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Concern for Health in East Kent (CHEK)
c/o Ken Rogers
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From: Simon Perks, Accountable Officer, NHS Canterbury and Coastal CCG and Matthew Kershaw, Chief Executive, East Kent Hospitals University NHS Foundation Trust

Dear Ken,

Thank you for your understanding of the reasons we were unable to attend your public meeting on 28 April, due to the pre-election restrictions on all public bodies. We are pleased that we were all able to agree an alternative date, and as promised a record of the questions that were raised was taken. I enclose responses to those questions below.

We look forward to continuing this conversation in person on Friday 16 June at your evening meeting at Canterbury Academy. The NHS representatives will include Dr Simon Dunn, Clinical Chair of NHS Canterbury and Coastal Clinical Commissioning Group (CCG), Hazel Carpenter, Accountable Officer for the Thanet and South Kent Coast clinical commissioning groups, and Dr Paul Stevens, Medical Director and Matthew Kershaw, Chief Executive, East Kent Hospitals.

Please do not hesitate to contact either of us if you have any questions.

Yours sincerely,

Simon Perks
Accountable Officer
NHS Canterbury and Coastal CCG

Matthew Kershaw
Chief Executive
East Kent Hospitals University NHS Foundation Trust

1. Why did NHS leaders not attend the public meeting on 28 April?

The NHS, like all public bodies, has a responsibility in the period leading up to the election to ensure it does not influence the election in any way. The local NHS received specific instructions on the activities it could and could not undertake in this period (purdah) including restrictions on what we could and could not talk about in public meetings.

As a result, it was agreed with CHEK that during purdah, the NHS would not be able to provide the local community with the full and open discussion it wanted or deserved. So regrettably, representatives from NHS Canterbury and Coastal Clinical Commissioning Group and East Kent Hospitals Trust were unable to attend the CHEK meeting on 28 April but instead agreed with CHEK to attend a meeting after the general election on 8 June. This meeting is on 16 June and we look forward to hearing from you there.

2. Questions about the future of Kent and Canterbury Hospital (K&C)

Concerns that the local NHS is not being open, honest or trustworthy in conversations about the future of K&C

It is absolutely our intention to be open and honest with the public and involve people in the future of local health services. We have been clear about the challenges faced by our hospitals, including Kent and Canterbury Hospital (K&C), in recruiting substantive consultants, which is a national issue, not just a local one.

On 20 March, Health Education England (HEE) – the body that oversees the quality of junior doctor training - wrote to the Trust with its decision to remove about half of the junior doctors from K&C, in a planned way, to continue their training at our sites in Ashford and Margate. This is because there are not enough permanent consultants at K&C to give these junior doctors adequate training and supervision. Safe training and supervision of junior doctors is vital to ensure patient safety.

That triggered the need for us to put our contingency plans into action. Since then, we have been working closely with HEE and health and social care partners to carefully plan temporary changes to a limited number of services at K&C because it would not be safe to run these services as we do now without these junior doctors.

Our priority is to maintain patients' safety as well as give the right support to our junior doctors and other staff. To do this, we need patients to be seen in the place they will get the most appropriate treatment which means certain patients being treated at Ashford and Margate.

Most services will not be affected by these temporary changes. Patients who have a planned operation or outpatient appointment, or are visiting the ambulatory centre, having an x-ray, blood test or therapy session at K&C, will not be affected and will be seen and treated at the hospital as usual. There will continue to be a full minor injury and illness service at the hospital.

This temporary change will affect people who require urgent medical care for conditions like heart attack, stroke and pneumonia – up to 50 of the 900 people who use the hospital every day.

These patients will be taken directly by ambulance to our hospitals in Margate or Ashford, whichever is closer, for initial assessment and if they need to be admitted, patients will continue to be treated at these hospitals while they are very unwell.

Once local patients are well enough, we will be discharging them home or to a nursing or residential care facility, but if they need to remain in hospital to continue their recovery and rehabilitation, they may move to the K&C to be closer to home.

