Transforming health and social care in Kent and Medway

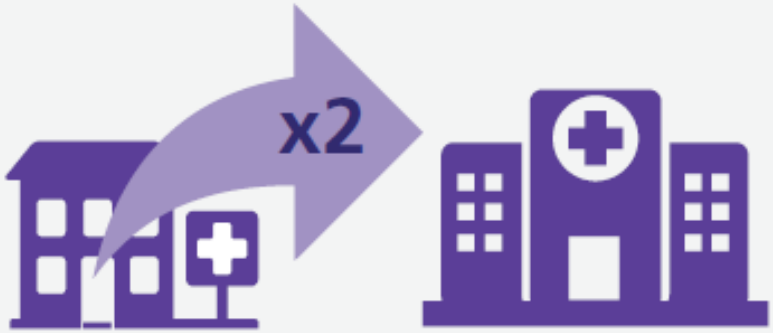
Establishing the medium list of options for east Kent hospital services

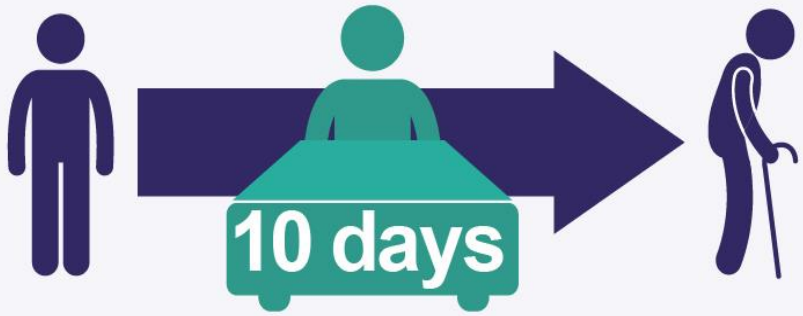
HOSC, 24 November 2017

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.

Challenges in east Kent

In some areas you are **twice as likely** to end up in hospital because of a problem that could have been avoided if it had been better managed in primary care.





The equivalent of 10 days bed rest can have the same impact on the muscles as roughly **10 years of ageing** for people over 80

At any one time there are around **300** people in hospital beds who could be discharged if the right support was available elsewhere.

The STP vision for Kent and Medway

Helping you stay well

PREVENTION: Doing much more to help you stay well so you don't develop some of the illnesses we know can be caused by unhealthy lifestyles

Doing more out of hospital

LOCAL CARE:

Redirecting more of our resources into local care services so we can offer more care out of hospital

