

Improving hospital care in east Kent



There have been huge medical advances over the last 30 years, with a real emphasis on better treatment and specialist teams looking after people with specific conditions such as stroke and heart conditions. People are living longer with a better quality of life.

This is fantastic news. But the NHS in east Kent is not yet set up to work in this way. Today we face new challenges that mean we need to change the way we work to improve your care and get better value for the money we have available.

Why change is needed

Our hospitals provide great care but this isn't the case for everyone, all of the time. Sometimes:

- you wait too long to be seen in an emergency,
- your planned operation is cancelled, and
- often the quality of your care can vary depending where and at what time you are seen.

Demand for our services is unprecedented, with more people living longer with more complex conditions, such as heart disease. We need to find new ways to care for more people in future.

The vision

We want to create centres of excellence in east Kent where specialist teams have the equipment and expert staff they need to give you the best chance of survival and quality of life; and where you get treated sooner because people who no longer need to be treated in hospital are receiving appropriate support closer to home instead.

Using our hospitals differently

To improve your care we need to do things differently in future. One way to do that could be by re-organising our services across each of our three main hospitals at Canterbury, Margate and Ashford so that we have:

1. **one emergency hospital with both 24/7 A&E and a centre for highly specialist in-patient services.** For example, for patients requiring overnight stays for stroke, vascular, trauma, kidney, haemophilia and cardiac care, and treatment for rarer conditions like specialist urology, head and neck and and gyne-oncology cancer surgery, in line with with national best practice
2. **a second emergency care hospital** which includes 24/7 A&E
3. **a third hospital which would become a centre of excellence for planned orthopaedic care**, such as hip and knee replacements, with specialist intensive rehabilitation services, and a 24/7 GP-led urgent care centre.

Providing services like this is better for patients because we can give you the specialist care you need from a single expert team, and can properly staff those services 24 hours a day, seven days a week where we need to, instead of stretching every specialist service across multiple hospitals.

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.

This is our early thinking for how we could use the hospitals we have now, it doesn't rule out looking at other emerging possibilities, such as building a new hospital in east Kent in the future if that provided the best outcomes for patients and there is the money, support and opportunity to do so.

In some areas you are twice as likely to end up in hospital because of a problem that could have been avoided if it had been better managed in primary care



At any one time there are around **300** people in hospital beds who could be discharged if the right support was available elsewhere



The equivalent of 10 days bed rest can have the same impact on the muscles as roughly **10 years of ageing** for people over 80

For further details visit: www.kentandmedwaynhs.uk



These stories show what could be different in the future



Emergency hospital centre which includes A&E Douglas's story

Douglas, 74, lives at home with his wife and has fallen over a few times recently. He falls again, his wife dials 999 and the ambulance takes him to A&E, where he is seen by the frailty team, including a doctor who specialises in caring for frail patients. The team thoroughly assesses his immediate medical needs and an x-ray rules out any broken bones. The medicines Douglas is taking are reviewed by a pharmacist and changes are agreed with the frailty doctor, who also discusses with Douglas his preferences for future care.

The hospital and community team work with Douglas and his wife to plan his return home the same day, with the right support in place to help him continue his recovery.

We aim is to reduce the number of people needing to go to A&E in the first place by providing support from the frailty team in the community.

Douglas's story describes our vision for improving urgent care by enabling you to be seen by the right expert more quickly who, working with local partners, can get you home sooner with the right support.

But today more people than ever are using our A&E departments and many people wait longer to be treated that they, and we, would like.

In some parts of east Kent you are twice as likely to end up in hospital because of a problem that could have been better managed in primary care. People who are frail, or who have many different health conditions, can quickly get unwell and end up in hospital, because they do not get enough support to manage their condition at home or locally, which can lead to unplanned time in hospital.

So we are working closely with our GP, social care, mental health and community partners, to put more care in place locally, so you only have to come to hospital when you really need to.



Emergency hospital centre with A&E and specialist services Bill's story

Bill has a stroke and is taken by ambulance to the nearest specialist hospital for stroke care.

This is not his nearest hospital but is where a highly-trained team of stroke experts are available 24/7, with specialist equipment and support services, to be able to treat more stroke patients every year.

Bill is met on arrival at A&E by a specialist stroke doctor. Bill's brain is scanned immediately and he is treated with clot-busting drugs within 30 minutes of arriving at hospital.