In April we made temporary changes to the hyper acute stroke service and we are working to a date of 19 June 2017 for the other changes to emergency medical care.

We are working closely with staff right across our Trust, as well as with the ambulance service and other parts of the NHS and social care locally to prepare for this and ensure everything is in place before we make any changes.

The changes, once finally agreed and implemented, will be temporary - any permanent changes would not be made without public consultation.

Our longer-term strategy is different to this and is based on making the best use of all three hospitals in Canterbury, Margate and Ashford, and this will be fully consulted on. I will come back to this in a moment.

Concerns that temporary changes to stroke services at K&C will harm patients

National research shows that it is better for patients to be treated in the place which is able to provide the specialist care they need, by a dedicated team of highly trained specialists, available 24/7, which is not necessarily the nearest hospital.

Since April, that means patients from east Kent being treated at Ashford or Margate for the first few days of their care. Once patients local to Canterbury have recovered from the acute phase of their stroke at Ashford or Margate, if required they may move to K&C to continue their recovery and rehabilitation, closer to home.

Patients from the Canterbury area who call an ambulance will be taken directly to the William Harvey Hospital or QEQM Hospital, whichever is closer. Patients who self-present to K&C minor injury and illness centre with stroke symptoms will be transferred by ambulance to one of those sites.

In either case, as is standard practice, the ambulance team will contact the receiving hospital en route so the stroke team will be ready and waiting to treat the patient. Patients will have a scan and the result will be given to the consultant, to decide if they should receive thrombolysis treatment (a clot-busting injection).

The aim is for the 20 per cent of patients who need thrombolysis to get it as soon possible, and within an hour of arriving at hospital. Thrombolysis is most effective if delivered within four and a half hours of the onset of stroke symptoms – patients will be transported well within this timeframe.

All patients diagnosed with a stroke (whether they need thrombolysis treatment or not) will be admitted to the specialist stroke unit as soon as possible for specialist care. This unit provides the type of care that you would normally find in a high dependency unit, with facilities for close monitoring and intensive input to patients during the critical initial period after a stroke.

All the national guidelines for stroke services, and the evidence behind these guidelines, recommend services are provided in this way as it reduces deaths and disability.

Concerns that the Trust has not done enough to recruit more doctors at K&C

Finding enough acute medical doctors to work at K&C has been challenging. There is a national shortage of these doctors but our isolated location and the stretched consultant workload at K&C has made it difficult to both attract and retain new staff. There have also been unexpected consultant vacancies and long-term unavoidable absences that have added to these challenges.

Another reason why we cannot employ substantive consultants is because our rotas are so demanding. This is because we are trying to run too many services across too many hospitals. This is not sustainable; it does not encourage people to come and work here and does not provide the best care and treatment for patients. This is one of the reasons why we need to review services, as set out in the section below about the Sustainability and Transformation Plan.

We are working hard to recruit more consultants. We have advertised 55 times for consultant posts within our urgent care and long-term conditions division in the last year. Ten consultants have been appointed and started and one has since resigned. Five more consultants have been offered posts of which two are undergoing pre-employment checks.

We continue to do our best 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.

By advertising consultant posts across east Kent we give consultants the opportunity to choose their location further into the recruitment process and some posts cover more than one hospital. We have had some success recruiting but still have a number of vacancies which we will continue to work hard to fill.

Maternity care – '*If a woman having a baby at QEQM got into trouble, would they be happy to be transferred nearly 40 miles to William Harvey*?'

Both QEQM and William Harvey hospitals have fully-fledged maternity units, including labour ward, midwife-led unit and special care baby units. The William Harvey houses the neo-natal intensive care unit (NICU) for the region. So a woman giving birth to a baby meeting the criteria for the NICU would be well prepared to have her baby delivered at Ashford. This has been the situation for many years and there are no plans to reconfigure Maternity or Paediatric services which meet national guidance on access and travel times.

