

Transforming Health & Care in East Kent

**Presentation to the Health Overview &
Scrutiny Committee**

26 January 2018



What have we already shared with HOSC:

Information to date:

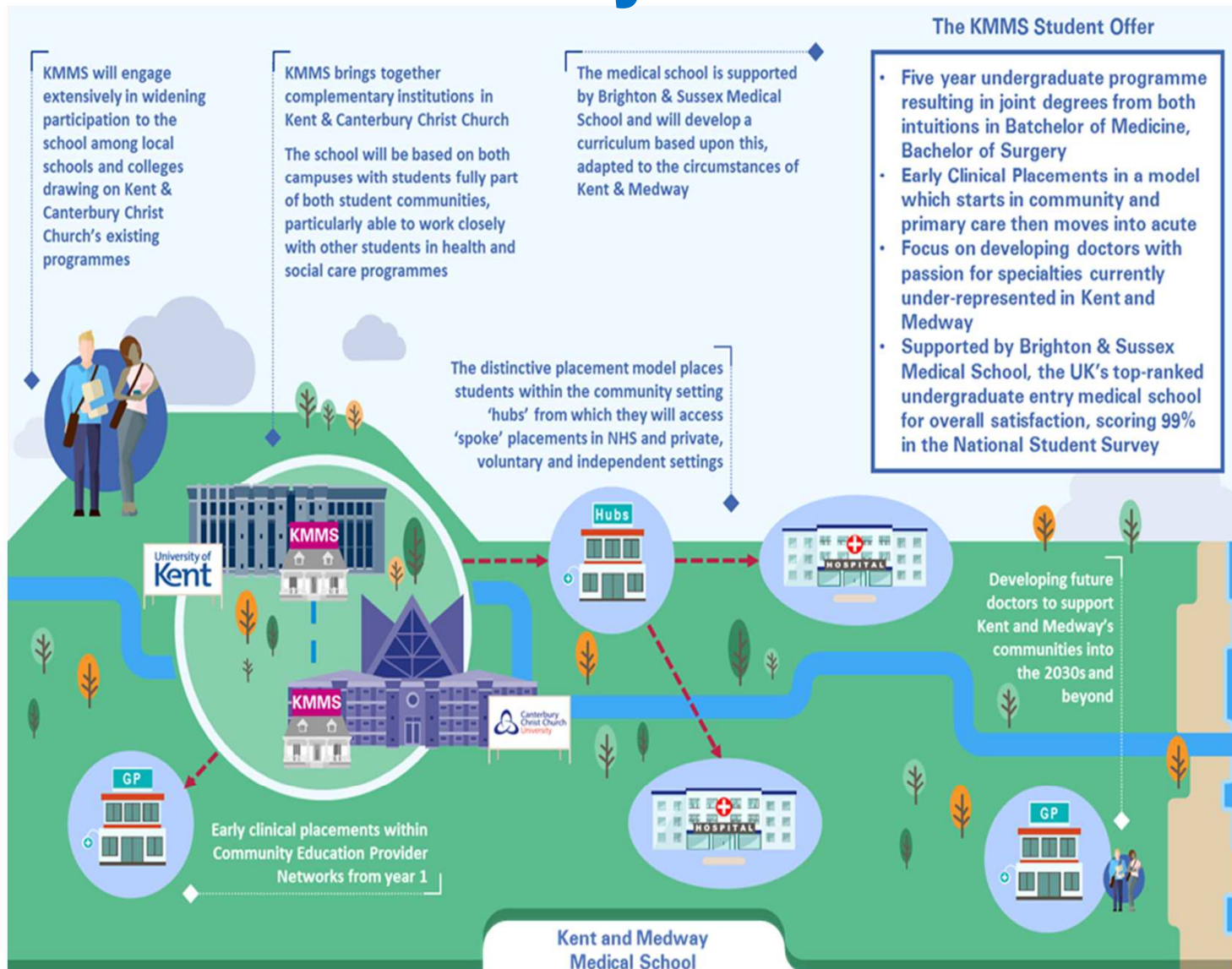
- Case for change in East Kent
- Long list of options and application of the hurdle criteria
- Medium list of options – options 1 & 2
- Local care developments

Requests for additional information:

- Medical School proposal and application
- Assurance that the changes and developments proposed are the right changes
- Local care development – detail on developments that provide assurance on the development of capacity & capability
- Recognition and mitigation of the challenges in achieving the planned changes and improvements



Kent and Medway Medical School



Transformation of Acute and Local care services in East Kent

Update



What do we already know:

- **Case for Change** established – ‘do nothing’ (ie a three site option) is not sustainable. Progression of the strategic changes offers sustainable solutions to the current challenges across patient pathways such as urgent care, workforce challenges and quality of services.
- Public support for the development of new local care models that support changes of hospital care
- Public **listening events** undertaken in spring and autumn were broadly supportive of the proposed changes . Key themes to address further included: developing local care; transport and access; specialist centres
- EKHUFT has developed a strategy for the future provision of acute services on the “Keogh” model for urgent care. Across East Kent this translates to a three site proposal - a Major Emergency Centre with Specialist Services, an Emergency Centre and a Medical Emergency Centre.
- **‘New build’ offer** from Canterbury developer. Legal opinion was that this was a materially significant offer that should be considered.
- Application submitted for a **Kent & Medway Medical School** located in / outside Canterbury



Where are we in the process:

There is a clearly defined process that the health system across East Kent needs to follow in order to make any changes. This process starts with the case for change and progresses through to public consultation and formal decision making.



NB - This stage involves multiple stakeholder reviews as part of the agreed evaluation process

*PCBC = Preconsultation Business Case

The East Kent 'medium list' has two potential options. Option 1 is the output from the application of the hurdle criteria to the long list of options

**QEQM
Hospital**



**William
Harvey
Hospital**

OPTION 1

Kent and Canterbury Hospital



Option 2 is the “developer offer” which following legal advice has been included at this stage of the process. The detail of the “offer” and what it could provide continues to be worked through.

OPTION 2

**A single major
emergency hospital
for all east Kent**

**24/7 GP-led
urgent care**

**Other services
could include**
diagnostics
(e.g. x-ray),
day surgery,
outpatients services
and rehabilitation



**One 24/7 A&E
department**

All specialist services
(e.g. trauma, vascular and
specialist heart services)



**24/7 GP-led
urgent care**

**Other services
could include**
diagnostics
(e.g. x-ray),
day surgery,
outpatients services
and rehabilitation



**William Harvey
Hospital**

QEQM Hospital

**Kent and Canterbury
Hospital**



What services could patients expect in local care under options 1 & 2?

- Maintained local access to local services in particular to those frequently used
- Development of local care
 - Hubs / CHOCs / Primary Care Homes
 - Integrated Case Management
 - Skills and service developments for local access to specialist care (eg Tiers of Care)
- Local access to Outpatient Services and travel for specialist services needing to be co-located with major emergency unit
- Additional opportunities to access urgent care
 - Minor injury / illness units
 - Treatment centres
 - Extended diagnostic services



What is local care?

