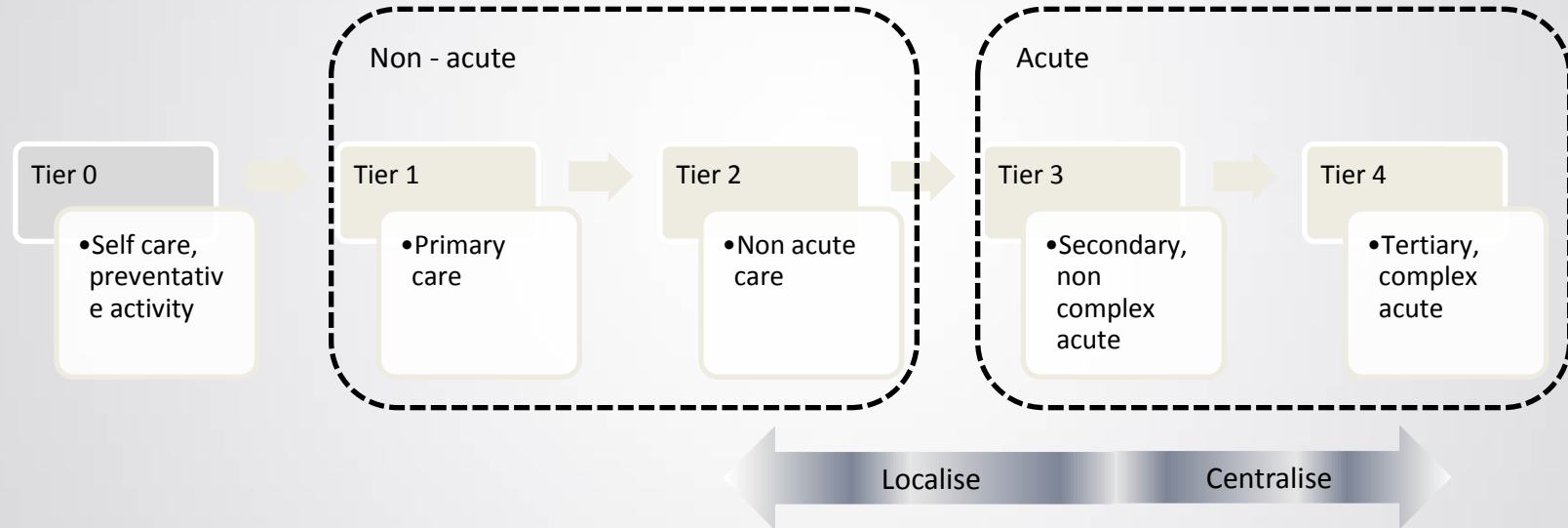


## So, what's the answer?

- Delivery of this model is only achievable if we recognise care is currently delivered across a range of different settings and we look to integrate these in a more co-ordinated way.
- So what could integration look like?
  - care provided in the right setting;
  - integration with primary care; and
  - teaching nursing homes.

## Care provided in the right setting - Tiers of Care

A key question that needed to be addressed was “what are the appropriate setting to deliver care to patients?”



## Using this concept it enables us to ask the following key questions:

- What services should be delivered locally by EKHUFT?
- What services should be centralised?
- What services could EKHUFT start delivering in a different setting?
- What services could EKHUFT stop delivering / others providers start delivering?

## National Picture – Primary Care Integration

The 2022 GP: A Vision for General Practice in the future NHS” (May 2013), Royal College of General Practitioners

Stimulus – EKHUFT has been approached to look at models of integration on 4 sites

National examples:

- Torbay care Trust;
- Birmingham – Vitality Partnership;
- Newcastle-upon-Tyne Hospital; and
- Northumbria Healthcare Foundation Trust and Ponteland Medical Group.

# National Picture – Primary Care Integration

Shared strategic aims to:

- design a healthcare system with less reliance on acute in-patient beds – CCGs “smaller, hotter hospital trusts”;
- focus on long term conditions and on the aging population;
- ensure local services for local people when and where ever possible; and
- deliver integration across primary and acute care.

## Teaching Nursing Homes

This model is successfully running in a number of countries e.g. Holland, Japan

It is co-located a elderly care facility in which there is synergy between clinical care, education and research.

