EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

REPORT TO:	**BOARD OF DIRECTORS**
DATE:	**29 JANUARY 2015**
SUBJECT:	**UPDATE ON CLINICAL STRATEGY PROGRAMME**
REPORT FROM:	**DIRECTOR OF STRATEGIC DEVELOPMENT AND CAPITAL PLANNING**
PURPOSE:	**Information**

CONTEXT / REVIEW HISTORY / STAKEHOLDER ENGAGEMENT

This paper provides the Trust's Board of Directors with an update on the progress being made to deliver the Trust's long-term clinical strategy.

SUMMARY:

Work on the clinical strategy programme continues however operational pressures have slowed progress over the past month.

RECOMMENDATIONS:

NEXT STEPS:

(a) Board to note the report

(b) Achieve a full understanding of the base site scenario modelling and completing the description of the acuity and type of patients that could be accepted at a base site;

(c) Present an update of the programme to the Kent HOSC; and

(d) Consider options for inclusion in the Strategic Outline Case using feedback from engagement processes.

IMPACT ON TRUST'S STRATEGIC OBJECTIVES:

Implementation of the agreed Clinical Strategy is key to the Trust's success in delivering on its strategic objectives.

LINKS TO BOARD ASSURANCE FRAMEWORK:

This programme is linked through the Annual Objectives. AO4 linked to SO1 and SO4

IDENTIFIED RISKS AND RISK MANAGEMENT ACTIONS:

There is a full risk register associated with this programme. The main risks are:

- The project does not deliver to time due to lack of engagement and decision-making
- The agreed model of care requires public consultation and the outcome is not feasible from a clinical and financial perspective
- The Political environment may change post-election and does not support the rationalisation of services in a DGH

FINANCIAL AND RESOURCE IMPLICATIONS:

To be identified

LEGAL IMPLICATIONS / IMPACT ON THE PUBLIC SECTOR EQUALITY DUTY:

The strategy is part of a current engagement process and will be subject to public consultation

PROFESSIONAL ADVICE TAKEN ON ANY NOVEL OR CONTENTIOUS ISSUES

Not at this stage

ACTION REQUIRED:

(e) To note

CONSEQUENCES OF NOT TAKING ACTION:

East Kent Hospitals University NHS
NHS Foundation Trust

Progress Report from the "Delivering Our Future" Programme

5 to 10 year Clinical Strategy

Introduction

This paper provides an update on the progress being made to develop the Trust's long-term clinical strategy.

Current situation

During December and early January, each of the clinical work streams had planned to clarify models of care, agree clinical adjacencies and define their levels of activity for the proposed high-risk and emergency hospital and for the base sites. Progress has been slower than planned due to the significant day-to-day operational pressures on Divisional teams. However, work is ongoing to describe the acuity (level of medical care required) and type of patients that could be accepted at a base site. A number of scenarios are being described and as part of each scenario the workforce and competencies that would be required to manage and care for these patients safely are being defined.

Work has commenced to analyse the acuity of patients that currently occupy the Trust's inpatient beds. A variety of different methods are being used. The output of this work will clarify the modelling of the capacity required for the High-risk and Emergency hub and base sites and it is hoped to have this clinically agreed by the end of February.

Outpatient Clinical Strategy and Dover Hospital

Work to deliver the Trust's agreed outpatient (OPD) clinical strategy is progressing well. Plans are completed to transfer outpatient services on the North Kent coast from Herne Bay Hospital, Faversham Hospital and Whitstable and Tankerton Hospital to Estuary View Medical Centre. Services are on schedule to go live from Estuary View Medical Centre on Monday 26th January.

One of the key principles of the agreed OPD strategy was to extend the working day and expand the use of one-stop clinics. The Divisions have been asked to collate information from each specialty on current one-stop practice and proposed expansion. They have also been asked to ensure consultant job planning incorporates OPD clinics based on an expanded working day. This is work in progress but is planned to go live from April 2015. The planned refurbishment of Clinic D at KCH was completed in November 2014. The Maxillofacial and dental services are now up and running again from this area. Urology and Pain clinics are scheduled to commence in January 2015 using the new procedure suite to support one-stop clinic working.

