

Report to Kent HOSC re Kent & Canterbury Hospital Emergency Care Centre

1. Introduction

1.1. The purpose of this report is to inform members of the Kent HOSC about the current and emerging situation at Kent and Canterbury Emergency Care Centre regarding core medical trainee doctors and the potential impact this may have on the public accessing emergency services at east Kent Hospitals.

2. Background

2.1. On 20th October 2015, EKHUFT received a report from Health Education Kent Surrey and Sussex (HEKSS) following a review of the Trust's core medical training at Kent and Canterbury Hospital. The visiting review team was headed up by Professor Graeme Dewhurst, Postgraduate Dean of HEKSS.

2.2. The review team met with junior doctor trainees in the Department of Medicine from the full spectrum of training grades, as well as consultant physicians, the Trust's Clinical Tutor and the Director of Medical Education.

2.3. The main issues identified by the review team were that in their view:

- the ECC receives patients presenting with acute abdominal pain. Patients presenting with acute abdominal pain can have either a medical or surgical problem and can require a general surgical opinion. General Surgeons are not available at K&CH and whilst the numbers are small trainees do not feel equipped to manage patients presenting with acute general surgical problems;
- out of hours (nights and weekends) the medical on call teams cover both the ECC and the rest of the hospital. The ECC subsumes a vast amount of medical trainees' time which they believe to be to the detriment of patient care in the rest of the hospital;
- the trainees perception is that the ECC is an A&E by any other name without the benefit of A&E doctors and they are apprehensive at being required to fulfil an A&E doctor role in the ECC; particularly with respect to mental health patients and severely inebriated patients;
- paediatric and obstetric services are not available 24/7 at K&CH. On the rare occasions these patient do attend the ECC the medical trainees have had to see and transfer the patients. Again they feel vulnerable seeing these patients;
- in general induction needs to be more robust; and
- juniors were being asked to 'act up' without adequate supervision from consultants.

3. HEKSS Recommendations and implications

- 3.1. As a result of this visit the Trust received a letter from HEKSS insisting that immediate changes were made to the ECC model of care by 1st December 2015 and that a new emergency model of care which removed trainees from the ECC was implemented for K&CH by August 2016, ahead of any permanent clinical strategy changes.
- 3.2. A failure to undertake this would result in the removal of medical trainees from the K&CH site. This action could destabilise acute hospital services within east Kent and in particular would mean the closure of the ECC and removal of the unselected medical take on the site. This would result in the loss of acute medical support for other services on the site and the immediate physical movement of all in-patient vascular surgery, high risk urology, inpatient renal, haematocology and neurology services from the site leaving only a few low risk medical patients.
- 3.3. Clearly the Trust had neither the capital nor the capacity at the other two sites to effect these changes by 1st December. This remains the case for the August 2016 deadline. As such a short term solution needed to be agreed by HEKSS
- 3.4. Interim arrangements that have been put into place as of 1st December were to:
 - provide consultant physician presence 12 hours a day 7 days a week;
 - provide senior surgical review for patients presenting as acute general surgical emergencies 08.00 – 18.00 Monday to Friday with network surgical advice out of hours; and
 - minimise the risk of non-medical patients being taken to K&CH.

4. Current Position

- 4.1. It is acknowledged that these interim arrangements are fragile, as they are reliant on the use of locum staff and overtime to provide the senior clinical input required by HEKSS and especially challenging as the winter period is one of high pressure; therefore there is some urgency to design and implement a sustainable model ahead of the permanent clinical strategy.
- 4.2. One of the immediate changes the Trust has been asked to implement is to ensure medical trainees that work in the ECC are only required to assess patients with medical problems. They should not be expected to be the initial doctor assessing patients with non-medical presentations (e.g. paediatric, surgical and other specialty presentations). The Trust has explored all possible solutions to this issue and has concluded that the only way to implement this change is to work with South East Coast Ambulance Services NHS Foundation Trust to revise the admission criteria for the ECC at K&CH.
- 4.3. The current criteria were agreed ten years ago when the ECC model was first introduced and the unit accepts patients with a wide range of conditions including cardiac, renal, respiratory, elderly care, vascular, urology and medicine. At the time the model was first introduced the ECC's majors' model was considered to be innovative and forward thinking.
- 4.4. Over the years there has been a growth in the breadth of the criteria and as a result we have seen a gradual change in the patients that are taken to and self-present to

the Department. Consequently, doctors that work within the ECC have to assess and treat a very wide range of conditions over and above those initially included in the criteria including surgical emergencies, children and other complex specialty patients. Over the same period of time there have been changes in sub-specialisation of doctors and changes in training requirements nationally which we need to ensure the ECC is consistent with. Until now the Trust has responded to these exigencies and provided care for these patients' needs but we are now at a stage where HEKSS believes that this it is no longer acceptable for medical trainees to be confronted with acute medical problems they are not equipped to manage and a change is required to address this.

- 4.5. As a consequence, with the full support of our Commissioners, the Trust is now working closely with South East Coast Ambulance NHS Foundation Trust to cease the referral of all patients with acute abdominal pain, alcohol intoxication and patients with a primary mental health problem to the ECC at K&CH. In total there are approximately 3000 patients that attend the ECC & MIU with non-medical conditions a year; Around 2000 of these present to the MIU and will continue to present in the way that they would at MIUs in other locations. This is in part related to the university population and the available 'nightlife'. 476 of the remaining 1000 patients are brought in by ambulance to the ECC with abdominal pain, alcohol intoxication and a primary mental health condition. This equates to approximately 9 patients a week. Instead, these patients will be taken to either the William Harvey Hospital, Ashford (WHH) or to Queen Elizabeth the Queen Mother Hospital, Margate (QEQMH). Patients that self-present to the ECC will still be assessed and if they require on-going care they will be stabilised and transferred. Our intention is to work closely with Healthwatch to inform the public how best to access the most appropriate health care service for their needs.
- 4.6. The Trust is doing everything possible to continue to address the issues raised by HEKSS and to provide all of the trainees with a quality experience. However, there is still a very real risk that HEKSS continue to feel that the training experience provided by EKHUFT for medical trainees at K&CH is unsatisfactory and they would then require the General Medical Council (GMC) to review the situation. Should the GMC concur with the HEKSS programme board's views then all medical trainees would be removed from K&CH site. The Trust would then be forced to implement the emergency measures detailed earlier in paragraph 3.2. This would not only affect many of the services provided from K&CH, it would also inevitably have an impact on the provision of emergency services at WHH, Ashford and QEQMH, Margate.
- 4.7. Given the fragility of the interim model and the resulting unacceptable risk of the emergency transfer of large number of patients from K&CH to WHH and QEQMH, the Trust are seeking to design and implement the model preferred by HEKSS and NHS England; a Primary Care Urgent Care Centre (minor injuries and minor illness unit) and an Acute Medical Admissions Unit as part of services at the K&CH site. The Trust would like to gain agreement from commissioners and the Kent HOSC that this new model is implemented by the end of June 2016

5. Conclusion

- 5.1. The December 2015 solution is not sustainable and the Trust wants to work with commissioners to develop a more robust approach and develop a new model of care by the end of June 2016.

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- 5.2. The Trust feels it is important to be clear with the Kent Health Overview and Scrutiny Committee that services remain very fragile at the Kent and Canterbury Hospital site and will continue to keep the committee informed of the progress.



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