Item 6: East Kent Hospitals University NHS Foundation Trust: Clinical Strategy

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 30 January 2015

Subject: East Kent Hospitals University NHS Foundation Trust: Clinical Strategy

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by East Kent Hospitals University NHS Foundation Trust.

It provides additional background information which may prove useful to Members.

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1. Introduction

(a) East Kent Hospitals University NHS Foundation Trust (EKHUFT) has asked that the attached report be presented to the Committee.

(b) HOSC has considered the development of Trust's previous clinical strategy on three occasions: 3 February 2012, 12 October 2012 and 7 June 2013. An area of particular focus was the East Kent Outpatient Services which the Committee considered on 11 October 2013, 11 April 2014, 6 June 2014 and 5 September 2014.

2. Five Year Forward View

(a) The NHS Five Year Forward View was published on 23 October 2014 and sets out a vision for the future of the NHS based on seven new models of care. It has been developed by the partner organisations that deliver and oversee health and care services including NHS England, Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority.

(b) *Multispeciality Community Providers (MCPs)*

MCPs would involve extended groups of primary care practices which could be federations, networks or single organisations. They provide a much greater range of services for their registered patients. Practices could employ consultants or take them on as partners, and employ therapists, pharmacists, nurses and social workers. MCPs would shift the majority of outpatient consultations from hospitals. As MCPs develop, some GPs could be allowed to directly admit patients to hospital, and they could take on delegated responsibility for managing NHS budgets or pooled budgets.

(c) *Primary and Acute Care Systems (PACS)*

Under PACS, single organisations could provide primary care and hospital services plus mental health and community care services.

There would be different arrangements dependent on local situations. For example, in deprived areas which struggle to provide sufficient primary care, hospitals would be allowed to open GP surgeries with registered lists. This would allow the investment power of foundation trusts to expand primary care; safeguards would be needed to ensure the primary care element was not used to drive patients into traditional services provided by the hospital. Alternatively, a mature MCP could take over running a district general hospital with an expanded range of treatments and diagnostics. A developed PACS could become accountable for the whole health needs of a registered list of patients under a delegated capitated budget; this would be similar to Accountable Care Organisations developing in America and elsewhere.

(d) *Urgent and emergency care networks*

The NHS is seeking to improve and simplify the urgent and emergency care system. Ways of doing this will include greater evening and weekend access to GPs, nurses in community bases able to offer a much greater range of tests and treatments, ambulance services empowered to make more decisions, and greater use of pharmacies. There will also be networks of hospitals linked to speciality emergency centres, building on the success of trauma centres in reducing mortality for people who have had strokes and heart attacks. Hospital patients will have access to seven-day services where this improves outcomes, and there will be integrated mental health crisis services. Patients will be helped to navigate the system more easily.

(e) *Viable smaller hospitals*

The report indicates that local hospitals should not provide complex, high volume acute services, so some services will need to be shifted to other locations. However, local hospitals providing clinically effective services and supported by commissioners and communities have a role in the new NHS landscape. NHS England and Monitor will consider whether the NHS payment regime needs to be amended to allow small units to remain viable. New models will include:

- a local acute hospital may share management of the whole organisation or the back office functions of a similar hospital not in its immediate vicinity – a hospital chain;
- a smaller local hospital may have some of its services on a site provided by another specialised provider – satellite sites;
- a PACS model integrated provider.

(f) *Specialised care*

NHS England will work with local partners to develop services where there is a strong relationship between number of patients treated and health outcomes, pursuing the model of specialised stroke units into some cancer and other services such as orthopaedics.

(g) *Modern maternity services*

NHS England will commission a review of future models of maternity units to report by summer 2015. The review will investigate how tariff-based funding can support women's choices and how groups of midwives can be facilitated to set up their own NHS-funded midwifery services.

(h) *Enhanced health in care homes*

In partnership with councils and the care home sector and 'using the opportunities created by the Better Care Fund' (BCF), NHS England will develop new models to enhance the health input into care homes, such as medication reviews and in-house rehabilitation services. Such approaches have been found to improve quality of life and reduce hospital use by a third with significant cost savings.

(i) In addition to the seven models of care, the report sets out immediate steps to stabilise general practice through the expansion and strengthening of primary and out of hospital care. The 'new deal for primary care' includes stabilising core funding, giving CCGs more influence over the NHS budget, using a challenge fund to provide more funding, increasing the numbers of GPs trained, and incentives to encourage doctors and new practices in under provided areas.

3. Recommendation

RECOMMENDED that there be on-going engagement with HOSC as plans are developed with a return visit to a meeting of the Committee at the appropriate time.

Background Documents

Kent County Council (2012) '*Agenda, Health Overview and Scrutiny Committee (03/02/2012)*', https://democracy.kent.gov.uk/mgAi.aspx?ID=19539

Kent County Council (2012) '*Agenda, Health Overview and Scrutiny Committee (12/10/2012)*', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=3983&Ver=4

Kent County Council (2013) '*Agenda, Health Overview and Scrutiny Committee (07/06/2013)*', https://democracy.kent.gov.uk/mgAi.aspx?ID=25151

Kent County Council (2013) '*Agenda, Health Overview and Scrutiny Committee (11/10/2013)*',

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https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5075&Ver=4

Kent County Council (2014) '*Agenda, Health Overview and Scrutiny Committee (11/04/2014)*', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5396&Ver=4

Kent County Council (2014) '*Agenda, Health Overview and Scrutiny Committee (06/06/2014)*', https://democracy.kent.gov.uk/mgAi.aspx?ID=27887

Kent County Council (2014) '*Agenda, Health Overview and Scrutiny Committee (05/09/2014)*', https://democracy.kent.gov.uk/mgAi.aspx?ID=29239

LGiU (2014) *'Policy Briefing: NHS Five Year Forward View (29/10/2014)*', http://www.lgiu.org.uk/wp-content/uploads/2014/10/NHS-Five-year-forward-view.pdf

NHS England (2014) *'The NHS Five Year Forward View (23/10/2014)*', http://www.england.nhs.uk/ourwork/futurenhs/

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