- Local care is care not in a main hospital
- Through the development of local care we aim to:
 - **prevent ill health** by helping people stay well
 - **deliver excellent care, closer to home**, by connecting the care you get from the NHS, social care, community and voluntary organisations
 - give local people the right support to **look after themselves** when diagnosed with a condition
 - **intervene earlier** before people need to go to hospital
- Clear vision that:
 - promotes and maintains local access to care
 - Develops Primary Care at scale (eg CHOCs / Hubs / Primary Care Homes)
 - Seeks to strengthen integration of how services and care are delivered (eg integrated case management)



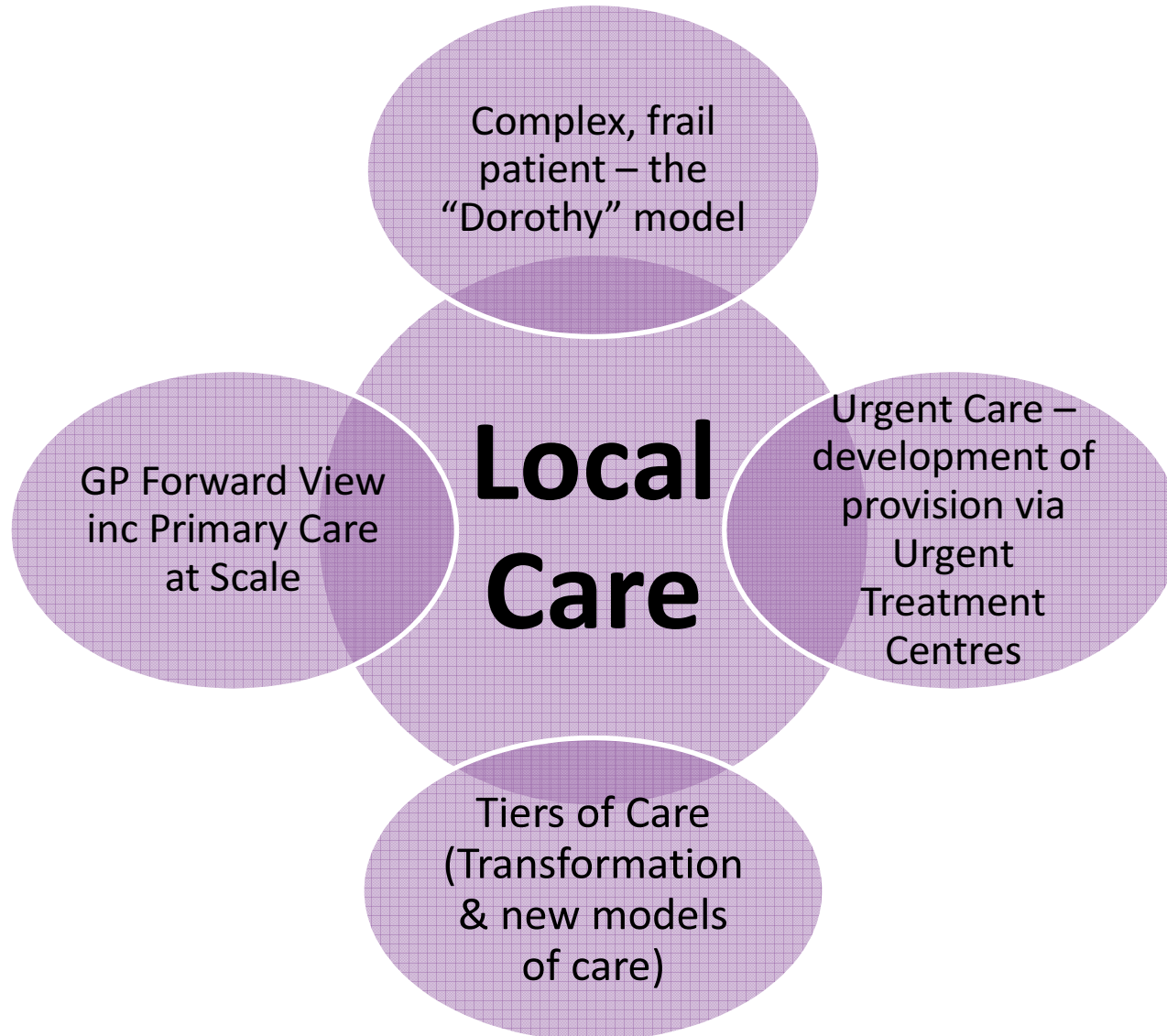
Local Care Development

- Changes to health and care provision across East Kent are complex with the drivers of change increasingly more prominent and a priority.
- Changes to hospital services cannot be achieved in isolation and are predicated on the development of local care.
- Patient behaviours and expectations will be critical to the successful delivery. How services are delivered in the future will look different to how these are currently accessed.
- East Kent reconfiguration encompasses not only changes to where care is delivered from but also how with the development of new models of care and ways of working.

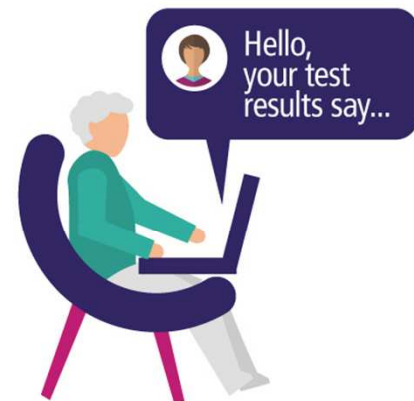


Local care implementation plans in place for each locality supporting the investment case

What is the vision for local care development in East Kent?



