

Establishing the medium list of options for east Kent hospital services

Frequently asked questions

Q. Why does the NHS need to make changes?

A. The NHS in east Kent needs to meet the growing demand for NHS services and provide better quality care and better outcomes for patients.

Currently too many people are spending time in hospital when they could be better treated by health professionals closer to home, waiting times are not as good as we would like and staff and services are being stretched too thinly across too many hospitals.

By making changes to our services we aim to provide the best, most effective, hospital care when people need it, with greater support at home and in the local community for people who no longer need hospital treatment.

Q. How have these potential options been arrived at?

A. We have been following a nationally prescribed process for determining *how* and *where* changes might be made. A detailed assessment of clinical standards for each service identified which services needed improving first – these were urgent and emergency care, acute medicine and planned orthopaedic services.

We then considered in detail on *how* services could change, identifying the best models of care that would improve standards. Then, we worked to design and agree a set of questions and criteria (hurdle criteria) against which we could assess many possible options for *where* services could be organised.

We tested these questions and criteria with clinicians, health and care partners, patients, carers and the public earlier this year. They helped us refine the questions and criteria and told us how important they felt each of them to be in assessing the options available to us.

Subject to approval by commissioners, both medium lists will be evaluated and analysed in more detail to determine which potential options progress to public consultation next year.

Q. What happens next?

A. Hospital doctors, GPs, other health professionals, NHS leaders and patient and public representatives will evaluate the advantages and disadvantages of each of these potential options, to reach a shortlist using detailed 'evaluation criteria' developed by clinicians and tested with the public.

The evaluation criteria include detailed questions to determine which potential option(s) deliver the greatest improvements in patient care, are the most accessible for the greatest number of patients, can be best staffed, are affordable within the funds available, deliverable within the timeframe needed and best support research and education.

The shortlist will then be independently reviewed by a panel of doctors from across the south east - the South East Clinical Senate - and rigorously scrutinised by NHS England, prior to public consultation.

Q. What is a public consultation?

A. Through consultation people who use NHS services are invited to give their views on proposed changes to services. Consultation is intended to help clinical commissioning groups and other NHS organisations secure the best possible services that meet the needs of local patients and represent the best possible value for money.

The NHS has a legal duty to involve and consult with patients, the public and local organisations when developing and considering proposals for substantial variations in the provision of services. This legal duty is found in the NHS Act 2006, which was amended in the Health and Social Care Act 2012.

The outcome of public consultation is an important factor in health service decision-making which will be fully taken into account. It is, however, one of a number of important factors. Others include clinical, financial and practical considerations.

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Partnership for our area



The outcome of the public consultation will be reported to the clinical commissioning groups in east Kent and to other local NHS Trust boards. The clinical commissioning groups will consider the outcome of the consultation - in partnership with local NHS Trusts and other partner organisations - before taking any decisions.

Q. Who will run the public consultation and when will it take place?

A. The public consultation will be led by the clinical commissioning groups in east Kent, we hope that will be spring 2018.

No final decisions will be taken until after commissioners and NHS England have had the opportunity to consider feedback from the public consultation next year.

Q. Why can't there be three A&E departments in east Kent?

A. There are not enough specialist staff to run three A&E departments in east Kent, which is why east Kent has only had two A&E departments since 2005.

Based on the number of patients in east Kent and the staff available to treat them, national guidance¹ shows that there could be up to two, but no more than two, full A&E departments in east Kent.

The strategy includes investing capital funds to create larger, more modern A&E departments which could see more patients, more quickly.

Q. Why can't there be three acute hospitals in east Kent?

A. We are currently running several hospital services across three hospitals. This means our staff are thinly stretched and we are not currently meeting the national standards for some services.

There is a national shortage of hospital consultants, doctors and nurses in many specialties, so we do not have the staff or resources to continue working as we are. We urgently need to make longer-term sustainable changes to the way local hospital services are organised to make sure we can continue to recruit permanent staff, so that patients can be seen more quickly because specialist staff are not stretched so thinly. With more doctors available we can consistently provide the standards of services we want for patients.

Q. If demand for services is growing, why do these options include reducing the number of hospitals? Surely we need more hospitals, not less?

