

## **East Kent Hospitals University NHS Foundation Trust and NHS Canterbury and Coastal Clinical Commissioning Group**

### **Progress report on the Outpatient Consultation in east Kent Kent Health Overview and Scrutiny Committee**

**September 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 to March 2014. The NHS Canterbury and Coastal Clinical Commissioning Group (C&C CCG) partnered EKHUFT in the consultation process.

The outcome of the consultation was 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 was based on an independent analysis of the process, undertaken by the University of Kent, which was commissioned by Kent and Medway Commissioning Support (KMCS).

In reaching its unanimous decision to implement the new outpatients strategy EKHUFT took into account a wide range of factors including the proposals having support from the CCGs and the intent of NHS C&C CCG to develop community networks that will enable the appropriate delivery of GP/Community led outpatient services in settings beyond the 6 site model being adopted by EKHUFT.

The implementation of the community networks will be aligned, where appropriate to the changes to EKHUFT'S acute outpatient services and the CCG, in conjunction with KCC, has commenced a broad programme of engagement with multiple stakeholders to ensure we take in to account our local population's health and social care needs when planning and developing each of the networks.

The networks will be designed to deliver a variety of joined up health, social care and voluntary sector services to local communities, with GP's at the heart of co-ordinating a range of integrated services as close to peoples' homes as possible with the aim of reducing the need for acute hospital interventions as appropriate.

#### **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 (QEQM). 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.

### **3. Next steps**

Following the Board decisions mobilisation of the strategy has now commenced. Notice has been given to NHS Property Services and the Kent Community Trust to allow for withdrawal of clinics from Faversham Health Centre, Whitstable and Tankerton Hospital and Herne Bay Hospital.

It is anticipated that the enablement works to deliver safe services from the Estuary View facility will be complete by December 2014. A wider range of services will be available on the north Kent coast in this new facility and the one stop clinics will be expanded. Activity will triple for the local population and there will be an opportunity for wider development as part of the CCG community network programme.

The new Dover hospital will open in March 2015. A wider range of outpatient services will be offered and one stop clinics expanded. The hospital will have an imaging unit, a pharmacy, child health centre, women’s health centre, a therapy unit and Minor injury unit with expanded ambulatory care. The renal unit will have an additional station allowing for 4 additional chronic renal patients to receive their treatment locally as demand grows. Activity at the Dover hospital will double for the local population. The acute clinics currently held at Deal hospital will transfer to the new Dover hospital in line with an earlier Consultation held by the Eastern and Coastal Kent Primary Care Trust (PCT). Community child health, midwifery and anticoagulation clinics will remain at Deal hospital with the radiology service which supports the minor injury unit.

The extended working day and Saturday clinics are being planned by the Trust to ensure clinicians are scheduled to offer clinics on all sites as discussed previously. The support infrastructure for diagnostic tests is being coordinated to ensure one stop clinics can be offered where clinically appropriate.

Plans to improve the current outpatient departments on the main hospital site are being developed to ensure accommodation is fit for purpose and in line with the clinical strategy key principles previously presented. Architects have been employed to work up options for each of the three main sites although at the Kent and Canterbury work has commenced on a new clinic area with a procedure suite which will be open this September.

#### **4. Conclusion**

EKHUFT are delighted to be able to take forward their vision for an improved outpatient service and are enthusiastic about working with the CCGs to support their vision for a community network model.

EKHUFT would like to thank the HOSC for their support in the process and success of the outpatient strategy plan which is now leading the work on improving services for the local population.