Transforming health and social care in Kent and Medway

HOSPITAL CARE
What do we want and how will we judge if it's right?

Dr Peter Maskell, Medical Director, Maidstone and Tunbridge Wells NHS Trust

14 & 15 March 2017

Our challenges

1. **Emergency care**
   - how quickly and easily patients ‘move’ through the hospital system
2. **Staffing**
   - ability to attract, recruit and retain high calibre staff
   - need to staff services safely
3. **Planned care**
   - impact of waits on patient experience
4. **Discharge of medically-fit patients**
   - we know people do better outside of hospital once they are over their ‘acute episode’
   - impacts approx 120 patients in our hospitals at any one time
5. **Finance**

Early thinking, our approach

1. Population served
2. Case for change
3. Current delivery model
4. Proposed delivery model
5. Patient flows, service alignments
6. Engagement throughout

Lots of work to model data and share learning across organisations, clinical workshops, and testing ideas.

Significant consolidation has already happened in west Kent – new hospital opened at Tunbridge Wells 5 years ago.

Stroke review already established cross sector collaboration, lots of involvement across Kent and Medway.

Firm proposals emerging in east Kent.

Source: K&M STP Hospital Care workstream

We want to deliver

- More **care in your local area**, preventing or speeding up hospital stays
- **Hospital** sites able to concentrate on what they do best, less pressure, more capacity to improve **quality**
- **Specialist**, expert care when you need it
- **Mental health** a part of everything we all do

In short, better personal care

What happens now, it’s early but…

We need to develop **evaluation criteria** that we can apply to any proposals so we can get from a long list of options to a short list of options. There are three types of criteria:

1: Fixed points - what things can’t we change?

2: Hurdle criteria – for example, could patients access services? Would it meet national clinical standards? Could we afford it? Could we staff it?

3: Final evaluation - compare final proposals in terms of quality of care for all, access to care for all, affordability and value for money, workforce and deliverability.

Fixed points

The things we won’t change:

- The major trauma centre is designated at Kings
- The Private Finance Initiative hospitals in Kent and Medway - Darent Valley Hospital, Tunbridge Wells Hospital at Pembury and Gravesend Community Hospital.

