

## **CINICAL STRATEGY REVIEW EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST BRIEFING**

### **1. Introduction**

East Kent Hospitals University NHS Foundation Trust (EKHUFT) has an ambition to deliver services which are:

- safe;
- clinically effective; and
- sustainable

The Trust has a strong reputation as a high performing organisation with some of the best outcome measures in the country – a low mortality rate, very low infection rates, an award winning stroke service and other specialist services like cardiac care, vascular surgery and interventional radiology that are recognised nationally.

These high quality services have been developed and sustained because the Trust is constantly looking at clinical evidence and questioning whether there are better ways of delivering services that offer improved clinical outcomes for patients and provide a better patient experience.

New medicines, technologies and surgical techniques are constantly being developed and the Trust want to keep you abreast of our latest thinking so that we can deliver the best possible service to your communities.

### **2. Purpose of the Report**

The purpose of this report is to provide you with background to the clinical strategy review and the latest update on the joint forward work programme. This includes the:

- background to the clinical strategy review and the drivers for change;
- emerging key themes and aspirations for the future;
- next steps and the governance framework that will be put in place across the local health economy to manage discussions; and
- proposed timescales for taking the work forward

### **3. Background to the Clinical Strategy Review**

The Clinical Strategy review, which is driven by clinicians, commenced in October 2010. At an early stage, as part of this process, the Trust outlined its commitment to delivering the following:

- working together and “putting patients first”;
- implementing service changes leading to improvement in quality of care;
- ensuring local access to emergency care;
- delivering sustainable services able to develop for the future; and
- ensuring any service changes are clinically led

On 27 October 2011 EKHUFT launched the initial stage of the engagement and communications process to support the key issues, emerging themes and drivers for change from the clinical strategy review.

This involved director-led internal staff briefings across the Trust, followed by attendance at a joint workshop which involved the Trust and the East Kent Commissioning Federation (a joint commissioning body set up by the East Kent Clinical Commissioning Groups) to share current thinking on the strategic direction for EKHUFT over the next five years.

As part of the engagement and communication strategy to support this initial phase, telephone briefings and written correspondence to other key stakeholders across the wider health and social care economy have been undertaken. The Health Overview and Scrutiny Committee (HOSC) were informed at that point and this briefing paper has been drafted to inform the HOSC of progress.

Also, more recently, the CEO was invited to attend the Thanet District Council meeting to provide a briefing on the emerging themes from the Trust's Clinical Strategy, as part of the engagement process.

### 3.1 Key Drivers for Change

There are a number of clear drivers for change these are:

- Emergency surgery standards - recent publications from both the Association of Surgeons for Great Britain and Ireland (ASGBI) "*Emergency General Surgery: The Future*" and the guidelines from the Royal College of Surgeons (RCS) on "*Standards for Emergency Surgical Care*". Both these reports outline that outcomes for patients who need "out of hours" surgery – i.e. at night and at weekends, are relatively poor, as opposed to those treated during "normal" working hours on weekdays;
- Level 2 Trauma Unit priority site. The South East Coast Trauma Network has made a decision for the William Harvey Hospital, Ashford, to be a priority site for a Level 2 Trauma Unit. The publication "*The Regional Trauma System - Interim Guidance for Commissioners*" reflected similar points and standards as that in the guidance and recommendations made by the ASGBI and the RCS. There is evidence at national and indeed international level, that outcomes for patients suffering multiple / complex trauma (i.e. very severe injury) are better when they are treated promptly in specialist centres;
- The development of models of Ambulatory Care that provide pathways of care avoiding unnecessary hospital admissions;
- A national drive for the integration of services and therefore need to work with partner agencies to inform health services;
- The availability and skilled workforce that can offer appropriate specialist skills and services;
- The need to provide sustainable service across the health and social care economy.

## 4. Emerging Key Themes and Aspiration for the Future

### 4.1 Key Themes

Overall the key themes that emerged from the Trust's initial clinical strategy review were:

- clarity of the core services it should provide;
- a focus on improving quality of care / patient safety;
- the need to work with partners including primary care; community services in health and social care; voluntary and independent sector to provide end to end pathways of care;
- the need to address future funding issues; and
- the aspiration to locate "care closer to home" (where possible).

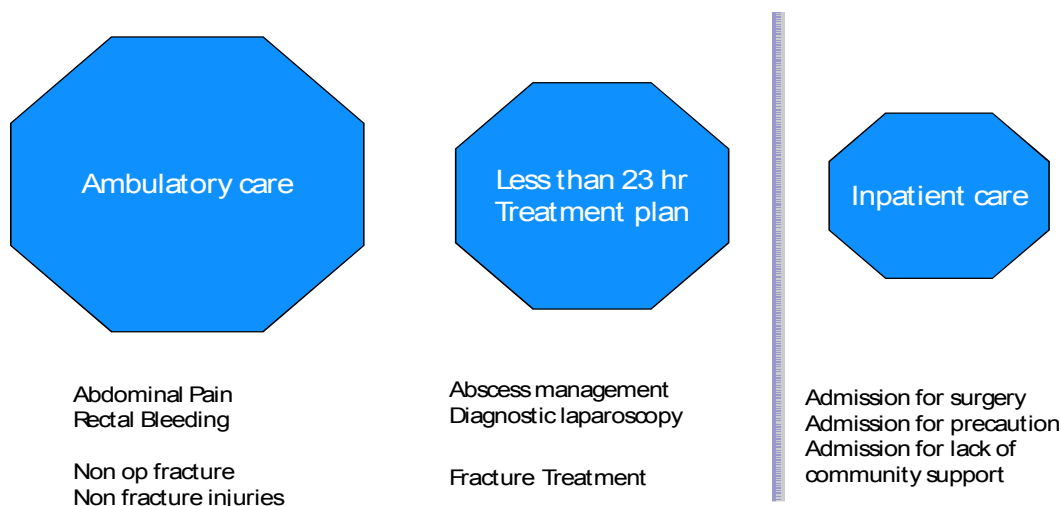
In order to support the key drivers for change, the Trust confirmed that its priority is to address the issues facing emergency surgical care, which in doing so means that the issues for a level 2 trauma unit also needs to be addressed at the same time.