Are these changes at K&C really temporary? '*Staff have been told unofficially that services, once moved, will not return*.'

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 and staff have not been told that services once moved will not return.

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 includes 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 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 Taylor Ward at K&C (cardiac ward) closing?

We will not be providing inpatient acute medicine at K&C under the temporary changes, therefore emergency cardiology patients will be taken directly to William Harvey or QEQM and there will be no new cardiac patients admitted to Taylor Ward. Therefore it is expected that after approximately 5 – 7 days Taylor Ward will be empty and will not be admitting any new patients for the period the changes are in place.

We have held one to one meetings with all affected staff and teams with their managers, and have together been working on the best solutions for their services, making the best use of our staff's skills.

Staff will be temporarily deployed elsewhere, for example on the Coronary Care Unit at WHH or QEQM for staff who wish to move or alternatively on another medical ward at K&C.

Concerns that staff at K&C are '*not allowed to speak out*'

Our staff are valued highly and openly encouraged to ask questions, suggest ideas and share concerns they may have in a variety of ways. Within the Trust, they are encouraged to raise concerns and share openly, including directly with members of the Executive Team, at regular staff meetings and in our improvement and innovation hubs on all sites. We also encourage staff to become trade union members and seek advice from their representatives where this is required. Our staff have also been actively encouraged to take part in public engagement events about the Sustainability and Transformation Plan, as their expertise is vital in shaping how to improve our services in future.

We have and continue to communicate regularly with staff across the Trust about the temporary changes at K&C and the long-term plan to improve our services, in regular emails from the CEO, staff newsletters and staff meetings. You can find out more information about the both on our website (www.ekhuft.nhs.uk).

Concerns about consultation - staff changes and services changes

We need to consult with staff about where they are based if anyone is relocated for more than six months. This is not the same as a public consultation about any proposed permanent changes to our services.

Temporary moves of services to maintain patient safety – emergency transfer of services - do not require public consultation. We have not taken this decision lightly and would not be doing this if we could safely maintain these services at K&C.

The temporary move of services from K&C has required careful planning. It cannot be reversed 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.

The consultation on the long-term future of services will hopefully be held towards the end of this financial year. We continue to involve the public in these plans, for example, there is another series of public listening events across east Kent in June and July for local care. Work will start on implementing permanent moves following the public consultation but these will not be immediate.

Can a new hospital be built in Canterbury?

As part of the Sustainability and Transformation Plan (STP), we are looking at all possible options for how we improve care for our patients. This includes the possibility of building a new hospital. But we have to accept that NHS funding is limited and the cost of a new building would be significantly beyond available resources.

The NHS Five Year Forward View sets us and the whole of the NHS in England the challenge of improving people's health and wellbeing, improving the quality of care, and making better use of staff and funding by 2021. By working differently, making the best use of our existing three acute hospitals and developing more local care, we believe that we can provide that. Longer-term (10 years plus), a number of factors could change, for example, further advances in medical care, which may again change the best way to provide health services.

'*All roads lead to Canterbury. To not have acute services there is nonsensical*.'

We are currently looking at all of the possible options for where services are located across all our hospitals which will include travel times and other criteria including what configuration will provide the best clinical outcomes for patients.

Not all services are needed at all hospitals. Health care is changing and more treatments nowadays can be offered out of hospital or with shorter hospital stays because of new medicines and medical techniques.

The majority of attendees voted for a motion demanding the repatriation of all services removed from K&C and for hospital executives to prepare a business case and start negotiation on building of new hospital in Canterbury.

As previously mentioned, services cannot be returned to K&C until it is safe to do so and Health Education England and the General Medical Council are satisfied that junior doctors can resume their training there with appropriate support and supervision.

It would take many years to plan and build a new hospital. We cannot continue to run services as they are now, which is why our vision is to organise 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.