Making acute services more effective

HOSPITAL CARE:
Organising acute hospital services better

Improving hospital care

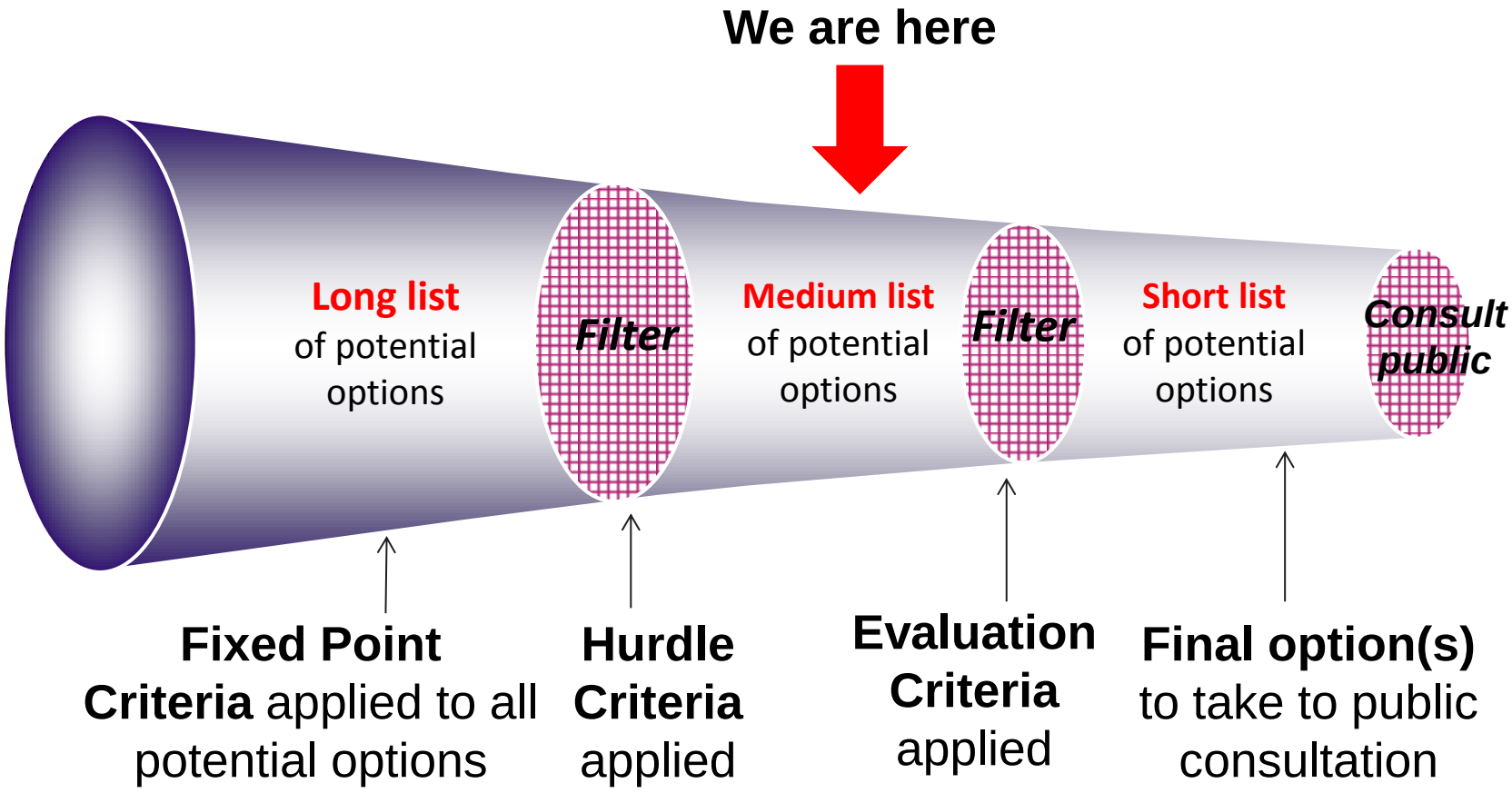
East Kent only

- Urgent and emergency care acute medicine
- Elective orthopaedics

All Kent and Medway

- **Stroke** – three hyper-acute stroke units
- **Vascular** – single arterial centre and enhanced non-arterial centre

How decisions are made



Potential options for urgent and emergency care and acute medicine

Guidance for urgent and emergency care

		What	Services offered
①	**Major trauma centre**	• Specialised centres co-locating tertiary/complex services on a 24x7 basis • Serving population of at least 2 -3million	• Neurosurgery, Cardiothoracic surgery • Full range of emergency surgery and acute medicine • Full range of support services, ITU etc
②	**Major Emergency Centre with specialist services**	• Larger units, capable of assessing and initiating treatment for all patients and providing a range of specialist hyper-acute services • Serving population of ~ 1-1.5m	• Hyperacute cardiac, stroke , vascular services • Trauma unit • Level 3 ICU • Moving towards 24x7 consultant delivered A&E, emergency surgery, acute medicine, inpatient paeds • Full obstetrics and level 3 NICU
③	**Emergency Centre**	• Larger units, capable of assessing and initiating treatment for the overwhelming majority of patients but without all hyper-acute services • Serving population of ~ 500-700K	• Moving towards 24x7 consultant delivered A&E, emergency surgery, acute medicine • Level 3 ICU • Inpatient paeds and obstetrics with level 2/3 NICU
④	**Medical Emergency Centre**	• Assessing and initiating treatment for majority of patients • Acute medical inpatient care with intensive care/HDU back up • Serving population of ~ 250-300K	• Consultant led A&E • Acute medicine and critical care/HDU • Access to surgical opinion via network • Possibly paeds assessment unit and possibly midwife-led obstetrics
⑤	**Integrated care hub with emergency care***	• Assessing and initiating treatment for large proportion of patients • Integrated outpatient, primary, community and social care hub • Serving population of ~ 100-250K	• GP-led urgent care incorporating out of hours GP services • Step up/step down beds possibly with 48 hour assessment unit • Outpatients and diagnostics • Possibly midwife-led obstetrics
⑥	**Urgent care centre***	• Immediate urgent care • Integrated outpatient, primary, community and social care hub • Serving population of ~ 50-100K	• As above but no beds

Long list

We started with a **long list** of possible options

We considered any of our three acute hospitals as:
- a **major emergency centre** with specialist services
- an **emergency centre** or medical emergency centre
- an **urgent care centre** or integrated care hospital

We also considered:
- Building a new hospital on a new site
- Consolidating our hospitals onto one existing site
- Closing an existing hospital

Hurdle criteria

We then asked five questions to help filter out the options that are not viable

1. Is the option **clinically sustainable**?
2. Can we **implement** it?
3. Can people **access** the services?
4. Does it fit with **previous decisions**?
5. Is it **affordable**?

