NHS
East Kent
Hospitals University
NHS Foundation Trust

Emergency Transfer of acute medicine - Kent & Canterbury Hospital

1. Background

1.1 East Kent Hospitals announced on 21 March that Health Education England (HEE), which oversees junior doctor training, required the Trust to move half (38) of the junior doctors at the Kent & Canterbury Hospital (K&C) to the Trust's other two hospitals at Ashford and Margate.

1.2 This is because a shortage of permanent consultants and a heavy reliance on locum doctors has impacted on the supervision and training for junior doctors. As a teaching Trust, EKHUFT has to make sure that junior doctors have access to senior doctors to support them.

1.3 The Trust has struggled to recruit and retain permanent consultants and has been briefing the Health Overview and Scrutiny Committee on these pressures for the last 18 months. There has also recently been some unexpected long-term sickness, maternity leave and resignations due to career changes. This is compounded by is also a national shortage of consultants and very demanding, and therefore unattractive, rotas caused by stretching services and resources across three sites.

1.4 As a result on 19 June 2017 half of the junior doctors were moved from K&C to the William Harvey Hospital (WHH) in Ashford and the Queen Elizabeth The Queen Mother Hospital (QEQMH) in Margate.

1.5 There has not been a full A&E at K&C since 2005 when services at the Trust were reconfigured. The A&E then became an emergency care centre which dealt with minor injuries and minor illnesses and also accepted some other emergency cases, but not general surgical emergencies.

1.6 The Emergency Care Centre became the Urgent Care Centre in July 2016 when patients attending the K&C were 'streamed', to see a GP for minor illness, a nurse for minor injuries and the hospital team via an Acute Medical Unit if the patient's complaint was more serious.

1.7 These changes resulted in improved provision for junior doctors. However, the current difficulty in recruiting substantive consultants led to concerns by HEE and the General Medical Council (GMC) and their decision to remove the junior doctors on 19 June.

2. Prioritising patient safety

2.1 On Friday, 9 June, the Trust's Board made the decision to move some services at K&C to its other two sites. This is because without the junior doctors the Trust could not continue to provide those services safely. This is called an emergency transfer of services. It can only be made on a temporary basis and does not require public consultation because it is an emergency move made to ensure services and patients are safe.

2.2 Ambulance travel times from the K&C are 28 minutes to WHH and 38 minutes to QEQMH. National best practice and evidence shows that treatment by paramedics in the ambulance and specialists highly trained to treat your condition and available 24/7 when you get to hospital, has a greater impact on the outcomes for patients than shorter travel times.

2.3 This is why the Trust has for some time taken many patients with complex trauma and heart attacks straight to the WHH in Ashford; and patients with emergency vascular conditions, such as an aortic aneurysm to the K&C, because that is where the experts are and where patients will have the best chance of survival and recovery.

2.4 The Trust has a strong safety record and has made these changes so it can continue to ensure it provides safe services for patients, as well as appropriate training and supervision of junior doctors. In December 2016 the Care Quality Commission reported significant improvements in the quality of care and leadership at the Trust and it was removed from quality special measures in February 2017. The Trust has one of the lowest mortality rates and the best outcomes for trauma patients in the country.

3. What this means for patients

3.1 The changes affect people who require urgent medical care for conditions such as heart attack, stroke and pneumonia. As part of the temporary changes hyper acute stroke services were moved on 10 April 2017. Patients are no longer brought to the K&C Urgent Care Centre by ambulance as an emergency. They are now taken by ambulance straight to Margate or Ashford.

3.2 The majority of services at the K&C are not affected. For example, surgical services, chemotherapy services, renal, vascular, urology services and outpatient clinics are not affected. There continues to be a 24/7 minor injury and illness service at the hospital.

3.3 Patients who have a planned operation or outpatient appointment, an x-ray, blood test or therapy session at the K&C, are not affected and are seen and treated at K&C as usual.

3.4 Most stroke services remain unchanged at the K&C, including outpatient appointments and rehabilitation services. The hospital's stroke ward remains open and continues to care for patients recovering from a stroke.

3.5 The Trust has ensured that as many patients as possible can still be cared for in Canterbury. In all, the temporary changes affect up to 50 of the 900 people who attend the hospital each day. Around 35 patients a day will no longer be brought to the K&C's Urgent Care Centre.

3.6 The ambulance service has reported that the road works on Kennington Road, expected to last until 5 September, have not unduly affected its service. We have also opened a rear access to the William Harvey Hospital for ambulances and staff, to assist other traffic flow for relatives. Road works are a regular occurrence on Kent roads and these have been planned for in the same way.

4. Actions to create capacity at Margate and Ashford

4.1 The Trust has been planning carefully and working closely with the ambulance service and other parts of the NHS and social care, with oversight from its regulators, to ensure the temporary transfer is safe and effective.

