

Emergency Transfer of acute medicine - Kent & Canterbury Hospital

1. Background

- 1.1 East Kent Hospitals announced on 21 March that Health Education England (HEE), which oversees junior doctor training, required the Trust to move 38 junior doctors in acute medical specialities at the Kent & Canterbury Hospital (K&C) to the Trust's other two hospitals at Ashford and Margate.
- 1.2 This was because a shortage of permanent specialist consultants and a heavy reliance on locum doctors had impacted on their supervision and training. As a teaching trust, EKHUFT has to make sure that junior doctors have access to senior doctors to support them.
- 1.3 The Trust has struggled to recruit and retain permanent specialist consultants and has been regularly briefing the Health Overview and Scrutiny Committee on these pressures.
- 1.4 On 19 June 2017 half of the junior doctors were moved from K&C to the William Harvey Hospital (WHH) in Ashford and half to the Queen Elizabeth The Queen Mother Hospital (QEQMH) in Margate.
- 1.5 On Friday, 9 June, the Trust's Board made the decision to move some services at K&C to its other two sites. This is because without the junior doctors the Trust could not continue to provide those services safely. This is called an emergency transfer of services. It can only be made on a temporary basis and does not require public consultation because it is an emergency move made to ensure services and patients are safe.

2. What this means for patients

- 2.1 The changes affected up to 35 people per day who required urgent medical care for conditions such as heart attack, stroke and pneumonia. Hyper acute stroke services were moved on 10 April 2017. Patients are no longer brought to the K&C Urgent Care Centre by ambulance as an emergency. They are now taken by ambulance straight to Margate or Ashford.
- 2.2 The majority of services at the K&C are not affected. For example, chemotherapy services, renal, vascular, urology services and outpatient clinics are not affected. There continues to be a well-used 24/7 minor injury and illness service at the hospital. Patients who have a planned operation or outpatient appointment, an x-ray, blood test or therapy session at the K&C, are seen and treated as usual.

3. Actions to create capacity at Margate and Ashford

- 3.1 The Trust planned carefully and worked closely with commissioners, the ambulance service and other NHS and social care providers, with oversight from its regulators, to ensure the emergency transfer was safe and effective.
- 3.2 Measures at the other two sites have included providing more capacity for patients in the community; faster discharge when patients are ready to leave hospital; improved patient pathways; increased ambulatory care for patients who can go home the same day and the physical expansion of the two A&E departments to reduce crowding.
- 3.3 If patients are medically fit to leave our hospitals in Margate or Ashford but need to remain in hospital we may transfer them to the K&C to continue their rehabilitation. This decision would include an assessment of clinical need and where patients live. This will only happen if patients are well enough, and by using properly qualified staff and transport by ambulance.

3.4 As a result of the emergency transfer, 24 beds at K&C are not currently needed and have closed. At WHH eight inpatient beds have been changed from inpatient to ambulatory care beds, at QEQM 7 beds have been changed from inpatient to ambulatory care beds.

4. Reversing the changes

4.1 The changes can only be reversed if Health Education England and the General Medical Council (GMC) decided to bring back the junior doctor posts that they moved from Kent & Canterbury Hospital. To do this they would need to be satisfied that sufficient permanent consultants in acute and speciality medicine had been recruited and were able to provide appropriate supervision and training for junior doctors.

4.2 The Trust has been running rigorous recruitment campaigns, including advertising in consultant posts in NHS Jobs, the British Medical Journal, through specialist agencies, and on social media. We have advertised 14 times in the BMJ in the last year and six times since the changes in June, including a full page advertising 15 different consultant posts. We are also out to advert for 15 more doctors including A&E, heart, respiratory, stroke, diabetes, acute medicine and geriatrics.

4.3 In the last year we have advertised for 74 different consultant roles. We have had some success and recruited 55 new consultant doctors to work in our hospitals, 22 since the changes in June. There are still 10 consultant vacancies in acute and speciality medicine.

4.4 We have also recruited ten permanent middle grade doctors to work in our A&E departments, six have started and four are joining over the next few months. We have seven more in the pipeline, subject to clearances.

4.5 Recruitment takes time, there is a national shortage of doctors, especially in acute and specialist medicine. However since the move of services, with more sustainable rotas, we have seen an increase in the number of applicants for some specialty posts. One of the main reasons we are struggling to recruit enough permanent staff is because running services across too many sites makes the posts unattractive to potential applicants.

5. Improving healthcare in East Kent for the future

5.1 This situation is an illustration of why there needs to be a move to a more sustainable way of providing hospital care in the future, with more capacity across health and social care locally. This will mean we can recruit more permanent staff, patients will be seen more quickly because staff and services are not stretched so thinly and with more doctors available we can consistently provide the standards of services we want for patients.

5.2 It is important that we get to public consultation as quickly as possible so that we can provide certainty for the public, our own staff and future employees. The emergency transfer of services may still be in place when we reach public consultation next Spring. If this is the case, the Trust will focus on implementing any longer-term reconfiguration once the final decision is made on where and how services are provided.

5.3 The NHS in east Kent continues to press for a medical school for Kent and Medway and raised this with east Kent MPs in recent weeks. The most important factors in attracting doctors are hospital services that deliver the best care, offer attractive services, manageable rotas and working conditions for staff. This is the Trust's vision for its hospitals and having a Medical School locally will add to that attraction.