The build of the new hospital in Dover is progressing well. The current plan is for the new hospital to open in March 2015.

Communication and Engagement

On 7th January, a meeting was held by Thanet CCG for General Practitioners and QEQM Hospital Consultants to discuss the Trust's long-term clinical strategy. There was a healthy and lively debate about the possible future of Queen Elizabeth the Queen Mother Hospital. The discussion focused on the scenario if it should be a base site, how services could be delivered under the proposed Hub and Base model and maximising what services could be kept local. The initial dates are attached in Appendix 1.

A number of informal listening events on all three of the Trust sites have been undertaken with staff to hear their feedback on proposals so far and their ideas.

The Director for Strategic Development and Capital Planning, the Accountable Officer for Thanet CCG and South Kent Coast CCG, and the Accountable Officer for Canterbury and Ashford CCGs will jointly be attending the Kent Health Overview and Scrutiny Committee HOSC) on Friday 30th January 2015 to present progress of the Delivering Our Future Programme.

Next steps

The next steps for this programme include:

- Achieving full understanding of the base site scenario modelling and completing the description of the acuity and type of patients that could be accepted at a base site;
- Present an update of the programme to the Kent HOSC; and
- Consider options for inclusion in the Strategic Outline Case using feedback from engagement processes.

Balancing Hospital and Community Based Care in Thanet

Overview

On 7th January 2015 several GP members of Thanet CCG and around 25 consultants and nurses from East Kent Hospitals University Foundation Trust (EKUHFT) met to explore how best to support the Thanet population through the configuration of services on the QEQM hospital site in Margate. The event had been triggered in part by EKUHF's strategic proposals which are considering consolidation of acute services onto an emergency and high risk hospital and supporting hospital bases. These changes are needed to address the significant workforce, quality and financial challenges facing the Trust currently which are expected to worsen unless service reconfiguration takes place. The intention is that the hospital bases should offer a wide range of services securing access to care for local people. They would be developed as significant assets and offer care being better integrated with primary and community services. The bases would also have flexible facilities that could adapt to the changing needs of local people and to developments in technology.

The location of the 'hot' and base sites has yet to be determined. Firm proposals will need to be developed following a good deal more analysis and consultation with staff and with the public and patients. In 2010,the Government introduced four tests for reconfigurations, which are that schemes should demonstrate

- strong public and patient engagement;
- consistency with current and prospective need for patient choice;
- a clear clinical evidence base; and
- support for proposals from clinical commissioners. In the case of services provided by EKUFT there are at least 4 clinical commissioning groups that will need to participate in decisions about the preferred arrangements.

The Trust stressed that there would need to be significant capital investment on both hub and base sites. It was also noted that base sites will be developed as major health assets complementing and not inferior to the acute hub.

Accepting this uncertainty, participants were invited to suspend judgement and discuss what range of services could potentially be offered on the QEQM site, if it was to be designated as one of the hospital bases. A further element of context for the discussion was Thanet CCG's support for establishing some form of Integrated Care Organisation for the area that linked primary, community and hospital services. There is a real opportunity to see the QEQM play a significant part in this development.

The discussions focused on four different aspects of care and the key points are summarised below.

Ambulatory Care

This is about acute presentations of "Ambulatory Care Sensitive Conditions" and the activities that can be undertaken to prevent exacerbations and hospital admissions. Generic out-patient clinics are not typically organised in a way that addresses these conditions. In future it was suggested that QEQM should be able to offer the majority of ambulatory care but offering a different style of services that would include:

- Fewer traditional outpatient consultations
- Ambulatory Care or 'hot' clinics
- More use of telecare consultations enabling GPs and patients to access specialist care remotely – shared care protocols would additionally enable outpatient follow up appointments to be reduced
- Immediate access to imaging and pathology diagnostics with fast turn-around of results – it was suggested that base hospitals need diagnostic services that are at least as good those at the acute hub.
- Consultant specialists available in specialties that reflect the local population's needs (e.g. care of the elderly, rheumatology, gastroenterology (for endoscopy), cardiologist, general physician)
- A cardiac catheterisation laboratory
- Endoscopy suite for upper GI bleeds

Ambulatory care clinics on the QEQM site need to have critical mass of activity. However, ambulatory care should not mean that patients are expected to walk into the hospital - it was equally important to ensure that as much care as possible is brought to the patient.