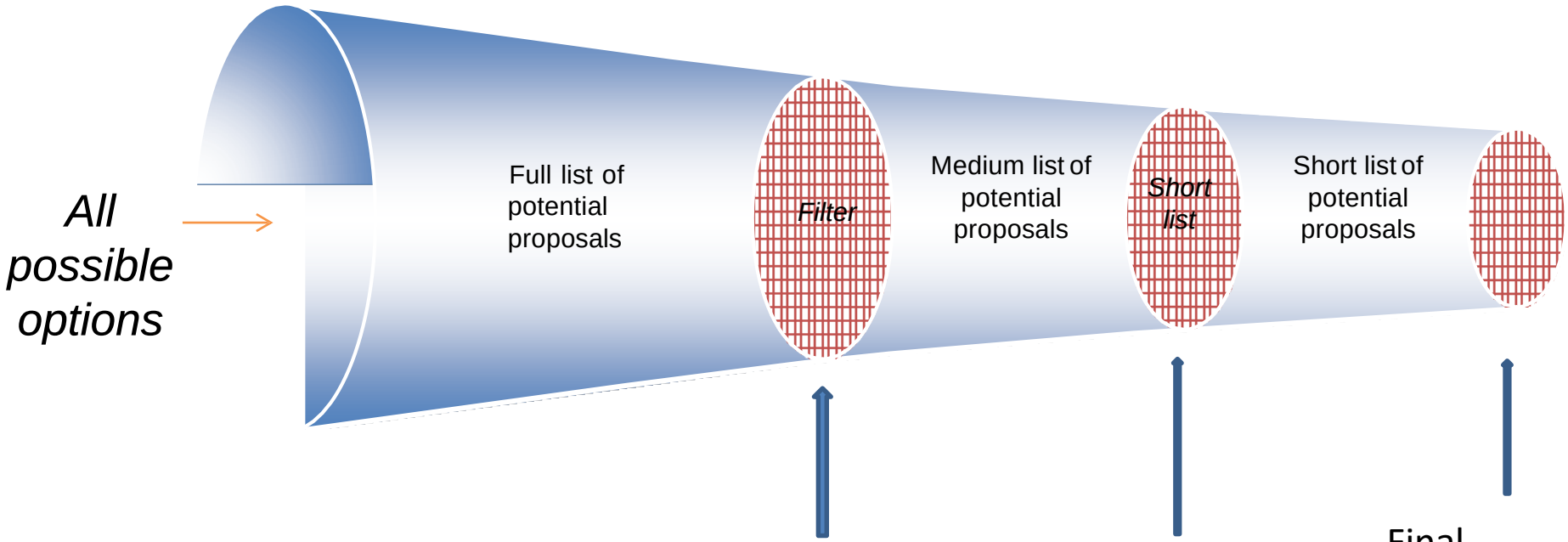
Hurdle criteria

- Simple criteria usually with a yes/no answer
- Proposed criteria are:
  - Is it **clinically sustainable**? (Does it deliver the quality standards, will the workforce be available?)
  - Is it **financially sustainable**? (Likely to be around the amount of capital we can afford)
  - Is it **accessible**? (Currently peak car travel of no more than one hour to access urgent care)
  - Is it **implementable**? (Will it deliver in five years?)
  - Is it a **strategic fit**? (Are there any decisions already in place that we should keep?)

Final evaluation

	Criteria	Sub-criteria	Description
1	Quality of care for all	▪ Clinical effectiveness	▪ Improved delivery against clinical and constitutional standards, access to skilled staff and specialist equipment, comparison of current clinical quality of sites
		▪ Patient and carer experience	▪ Improved patient and carer experience (overall holistic/personalised care, respect and involvement in decisions and consistency) with excellent communication and improved estate
		▪ Safety	▪ Expected impact on excess mortality, serious untoward incidents
2	Access to care for all	▪ Distance and time to access services	▪ Impact on population weighted average travel times (blue light, off-peak car, peak car, public transport) to reflect average impact for emergency and elective treatment and total impact for more isolated and/ or rural populations
		▪ Service operating hours	▪ Ability of model to facilitate 7 day working and improved access to care out of hours
		▪ Patient choice	▪ No. of sites delivering emergency, obstetrics, elective, outpatients, diagnostics; no. of Trusts with major hospital sites
3	Affordability and value for money	▪ Capital cost to the system	▪ Capital requirement to achieve required capacity & quality
		▪ Transition costs	▪ One off costs (excl. capital & receipts) to implement changes
		▪ Net present value	▪ Total value of each potential option incorporating future capital and revenue/cost implications and compared on like-for-like basis
		▪ Meet license conditions	▪ Meets regulatory requirements e.g. surpluses generated by each Foundation Trust
4	Workforce	▪ Scale of impact	▪ Potential impact on current staff and retraining required
		▪ Sustainability	▪ Likelihood to be sustainable from a workforce perspective, facilitating 7 day working and taking into account recruitment challenges and change in what work force does i.e. ability to ensure sufficient people with the right skills in the right places?
		▪ Impact on local workforce	▪ Potential impact on staff attrition due to change
5	Deliverability	▪ Expected time to deliver	▪ Ease of delivering change within 3-5 years
		▪ Co-dependencies with other strategies	▪ Alignment with other strategic changes (e.g. Better Together, national and local NHS strategies) and provides a flexible platform for the future
6	Other (e.g., research and education)	▪ Disruption to education & research	▪ Disruption to Research and Education
		▪ Support current & future education & research delivery	▪ Support for current and developing research and education delivery e.g. meeting college standards of training individuals and service specifications

How will the criteria be used?