Bill is transferred to a specialist stroke ward within four hours, where he is cared for by a dedicated team of specialist stroke doctors, nurses, therapists and support staff. He is able to go home within days, with the right support around him to continue his recovery.

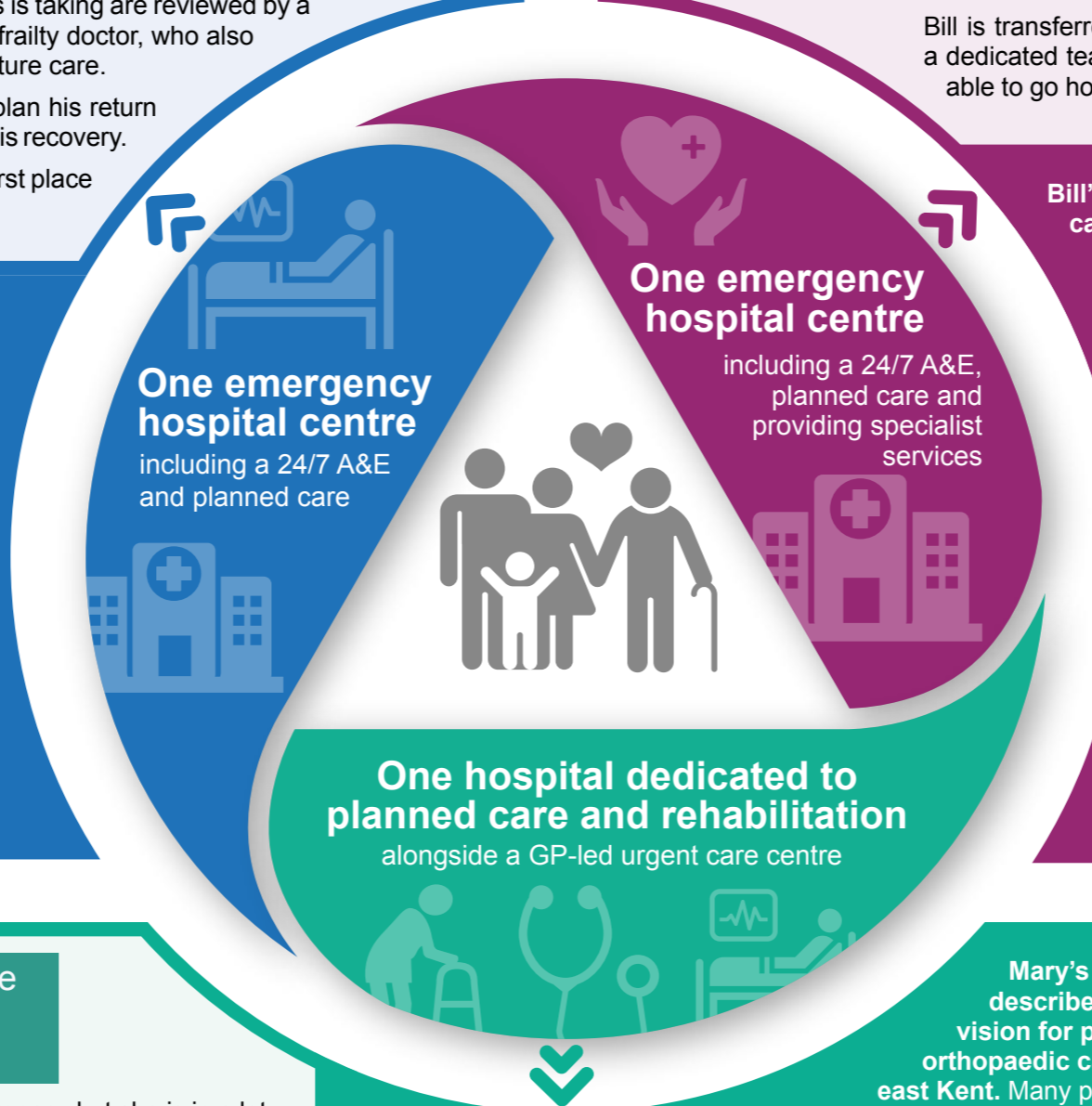
Bill's story describes our vision for the most specialist in-patient hospital care.

Evidence shows that you have a better chance of survival and recovery if you are treated at a specialist centre, cared for by highly specialist teams of doctors, nurses, therapists and support staff, who become experts by treating large numbers of patients with a similar condition, 24 hours a day, seven days a week.

