Scrutiny (Community & Regeneration) Committee
Tuesday 19 September 2017 at 6.00pm
Key Lines of Enquiry for East Kent Hospitals University Foundation Trust

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Key Lines of Enquiry

Impact of the Emergency Transfer of Acute Medicine from Kent & Canterbury Hospital

Q1. What happens to patients who would normally be taken to the Urgent Care Centre at Kent & Canterbury Hospital?

Patients needing emergency medical care who would previously have been brought to the Kent and Canterbury Hospital (K&C) are taken directly by ambulance to our hospitals in Margate or Ashford instead, whichever is closer, for initial assessment.

If they need to be admitted, patients are treated at these hospitals while they are very unwell. This is because we need patients to be seen in the place they will get the most appropriate treatment which for the moment means being treated at Ashford and Margate for the initial stages of their care. Patients that are well enough, but need to remain in hospital to continue their recovery and rehabilitation, can be brought to the K&C to be closer to home.

We have up to 30 patients a day in total going to either Ashford or Margate who would have previously gone to the Urgent Care Centre at K&C. The majority of patients who were attending, around 90 a day, are still being seen in the minor injuries and illnesses service at the K&C which remains open 24/7.

Around 850 patients are still being seen and treated at K&C with most services unchanged e.g. surgery, chemotherapy, renal services, vascular, urology and outpatient appointments.

Q2. Are the changes to services at Kent & Canterbury Hospital permanent or temporary and if temporary, what is the end date for the emergency transfer of acute medicine?

The changes to acute medical services at the K&C can only be made on a temporary basis, to protect patient safety. Permanent changes to services can only be made following a formal public consultation process.

Over the past few years the Trust has been unable to fill a number of gaps on the Consultant HCOOP, Stroke, Acute Medicine, Endocrinology, Cardiology, Respiratory, Gastroenterology and Rheumatology rotas across its three hospital sites. These gaps were creating significant difficulties in ensuring that appropriate senior clinical cover and training support was provided to medical trainees.

During the early part of this year, these difficulties were further compounded by vacancies on the K&CH site due to key clinicians leaving the Trust and serious long-term absence. As a consequence, services were heavily dependent upon a large number of locums to fill vacant posts in order to deliver services.

A series of visits by Health Education Kent Surrey and Sussex (HEKSS) dating from March 2014 identified significant concerns with the provision and oversight of core medical training at K&CH. Despite the completion of an action plan (which included making changes to the Emergency Care Centre at K&CH) the lack of a substantive consultant workforce in HCOOP and acute medicine continued to threaten the sustainability of acute inpatient medicine at K&CH.

In March, HEKKS and the GMC undertook an emergency visit to K&CH. Whilst they stated that they had no immediate concerns in relation to patient safety, they made it clear that the training experience of junior doctors on the K&CH site was unsatisfactory and that changes had to happen.

Consequently, HEKSS recommended that 38 of the 76 trainees from Kent and Canterbury Hospital had to move from the K&CH site to the Trust's other two acute hospitals so that they could continue their training with appropriate clinical supervision.

The Trust had no option but to comply with Health Education England's recommendations in response to the immediate operational issue. It was therefore necessary to make the temporary changes to some services at Kent and Canterbury.

We continue actively recruit to our consultant vacancies across our three acute hospitals, however any decision to move junior doctors back to the K&CH site would be for HEKSS to make once it is happy that we have the necessary levels of consultant cover in place.

If the temporary changes at K&C are still in place when we reach public consultation for our longer-term strategy (under the Kent and Medway Sustainability and Transformation Plan (STP)), we will focus on implementing any longer-term reconfiguration once the final decision is made on where and how services are to be provided.

Q3. Can you reassure members that this is not part of a plan to permanently reduce services at Kent & Canterbury Hospital?

The safety of patients is our priority which is why we made the changes. The Trust has a legal and constitutional obligation to formally consult on any permanent significant service change, therefore we confirm that no permanent changes will be made without formal public consultation.