4.2 Measures to ensure that there is sufficient capacity at the other two sites include:

- providing more capacity in community care settings for people who are well enough to leave hospital but are not yet able to return home
- improving patient pathways and increasing consultant cover (available through fewer rotas) improving patients' discharge within the hospitals so they are not waiting longer than they need to leave hospital
- increasing the amount of "ambulatory" care so more patients who need urgent treatment can be treated on the day they come in, and go home the same day
- additional ambulance capacity and patient transport vehicles
- extending 7 day services to therapies, pharmacy and cardiac catheterization laboratories

4.3 Once patients are well enough, we aim to discharge them home or to a nursing or residential care facility. If patients are medically fit to leave our hospitals in Margate or Ashford but need to remain in hospital we may transfer them to the K&C to continue their rehabilitation. This decision would include an assessment of clinical need and where patients live. This will only happen if patients are well enough, and by using properly qualified staff and transport by ambulance.

4.4 As a result of the emergency transfer, 24 beds at K&C are not currently needed and have closed. At WHH eight inpatient beds have been changed from inpatient to ambulatory care beds, at QEQM 7 beds have been changed from inpatient to ambulatory care beds.

5. Stakeholder and patient communication

5.1 On 21 March 2017 the Trust informed staff and patients and wrote to partners, stakeholders, HOSC members, Trust members and announced in the media, the decision by HEE that it was moving some junior doctors and therefore some services would be moving from K&C in two to three months on a temporary basis. Further communications were sent out on 10 April about the changes to hyper acute stroke services; and on 12 June following the Board's decision and in advance of the remaining changes.

5.2 The Trust has worked with Healthwatch Kent to develop patient information available for the Trust to use, and has also cascaded information via the community health learning disability teams, nursing homes, Age UK and the Stroke Association.

5.3 The Trust understands and shares the public's strength of feeling about the NHS. The Trust has and is taking up regular opportunities to engage with the public at listening events led by the clinical commissioning groups, at public meetings e.g. held by CHEK and Faversham Health Matters, as well as regular engagement with staff.

5.4 During purdah the Trust was restricted in attending one public meeting but representatives took down all questions raised and these have been answered and are available on the Trust's website. The Trust agreed with the campaign group running the public meeting on a date to reschedule the meeting and this took place with Trust doctors, the Chief Executive and NHS commissioners attending to answer questions on 16 June.

5.5 The Trust regularly communicates and meets with local MPs, this has recently included the new member of parliament for Canterbury.

6. Action to address the shortage of consultants

6.1 The Trust can only reverse the changes when it has recruited sufficient substantive consultants to run the services and the General Medical Council and Health Education England are satisfied that it can provide appropriate supervision and training for medical trainees at K&C again.

6.2 The Trust continues to actively recruit permanent consultant doctors including holding regular national and international recruitment campaigns, placing targeted adverts in publications such as the British Medical Journal, work with recruitment experts who specialise in recruiting doctors, and use targeted social media adverts. Posts are often advertised for consultants to work for the Trust rather than individual hospitals to increase the opportunity to attract applicants.

6.2 A new website for the public sector has been launched in east Kent called Take a Different View specifically selling the advantages of relocating to east Kent.

6.3 The Trust is also looking closely at how it can make the roles more attractive to consultants, for example, by reviewing our research opportunities, relocation incentives and working patterns.

7. Improving healthcare in East Kent for the future

7.1 This situation is an illustration of why there needs to be a move to a more sustainable way of providing hospital care which includes making the best use of the Trust's three hospitals at Canterbury, Margate and Ashford, with greater additional support for people in their local communities.

7.2 The longer-term vision is for a comprehensive reconfiguration of services to improve the quality and safety of care the Trust can offer and takes advantage of the advances in medicine which have resulted in better care, from specialist teams, leading to far better outcomes for patients, and meets the long-term needs of our changing population.

7.3 The proposals include organising our services across our three existing hospital sites so that we have an emergency care hospital with A&E and specialist services, a second emergency care hospital with A&E and a third hospital with GP-led 24/7 urgent care, planned care and specialist intensive rehabilitation.

7.4 This early thinking was informed by conversations with the public, staff and clinicians. We are now working with the public to develop more detailed proposals for the future of health and social care and options for which sites should provide which services. This will be consulted on as part of a public consultation led by the Clinical Commissioning Groups in East Kent, we hope that will be early in 2018.

7.5 Our early thinking means providing acute medical services on two of our three hospital sites in the future. The temporary changes we are making now may still be in place when we reach public consultation on the STP. If this is the case, the Trust will focus on implementing any longer-term reconfiguration once the final decision is made on where and how services are provided.

7.6 The Trust fully supports the bid for a medical school for Kent and Medway. The most important factors in attracting doctors are hospital services that deliver the best care, offer attractive services, manageable rotas and working conditions for staff. This is the Trust's vision for its hospitals and having a Medical School locally will add to that attraction.

7.7 Longer-term changes do not stop a new hospital being built in the future but, even if the funding was available now, it would take at least 10 years before it could be built. It is clear that it is not possible to sustain services as they are now without making changes and the benefits for patients of transforming care would not be realised.

7.8 Canterbury and Coastal Clinical Commissioning Group has commissioned work to scale up the plans it has been developing to increase the amount of local care in the area through better co-ordination between primary care and community services. For example, there is work across the health and social care system to develop a frailty pathway so that more older people needing urgent care can be cared for at home or in a community bed, starting this autumn.

3 July 2017