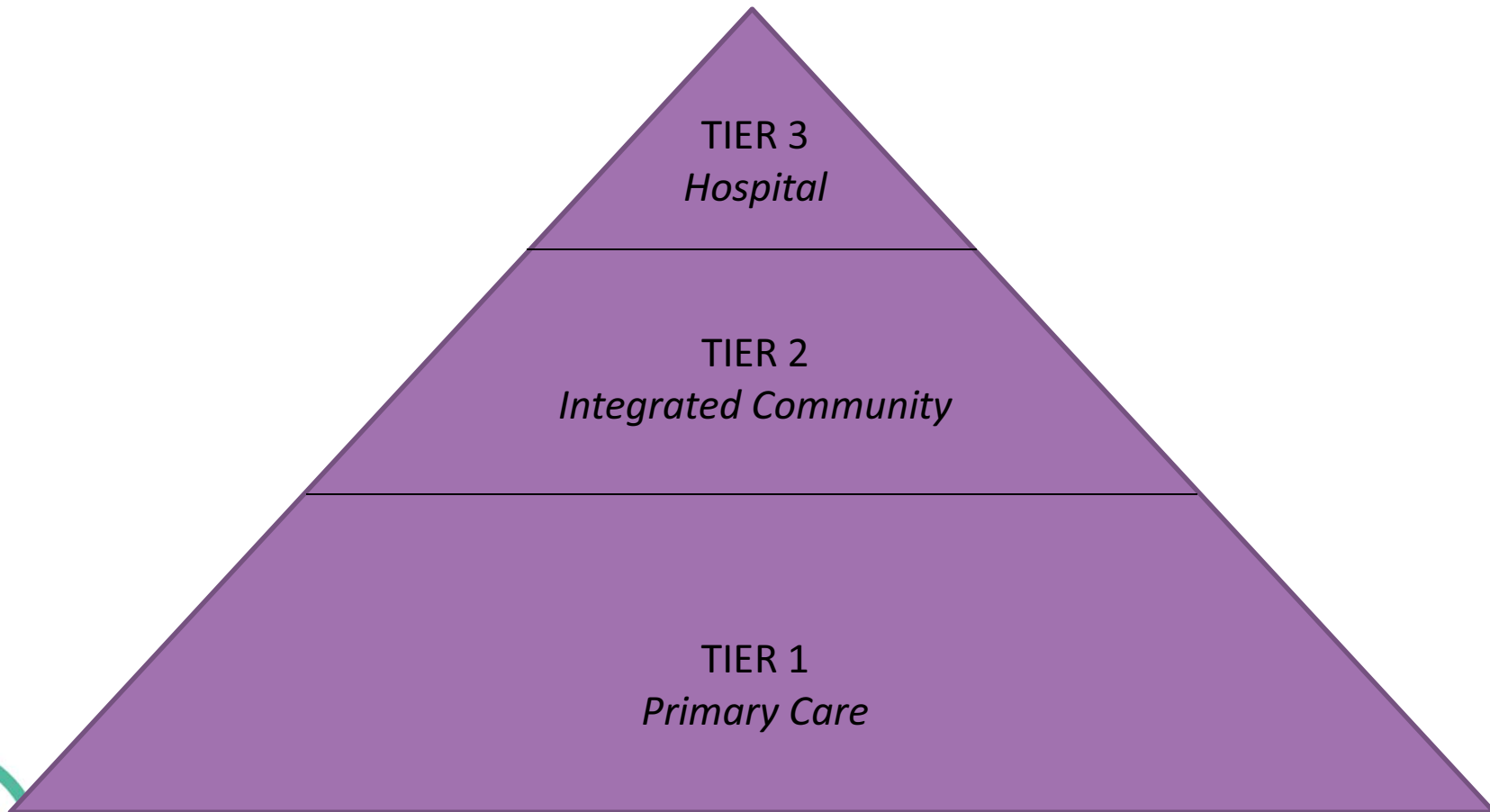
The "Dorothy" model



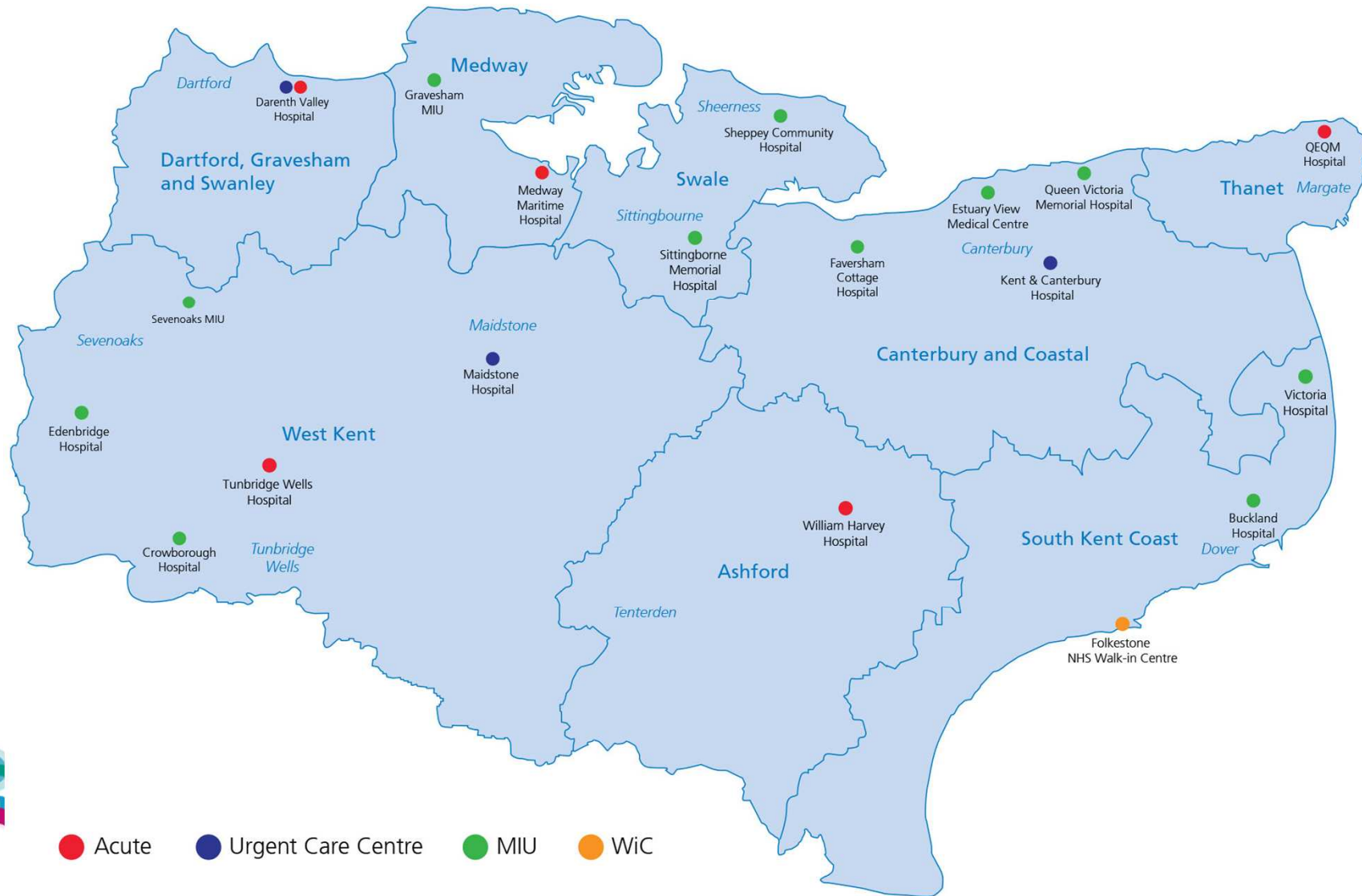
Our 8 ambitions for Dorothy and those like her



Tiers of Care (TOC) –a programme aimed at transforming and developing the way in which services are delivered making the full use of skills and capacity across the system.