Applying the hurdle criteria

Possible configurations

1. 1 MEC with specialist services
2. No more than 2 ECs
3. No more than 2 MedECs

1. WHH – any service can be here
2. QEQM – any service can be here
3. K&C – any service can be here

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1. WHH – MEC with specialist services
2. QEQM – EC, MedEC
3. K&C – ICH/UCC

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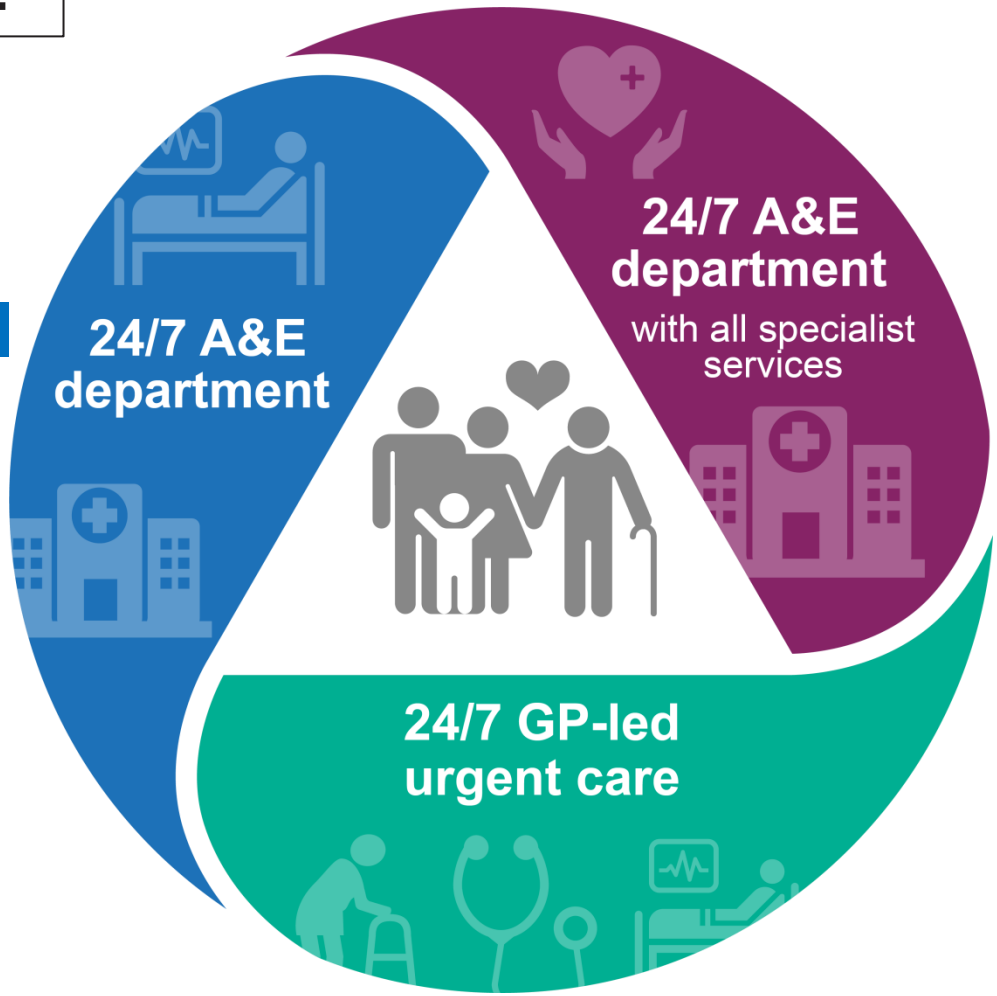
2. QEQM – EC
3. K&C – ICH/UCC

