

Progress report on the Outpatient Consultation in east Kent Kent Health Overview and Scrutiny Committee June 2014

1. Introduction

In November 2013 the Out-Patient Clinical Strategy (OPCS) Full Business Case was endorsed by the East Kent Hospitals University Foundation Trust (EKHUFT) Board. The OPCS subsequently went to Public Consultation from Dec 2013 - March 2014. The NHS Canterbury and Coastal Clinical Commissioning Group (C&C CCG) agreed to partner EKHUFT in the consultation process.

The outcome of the consultation is to be discussed at the EKHUFT Board in June 2014 and C&C CCG Governing body in early July following engagement with the Kent Health and Overview Scrutiny Committee (HOSC). The final decision on the outcome of the consultation will be based on an independent analysis of the process, undertaken by the University of Kent, which was commissioned by Kent and Medway Commissioning Support (KMCS).

2. Background

The Trust currently operates a comprehensive range of outpatient (OP) services from its three acute sites at the William Harvey Hospital in Ashford (WHH), Kent and Canterbury Hospital, Canterbury (KCH) and The Queen Elizabeth the Queen Mother Hospital, Margate (QEQMH). In addition to these three acute sites, the Trust also provides a range of outpatient and diagnostic services from the Royal Victoria Hospital Folkestone (RVH) and Buckland Hospital Dover (BHD), both of which the Trust owns.

The Trust also delivers outpatient services from a number of community hospital sites which include Faversham Hospital (FH), Whitstable and Tankerton Hospital (W&T), Queen Victoria Memorial Hospital in Herne Bay (QVMH) and Victoria Hospital in Deal (VHD). These sites are not in the ownership of the Trust. On these sites, the Trust is a sub-tenant of the Kent Community Health Services Trust, which is itself a tenant of NHS Property Services.

Finally, in addition to the above sites, the Trust has local agreements to deliver a range of "specialty specific" outpatient services throughout the local area in facilities owned by other organisations (other Trusts' properties and at GP surgeries). These specialty specific outpatient services include dermatology, paediatrics, obstetrics and midwifery services, renal, therapy clinics and neurological nurse-led clinics.

The Clinical Strategy's key principles are based on improving the quality of the Trust's out-patient services and improving access for the local population. Specifically they include:

- improved patient access based on local postcodes;
- each site offering a broad spectrum of specialities;
- a maximum 20 minute travel time for patients by car to their clinic appointment;
- offering an extended working day to enable a greater choice of appointment times;
- offering a one stop model to reduce the follow up attendances and improve efficiency;
- the introduction of telemedicine to reduce face to face contacts for some patients;
- increasing income to the Trust by attracting patients currently being referred to other Trusts in Kent;
- ensuring outpatient facilities are fit for purpose and upgraded where necessary;
- the implementation of speciality specific criteria i.e. increasing the length of sessions / the working day: and
- working with key transport providers to improve access to sites by public transport.

EKHUFT has reviewed its outpatient services with staff, patients and a wide range of stakeholders to see how it could improve the quality of care and offer more local access. Recognising that the NHS, alongside all public services, is being challenged to make the best use of resources, the Trust engaged in a consultation on outpatient services to gather feedback on a range of proposed changes to these services. The key proposals in the consultation were to:

- reduce the number of facilities used for outpatient clinics from 15 to 6;
- offer a wide range of services across most specialities including diagnostic support;
- extend clinic hours from 07.30 -19.00 and Saturday mornings to improve patient choice and access and make more effective use of staff time;
- increase the number of people who are within a 20 minute drive of outpatient services;
- invest in the clinical environment to support high quality clinical services and an improved patient experience;
- develop a one-stop approach more widely than is currently seen in services;
- expand the use of technology to reduce follow up appointments and support patients, monitoring their progress at home or in Primary Care; and
- invest £455,000 in extending / modify public transport routes provided by Stagecoach.

3. The option appraisal process

The Trust's Investment Benefit Scoring Model was used for the option appraisal process. The model has three sections:

- quality;
- commercial; and
- strategic fit.

Each of these sections has sub sections which ask questions and are scored from 0 -100%. The model has been included as Appendix One.

The initial scoring was undertaken for each of the four potential north Kent coast sites in 2013. The merits of the sites were considered and discussed by the team and information supplemented by photographs of the areas. The results of the scoring exercise led to Estuary View being identified as the Trust's preferred site on the North Kent Coast.