Urgent Care – increasing local and alternative provision for minor injury



Urgent Care – provision of MIUs / WICs and move to Urgent Treatment Centres

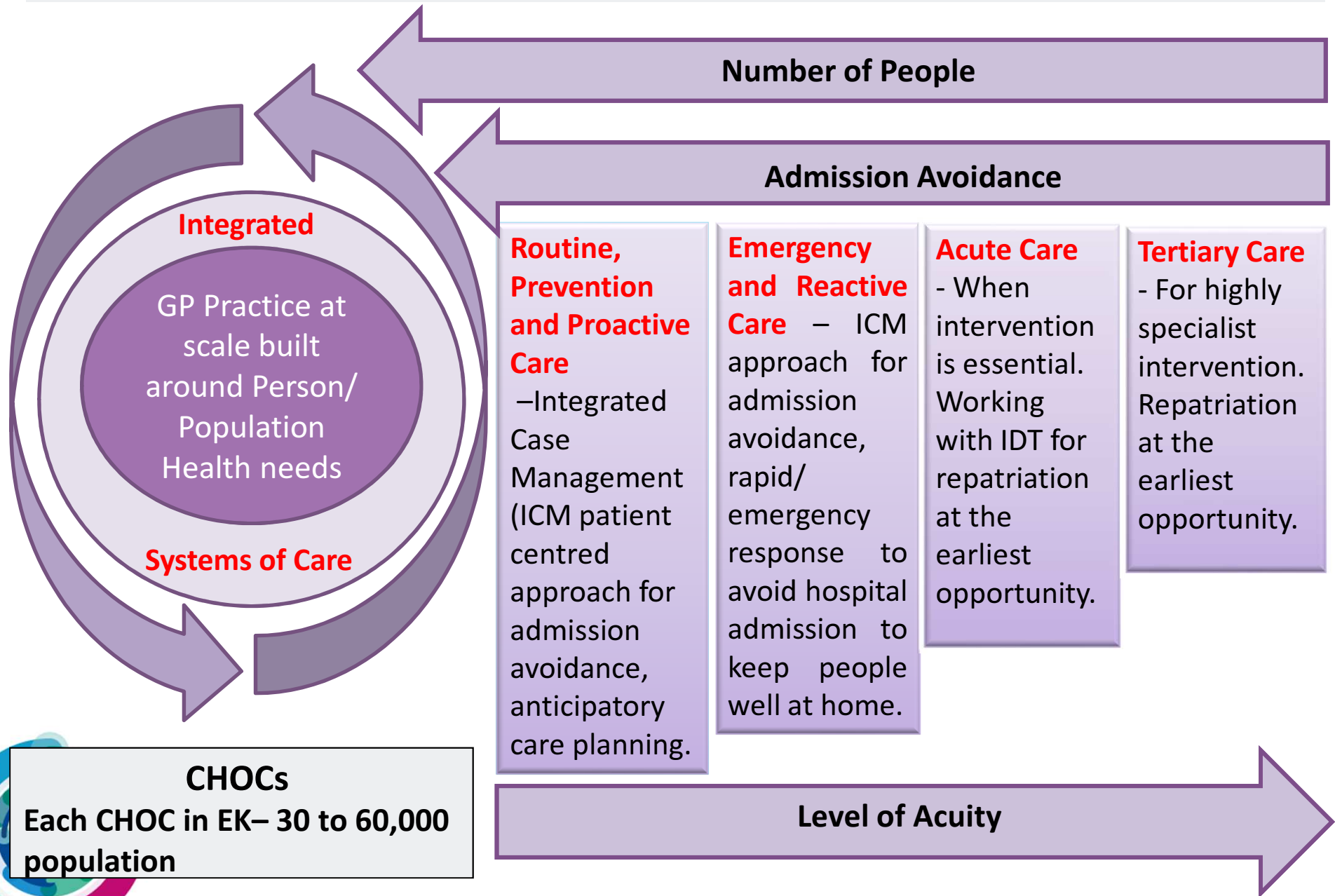
- Current A&E activity suggests that a proportion of attendees could be seen and treated through alternative service models in local care.
- Alternative provision currently available with increasing access and use by the local population for example:
 - Estuary View – X-ray, Mobile MRI, Ultrasound
 - Herne Bay – Plain x-ray
 - Faversham – Plain x-ray
- Range of services available including treatment for minor injuries including diagnostics facilities and minor illnesses through GP led services.
- Plans over the next 3 years to develop current facilities further and extend the range of services available locally.



GP Forward View – Primary Care at Scale



GP Practice at Scale: Health, Social Care, Voluntary and Community involvement working together at scale – The Community Hub Operating Centre (CHOC) model



Integrated Case Management workforce

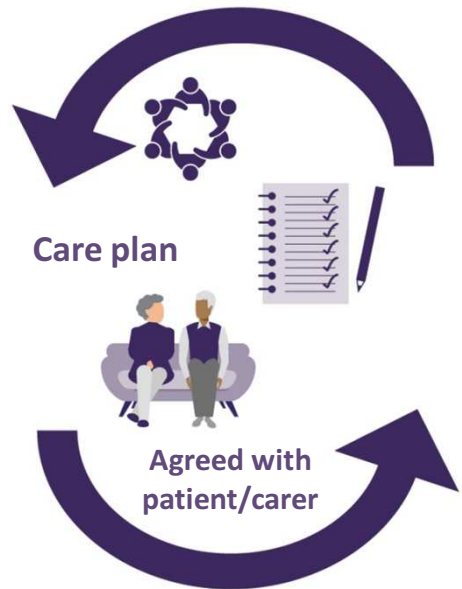
CHOC core team includes:



- Health and social care coordinator
- Pharmacist
- GP
- Community nurse / LTC Nurse
- Geriatrician
- Allied Health Professional



Our Integrated Case Management (ICM) Approach




- Social Care representative / social worker
- Mental Health worker
- Social Prescribing
- Nurse Specialist
- Administrator

Additional members which vary locally:



 Integrated Discharge Team

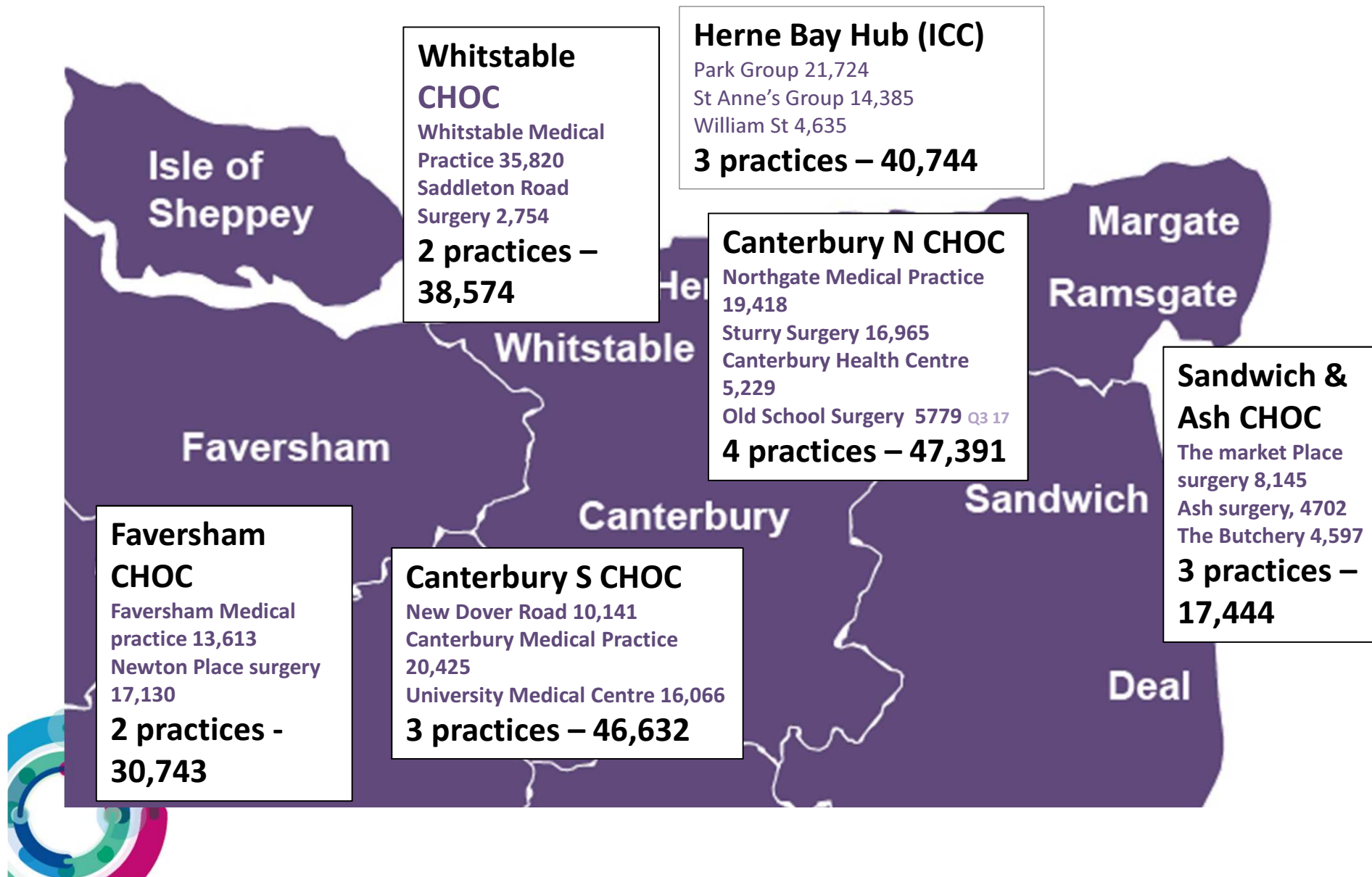
 Police

 Fire and rescue

 Acute specialists

Encompass Community Hub Operating Centres (CHOCs) & Herne Bay Hub (ICC)

