East Kent Hospitals University NHS
NHS Foundation Trust

Delivering our Future

5 to 10 Year Strategy

January 2015

Putting patients first

We are doing well

•The Trust is currently in a good position compared with many other foundation Trusts in England

•We continue to be among the better performing Trusts in the country as measured by Monitor, the health sector regulator.

•We are also one of the safest acute Trusts in the country maintaining exceptionally high performance for infection control and our hospital death rates are around 20% lower than the national average

•Our turnover (for 2013/14) reached a new high of nearly £526 million

•We are continuing to invest in our services e.g. new endoscopy suite, cardiac laboratory, one-stop out patient clinic facilities and the new hospital in Dover.

But we face challenges and must address these at pace

- Our recent CQC report identified weaknesses in our current models of care e.g. emergency services (A&E), medicine and surgery
- A number of our services are struggling with workforce constraints
- We have operational issues in A&E and with meeting waiting time targets
- This year we are forecast to make a financial deficit of around £6.6m

Other pressures

- Demographic changes; a growing and ageing population
- Patients and their relatives, rightly, continue to expect high-quality care as close to their homes as possible
- The workforce pressures that we are currently experiencing are expected to continue and get worse:

  - Availability of junior doctors
  - Training requirements and a continuing drive towards doctors becoming more specialised
  - Multiple on-call rotas – maintaining multiple rotas in multiple layers on numerous sites is labour intensive, expensive and unsustainable
  - Availability of qualified staff – nursing staff numbers for the future is a problem being faced both nationally and internationally
  - We are facing a reduction in the amount of income we receive at the same time as the costs of providing those services increase

Can we stay as we are?

Activity changes from 2013 to 2023 driving these changes are:

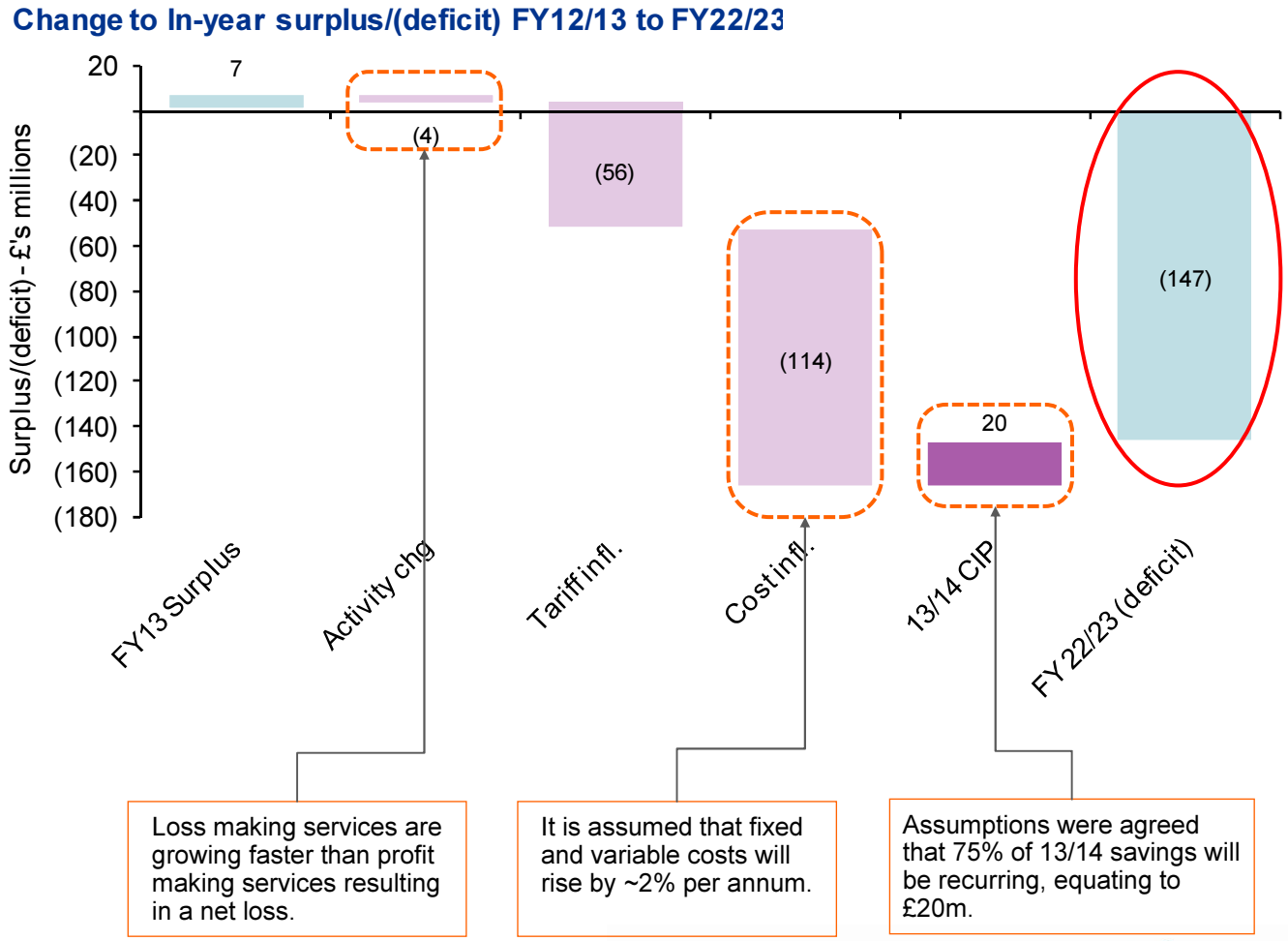
-Inpatient: +16%

-Day case: +17%

-Outpatient: +14%

-OPP: +16%

If the Trust continues to deliver against 2012/13 performance, with no efficiency gains, there will be a deficit of £40m 2017/18 and £147m by 2022/23.



The figure present the change in in-year surplus/deficit between 2012/13 and 2022/23.

All figures presented are annual totals.

So, what's the answer?

•We need to re-consider how we deliver care in the future

•We cannot continue to provide the current pattern of services on three hospital sites

•But we need to ensure we continue to deliver services locally wherever possible

•So, where absolutely necessary we have to consolidate services in a single high-risk hospital, supported by vibrant bases

•Delivery of this model is only achievable if we have a truly integrated care strategy

- greater integration with primary care, community & social care;
- teaching nursing homes; and
- tiers of care.

National Picture – Primary Care Integration

- The 2022 GP: A Vision for General Practice in the future NHS" (May 2013), Royal College of General Practitioners

- Stimulus – EKHUFT has been approached to look at models of integration on 5 of its sites. Other examples where this has happened:
  - Torbay care Trust
  - Birmingham – Vitality Partnership
  - Newcastle-upon-Tyne Hospital
  - Northumbria Healthcare Foundation Trust and Ponteland Medical Group

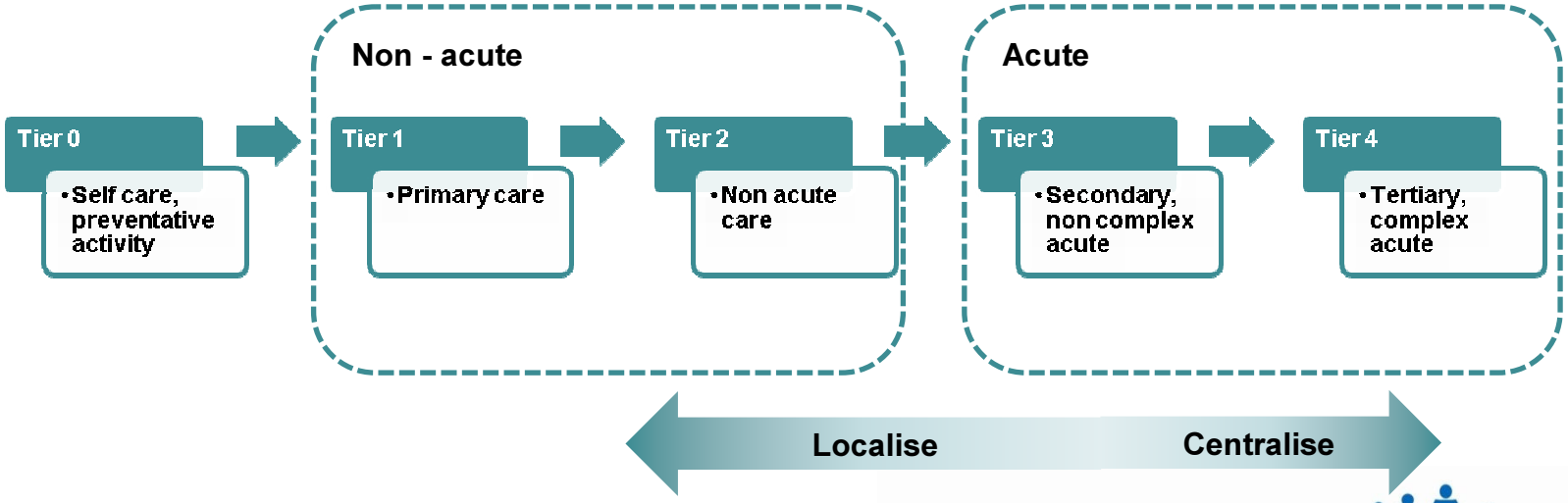
- Shared strategic aims to:
  - reduce the activity attending single emergency & high-risk / local hospital sites;
  - design a healthcare system with less reliance on acute inpatient beds;
  - focus on long-term conditions and on the aging population;
  - ensure local services for local people when and where ever possible; and
  - deliver integrated service provision.