In April 2014 the Trust and C&C CCG re-visited the four potential sites being considered for the sixth clinical site on the north Kent coast. This was following concerns being raised and new information being presented during the consultation process. These predominantly related to the fact that people believed the data gathered on the four sites was outdated and various changes had been made to the estate, as well as to an inaccurate calculation of the car parking spaces at QVMH.

To re-assess the community hospitals, the visiting team from EKHUFT needed information from NHS Property Services which owns the three community hospitals at Faversham, Herne Bay and Whitstable. Following the site visits, a second option appraisal was undertaken by a team including clinical and managerial staff from EKHUFT and the C&C CCG. The option appraisal was also overseen by a member of the HOSC.

The criteria used are available publicly on the Trust's website and reflect the additional areas members of the public requested to be included mainly around the deprivation of the different communities, the size of the populations of the coastal towns and the predicted housing and population growth. Subsequent to the April re-assessment, further information and site plans for QVMH have been sent through by NHS Property Services. A further re-assessment has therefore been set up for the end of May 2014. As plans for modification to either Whitstable and Tankerton Hospital or Faversham Hospital have not been received from NHS Property Services, the Trust has concluded that these premises are not suitable for modernisation to provide the required levels service.

The final scores will be presented to the C&C CCG in July and EKHUFT Trust Board in June 2014.

4. The consultation process

The Trust has engaged with all local Clinical Commissioning Groups (CCGs) in east Kent over the last two years. Ashford, Thanet and South Kent Coast CCGs decided that they would be consulted by the Trust about the proposed changes to outpatient services, whilst Canterbury and Coastal CCG agreed to partner the Trust in the process.

The consultation on outpatient services took place from 9 December 2013 to 17 March 2014. The consultation was extended (from the original closing date of 9 March) to allow for requests for additional meetings in Herne Bay and Faversham, which both took place on 13 March 2014.

Throughout the consultation a range of methods were used to promote the consultation process including:

- advertisements in December and January were placed in local papers and online via the Kent Messenger newspaper group across east Kent;
- two BBC Radio Kent interviews;
- news items on BBC South East and Meridian at launch and subsequently on 13 March 2014 covering the second public meeting at Herne Bay;

- adverts or articles in Clinical Commissioning Group newsletters, HealthWatch alerts and various patient and voluntary groups' newsletters;
- 3,005 emails were sent to local councilors, MPs, health network members (local people and organisations who have registered an interest in health and working with their local clinical commissioning group), voluntary and community organisations, NHS organisations, professional committees, local authorities, patient reference groups, patient participation groups, carer organisations and HealthWatch Kent with a request to consider the information, respond and pass the information on;
- the Trust website had a dedicated online site with all the information available and NHS Canterbury and Coastal Clinical Commissioning Group website had suitable links to the Trust website. Social media such as Facebook and twitter was also used to promote the consultation;
- a standing item at the NHS Canterbury and Coastal Clinical Commissioning Group governing body meetings held in public from December 2013 to March 2014;
- 500 posters on display, 3,000 full consultation documents and 14,000 summary documents were distributed to GP practices, hospital waiting areas, all outpatient clinics, libraries, community centers; gateway centers pharmacies and local councils across east Kent. They were also available at focus groups, public meetings and patient meetings or events that the Trust and engagement team were invited to attend;
- consultation documents were available in large print and an easy read version for people with communication difficulties which were available online and at every meeting;
- the Trust staff and KMCS engagement team were invited to attend six patient groups who requested more information to answer any questions and enable patients and carers to respond to the consultation. The Trust also went to Dover Adult Strategic Partnership and the Thanet District Council Scrutiny Committee; and
- an online email address and telephone number was given so that people could request additional information, ask questions or request copies of the consultation document.

During the consultation there were a series of 12 public meetings held at varied times. These were advertised as part of the whole consultation detailed above. Generally at these three hour public meetings, Liz Shutler Director of Strategic Development and Capital Planning and Marion Clayton Divisional Director, Clinical Support Services presented information on the proposals, the reasons for it, the principles for improving services, the early engagement which influenced the strategy, the outcome expected of the proposals, the steps taken during the review, the options considered for the sixth site on the north Kent coast, potential improvements in bus transport routes and how people could contribute their views.

