

**24 November 2017**

## **ESTABLISHING THE MEDIUM LIST OF OPTIONS FOR EAST KENT HOSPITAL SERVICES**

Health commissioners will meet on 30 November to consider potential options for how future hospital services might be organised in east Kent.

This follows extensive discussions with health professionals and the public about how to improve standards for patients and ensure future services, both in and out of hospital, can better meet the needs of a growing and ageing population and be safe, high quality and sustainable into the long-term.

Commissioners will discuss potential options for organising and delivering services to improve urgent, emergency and acute medical care (including A&E departments) specialist care and planned inpatient orthopaedic care (such as hip and knee operations).

We are making these changes because demand for health services is constantly growing, this means that our health and care system in east Kent is under real strain and is not meeting national quality standards. There are limited specialist staff and limited money to spend, so we need to use what we have wisely and effectively.

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Over the last 18 months 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.

We have tested this with patients, carers, the public and communities and now have a list of potential options. If agreed this list will undergo further testing and evaluation by health professionals and patient representatives over the coming months, to reach a shortlist which, subject to agreement with NHS England, we will consult the public on next year to get their views and feedback on our proposals.

We are sharing our progress so far with the public so people can be confident we are giving due and proper consideration to the different potential options. However, it is very important people understand that there may well be changes to what we are announcing today by the time of the public consultation.

The plans include more care for people closer to home, delivered by local teams of health and social care professionals, working in GP surgeries, health centres and local communities, so for day-to-day care and treatment, some people won't have to go to hospital as they sometimes do now.

When people do need hospital treatment, the NHS wants to make sure it is safe, people are seen quickly and care is high quality and that people only stay in hospital for as long as they need to.



## Two potential options for urgent, emergency and acute medical services for further analysis

Currently the three main hospitals in east Kent – at Ashford, Canterbury and Margate – each provide different services, with A&E departments at Margate and Ashford and an Urgent Care Centre at Canterbury<sup>1</sup>. A range of specialist services are located at different hospitals. For example, the trauma unit is located at William Harvey Hospital, and inpatient kidney services are at the Kent and Canterbury Hospital.

There is now very good evidence that specialist services, such as stroke, trauma, vascular and specialist heart services need to be centralised and located together. This is because doctors, nurses and other professionals treating rare conditions need to see and treat enough patients every year to maintain their skills. They also need to be located together because patients affected by one of these conditions are more likely to need intervention from a specialist team for one of the other conditions too.

A hospital with specialist services has to serve a population of at least one million people, so east Kent has a big enough population for one hospital with specialist services.

### OPTION 1: Organising services at our three main hospitals in different ways

This potential option is to have two emergency hospitals with 24/7 A&E departments, of which one would have the full range of specialist services. In addition, the third hospital would have a 24/7 GP-led urgent care centre, treating urgent illnesses and injuries that do not need to be seen by A&E doctors.

Based on the number of patients in east Kent and the staff available to treat them, national guidance<sup>2</sup> shows that there could be two full A&E departments in east Kent.

One of the two emergency hospitals would also be the centre for highly specialist services in east Kent (e.g. trauma, vascular and specialist heart services).

This potential option is the result of looking at all the possible ways that services could be organised across our three hospital sites in east Kent. By applying a set of criteria<sup>3</sup>, developed by clinicians and tested with the public, and taking into account national guidance, we have arrived at one viable option for organising urgent, emergency and acute medical services. This is:

- William Harvey Hospital, Ashford, as a major emergency centre with 24/7 A&E department and the centre for specialist services in east Kent;
- Queen Elizabeth the Queen Mother Hospital (QEQM), Margate, as the second emergency hospital, with 24/7 A&E;
- Kent and Canterbury Hospital as the 24/7 GP-led Urgent Care Centre.

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<sup>1</sup> Temporary changes were made to acute medical services at the Kent and Canterbury Hospital on 19 June 2017 as a result of the removal of almost half of the junior doctors by Health Education England and the General Medical Council.

<sup>2</sup> The NHS England Review of Urgent and Emergency Care, led by Sir Bruce Keogh (2014)

<sup>3</sup> The hurdle criteria are a set of questions designed to give a yes or no answer that help to filter out options at this stage that are not viable.



## OPTION 2: New development at the Kent and Canterbury Hospital

This potential option is a new build connected to the current Kent and Canterbury Hospital, which would be a single major emergency centre for east Kent, with 24/7 A&E and specialist services (e.g. trauma, cardiac and kidney services).