Q4. Can the measures being used to create capacity at William Harvey and QEQM be applied to Kent & Canterbury Hospital?

The Trust's three acute hospital sites work closely together and support each other. The interim changes that have been put in place for K&CH means that some patients who have received their acute episode of care at WHH and QEQMH can be moved back to K&CH if they are medically fit to do so. This helps to maintain some capacity at the WHH and QEQMH. We are also working very closely with our other health and social care partners to ensure that the necessary capacity is provided in the community and in people's homes to enable patients to stay in an acute hospital bed for as short a time as possible.

Q5. How is EKHUFT intending to provide more capacity in community care settings for people who are well enough to leave hospital but are not yet able to return home given the shortage of GPs?

We continue to work closely with our community and social care partners to provide increased capacity in community care settings. For example, the Community Trust has a programme of improvement to reduce Delayed Transfers of Care (DTOC) for patients, and our Clinical Commissioning Groups also have a series of plans aimed at improving capacity.

Q6. What is being done to offer more services at Buckland Hospital?

We are currently looking at starting cataract procedures at BHD from January 2018. We are also in discussions with the CCG to bring some primary care services into the building as part of their local care plans.

Q7. What affect will the changes to services at Kent & Canterbury Hospital have on waiting lists?

The temporary changes that have been made at K&CH do not impact on waiting times for hospital appointments. We have not had to cancel any surgical appointments as a result of the temporary changes and although some outpatient appointments were re-scheduled for a small number of medical patients they have now all been re-booked and have attended their appointments.

Q8. How has the savings resulting from the closure of 24 beds at Kent & Canterbury Hospital been spent?

Whilst some beds at K&CH have closed as part of the temporary transfer of services, the Trust has not made any financial savings from implementing the changes. Ward staff have been deployed to other clinical areas either on the same site or at our other hospital sites. We have also recruited a number of Registered Medical Officers (RMOs) to continue to support the delivery of some of the services at K&CH.

Q9. How do you intend to achieve the extension of 7 day services to therapies, pharmacy and cardiac catheterization laboratories given staffing and other pressures?

The Trust is taking a phased approach to this by developing new and extended roles such as Advanced Clinical Practitioners along with developing a pipeline of staff via programmes such as apprenticeships so that professionals can work to the top of their competency with other trained support roles in place to carry out some duties they currently undertake.

Q10. What use is being made of private medical facilities, such as Chaucer Hospital or French hospitals, during the transfer of services from Kent & Canterbury Hospital?

These temporary changes relate to the provision of acute inpatient medicine and do not relate to the provision of planned or elective surgery which is what private hospitals are able to provide.

Future Service Provision

Q11. Does EKHUFT and its partners have sufficient funding and staff to deliver the promised improved healthcare in East Kent for the future?

The Trust is working with all health and social care partners across Kent and Medway to develop the Sustainability and Transformation Plan. This plan demonstrates how healthcare will be delivered in the future and includes details of the staff, roles and skills that will be required over the next few years, as well as how transforming the way healthcare is provided will be more cost effective.

Q12. What services does EKHUFT intend to permanently remove from Kent and Canterbury Hospital in the longer term?

Our long-term vision is for a comprehensive reorganisation of services in a way that improves the quality and sustainability of services for patients and makes best use of all of our hospitals.

We are currently undertaking detailed work to thoroughly assess all available options of where services could be provided in the future. Any proposals for permanent changes will be subject to formal public consultation, which we anticipate will start early next year.

Q13. Does the reduction of hospital beds at KCH, WHH and QEQM form any part of the proposals to reduce the number of hospital beds by 300 as part of the Sustainability and Transformation Plan?

Working closely with our other partners in East Kent we have undertaken a series of audits aimed at understanding the acuity (how seriously ill patients are) of patients that are in our acute hospital beds. These detailed audits have shown that on average, at any one time, there are approximately 300 patients occupying an acute hospital bed when they do not need acute hospital care.

