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EKHUFT Clinical Strategy

Update to the Health Overview and Scrutiny Committee on the

7 June 2013

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EKHUFT Clinical Strategy

Introduction by Liz Shutler

Director of Strategic Development and Capital Planning

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Agenda

- Background for new Members

- Update since our last visit to the HOSC
  - Outpatients Strategy
  - Royal College of Surgeons Feedback
  - Breast Surgery Options

- Next steps overall

Why do we need to change

- Although we achieve good outcomes for patients, we need to continue to improve.
- Improved treatments require improved facilities.
- We need to make the best use of the resources we have.

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Background

- Improving outcomes for patients and meeting improving standards are the main driver

- Every NHS Trust in the country is expected to plan services to make them sustainable, drive efficiency and deliver high quality care.

- So our current focus is on areas that we know we need to change and improve:
  - Emergency care (across all specialties)
  - Planned Care
  - Out patients care
  - Trauma care

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Engagement

- We have had a number of suggestions for change from our clinicians.
- This stage of our engagement with stakeholders is to test the validity of those ideas.
- We recognise that some of the ideas are more achievable than others.
- We have made over 130 presentations to staff, patient groups, GPs/Commissioners, local authorities/Health and Well Being Boards, health stake holders and voluntary organisations.

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Outpatients Strategy

Marion Clayton

Divisional Director, Clinical Support Services

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Update since our last visit to the HOSC

- **Outpatient Clinical Strategy**

  – The Outpatients Improvement Strategy is to ensure that patients are seen by the appropriate clinician, at the right time and at an appropriate venue of their choice.

  – Many of our outpatient facilities are sub-standard and do not support new types of care, leading to patients having to visit multiple sites for assessment and treatment.

Proposed improvements

- Move to a ‘One Stop Shop’ approach, with patients attending an appointment, being then sent for diagnostics, and then receiving a treatment plan all on the same day, in the same hospital.

- Move to ensure that more patients (88%) are within 20 minutes drive time by car

- Provide access to an increased choice of appointments in the morning, early evening and Saturday mornings

Proposed improvements

- Reduces the need for multiple visits
- Explore the increased use of Tele-health and Tele-medicine; and
- The feasibility of including other Healthcare Professional advice into the patient journey, i.e. Pathology and Pharmacy, either directly to the G.P and/or the patient

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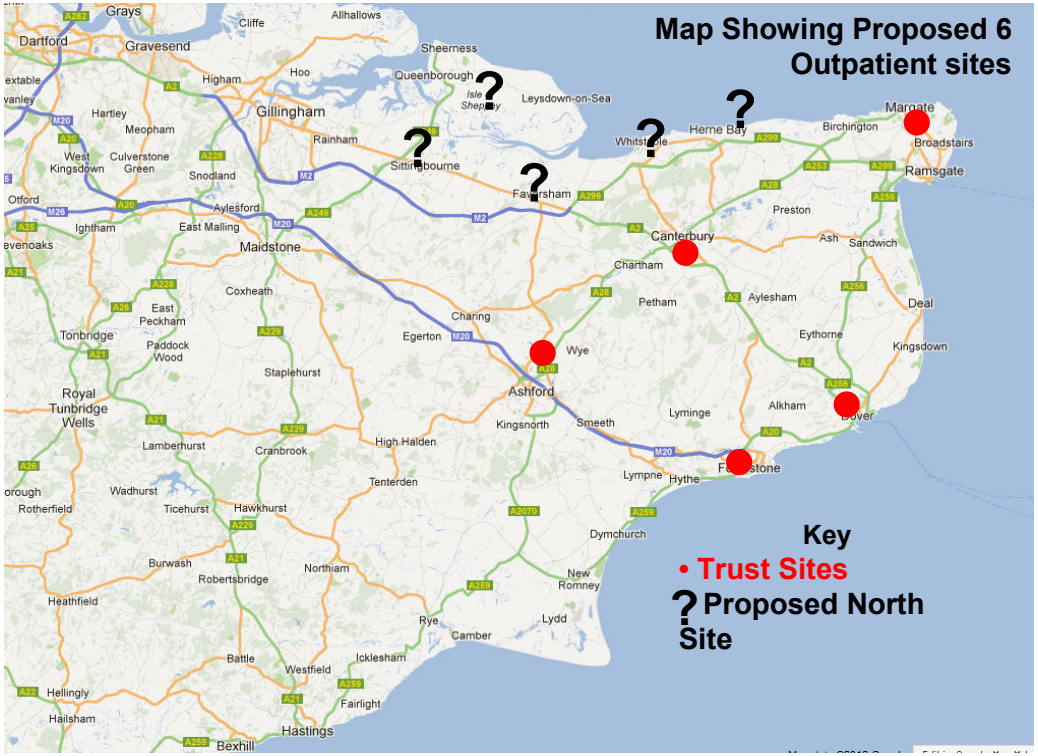
Outpatients

- What might it look like

The Outpatient Modelling tool has shown that by implementing the Trust's six site Outpatient Strategy - will increase the percentage of patients seen locally by 15% (20 minutes drive time).