Teaching Nursing Homes

- This model is successfully running in a number of countries e.g. Holland, Japan
- It is an elderly care facility in which there is synergy between clinical care, education and research.
- Francis report states the Government is “aiming to strengthen the focus on the complex needs of older people through training of the nursing workforce”.
- Other healthcare providers have identified the same opportunity - BUPA establishing the first teaching dementia home in the UK.
- Clinically-led visit to Holland in September to see how the system works.

Tiers of care across the system

- A key question that needed to be addressed was “what are the appropriate settings to deliver care to patients?”
- In order to provide structure to this question we defined five broad tiers of care. The diagram below present the five tiers of care used in the analysis.
- Using the concept of the tiers of care, the key questions that we asked were:
  - What services could be delivered locally?;
  - What services should be centralised?;
  - What services should EKHUFT stop delivering? and
  - What services should EKHUFT start / carry on delivering / perhaps in a different setting?.



Delivering Our Future

Phase 1 (complete)

- Initial clinical discussions.
- Development of initiatives.
- Development of options.
- Illustration of impact of options.

Current Engagement Phase (Detailed analysis)

- Continue clinical engagement.
- Initiate discussions with commissioners, community, voluntary, private sector and primary care providers.
- Confirm specialty delivery by tier.
- Refine management information.
- Carry out detailed capacity and demand planning.

Development & consultation of strategic plan

- Continue stakeholder consultation with clear strategic plan.
- Develop long-term condition strategy.
- Plan for community integration.

Key messages so far

Since the beginning of June we have held a large number of engagement events:

•81 internal engagement events and meetings for staff

•28 engagement events and meetings for external stakeholders

•Clinical discussion feedback from South Kent Coast CCG Membership event 5th November 2014

•7th January – Thanet CCG's GP and Consultants' Meeting

•11th February – Canterbury and Ashford CCG's Clinician to Clinician Event

•Kent Healthwatch – public reference groups

•General support from all four of East Kent's CCGs

Key messages so far

Acute, hospital care

•Prevent attendances to hospital wherever possible
•Greater integration between secondary, primary and community care with improved continuity of care
•Improved rapid access and enhanced referral system, especially potential cancers, which should be less than 2 weeks

•Considering options around acute, high-risk services on one site and variations on this theme e.g. emergency surgery and medicine, obstetrics, inpatient paediatrics
•Considering the required clinical adjacencies within the other specialties, supporting infrastructure and other services required for this to happen
•Centralisation for specialty services across a wider area (Kent and Medway) e.g. Renal, PPCI, Vascular, NICU, etc

Key messages so far

Non-acute care

- Development of integrated multidisciplinary services and robust shared care arrangements

- Low / medium risk inpatient procedures
- Day Surgery procedures
- Local rehabilitation and step-up and step-down care
- Outpatient clinics, including one-stop services
- Urgent Care Centres
- Children's Ambulatory Care services
- Hot and cold Ambulatory Care
- Closer working with Primary Care, Community and Social services to ensure patient flow and that patients are cared for in the right environment
- Improved education and training for GPs and GPSIs

Making it happen

- Implementing the Outpatient Strategy
  - Estuary View, Whitstable
  - New Dover Hospital
- Exploring Strategic Estates Partnership
- Co-location of GP Practices at acute hospital sites
- Unified approach with:
  - Community Network Groups
  - Integrated Care Organisations (ICOs)
  - Multi-specialty Community Providers (MCPs)
  - Primary and Acute Care Systems (PACS)
- 7 day working
  - Integration of workforce
  - Consultant-delivered care

Proposed next steps

Continue wide stakeholder engagement

- A series of public and patient focus groups
- “Trade fair style” engagement events
- Engagement with local patient groups
- Engage with the CCGs’ Community Network Groups / IOC Meetings
- Engage with Kent Health and Wellbeing Board and Kent Healthwatch
- Reaching out to hard-to-reach groups
- Continue to keep the Kent HOSC informed and updated throughout