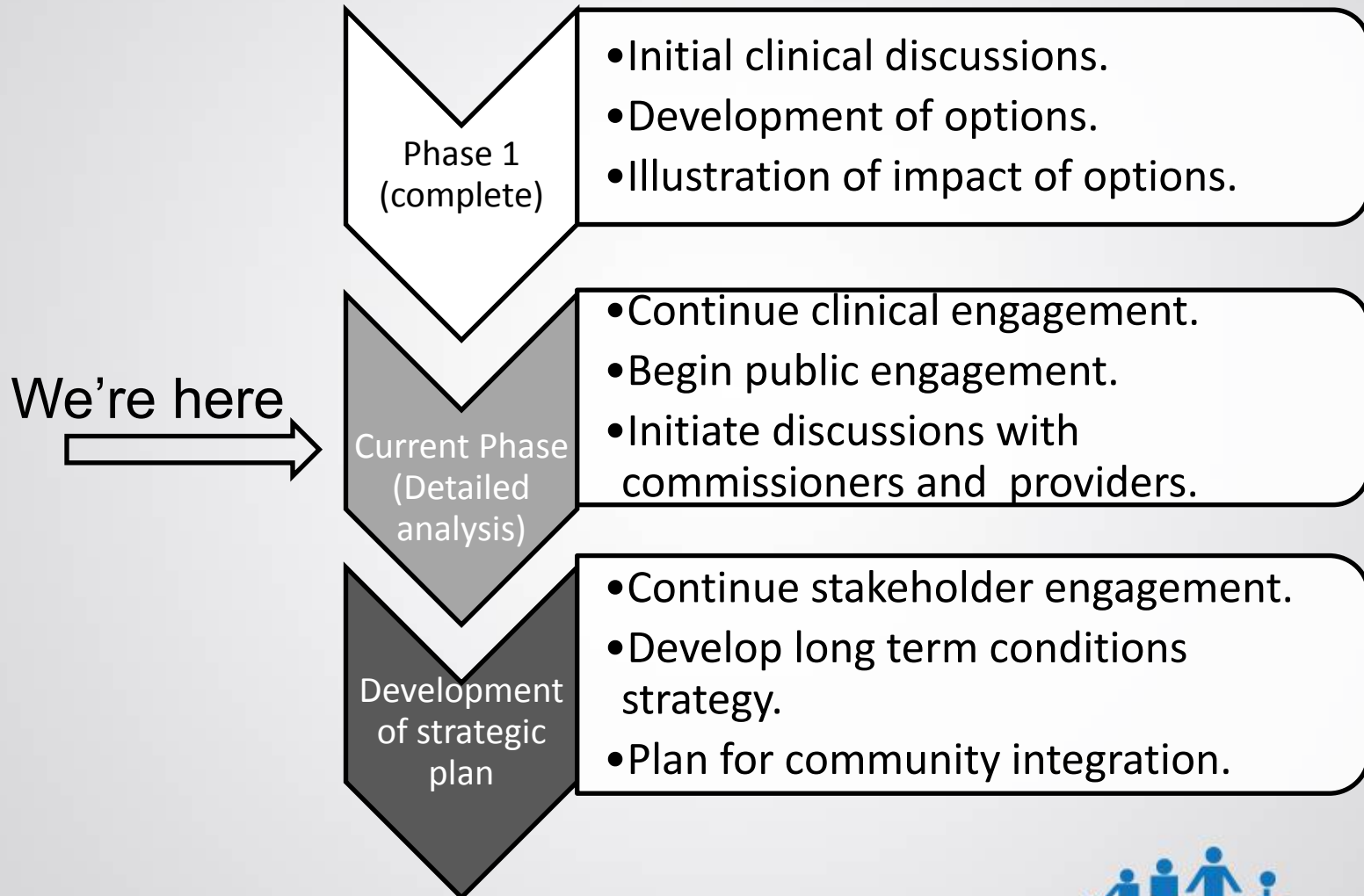
Francis report supports this type of integrated care and states the Government is “aiming to strengthen the focus on the complex needs of older people through training of the nursing workforce”.



## Teaching Nursing Homes

- The model enables better integration and utilisation of the workforce across settings and could be more attractive to work within.
- It is a new and different model of care that could support services to continue to be delivered in local settings.
- Other healthcare providers have identified the same opportunity - BUPA establishing the first teaching dementia home in the UK;

# Delivering Our Future





## Next steps

- Over the coming months we need to establish a robust engagement process with the whole health economy to investigate, test and establish integrated models of care that will work best for the people of east Kent.
- By April 2015 we need to be clear about the desired end point and steps for how this could be achieved so we are ready for Public Consultation in June 2015.

## The things that are in place or planned:

- Integrated patient and public engagement strategy.
  - Launch at the AGM on 2<sup>nd</sup> October 2014;
  - Working with Healthwatch to refine the engagement with and messages for the public;
  - Agreed a joint engagement process with the CCGs with access to EKHUFTs membership and CCG patient reference groups;
  - Establishing ongoing, geographically based reference groups with members of the public
- Engagement and discussion with commissioners
- Engagement and discussion with other providers