Five CHOCs – 180,784 patients & One ICC -

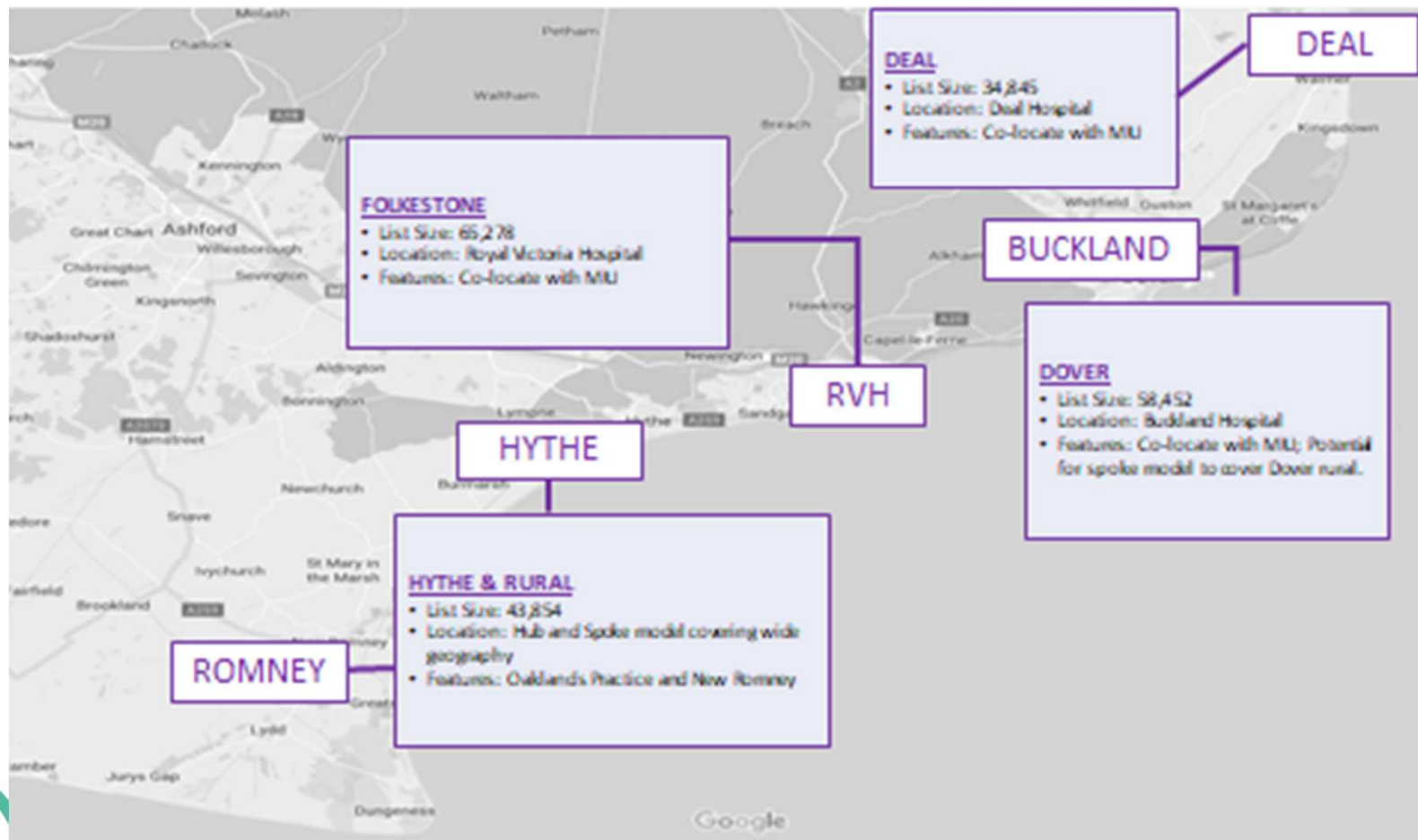


Canterbury & Coastal

Current Service Provision (What we have now)	Option 1 – proposed services	Option 2 – proposed services
<p>Enhanced GMS (extended services)</p> <p>Primary Care at Scale - GP Practices working collectively</p> <p>GP Forward View (GPFV) Access – 8am to 8pm, Saturdays & Sundays either in individual practices or at CHOC/ICC level.</p> <p>5 Community Hub Operational Centres (CHOCs): Faversham; Whitstable; Canterbury South; Canterbury North; Ash and Sandwich delivering an integrated case management approach via integrated multidisciplinary teams which include a core team.</p> <ul style="list-style-type: none"> • Integrated Care Centre at Herne Bay • Minor Injuries Units/Urgent Treatment Centres: <ul style="list-style-type: none"> - Urgent Treatment Centre – Estuary View - MIU inc plain x ray – Faversham - MIU – inc plain x ray - Herne Bay • Community Hospitals with circa 80 beds: <ul style="list-style-type: none"> - Faversham Cottage Hospital - Whitstable and Tankerton Hospital - Queen Victoria Memorial Hospital, Herne Bay <p>Outpatient Services offered at Estuary View Estuary View – X-ray, Mobile MRI, Ultrasound</p>	<p>MIU’s convert to UTCs – Universal</p> <div style="border: 1px dashed black; padding: 10px;"> <p>Primary Care Extended Services - Universal</p> <p>Primary Care GPFV access - Universal</p> <p>Primary Care at Scale – Universal</p> <p>MIU’s convert to UTCs – Universal</p> <p>Polyclinics operating within CHOCs to include full range of ambulatory, day case and diagnostic interventions</p> <p>Out of Hospital Beds: non acute beds – geography to be defined but possibly Estuary View and K&CH</p> <ul style="list-style-type: none"> • Rehab • Respite • Joint Social/Health Facilities • Extra Care Facilities <p>Fully Integrated multidisciplinary teams (primary care, community, mental health, social care etc)</p> <p>Move from health intervention to well-being interventions engaging health, social care, housing, education, voluntary sector etc</p> </div>	<p>MIUs/Urgent Treatment Centres – requirement to be reviewed</p>

South Kent Coast

About Us – 205,000 patients, 4 Localities



South Kent Coast

Current Service Provision (What we have now)	Option 1 – proposed services (What we could be provided in the future)	Option 2 – proposed services (What we could be provided in the future)
<ul style="list-style-type: none"> • Primary Care Practices • Minor Injuries Unit • GP Access Hub (smaller scale) • Long Term Condition Teams (KCHFT) • Range of health and care provision – not contracted or provided as one model 	<ul style="list-style-type: none"> • Primary Care Practices • Primary Care Access Hubs – Minor Illness, physio and mental health (8-8 with 7 day access) <ul style="list-style-type: none"> - Integration of the Hubs with Minor Injuries Units to ensure seamless service for all • Home Visiting and Rapid Response Service - 2 hour response • Integrated Care Teams – multidisciplinary care teams of KCHFT and Primary Care. Including: <ul style="list-style-type: none"> ○ Multi-Disciplinary Team meetings using Anticipatory Care Plans to ensure proactive care ○ Specialist care, support and specialist interface services – acute, medicines management, end of life care, therapies and rehab, health and wellbeing, mental health. • Frailty approach - Longer appointments for Frail, elderly and medically complex patients • Primary Care Diagnostics Hubs • Access to GP care record for all providers with patient consent • Communities of Practice – training and education for all staff within localities / hubs 	



South Kent Coast – the development of local care has identified a number of projects for future development. The aim of these developments is to maintain local access to the services needed. Examples include:

- Sub-acute provision for medically unwell patients is under development. This will be dependent on the availability of acute support to provide a safe service in the community. Including the decision on bed provision for observation/monitoring to prevent avoidable admissions.
- Capital investment in the local estate to support planned service developments and the development of hubs
- Development of Dementia village by East Kent Hospitals University NHS Foundation Trust



Thanet

Birchington Medical Centre Practice
Population: 8,859

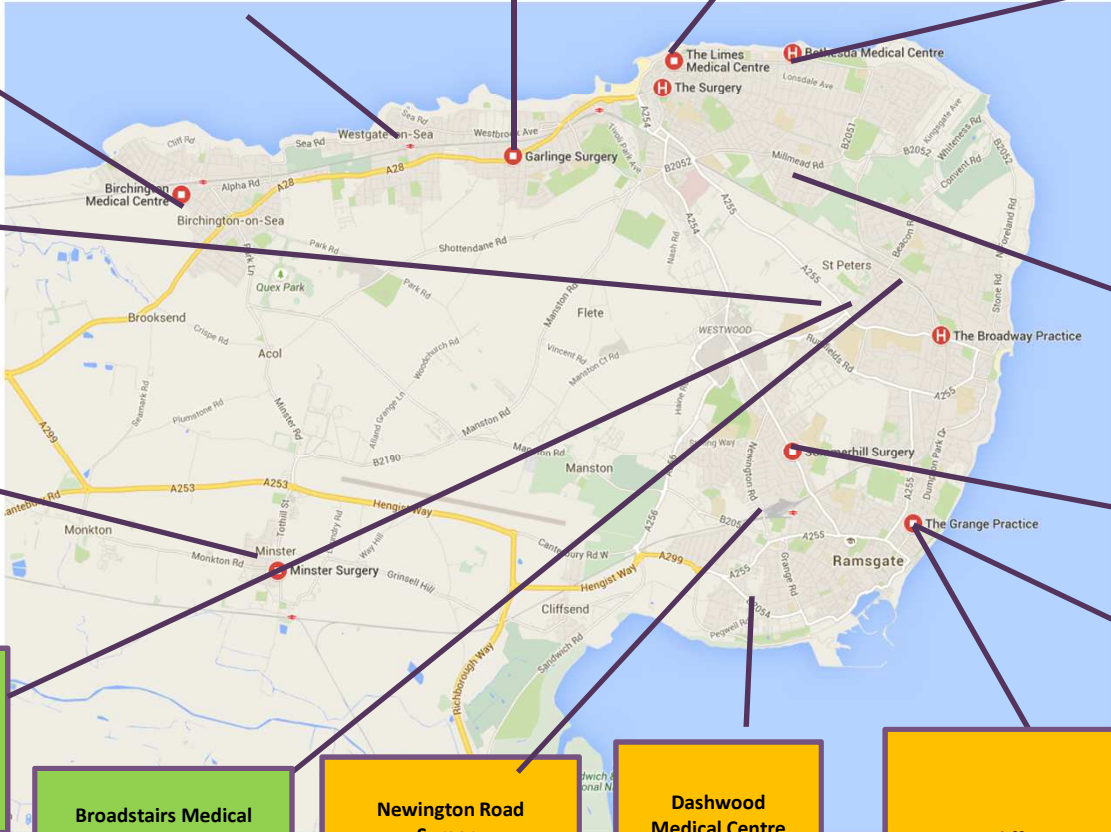
Westgate Surgery (G82079):
Practice Population: 10,099