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Outpatients – Site for North Kent Coast

- So what happens currently for patients who live on the North Kent Coast?
  - We looked at the number of patients who are resident in either Faversham, Whitstable and Herne Bay.
  - This showed that for each area a very small percentage of patients receive their OPD appointment at their respective local site. (Faversham 2.9%, Herne Bay 5.7% and Whitstable 5.8%)
  - This means that 91.3% patients from the North Kent Coast travel to Canterbury, Ashford or Thanet for their appointment.

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Outpatients – Site for North Kent Coast

- What might it look like
  - Given that we want to increase local access on the North Kent Coast , recent work shows that Estuary View Medical Centre is the preferred choice.
  - This will mean that more patients from the North Kent Coastal area will be able to be seen locally.

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Proposed improvements

We feel that the proposals for our Outpatient Strategy does not represent a substantial change. This is because:

- currently very few patients access services on the North Kent Coast
- the Trust plans to provide greater local access (from 8.7% to 21.4% of patients); and
- provide a more responsive and flexible out-patient service.

However, due to the nature of the proposed changes, a view is sought from HOSC as to whether public consultation is required for our proposed changes

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Royal College of Surgeons Feedback and Breast Surgery Options

Rachel Jones

Divisional Director, Surgical Services

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Royal College of Surgeons

- We invited the Royal College of Surgeons (RCS) to visit the Trust because we wanted to seek advice including validation of considered concerns in some areas of service delivery and training in general surgery.

- We in addition wished the RCS to advise on how our future services in general surgery might need to be developed to sustain a high quality service.

Royal College of Surgeons

- We received their report and produced an action plan based on their recommendations.

- We have made an immediate investment of over £600,000 for new consultant posts across East Kent to support emergency and elective pathway management.

- Increased the level of clinical leadership on each site.

Royal College of Surgeons

- Other measures included
  - revitalising support to emergency care and training within general surgery across East Kent, led by the Divisional Medical Director and supported by a senior surgeon to be recommended by the RCS.
  - clarification of clinical pathways of care.
  - enhanced monitoring of outcomes.

Royal College of Surgeons

- Clinical Strategy and General Surgery
  - The Royal College of Surgeons has agreed that the current configuration of high and medium risk surgical services in East Kent must change.
  - Their report raises a number of questions about the future configuration of services in East Kent which we need to continue to discuss with our partners and stakeholders.
  - They supported the move to a “hub”

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Breast Surgery

- Part of the Clinical Strategy Surgical Services work stream is to improve the breast care provision in line with the Royal College of Surgeons report, Peer reviews and the Quality Assurance document and NICE Guidelines.

- This will ensure all patients are seen by the right clinician, at the right time and receive the right care in a one stop approach.

- We are currently working with clinicians and Patient Groups to review the options that will allow us to do that.

- This is another area we would like HOSC's view whether or not we would need to consult?

Breast Surgery

- In all options one stop out-patient clinics will be provided on all 3 main sites, with sufficient capacity for all patients requiring diagnostic assessment to be seen in 14 days.

- The difference in the options is how the surgical aspect is provided.

The Options

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Option 1 - Do nothing (no patients will need to move for their surgery)

Option 2 - Centralise all day and major surgery (763 patients will need to move for their surgery);

Option 3 - Continue to provide day surgery on all 3 sites, but centralise major surgery (in-patient) and those patients requiring stereotactic wire localisation at KCH (355 patients will need to move for their surgery); and

Option 4 - Continue to provide all surgical services on all 3 sites, but resource stereotactic wire localisation equipment at the WHH and the QEQMH (no patients will need to move for their surgery)

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The Options

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•As part of the engagement process the local hospital clinicians have looked at the options and Option 3 scores higher from a quality, access and strategic perspective (355 patients will need to move).

•They have also raised another option which looks at the long term vision which would co-locate all one stop out-patient clinics; diagnostics; screening services and surgical services in a single Breast Unit for East Kent Hospitals.

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Next Steps Overall

- Continuing to engage with stakeholders;
- Test our plans with the long term commissioning plans;
- Developing business cases to test clinical and financial viability;
- Implement the action plan following the advice from the Royal College of Surgeons; and
- Gain a specific view from HOSC around whether consultation is required on our outpatient and breast proposals.

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Questions

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