3. Questions about the Sustainability and Transformation Plan and plans for future NHS services in east Kent

Concerns about the possible reduction in hospital beds in east Kent

At any one time across our hospitals in Ashford, Canterbury and Margate, there are on average 300 people – almost 1 in 3 people in our hospitals – who no longer need acute hospital care but are not able to leave because the right services or support are not in place for them elsewhere. Spending too long in hospital unnecessarily actually causes patients to deteriorate and increases their risk of infections, falls and muscle wastage.

We know that people would rather be at home, or closer to home, with the right care in place, as soon as they are well enough, rather than be in hospital longer than they should.

Having more resources to prevent ill-health and high-quality local care services with greater capacity will relieve some of the pressure on our hospitals. It will reduce the need for people to go to hospital for treatment and services that in the future could be provided more locally.

Some people will always need specialist and intensive care that can – and should – only be provided in hospital. We need to make sure our hospitals can deliver the quality of care people need and that they can leave hospital as soon as possible, safely supported by high-quality care local care. This will improve medical outcomes for people and their experience of health services.

The plans for the future of health services include a strong focus on prevention, mental health and enhanced local care services. Progress on these three areas and particularly clarity around how local care services will work and how patient pathways will be affected by new and innovative local care services, will impact directly on how many inpatient beds are required. Planning for the future of hospital care will of course need to take into account population growth, changes in the profile of people's healthcare needs, particularly long term conditions and larger numbers of elderly people, and bed occupancy. This work will be part of the overall plan and will feed directly into the Trust's plans for its hospitals in the future.

Concerns that future plans do not take in account Canterbury's growing population

The STP builds in future population growth, rising demand and advances in treatment. In fact these issues form the basis of the 'case for change' and are at the root of why we need to design a more effective and sustainable health service with a greater focus on prevention and local care as well as hospital care for people who need it.

The reality is that east Kent is seeing this type of growth across all four district council areas, it is not unique to Canterbury. We need to find a sustainable way to address these issues across east Kent and that will involve greater amounts of care being provided closer to people's homes rather than on hospital sites. For instance tests and appointments with a specialist might be at a local medical centre rather than in a hospital.

We plan to use all three main hospitals to provide a range of services to meet the needs of our population. This means making sure people are treated in the best place for them and not trying to spread hospital services and our workforce too thinly

Timeframe of STP changes

We need to do something now to make sure the people of east Kent receive safe, better quality care which is sustainable. By working differently, making the best use of our three main hospital sites supported by improved local care, we believe that we can provide much better care for the medium term. Longer-term (10 years plus), a number of factors could change, for example, further advances in medical care, which may again change the best way to provide health services.

Concerns that NHS and social care services need to be more joined up

We absolutely agree about the importance of integrated services and this is fundamental to our vision for the future of health and care services in east Kent.

Encompass, which consists of the majority of GP practices in Canterbury and Coastal CCG area, is a forerunner in developing integrated health and social care, based around local needs. It has provisionally identified five sites where multi-disciplinary community services can be based: two in Canterbury and one each in Whitstable, Faversham and Ash. Herne Bay will also have an integrated care centre which will be run by GP practices in the area. The first phase will be a Minor Injuries Unit due to open this year.

A team of professionals from different disciplines – mental health, social care, community nursing, voluntary organisations and GPs – work together to make sure that those patients who are most likely to benefit from having a team around them have a joined-up care plan, which focuses on keeping them well at home. Sharing knowledge means that gaps, which may have occurred previously, are being picked up and acted upon.

These teams work with specific patients for short periods of time, known as “step up care”, helping avoid hospital admission. Once everything is in place the patients then “step down” into normal care. A ten-week pilot of this project, working with 50 patients, has been completed and the positive impact on patients’ health and satisfaction with the service they received has led to Encompass rolling the project out more widely.

We also agree that integration within hospital services, and between community and hospital services, is important. But if we want to provide the best possible care for local people, and particularly older people or people with long term conditions, integrated services in the community are absolutely essential.

Concerns that the NHS is being privatised

The proposals in the STP are not about privatising services.

