

Transformation of Health care in east Kent

Update report to HOSC

27 April 2018



Introduction

This paper provides HOSC with progress on east Kent health and care transformation. Success will require multiple dependencies to be managed that include:

- Commissioners and providers developing and delivering a shared vision for health and care services across east Kent
- Development of robust local care
- Management of existing operational challenges across the system, for example workforce
- Delivery of national initiatives such as primary care at scale and urgent treatment centres.

In January 2018, the HOSC received an update on the development of local care that included:

- The development of 17 primary care hubs to increase range of services available locally
- The adoption of the “Dorothy” model to deliver multi disciplinary care
- Increased access to GPs
- Increasing use of Minor Injury Units and the range of services offered at these locations.



The east Kent transformation programme is complex and on a scale that requires a whole system response

Since January we have been working to:

- Develop a new level of detail in the **local care plans** for each CCG
- Demonstrate the **impact** that proposed plans for local care will have at a CCG and east Kent level
- Understand how services will operate **locally** to support the resident population for both options
- Shift the focus of modelling service changes from individual organisations to localities and an **east Kent system level** so we understand how they will impact patients
- Model data on patient pathways, travel times, and workforce in current state, to ensure we can **engage with local people** and apply the agreed criteria to evaluate options ahead of consultation
- Build on existing public and stakeholder engagement to **inform and test proposals** before formal public consultation. On 22 March a system wide “Design by Dialogue” event was held in Canterbury. Further events are planned in each locality.
- Further develop **pre-consultation engagement** to explore models of care and ensure they can meet local needs
- Secure additional support to assist in the development of a **robust and comprehensive pre consultation business case** (PCBC in readiness for subsequent NHS E assurance tests.



Local Care: What will out of hospital care look like?

- More **care provided through GPs** and in **community settings**

Detailed modelling at a locality level for each CCG on the types of services that could be delivered within each locality. This has helped to quantify the intended impact of changes and address the different geographical needs.

- GP practices working **together at scale** delivering **more services**

A total of 17 hubs are proposed across the 4 CCGs. The ability to work at scale supports the effective deployment of resources and creates opportunities to extend the range of services offered.

- Care **based on population need** not organisations

Development of local plans that share an east Kent identity whilst reflecting the specific needs of local people, priorities and access.

- **Teams of different health and care professionals working together** focusing on the patient

Multi disciplinary working improves the co-ordination of care, patient experience and outcomes as well as reducing hospital attendances and admissions.

- Focus on **long term conditions** and **prevention**

The importance of prevention is a key theme emerging from both public and stakeholder engagement and is a key part of local care development.



NHS England Guidance (March 2018): Planning, assuring and delivering service change for patients

In March 2018, NHS England (NHSE) published its updated guidance for those considering and involved in substantial service change.

Key points to note include:

- A provider can satisfy its duties to consult through a **commissioner led consultation**
- The need for full and **consistent engagement** with stakeholders and neighbouring STPs in line with the “four tests”
- If hospital bed closures are proposed, **supplementary tests apply** and include the need to satisfy that sufficient alternative provision, reduction of admissions and plans to improve performance must be met
- If capital funding is required NHSE/ NHS Improvement will assess **sustainability** and **affordability**
- Commissioners should seek a comprehensive range of perspectives for the **case for change** and build their proposal by identifying the range of service change options that could improve outcomes within available resources
- Commissioners should progress to the “four test” assessment by NHSE once it is content that the **options are viable**.



What are the practical next steps in progressing the transformation of health and care services in east Kent?

- **Development of a robust and comprehensive pre consultation business case (PCBC)**

The PCBC represents the first full presentation of the collated evidence, plans and proposed implementation that will be tested against the NHSE assurance tests for service reconfiguration. This case needs to be comprehensive and compelling and will need to take into account the amended NHSE guidance that sets out the level of detail expected.

- **EK financial and activity modelling – a system wide view**

Developing an east Kent wide financial plan underpinned by detailed activity and capacity modelling at a system level and by organisation. This will need to provide assurance against the delivery of changes to models of care both in and out of hospital.

- **Evaluation of the “medium list” of options**

Option 1 – a three site hospital model providing a major emergency centre at WHH, emergency centre at Queen Elizabeth The Queen Mother Hospital in Margate (QEQM) and a GP led facility at Kent and Canterbury Hospital (K&C) supported by enhanced local care development including urgent treatment centres, extended GP surgery hours, local hubs providing an enhanced range of services.

Option 2 – a single site option centralising hospital services in a new estate adjacent to the current K&C Hospital whilst supporting the delivery of most frequently accessed and used services locally.

- **Ongoing public and stakeholder engagement to develop the option(s) and in preparation for formal public consultation**

An initial system wide event was held on 22 March and further dates are planned to engage the local population in the development of plans and to use their views to inform and shape the look of future services.