Fixed points applied to all potential proposals

Hurdle criteria applied

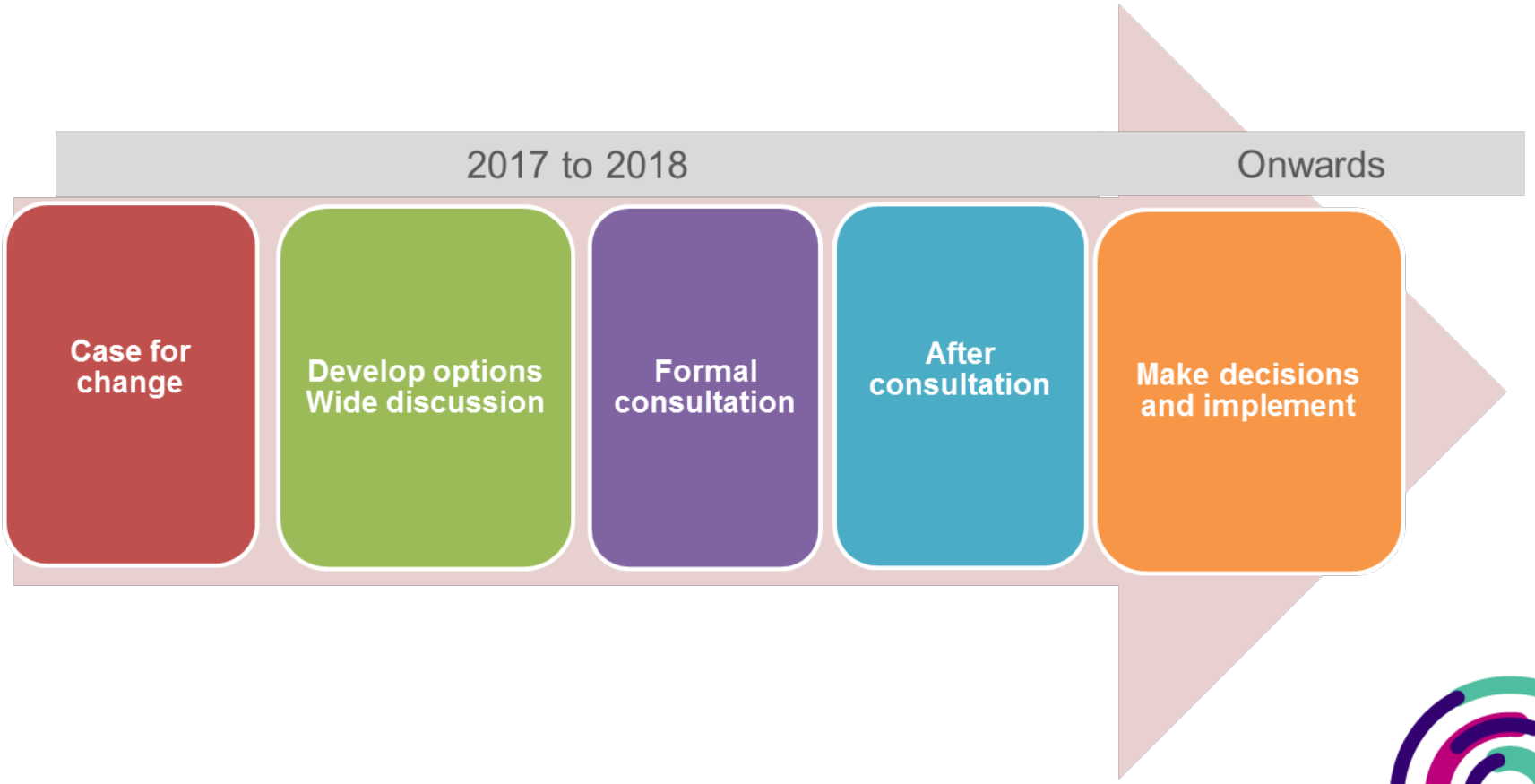
Final evaluation criteria applied

What happens then?

- Final proposals go to public consultation (possibly in two phases)

- Public consultation taken into account as part of the final decision process.

Overview


2017 to 2018
Onwards
Case for change
Develop options Wide discussion
Formal consultation
After consultation
Make decisions and implement