Outpatients Consultation: An update

1. Introduction

- 1.1 As part of East Kent Hospitals University Foundation Trust clinical strategy the Trust has been examining how it can improve outpatient services for the residents of east Kent. In surveys, patients have indicated that they want improvements in accessibility to outpatient services and to see a reduction in the number of visits they have to make to agree their treatment plan.
- 1.2 The aim of the review is therefore to improve both the quality of the Trust's outpatient services and make the service more accessible for patients, thus reducing the number of journeys they have to make to receive their treatment plan.
- 1.3 In June the East Kent Hospitals University Foundation Trust briefed the Health Overview and Scrutiny Committee on its progress and plans for taking forward the clinical strategy and the plans around improving outpatient services.

2. Context

- 2.1 Currently outpatient services are provided from 22 sites across Kent. The ways in which the clinics are currently organised is not providing the best service to our patients. Many of the facilities could be modernised and they offer only a limited number of clinical support services such as diagnostics. Although there are a large number of geographical sites where outpatient clinics are held, some of these are very small and infrequent. There is also an inconsistency about what is offered where and there are still a number of patients travelling further than they need to for their clinical outpatient appointment. In addition, patients are often required to make visits and attend multiple sites for their full assessment and treatment.
- 2.2 The Trust proposes providing a wider range of services across six sites, which will allow a significant improvement in the number of patients able to access outpatient services within a 20 minute drive time. On these six sites there will be a better range of diagnostic and treatment facilities that will allow the Trust to develop a "one stop clinic" approach. The Trust also aims to improve access by rearranging clinic times so that clinics are available for longer hours, including early evening clinics, as well as clinics on a Saturday morning, which will better meet the needs of our population.
- 2.3 The Eastern and Coastal Kent Primary Care Trust previously consulted the public on "The Dover Project Your Say" and the affect it would have on services provided in Dover, Deal and the surrounding areas. As a result the Trust is investing £23m to rebuild the facilities at Dover to provide up-to-date, modern facilities for the south Kent coast population. It will, over the next few years, also improve the outpatient facilities at its four other sites. The Trust will also be looking to consolidate and improve its outpatient services on one site on the North Kent coast, making the sixth outpatient clinical hub.



- 2.4 The Trust also aims to improve patients' experience by streamlining arrangements for making appointments, increasing car parking and investing in public transport to all six sites.
- 2.5 Innovations such as telehealth and telemedicine may also mean further improvement by reducing the number of appointments needed to monitor patients' progress. This technology could also allow hospital teams to communicate with GPs and patients directly preventing, where appropriate, a further appointment for a hospital visit.

3 Public Consultation

- 3.1 As agreed with the HOSC in June, the Trust will discuss this more widely with the public to make sure that we listen to and consider the views of the communities we serve, taking care to involve staff groups who will potentially be asked to work differently.
- 3.2 NHS Canterbury and Coastal Clinical Commissioning Group confirmed that it wishes to undertake this consultation in partnership within its locality, to understand the views of local patients, staff and residents. This paper sets out the consultation plans for the HOSC, as requested.
- 3.3 The objectives of the Public Consultation process are therefore to:
 - raise awareness of the proposals for outpatient services with all stakeholder groups;
 - provide information so that people can respond effectively; and
 - listen to the overall response from stakeholders, staff, patients and the public concerning the proposed changes to outpatient services.
- 3.4 As part of the formal consultation process, we will ensure there are various means for people to contribute their views:
 - There will be a dedicated page on both the Trust and CCGs website with all the pertinent information and an online survey and dedicated email address.
 - Printed copies of the main consultation document and summary document will be widely available on hospital sites and at current outpatient clinics, in GP practices, leisure centres and community centres.
 - There will be 10 public meetings held over the 13 week consultation process to enable anyone who wishes to attend and discuss their views first hand with staff and clinicians. These will be held at various times and in a wide range of venues to ensure accessibility.
 - All stakeholder organisations will be offered the opportunity to invite staff to attend a meeting and provide information about the plans and record their views.

 There will be a series of focus groups with those individuals or communities who are unlikely to contribute their views through the usual routes.