The NHS is required by the NHS constitution to provide ‘choice’ to patients. As such there are, and have been for some considerable time, a number of contracts held with the private sector to provide NHS services. The percentage share of private provision is not proposed to increase as a result of these emergency changes or the STP. All private provision costs the NHS the same as a procedure in an NHS Trust.

Will the STP vision be delivered?

We have known for a long time that a shift of activity and funding from hospital services to GP and community services is needed and is the best way to provide the right care for the population’s changing needs.

What is different now, with the Sustainability and Transformation Partnership approach, is that NHS England and NHS Improvement have created an environment in which barriers to the NHS, social care and public health working together as a whole system, are being swept away.

All NHS commissioners, trusts, social care and public health in Kent and Medway are fully committed to the STP process and are working together to bring about improved prevention, local care, mental health and hospital care, which will enable us to deliver much more access to care and support in people's own communities.

Changing services at K&C '*undermines the bid for a medical school*'

We fully support the University of Kent and Christchurch University in their ambition to apply for a medical school. Having a medical school in Kent would have a hugely positive impact on the NHS, the education sector and the wider economy. We have explicitly committed to this in writing as part of Kent's expression of interest.

A new medical school will need to reflect the future needs of the health services and the new models of care being developed through the STP. As such the attachment to a single, large teaching hospital is not desirable. We want future medical students to be inspired to study, research and work locally because the service model is safe, cutting edge and includes strong generalist and community focused approaches.

A national consultation on the expansion of undergraduate medical education concluded on 2 June. Responses will feed into a competitive bidding process being designed by The Higher Education Funding Council for England (HEFCE) and Health Education England on how to allocate 1,000 additional medical training places from 2019/20.

When the number of medical school places was increased in the early 2000s, HEFCE ran a competitive allocation process with the sector which resulted in new medical schools being established as well as existing medical schools receiving increases to their intake targets. So it is possible there will be an opportunity for the local universities to bid for a medical school.

In addition to this, the most important factors in attracting the doctors of the future to east Kent are robust hospital services that deliver the best care for patients, offer attractive services, manageable rotas and working conditions for staff in fit for purpose buildings. This is our vision for our hospitals in Canterbury, Ashford and Margate, and having a Medical School in east Kent will add to that attraction.

Concerns that '*reconfigurations don't save money*'

We need to make changes that improve care within the budget we have available, so the STP is about ensuring we can continue to meet people's needs into the future, rather than reducing costs in the short-term.

Concerns about the current and future mental health services in east Kent

Through the STP, Kent and Medway NHS Social Care Partnership Trust (KMPT), the main provider of adult mental health services in Kent and Medway, is working at pace to transfer more resource into community mental health provision so that there is a big emphasis on prevention as well as caring for those who are mentally unwell in their own homes and in community based units rather than in hospital. The introduction of a Single Point of Access for people in crisis in April 2016 makes access to services easier as anyone living in Kent or Medway who is in crisis can call the service, which is available 24 hours a day. Since June 2016 KMPT has undertaken a robust management of patient flow to ensure that everyone who needs a bed gets a bed.

We recognise that there are many instances of people experiencing crisis on the streets so KMPT is working with the police and ambulance service to increase the provision of street triage. We are

running pilot projects in areas where the issue is most prevalent – one of these areas is Thanet where a street triage pilot was launched in April this year. Subject to funding, we hope to roll this out further to other areas. There have also been significant changes to the Police and Crime Bill and our commitment as a system is to ensure that no young person is taken to police custody. The majority of people picked up on Section 136 are brought into hospital based places of safety.

Accountable Care Organisations (ACOs)

The NHS Five Year Forward View said: “The traditional divide between primary care, community services, and hospitals - largely unaltered since the birth of the NHS - is increasingly a barrier to the personalised and coordinated health services patients need.”

With this in mind, the focus currently is on developing accountable care systems, in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In return they will get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners to keep people healthier for longer, and out of hospital. Canterbury and Thanet are part of the leading national areas for the forerunners of what will become ACOs.

Ends.