In parallel with these developments it was suggested that more operational consistency is needed in general practice: federations or clusters of practices were thought have a role to play here. For care to work smoothly hospital and community based clinicians need to have not only an agreed pathway but also agreed care protocols that guide the care of individual patients.

A further concern expressed by this group was the risk to the acute hub given the difficulties in accessing social care assessments and placements. Unless these resources are in place there is a significant risk that acute beds will be pressurised. Participants suggested that the CCG might need to consider commissioning social care support directly e.g. a hospital based care home on QEQM site for transitional care.

Urgent care
Urgent care support needs to be distributed across Thanet – provided in patient's homes, GP surgeries and nursing homes as well as on the QEQM site – and making maximum use of technology to bring diagnosis and support to the patient. Urgent care on the base site would need to include provision for minor injuries and as indicated above good diagnostic services that can readily accessed and can report results back quickly. Experiences in West Thanet (in Westgate and Birchington) in providing a tailored service to people over 75s has highlighted two urgent care conditions that can be effectively treated in primary care, reducing the need for hospital admissions – pneumonia and urinary tract infections.

There was a discussion about the implications of the hub and base arrangements for the clinical workforce. It was important that junior doctor training rotas enabled them to experience care on both sites. Rotational arrangements would be needed to enable clinicians to maintain their skills in acute and non-acute work. It will also be important to look at the whole workforce supporting each part of East Kent so that there is the right investment in the community teams that complement the work undertaken in hospital facilities.

Elective Care
There was agreement that a good deal of elective care treatment including outpatient, day surgery and a full range of diagnostic activity as well as end of life care could be undertaken on a base hospital site. The base site could also offer therapies, rehabilitation and provision for social care and clinical training. It should be possible to offer some short stay as well with overnight cover being provided by GPs, anaesthetists or advanced nurse practitioners.

Some participants thought it would be possible to run an in-patient elective orthopaedic service from a single base, recognising that complex trauma care would be delivered from the hub.

The big challenge for the proposals will be acute medicine - there were concerns about whether a single acute hub for East Kent would be able to handle the anticipated volume of work or would have the space/capacity to do so.

Women's and Children's
There was agreement that gynaecological oncology, obstetric deliveries, inpatient paediatrics and neonatal intensive care will need to be centralised on the acute hub site. Midwife led care could be provided on base hospital sites but this would be dependent on projected birth numbers and on the availability of midwives – the Trust is experiencing significant difficulties in retaining and recruiting midwives, particularly for the obstetric unit.

As a base hospital the QEQM could continue to offer the majority of day based care for women and children including:

- General gynaecology (short stay as well as day cases, such as colposcopy, urodynamic and hysteroscopy
- Antenatal health checks
- Paediatric observation and assessment (ideally open around 12 hours) with transfers to the base hospital for those children who need an overnight stay
- Outpatient paediatrics and day based investigations/treatments.

The group noted that the services needed to be designed so that they reflected the specific needs of the Thanet population. There was a discussion about potential benefits from integrating/co-locating the community paediatrics service and children's social care with the observation and assessment service.

Alongside these developments the group noted that there is scope to clarify protocols and guidelines for some gynaecology pathways with GPs taking more responsibility for pre-referral assessments and diagnostic tests.

Closing comments

In his closing comments Dr. Paul Stevens noted that the discussions had been helpful and that further work would be done to explore the feasible/clinically appropriate balance of services across hub and base sites and to test out these proposals with staff, patients and the public. Dr Tony Martin stressed that this was the first of many further conversations. The CCG remains committed to securing the best services and outcomes for Thanet residents. EKHUFT's strategy will have significant implications for all parts of East Kent. It is essential that the arrangements are planned and implemented so that all patients, wherever they live, will see real improvements, care that is better integrated and tailored to the needs of each community and that the services are attractive to the current and future workforce. Local primary and secondary clinicians have a significant role to play in providing the best possible care to patients at home, in GP practices and at the QEQM, irrespective of whether this asset becomes a base hospital or acute hub.