4 Proposed process and target audience

- 4.1 The approach to public meetings proposed for the Outpatients consultation is a round the table workshop and interactive activity, to capture stakeholders' feedback. The workshop style approach should ensure that people are able to discuss how to improve outpatient services. Each table top discussion will enable attendees to contribute their views on how to improve services, discuss the options for the north Kent coast and ask questions about the practical impact of these plans.
- 4.2.1 There will be a visual display and written information available (including the consultation document and detailed information on issues which affect the plans, such as the improvements to car parking and public transport which the Trust has underway). Copies of the consultation summary documents will also be available for attendees can take away with them.
- 4.2.2 An animation film has been produced, which explains how the proposed outpatient one-stop service works. It should also be possible to pre-record interviews with key staff and patients, which then can be played during the events for those who prefer visual and audio presentations. These could also be put on *YouTube*, linked via the web page and promoted through social media.
- 4.3 There will also be provision to manage those attending raising individual issues directly with support staff or through messages on a graffiti wall for free comments.
- 4.4 It is proposed that a minimum of 10 public events are held in different parts of the county each lasting up to three hours. These events will be heavily promoted through local press, voluntary sector communications, on community notice boards etc. The proposed locations are:
 - Margate:
 - Canterbury;
 - Whitstable;
 - Herne Bay:
 - Faversham;
 - Deal:
 - Dover:
 - Folkestone:
 - Hythe or Dymchurch; and
 - Ashford.
- 4.5 The round table approach will aim to diffuse any confrontational attitudes, enabling people to find out about the proposals in a non-threatening environment and focusing them on the areas that most interest them. It also provides an

opportunity to capture quantitative and qualitative feedback from a wide range of people.

5 Target audience

Patients, carers and the public

EKHUFT staff

Council of Governors

GPs

Clinical Commissioning Groups

Local authorities and Borough councils

Kent Community NHS Trust

Mental Health Trusts

Social Services

NHS Property Company

South East Coast Ambulance Trust

Kent hospital trusts

Kent Health Overview and Scrutiny Committee

Kent Healthwatch

MPs

Unions, staff communication and professional bodies

EKHUFT members

Patient user groups

Volunteers, League of Friends

Voluntary and community organisations

LMCs, royal colleges, professional bodies etc.

NHS and independent community providers

6. Timescales

- 6.1 The detailed preparations for consultation are underway at the moment and the documents are being drafted.
- 6.2 It is proposed therefore that the formal public consultation will commence in mid-December 2013 (final date subject to Boards' approvals and printing timescales) and will run through to mid-March 2014.
- 6.3 The analysis of responses will be conducted by an independent University research team during March and early April, so that the two organisations are able to consider the responses received in late April / May.

7. Consultation activity plan.

Activity	Timeframe	
People have enough information about the proposals to form a view		
Produce written consultation document and supporting materials	Final draft document 29.11.2013	
Produce video presentations and pre-recorded interviews for use at events and for website	October	



Develop on-line / web information	Web info complete by w/c 1 Nov, maintained throughout	
Work with media to ensure accuracy of public information	Mid-November then throughout Consultation	
Raise awareness of the consultation among local population including targeted information to the EKHUFT/C&C membership etc.	Materials ready first week in Dec in time for launch mid-December.	
People have opportunities to respond to the consultation, ask questions and propose alternatives		
Identify all stakeholders including those impacted by the proposals and identify method of engagement	Complete by w/c 18.10.2013	
Establish means to receive feedback - email, freepost, text, phone,	In place by 11.10.2013	
Develop an electronic feedback mechanism	In place first week in Nov	
Utilise and monitor social media (Facebook / twitter etc)	To go live in Dec then maintained throughout	
Hold a minimum of 10 open public workshop events across the county to provide local people the opportunity to find out more, ask questions and share their views	Events spread across Dec to Feb 2014	
Hold series of events to ensure membership, governors and staff are well briefed and able to contribute their views	Early Jan, Feb, Mar	
Offer presentations and discussion at externally hosted meetings, forums and networks	Attendance at foras throughout consultation	
Hold a series of focus groups targeted at those identified via the Equality Impact Assessment process as potentially being specifically impacted by the proposals	Dec to Feb	
Hold meetings with all district / borough councils and MPs	Dec to Feb	
Place adverts in local papers, seek editorial coverage to supplement attendance, adverts in shopping arcades	Dec to Feb	
Governance		
Establish and maintain process logs - risk register, lessons learned log, audit trail	In place by w/c 20 Sep	
Establish Consultation working group	18.9.2013	
Arrange independent analysis of consultation feedback	Commission by 4.10.2013 survey by 18.10.	
Arrange independent analysis of consultation	sign off 25.10.	
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process	
consultation	April feedback to main stakeholders,
	Board decision end of May

8. For information

This progress report is for the committee to note. If two or three HOSC members would like to volunteer to read and comment on the draft consultation document to assist us in ensuring it is written in a clear and accessible style, we would be happy to share the next confidential iteration of the document with those volunteers.

We anticipate that the next report to the HOSC will be after the consultation responses have been received and analysed by an independent university research team in April of next year.