This was followed by half an hour open question and answer session, then round table discussions. Those conversations were recorded and collated and have been logged and sent to the University of Kent for the independent analysis of all responses.

At a few of the meetings the number of people attending was so large there was insufficient space to safely accommodate the round table discussions. Instead, an extended question and answer session was held followed by staff remaining to talk to individuals and answer any remaining questions. At each meeting there were evaluation sheets to learn how the events had worked for people and an opportunity for people to put forward written questions.

Throughout the review care was taken to reach those communities of need who have expressed an interest in the review.

In addition to the public meetings, the University of Kent has conducted four focus groups with people from distinct communities of need including those with learning disabilities, mental health service users, people with physical disabilities and people for whom English is a second language, to ensure their views on outpatient clinics were included in the consultation.

As part of the consultation there was an open offer to attend any group or organisation that would like to know more and would prefer that the Trust staff and engagement team come to their meeting rather than attend the public meeting. Seven different patient and community groups took up this offer.

5. Current position post Consultation

Responses to the consultation have been logged and sent to independent researchers from the University of Kent who have collated and analysed the information and produced a final report for the East Kent Hospital University Foundation Trust and NHS Canterbury and Coastal Clinical Commissioning Group. The overall response was: 41 telephone enquiries, 65 emails and letters, 273 online and 205 paper completed surveys, and two petitions were received from the Labour Party in Herne Bay signed by 1,260 and The League of Friends of QVMH signed by 6,000. Approximately 1,330 people attended 12 public meetings, and a further 39 took part in four focus groups, with approximately 100 at the additional meetings attended by members of the Trust and KMCS Engagement team.

The report from the Kent University evaluation has been received by both the Trust and the CCG and is available for consideration by the HOSC at Appendix Two. The report, along with the outcome of the HOSC discussion will be available to the C&C CCG Governing body and EKHUFT at their respective Board meetings at the end of June and in early July.

6. Findings of the Consultation

It is clear that there was a relatively low overall engagement in percentage terms of the east Kent population. In terms of the improvements detailed in the consultation, overall the proposal to extend working hours and improve the range of out-patient services was received well and with little opposition voiced in the consultation events and focus groups.

The proposal to increase the number of people within the 20 minute drive time received a less positive reaction. The two main concerns raised were the use of the 20 minute criteria and the focus on drive time and not on public transport. Explanations on the criteria and details of the transport plan with Stagecoach were emphasised at every meeting.

The reduction of sites and acknowledgement of the pressure to reconcile quality service provision, along with finite budgets generated some agreement. However, some concerns were also raised about the proposed reduction. Public transport and access were the two main reasons for concern.

Estuary View Medical Centre as the Trust's preferred sixth site met with mixed reaction. Some noted the benefits of the site, whilst patients from Herne Bay and Faversham largely opposed the move. The main reasons given for the opposition was transport / access issue

and the lack of demographic information in the decision making. As stated above, this issue was built in to the second option appraisal.

There was some criticism over the accuracy of the initial option appraisal process due to an initial inaccurate measure of the car parking capacity at Herne Bay. This was corrected early in the consultation process and recognised as part of the presentation at each event.

Other issues raised were linked to alterations to the Community Hospital sites since the first visits in 2013. These issues were all addressed and considered in the second option appraisal.

The utilisation of new technology and the one stop approach to clinics was largely positively viewed.

7. Next steps

Following the second option appraisal on April 22nd 2014 information was received from NHS Property Services regarding a potential refurbishment of the QVMH. A third option appraisal meeting was therefore held on May 29th 2014. The scoring at this meeting will be re-evaluated based on this information and the final scores and analysis will be presented to the Canterbury and Coastal CCG Governing body and the EKHUFT Board at their meetings in June 2014.

In addition, further consideration is being given by C&C CCG to offering GP and community service led outpatient services to communities across East Kent. This work is linked in to the CCG's plans to provide community hubs.

8. Recommendations

The Kent HOSC is asked to agree that the public consultation process has met the required standards as set out in the Health and Social Care Act. Feedback from the Kent HOSC will be discussed at the EKHUFT Board at the end of June 2014 and the C&C CCG Governing body in early July 2014.

The Canterbury and Coastal CCG Governing body and the EKHUFT Board will then reach a decision on the way forward, based on the information, findings and outcome of the consultation.