Medium list: two potential options

OPTION 1

QEQM Hospital



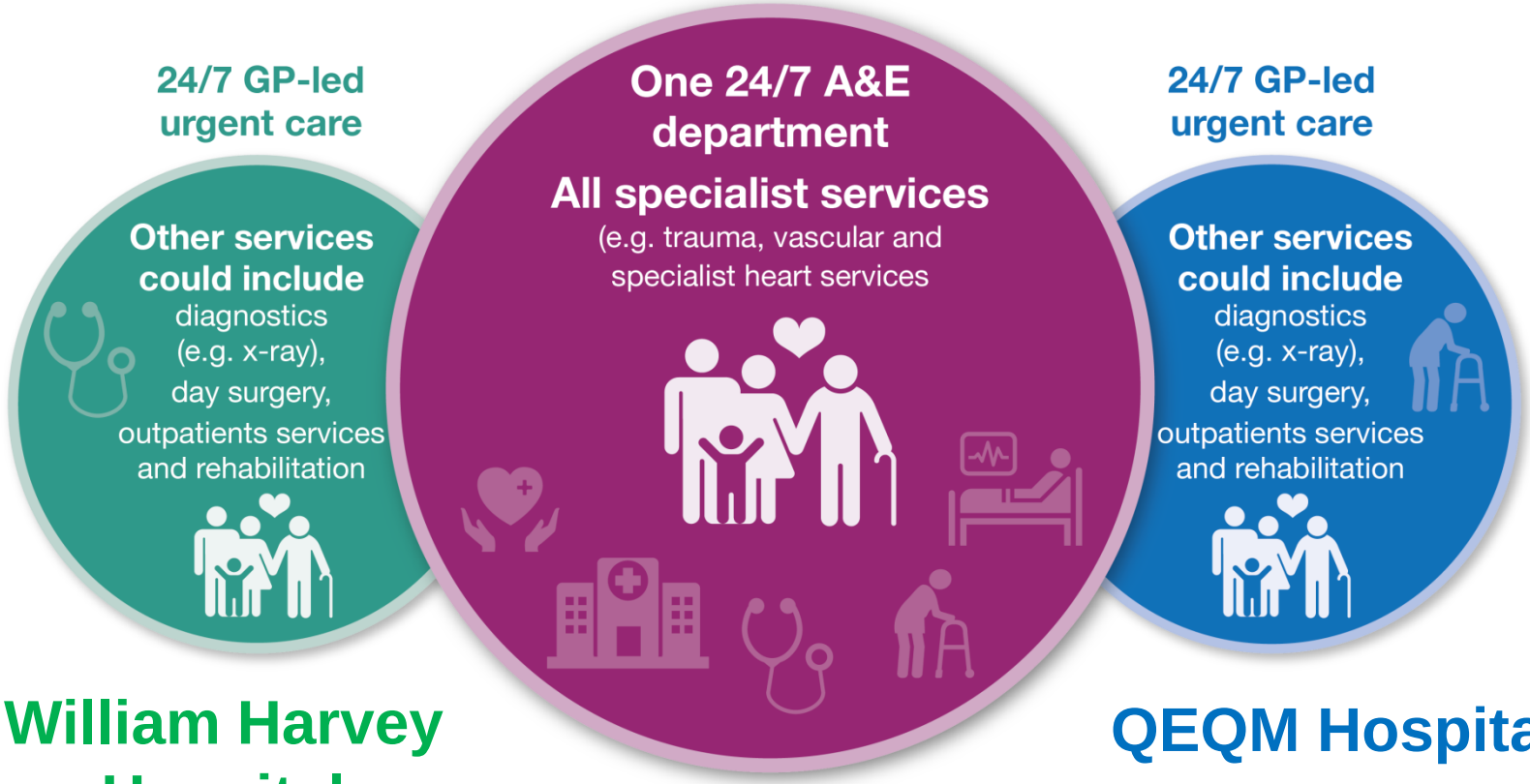
William Harvey Hospital

Kent and Canterbury Hospital

Medium list: two potential options

OPTION 2

A single major emergency hospital for all east Kent



William Harvey Hospital

QEQM Hospital

Kent and Canterbury Hospital

Potential options for elective inpatient orthopaedics

Long list

1. A single east Kent inpatient orthopaedics unit on any of each of the three hospital sites
2. An inpatient orthopaedics unit on all three hospital sites
3. Combinations of two orthopaedics units on any two of the acute hospital sites
4. No inpatient orthopaedics unit in east Kent.

Hurdle criteria

We then asked five questions to help filter out the options that are not viable

1. Is the option **clinically sustainable**?
2. Can we **implement** it?
3. Can people **access** the services?
4. Does it fit with **previous decisions**?
5. Is it **affordable**?