### 4.2 Aspiration

In striving to address all of the above, the key message is that the priority of the clinical strategy is for a quality sustainable emergency surgical service, which will locally build on day surgery and 23 hour surgery provision. In addition, it would support enhanced outpatient services with a one-stop clinic approach.

The diagram below begins to tease out how services might change in the future and shows a growth in the number of patients that can be seen in an ambulatory pathway or within a 23 hour day surgery unit, all of which can still be delivered from local sites.

### Emergency care patient pathways and activity



#### **4.2.1 Urgent Care and Long Term Conditions**

The vision for urgent care (accident and emergency) and long term conditions (LTC) fully supports, and is in line with, the vision for emergency surgical services.

In essence, the emergency care model states that:

- all 'medical' patients should be seen by general medicine;
- there should be faster access to expert assessment by having on-call physicians at the "front door" and by providing telephone access;

This in turn will:

- reduce delays, duplication, unnecessary tests and inappropriate admission;
- increase the uptake of ambulatory care pathways; and
- overall, result in better outcomes.

This model is the preferred model recommended by the Royal College of Physicians and also means that direct access to paediatrics and gynaecology must be available.

The model also proposes other innovative practices for the management of fractured neck of femur patients, which tend to be a vulnerable patient group with co-morbidities. The proposal is that this patient group would be managed locally by ortho-geriatricians whilst the surgical treatment would continue to be undertaken by the trauma and orthopaedic surgeons. This pathway would be consultant led, resulting in better outcomes.

#### **4.2.2 Specialist Services**

For Specialist Services, the Trust is currently out to consultation on a maternity review which is due to end in January 2012. Whilst the result of this is not yet known, other than those proposals outlined in the review, the Trust is not considering changing the number of sites from which maternity and paediatric services are provided from.

However, similarly to Surgery and Medicine there will be fundamental workforce changes with the need for these specialties to support services at "the front door" to ensure that triage occurs effectively and patients are quickly sign-posted to appropriate services in the hospital.

#### **4.2.3 Support Services**

For support services it is important that early diagnostics can be provided to aid and support the decision-making process for senior consultants at the "front door". In addition, it is important that a range of diagnostics is provided "closer to home" and that the Trust re-focuses on emergency services and admission avoidance.

In relation to enhanced outpatient and ambulatory care services the Trust proposes that it examines:

- 'one-stop' clinic approach with co-located diagnostics;
- extended working days including weekends;
- provision of urgent consultations / telephone advice; and
- the wider use of telemedicine.

The Trust currently offers outpatient services from over 20 sites. However, it does not provide a comprehensive range of services from these sites. They have often grown up historically. The Trust would wish to offer a more comprehensive range of local services however, it needs to ensure it does this in a sustainable and affordable way. To achieve this, it is likely outpatient services would need to be offered from a reduced number of sites. Currently the Trust is modelling delivering services from six sites, but this is something it is seeking views and comments on.

## 5. Next Steps and Governance Framework

The Trust recognises that whilst there is a strong foundation for change, further discussion and partnership working is needed with the East Kent Commissioning Federation to jointly develop and agree the future shape of hospital services in East Kent. The Trust also acknowledges the need to carry out a full assessment of the impact of any service change on local populations and access to services. Clearly any major service reconfiguration would need to be subject to future public consultation.

A governance framework has been produced by Commissioners in East Kent which outlines a number of Whole System Boards and enabling groups which will facilitate any discussions from providers relating to their clinical strategies from a whole system perspective.

In addition, within the Trust there will be an internal mechanism comprising of working groups which will feed into the whole system governance framework.

Through the Clinical Commissioning Groups, GP representation will be sought in order to ensure that both a primary and secondary care perspective is given so that a joint agreement on the proposed way forward is made.

## 6. Proposed Timescales

Timelines will need to be agreed with the CCGs, however it is important that the Trust drives the timescales as it needs to address some important clinical issues, particularly in emergency surgery. Within the Trust, a date for the inaugural meeting of the Clinical Strategy Implementation Board has been identified. The Trust is therefore proposing for discussion with the CCGs the following timescales:

<b>Milestones</b>	<b>Timescales</b>
Trust internal follow up engagement and communication led by the Divisional Directors	November to December 2011
External follow up engagement and communication with the CCG localities	November to December 2011
First meetings of Clinical Boards and enabling groups	January 2012
Pathways to be developed by the Clinical Boards	Spring 2012

## 7. Conclusion

It is requested that the Health Overview and Scrutiny Committee note the drivers for change and the emerging key themes from the clinical strategy review and also note the future work programme during this initial engagement and communication stage.