This option would mean that acute services (e.g. A&E, acute medicine and all specialist services) would move to this site from the QEQM Hospital and the William Harvey Hospital. Instead these sites would have 24/7 GP-led urgent treatment centres, as well as diagnostics (such as X-ray and CT scans), day surgery, outpatient services and rehabilitation.

It has been possible to consider and include this potential option because a private developer has offered to donate to the NHS land and the shell of new hospital which it will build adjacent to the Kent and Canterbury Hospital, as part of a development to build 2,000 new homes.

Subject to planning permission and capital funding, this provides the opportunity to fit out new hospital buildings and still use parts of the existing Kent and Canterbury Hospital. This is less than half the cost of building a new single site hospital on green belt land, which was ruled out as a possible option because there isn't enough national funding to pay for it and it would take too long to build<sup>4</sup>.

This proposal is an additional option which has been included now. It could not have been included at the beginning of the process because it has only emerged as an offer recently.

## Six potential options for planned inpatient orthopaedic care services for further analysis

More patients than ever need this type of treatment. The waiting list for planned orthopaedic operations has risen by 75% in four years. In the last three years there has also been a fourfold increase in the number of operations cancelled on the day they were due to take place because the bed was needed for an emergency patient. Providing this service differently will cut waiting times and improve outcomes for patients.

Applying the same set of criteria<sup>5</sup> described earlier to all the possible ways that planned inpatient orthopaedic care could be provided in the future, results in six potential options for where the service could be located in the future at:

1. only the Kent and Canterbury Hospital
2. only the QEQM Hospital
3. only the William Harvey Hospital
4. both the Kent and Canterbury Hospital and William Harvey Hospital
5. both the Kent and Canterbury Hospital and QEQM Hospital
6. both the William Harvey Hospital and QEQM Hospital

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<sup>4</sup> A single site on green belt land is estimated to cost approximately £700 million and take in the region of 10 years to build.

<sup>5</sup> The hurdle criteria are a set of questions designed to give a yes or no answer that help to filter out options at this stage that are not viable.



## Why is change needed?

The NHS in east Kent is proposing to change the way it provides healthcare so it can 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 and staff and services are being stretched too thinly across too many hospitals.

East Kent Hospitals' Medical Director, Dr Paul Stevens: "There have been huge medical advances over the last 30 years. We treat patients very differently now, with specialist teams looking after people with specific conditions such as kidney disease and heart conditions. This has led to much more effective treatment and people are living longer, with a better quality of life.

"But the NHS in east Kent is still set up to work the way it did 30 years ago. We know we can care for patients better by doing things differently."

The proposals 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.

The aim is to provide hospital services where specialist teams have the equipment and staffing they need to provide excellent patient care; where people can get specialist intensive rehabilitation and outstanding planned inpatient orthopaedic care, and where you can get fast access to hospital treatment because people who no longer need hospital care are receiving appropriate treatment closer to home instead freeing up beds for other patients.

## What happens next?

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) 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.

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

## How decisions have been made

We have been following a comprehensive and well recognised 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 how services should 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 was in assessing the options available.

The first step to determine where services could be provided was to create a long-list of all the possible combinations of site options.

**For urgent, emergency and acute medicine services** the long-list included:

- Any of each of the existing three hospital sites operating as a major emergency centre with more specialist services
- Any of each of the existing three hospital sites operating as an emergency centre or medical emergency centre
- Any of each of the existing three hospital sites operating as an urgent care centre or integrated care hospital

The long-list of options also includes:

- A new hospital on a new “green field” site
- Consolidation of existing hospitals onto one existing site
- Closing an existing hospital.

**For planned orthopaedic services** the long-list of options included:

- A single east Kent inpatient orthopaedics unit on any one of the three hospitals
- An inpatient orthopaedics unit on all three hospitals
- Combinations of two orthopaedics units on any two of the acute hospitals
- No inpatient orthopaedics unit on any of the three acute hospitals in east Kent.

We have applied the first set of questions - hurdle criteria - to help rule in or rule out options from the long-list. These questions, designed to give a yes/no answer, applied to each of the long-list of options were:

- Would this option allow us to provide clinical services that meet national standards of safety and quality?
- Would this option be something we could implement within a five-year timeframe? (We need to make changes by then to meet the challenges facing us, but we are also looking to make our services sustainable into the long-term as part of our work and planning)
- Would this option deliver accessible services?
- Would this option be consistent with previous decisions about how the pattern of services should be organised to deliver the best quality care?
- Would this option be financially affordable, now and in the longer-term?

Asking these questions against the long-list ruled in or ruled out potential sites to reach the “medium lists” to be evaluated and analysed in more detail to determine which potential options progress to public consultation next spring.

Ends