At the moment, we find it hard to run some services for seriously ill people round-the-clock, and to consistently provide the highest standards of care. This is due in part to a shortage of specialist staff - there simply aren't enough doctors and nurses we can recruit to work in these specialist teams at every hospital.

By combining specialist services into one hospital, we can improve your care by giving you the highly specialist treatment you need, more quickly, from a single team whose expertise is built up by seeing lots of patients with the same condition, instead of stretching specialist services across multiple hospitals.

The time between arriving at hospital and receiving treatment is more important for your recovery than the travel time to the hospital itself.



Dedicated hospital for planned care Mary's story

Mary needs a hip replacement. It isn't an emergency but she is in a lot of pain and struggles to climb the stairs and get in and out of the bath.

She has been referred to the planned orthopaedic centre by her GP, where she is assessed by a specialist doctor and nurse at a 'one stop clinic'. A date for her operation is agreed the same day, along with an estimated discharge date.

Mary knows what to expect after her operation as she's been given an itinerary of who she will see each day on the ward.

Mary has her operation as planned, by a highly specialist team. She recovers well in hospital thanks to the dedicated team who help her get up and about and support her after her operation.

The hospital and community services work together to plan Mary's discharge from hospital in advance. Mary goes home as planned, with support in place at home to continue her recovery.

Mary's story describes our vision for planned orthopaedic care in east Kent. Many patients get excellent care but this isn't the case for every patient.

On average, patients wait between 22-27 weeks for a knee replacement. The number of patients waiting 35 weeks or more has doubled in the last 2 years, and last year 250 elective orthopaedic operations were cancelled because the beds were used for emergency patients instead. The cancellations are one of the reasons our that waiting times are growing.

A centre of excellence for planned orthopaedic care will have separate, dedicated teams, hospital beds and specialist rehabilitation facilities, so your care will not be delayed by emergencies. This means we can diagnose, treat and get you home sooner, giving you the best chance of getting back on your feet again.

Benefits for you

Providing services across our hospitals in different ways in future, we can improve your care by:

- preventing and speeding up hospital stays
- giving you faster access to life-saving treatment
- only bringing you to hospital if that is the best place for you
- providing better access to care provided locally, out of hospital
- treating you sooner – with shorter waits for planned surgery and dedicated rehabilitation facilities
- providing specialist, expert care when it's needed - but not always in your closest hospital
- getting you home sooner with the right support to continue your recovery

Kent and Medway Sustainability and Transformation Plan (STP)



These ideas are part of a wider programme to improve local NHS and social care services called the Sustainability and Transformation Plan in Kent and Medway. It sets out how we think services need to change over the next five years to achieve the right care for people for decades to come. We want to help you stay well and independent in your own homes and communities, and only come to hospital when it is the best place for you. **You can find out more at www.kentandmedway.nhs.uk**

Listening to you

We want to continue to know what's important to you so that together we get this right for everyone who uses and works in our hospitals, both today and in the years to come.

1. What for you are the advantages and disadvantages of this model of hospital care?
2. What are the key things we need to consider from a patients' and carers' perspective?
3. What are the main challenges you see and what could we do to lessen them?
4. How could we improve your experience of health services both in and out of hospital?

Our expected timeline

Your views and experiences play a vital role in shaping future services, which is why we've been working with you and our staff to inform our thinking.

2015-16: Over 100 doctors, 22 community groups, local NHS partners and over 1,000 patients and public discuss why change is needed and how to improve future services.

Nov 2016: This is used to inform the Kent and Medway Sustainability and Transformation Plan which is published, outlining the vision for improving local NHS and social care.

1,900 people have completed an online survey giving their views and feedback on the plan and its ambitions and since then more than 750 people attended public listening events in east Kent in the spring and summer of 2017; sharing views on how to improve services.

Autumn 2017: We will update you on how we are using your feedback to evolve these plans on how and where hospital services in east Kent could be provided in future.

Spring 2018: We expect to be ready to consult the public on a short list of options for future hospital services in east Kent and stroke services across Kent and Medway.

Summer 2018: Decision on where future hospital services will be located in east Kent and stroke services in Kent and Medway taken by local NHS commissioners.

There won't be any permanent changes to the way we deliver services until after the formal consultation has ended and decisions are made. We will let you know the outcome of the decision, what it means for you and how you can access services in the future. We expect any changes to take place in a staged way.

To send your feedback or view our online version please visit:

www.kentandmedway.nhs.uk