Applying the hurdle criteria

Any 1,2 or 3 sites option for east Kent

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No more than 2 in-patient elective orthopaedic centres located on any site in east Kent.

No more than 2 in-patient elective orthopaedic centres located on any site. All single site configurations, with the exception of a WHH single site configuration, will be taken forward.

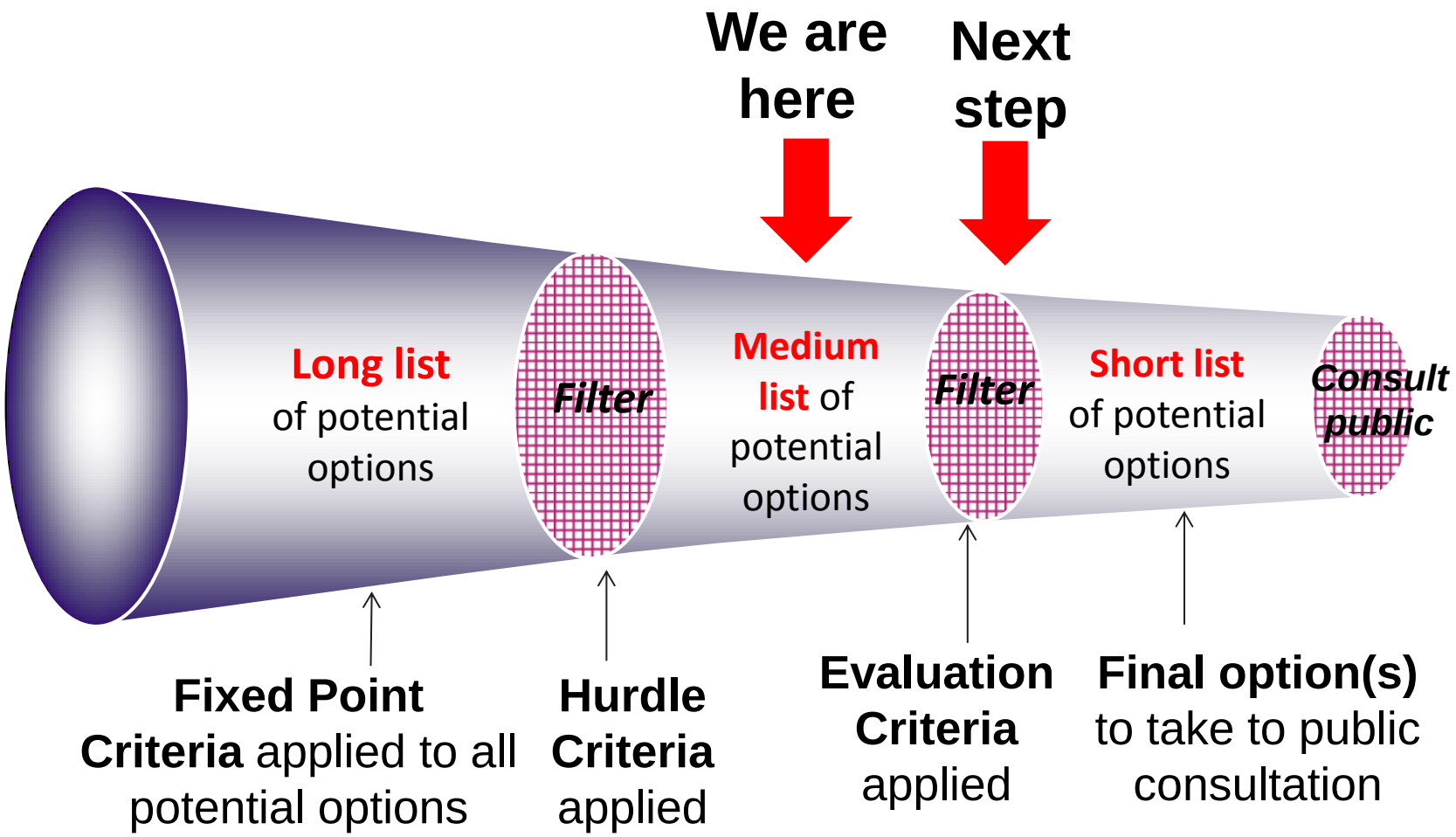
Medium list: Elective orthopaedics

Applying the hurdle criteria left six potential options for elective inpatient orthopaedics services

