

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

1. Introduction

- 1.1. The purpose of this report is to update members of the Kent HOSC on the progress made around the change of model to Kent and Canterbury Emergency Care Centre (K&C ECC) which was first discussed at the Kent HOSC in January 2016. The agreed model of care is a Primary Care led Urgent Care Centre supported by a Minor Injuries Unit and Acute Medical Unit.

2. Background

- 2.1. The changes are required due to mandated actions from Health Education Kent Surrey and Sussex (HEKSS) following a review of the Trust's core medical training at Kent and Canterbury Hospital.

- 2.2. 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; and
- 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;

2.3. HEKSS Recommendations and Implications

- A new emergency model of care which removed trainees from the ECC to be implemented for K&CH by August 2016, ahead of any permanent clinical strategy changes
- Minimise the number of non- medical patients being taken to K&CH

- 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.

2.4. Interim arrangements

Interim arrangements put into place as of 1st December 2015 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.

2.5. It was acknowledged that these interim arrangements were fragile, as they were 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.

2.6. The proposed way forward agreed by Kent HOSC in January was to work closely with SECAMB to reinforce the ambulance conveyance criteria so non-medical patients (excluding urology and vascular) would not be brought to K&CH and to develop a new model of care for patients that self-presented (non GP referrals) that would be implemented in July 2016

3. Current Position

3.1. EKHUFT has worked with SECAMB to reinforce the criteria for patients conveyed to K&CH. The output of this work is revised clinical criteria which reflect that K&CH has a Minor Injuries Unit and does not have an A&E. The population affected by this are patients that:

- are severely inebriated and do not have, either a minor injury or other medical problem;
- have a primary mental health condition (with no minor injury or other medical problem); and
- have abdominal pain that may require a general surgical assessment.

3.2. The last group of patients are affected because there is no General Surgery at K&CH. HEKSS have been clear that the core medical trainees should not be expected to be the initial doctor assessing patients with non-medical presentations (e.g. paediatric, surgical and other specialty presentations).

3.3. The revised conveyance criteria were implemented on Monday 9th May 2016. As previously identified this is expected to affect approximately 9 patients per week. Safe transfer protocols are in place should these patients be brought by ambulance inadvertently to K&CH to ensure they receive appropriate timely care.

- 3.4. The Trust has been working in partnership with Primary care and Canterbury and Coastal CCG to design and implement a model of care which ensures all patients that self-present are seen and assessed by a General Practitioner or nurse to ensure they see the appropriate clinical team.
- 3.5. The key concepts of the model of care include:
- One single front door 24/7;
 - All patients who are not referred and accepted to the Acute Medical Unit (AMU) will be streamed to MIU or the GP led Urgent Care Centre (with the exception of agreed conditions);
 - The Minor Injuries Unit will operate as now with benefit of close primary care liaison;
 - Streaming criteria have been developed and agreed;
 - The resuscitation area will remain and be used as per current practice;
 - Agreed pathways and protocols have been developed for:
 - Patients requiring A&E services
 - Mental Health patients
 - Urology and Vascular patients
 - Patients requiring general surgical assessment and
 - Patients that may require airway, breathing or circulatory support prior to transfer to another site
 - The Acute Medical Unit will accept all acute medical patients and develop new models of care for the frail elderly and emergency ambulatory care to prevent admission to hospital.
- 3.6. The new model of care and Primary Care led Urgent Care Centre will be introduced on 6th July 2016 ahead of the HEKSS deadline to ensure any initial problems can be addressed.
- 3.7. There is a significant risk associated with the implementation; that recruitment and availability of General Practitioners to staff the Urgent Care Centre are not available to provide a consistent service 24/7. All recruitment avenues are currently being explored but it has to be acknowledged that there is a known deficiency in this element of the workforce.

4. Communication

- 4.1. EKHUFT and Canterbury & Coastal CCG have developed a communication plan which includes all stakeholders. The messages to the public have been minimalist as the service provided at K&C will remain unchanged for the vast majority of the general public. The modification is that they will see a Health Care Professional appropriate to their requirements which may be a GP or nurse. The rationale for not communicating this broadly to the public is the concern that additional attendances may occur due to the availability of a 24 hour service.
- 4.2. The Trust and CCG have worked with Healthwatch Kent and Kent University and will continue to implement the communication plan which includes broad generic messages around access to services and health information close to the date of implementation.

5. Conclusion

- 5.1. 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 2.3. 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 QEPMH, Margate.
- 5.2. The Trust has worked with commissioners to develop a more robust approach and implement a new model of care for July 2016. The main risk associated with the implementation of this model is the recruitment and availability of General Practitioners to staff the Urgent Care Centre.
- 5.3. 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.