Our future plans under the STP aim to address this issue ensuring that people receive the right care from the right professionals, in the right place.

Q14. Are there any plans to sell the Kent & Canterbury Hospital site?

No. There are no plans to sell the K&CH site.

<u>Training and Retention of Clinical Staff</u>

Q15. Why can't the training of doctors be conducted at the Kent & Canterbury Hospital rather than moving the doctors to other sites?

Junior doctors need to receive medical training and clinical supervision in order to learn their skills. This training and supervision can only be provided by consultants who are experts in their clinical field. It cannot be provided by locum consultants (consultants who are employed on a temporary basis to fill a gap in a rota). Over recent years the Trust has been unable to recruit sufficient consultants to provide the training and clinical supervision for junior doctors.

Please also see the response provided for question 2 above.

Q16. What is being done to recruit and retain permanent consultants and how is this different from normal recruitment and retention practices?

We continue to work hard to recruit more consultants to work at all of our hospitals, including the K&CH. 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.

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.

We have recruited 44 new consultants since 2016; of which 29 have been recruited since January 2017, with 4 recruited since 19 June 2017, when the temporary changes at K&CH came into effect. Since then, 12 more consultants have been offered posts and are in the process of undergoing pre-employment checks, and seven more positions are currently being advertised. Since 19 June 2017, we have advertised for 28 consultant posts, including for A&E, stroke and cardiac care.

Q17. How is EKHUFT tackling unexpected long-term sickness and resignations due to career changes at Kent & Canterbury Hospital?

The Trust's workforce plan and its people strategy focuses on retaining, developing and supporting staff in their careers right across the Trust.

Q18. Is EKHUFT trying to reduce the use of expensive agency staffing and if so, how?

We focus on recruiting permanent staff wherever possible, we only use agency staff where absolutely necessary and this is closely monitored.

Q19. What measures are you taking to retain newly qualified doctors, especially given the widely reported increase in the number taking up jobs abroad?

The Trust is focussing on how it can make roles more attractive to consultants, for example, by reviewing our research opportunities, relocation incentives and working patterns as well as supporting training and development opportunities. We are also introducing new ways of working to support clinicians achieve work-life balance, in particular around on-call arrangements to make jobs more attractive to our staff.

Q20. How realistic are the proposals for a medical school in Kent and when would you expect it to be operational? Are there any plans to expand existing training provision, such as at Canterbury Christchurch University?

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 excellent working conditions. This is the Trust's vision for its hospitals and having a Medical School locally will add to that attraction.

Emergency Care

Q21. How does the number of Accident and Emergency and Urgent Care units in East Kent compare with the provision elsewhere (for similar population sizes) in England?

Health and Social Care partners in Kent and Medway are working to the nationally adopted Sir Bruce Keogh's model for healthcare services. This report shows which hospital services should be provided for different sized populations. The projected catchment population suggests that East Kent should have a maximum of two emergency departments and potentially only one full A&E.

Q22. As a result of the emergency transfer of acute medicine from KCH, how many patients have had to be taken by ambulance to QEQM or WHH instead of KCH?

We have up to 30 patients a day in total going to either Ashford or Margate who would have previously gone to the Urgent Care Centre at K&C.

Q23. What is the current ambulance capacity at William Harvey and QEQM and what will it be in 6 months and 12 months' time?

We think this question should be directed to the Ambulance Trust, although it is important to note that commissioners put additional resources into the number of ambulances and paramedics available to support the transfer of services. This funding was based on modelling undertaken by the Ambulance Trust.

Q24. In the report to the Kent Health Overview and Scrutiny, it was stated that ambulance travel times from the K&C were 28 minutes to William Harvey Hospital and 38 minutes to QEQM Hospital. How were these times calculated?

These travel times were provided by SECAmb and were based on data provided from their data systems.