1. Only Kent and Canterbury Hospital (K&C)
2. Only QEQM Hospital (QEQM)
3. Only William Harvey Hospital (WHH)
4. Both K&C and WHH
5. Both K&C and QEQM
6. Both WHH and QEQM

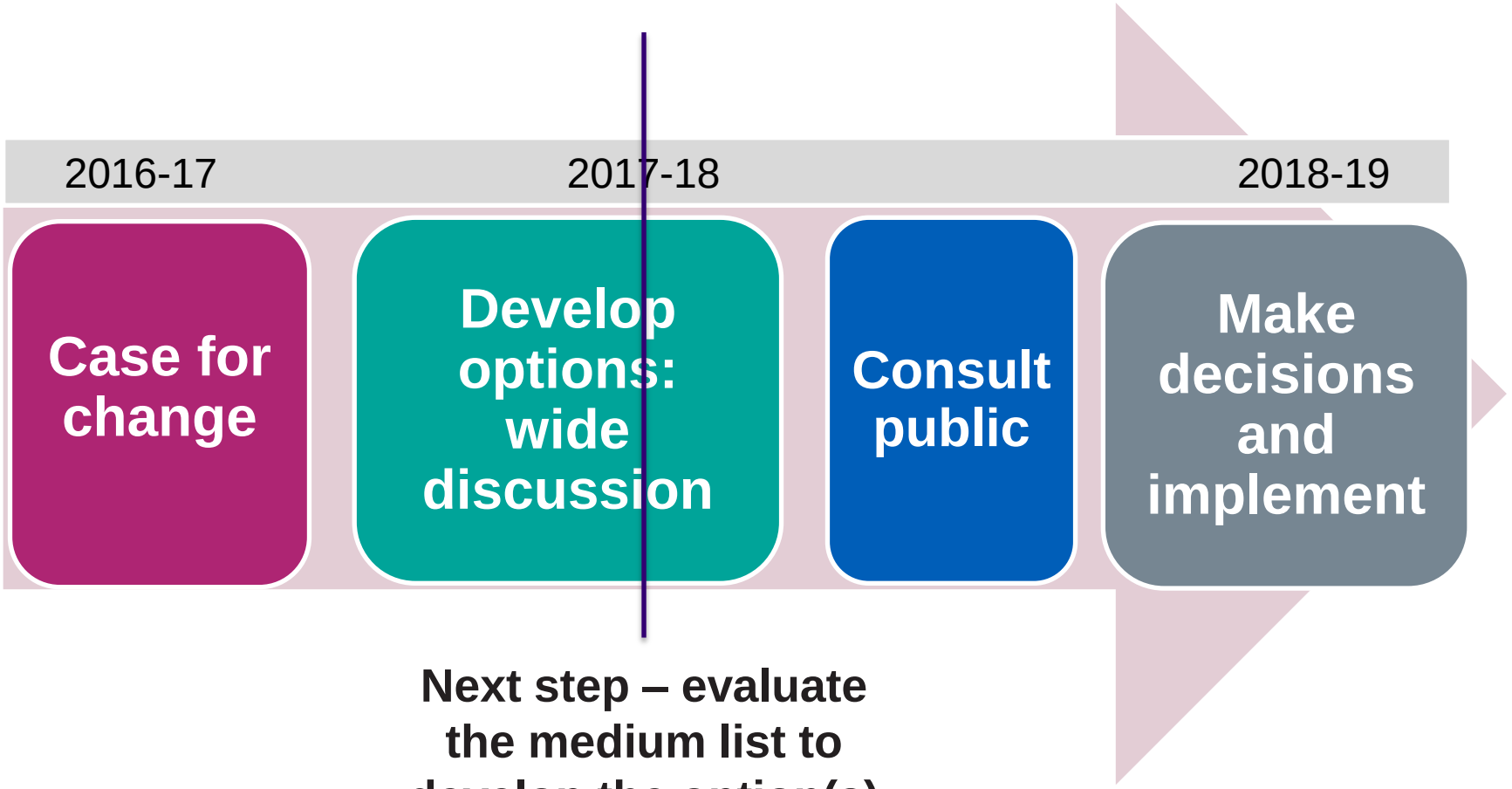
What happens next

Next steps


We are here
Next step
Long list of potential options
Filter
Medium list of potential options
Filter
Short list of potential options
Consult public
Fixed Point Criteria applied to all potential options
Hurdle Criteria applied
Evaluation Criteria applied
Final option(s) to take to public consultation

Evaluation criteria

Timeline



Next step – evaluate the medium list to develop the option(s) to consult on