Garlinge Surgery Branch of Limes Medical Centre

The Limes Medical Centre
Practice Population: 15,625

Bethesda Medical Centres
Practice Population: 19,099

Mocketts Wood Surgery Practice
Population: 8,887



Northdown Surgery
Practice Population: 10,011

Minster Surgery
Practice Population: 8,386

Summerhill Surgery
Practice Population: 6,250

St Peters Surgery Practice
Population: 4,566

Broadstairs Medical Practice
Practice Population: 7,085

Newington Road Surgery
Practice Population: 7,932

Dashwood Medical Centre Practice
Population: 10,043

East Cliff Practice
Practice Population: 15,548

The Grange Medical Practice
Practice Population: 11,985



Quex PCH
Dr Radhi Mangam

Broadstairs PCH
Dr Venkat Reddy

Ramsgate PCH
Dr Markus Maiden-Tilsen

Margate PCH
Dr Mo Sohail

Thanet Local care; 4 Primary Care Homes; 144,375 population

Thanet

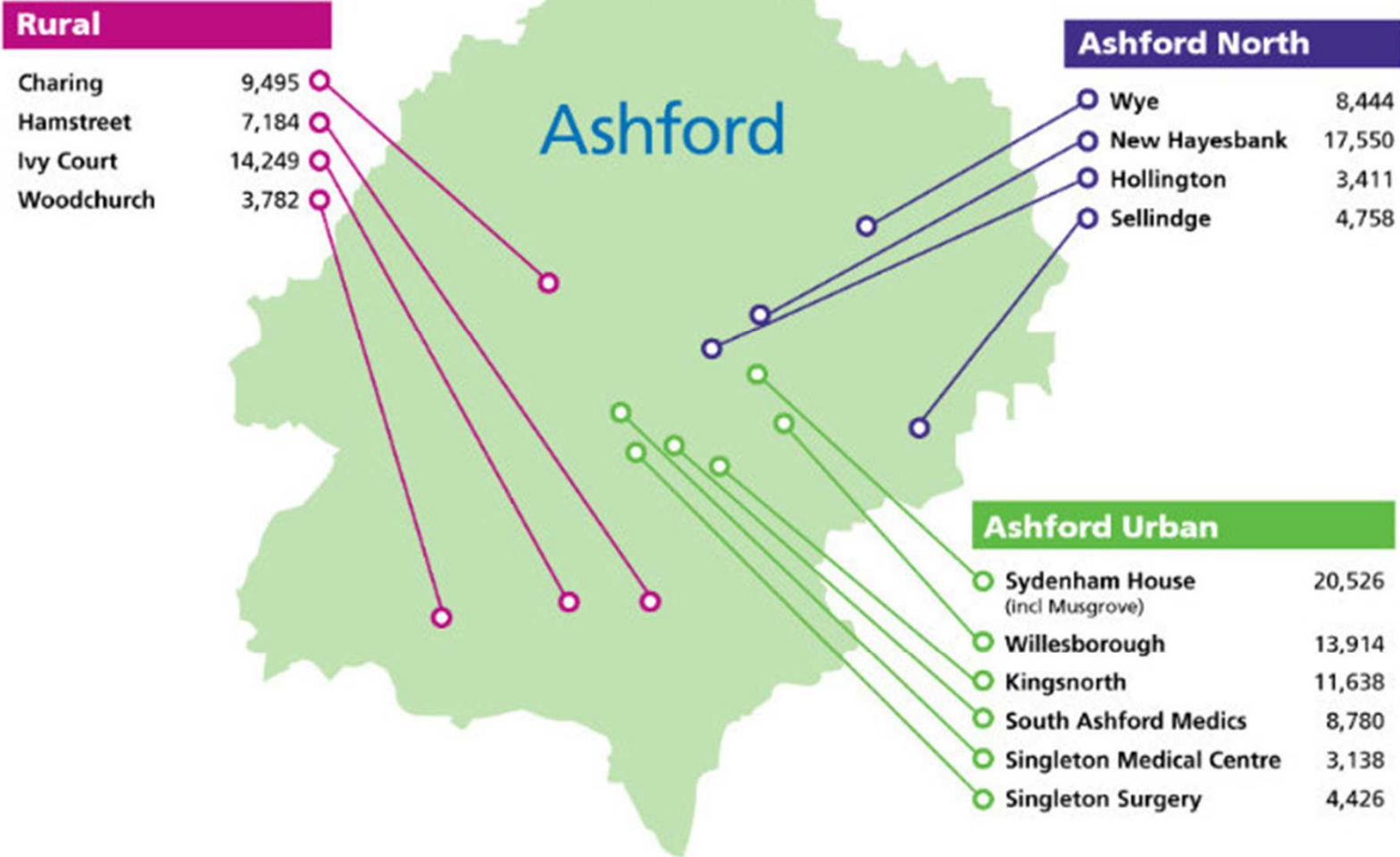
Current Service Provision	Option 1 – proposed services	Option 2 – proposed services
<p>Primary Care</p> <ul style="list-style-type: none"> Extended Primary care Access in place in all 14 practices Primary Care Urgent care triage in all practices and some discrete primary care services (ACT) delivering same day urgent care access Enhanced Frailty pathway Primary Care at Scale - x 3 in place with developing integrated service delivery and collaborative working. <p>Integrated services</p> <ul style="list-style-type: none"> Integration includes community services, voluntary sector and KCC. Care navigation in place in a number of practices in partnership with voluntary sector and KCHFT. Integrated clinics with KCHFT including continence, wound care and diabetes. <p>Urgent Care response</p> <p>Acute Response team (ART) E-ART; GP streaming within QEQM ED</p> <p>Out of Hospital Beds</p> <p>Health and Social Care Integrated in patient unit at Westbrook house including;</p> <ul style="list-style-type: none"> CHC Dementia beds in Westbrook House Social care dementia beds Intermediate care beds (health and Social care) GP access beds (step up care) 	<p>Full range of current provision with GP services including extended/improved access ie 8 to 8 primary care access and 7 day service. This may also be a primary care resource available evenings and weekends at the QEQM site supporting the ED.</p> <p>Integrated Urgent care centre within QEQM using QEQM as an integrated community asset; delivering integrated screening, ambulatory care and frailty assessment and short term support. To include frailty beds for assessment and stabilisation.</p> <p>Integrated frailty team with rotational staff prioritising admission avoidance and discharge.</p> <p>Frailty pathway integrated with secondary care and maximising beds within the community for step up and step down and 72 hour frailty beds within QE site</p> <p>Health and Well Being services within both hubs and an access point within QEQM</p> <p>Integrated Out of Hours services led by Thanet primary care</p> <p>Fully integrated health and well being teams at PCH level</p> <p>Out patient services delivered in the two Thanet Primary care hubs with secondary care clinicians.</p> <p>Primary care Urgent care; same day access in each hub inc QEQM</p>	<p>As in current provision the full range of GP services including extended/improved access ie 8 to 8 primary care access and 7 day service. In Option 2 the QEQM site will be one of the primary care access points , the unit will be a primary care led integrated urgent care centre.</p> <p>The 3 hubs would provide integrated teams for health and social care and same day urgent care access</p> <p>Potential services at QEQM:</p> <ul style="list-style-type: none"> - Diagnostics - Step up /down beds for frailty - Health and Well being services supported by integrated health and care - Frailty beds across Thanet hubs accessed via integrated hub and ART/frailty team, integrated with secondary care - Primary care led urgent care centre at QEQM Integrated Ambulatory care within each hub - Dementia facility including step up/down beds and Day facility (tbc)