A. We need more capacity across health and social care but with people being treated in the right place and receiving the right services to help them stay well at home. About 1 in 3 people are in hospital in east Kent who could be better treated elsewhere if the services were in place. Staying in hospital when you don't need to be there is not good for patients – for people over 80, ten days of bed rest has the same impact on muscles as ten years of ageing.

Q. Why are you considering a new build in Canterbury and not in Ashford or Margate?

A. The potential option of a new build has only been made possible recently because a private developer has offered to donate land and build and gift the shell of a new hospital connected to the current Kent and Canterbury Hospital site. If it were to go ahead, we could still use some of the current Kent and Canterbury Hospital estate, to make it more affordable and able to be built more quickly.

Q. What services would remain in Margate and Ashford under option 2?

A. If option 2 was implemented, after rigorous testing and public consultation, the new build at Canterbury would become the major hospital for east Kent, combining emergency services and specialist services. This could mean some other services currently provided at the acute hospitals in Ashford and Margate may need to move to Canterbury to ensure they are located near the specialist and emergency services.

Q. Why are you including options which mean some patients will have to travel further for acute hospital services?

A. The NHS in east Kent needs to meet the growing demand for NHS services and provide better quality care and better outcomes for patients. Currently waiting times are not as good as we would like and staff and services are being stretched too thinly across too many hospitals.

Changes to the way the hospitals work will be backed up by much more co-ordinated and effective local care, which will mean that more people will have most of their care close to home.

¹ The NHS England Review of Urgent and Emergency Care, led by Sir Bruce Keogh (2014)



By making changes to our services we aim to provide the best, most effective, hospital care when people need it – though this may not be at the most local hospital. By providing greater support at home and in the local community for people who no longer need hospital treatment, we can make sure people are only in hospital when that is the right place for them to be. Currently, around 1 in 3 people are in hospital in east Kent who could be better treated elsewhere if the services were in place.

Hospital doctors, GPs, other health professionals, NHS leaders and patient and public representatives will evaluate the advantages and disadvantages of each of these potential options, to reach a shortlist using detailed 'evaluation criteria' developed by clinicians and tested with the public.

The evaluation criteria include detailed questions to determine which option(s) would deliver the greatest improvements in patient care, are the most accessible for the greatest number of patients, can be best staffed, are affordable within the funds available, deliverable within the timeframe needed and best support research and education.

Q. When will acute medical services return to Kent and Canterbury Hospital?

A. We can only reverse the changes when we have recruited sufficient permanent consultant doctors to run the specialties that were moved in June, including services for stroke, heart and conditions like pneumonia, and the General Medical Council and Health Education England are satisfied that we can provide appropriate supervision and training for medical trainees at Kent and Canterbury again.

These changes illustrate why we need to make longer-term changes. We need to change the way hospital services in east Kent are organised so that we can continue to recruit permanent staff, so that patients can be seen more quickly because staff are not stretched so thinly and with more doctors available we can provide a consistently good service for patients.

It is possible that the final decision on how health services in east Kent should be organised is made before the temporary changes can be reversed. In this case, the NHS will focus on implementing this decision.

Q. How have patients and staff been involved in this process?

A. Over the last 18 months hospital consultants, GPs and nurses have developed proposals for a different approach to urgent and emergency care, acute medicine, specialist services and planned inpatient orthopaedic services in east Kent. This builds upon local involvement and wider engagement through the STP.

We have tested our thinking with patients, carers, the public and communities, through a series of 'listening events' held in February/March and Summer 2017 across east Kent, including testing the criteria against which we could assess possible options.

Around 750 people attended these events, raised important questions and shared valuable feedback. They helped us refine the criteria and told us how important they felt each of them was in assessing the potential options available.

The key themes from feedback so far has been that people recognise the need for change to improve care given the rising and changing demand and gaps in workforce; they want good access to services, both in and out of hospital, for patients and their relatives and are broadly supportive of the vision and plans to date.

Q: Is this a PFI? Will you be tied into very expensive contracts for decades?

A. None of the options is based on a Private Finance Initiative (PFI). The financial sustainability of each potential option over the medium and longer-term is part of the decision-making process – we have a duty to make sure the NHS can afford, and continue to afford, each option that goes to public consultation.

Q: How long could this all take?

A. The public consultation on the shortlist of options is planned for spring 2018. This would mean the CCGs, local Trusts and partner organisations will be considering feedback from the consultation as part of the final decision-making process next year.

Ends