Thanet – the development of local care has identified a number of projects either planned or underway that aim to maintain local access to the services needed. Examples include:

- Building 2 Primary care hubs; Margate and Westwood Cross delivering GMS plus integrated health and social care services, specialist clinical support in partnership with acute care, health and well being services, social prescribing, community support.
- Development of outpatients services both in the new hubs and local practices including cardiology, respiratory and MSK services. (Flexed to take increased activity to support the secondary care changes)
- Developing primary care urgent care response (triaging and dedicated teams being developed across primary care)
- Developing Clinical network with primary care and secondary care in particular ED, AMU and frailty consultants. Proposals to maximise the QEQM ground floor as an integrated community asset; integrated screening, triage, assessment, and intervention for frail complex patients
- Integrated urgent care management within ED and streaming. These are all under development and will support either future option



Ashford cluster

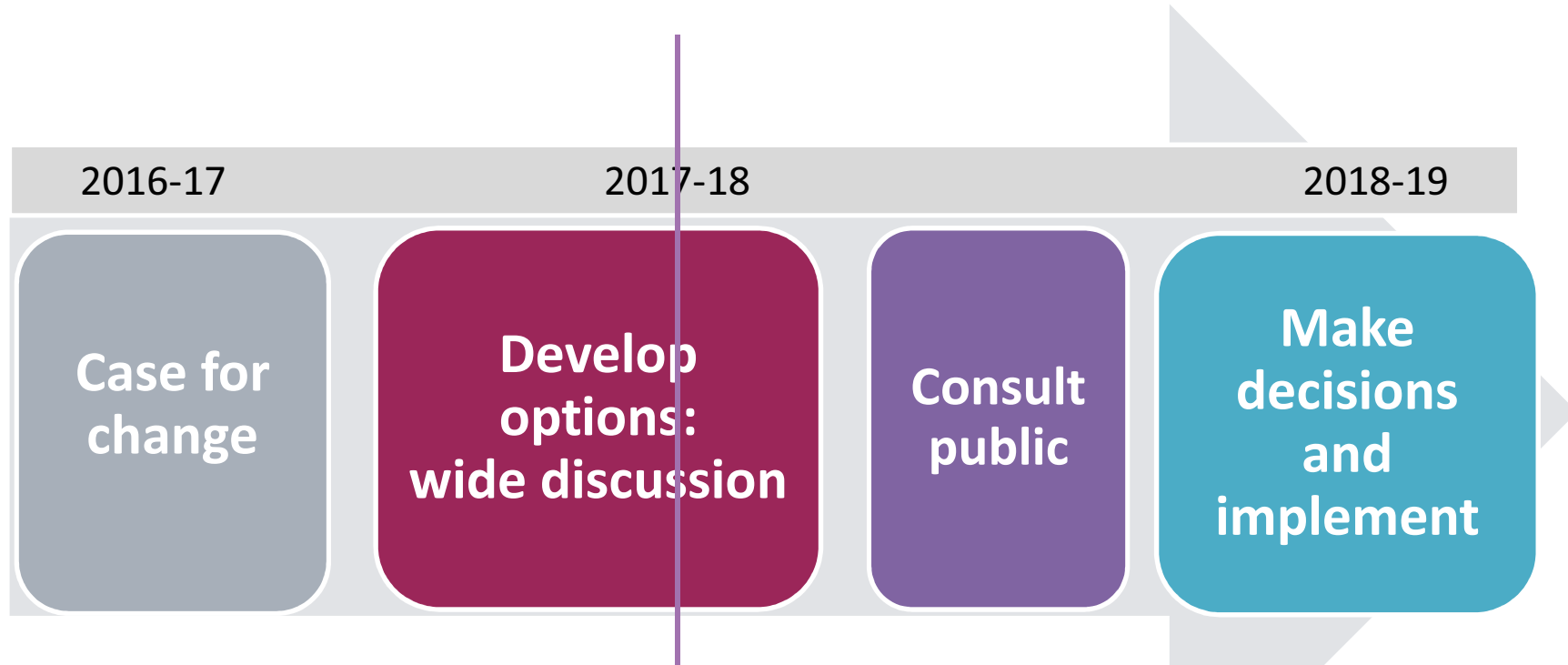


Ashford

Current Service Provision	Option 1 – proposed services	Option 2 – proposed services
<p>Enhanced GMS (extended services)</p> <p>GPFV Access – 8am to 8pm, Saturdays & Sundays either in individual practices or at Hub level.</p> <p>Primary Care at Scale GP Practices working collectively</p> <p>3 Hubs: Rural</p> <ul style="list-style-type: none"> • Urban • North <p>Hubs deliver an integrated case management approach via integrated multidisciplinary teams which include a core team of but not limited to:</p> <ul style="list-style-type: none"> • GP • Adult Social Care • Community & District Nursing • Health & Social Care Co-Ordinator • Voluntary Sector - Social Prescribing. • Pharmacist <p>Minor Injuries provided through an enhanced service across all hubs.</p>	<p>Primary Care Extended Services - Universal</p> <p>Primary Care GPFV access - Universal</p> <p>Primary Care at Scale – Universal</p> <p>Polyclinics or shared facilities operating within Hubs to include full range of ambulatory, day case and diagnostic interventions</p> <p>Fully Integrated multidisciplinary teams (primary care, community, mental health, social care etc)</p> <p>Move from health intervention to well-being interventions engaging health, social care, housing, education, voluntary sector etc</p>	



What is next....



Next step – evaluate the medium list to develop the option(s) to consult on



Evaluation process: This marks a critical stage in the assessment of the underlying detail that sits behind options 1 and 2 using an agreed set of evaluation criteria.



Evaluation criteria – planned public engagement throughout January to assist in developing the detail on how the criteria should be applied.

QUALITY CARE 


Will it improve patient care?

ACCESS TO CARE 

Can patients get there?

AFFORDABILITY 

Is it affordable and good value for money?

STAFFING 

Do we have the right number of staff?

DELIVERABILITY 

Is it implementable in the timeframe?

RESEARCH and EDUCATION 

Will it support research and education?

