Transforming Health & Care in East Kent

Presentation to the Health Overview & Scrutiny Committee

26 January 2018
What have we already shared with HOSC:

Information to date:

- Case for change in East Kent
- Long list of options and application of the hurdle criteria
- Medium list of options – options 1 & 2
- Local care developments

Requests for additional information:

- Medical School proposal and application
- Assurance that the changes and developments proposed are the right changes
- Local care development – detail on developments that provide assurance on the development of capacity & capability
- Recognition and mitigation of the challenges in achieving the planned changes and improvements
Kent and Medway Medical School

KMMS will engage extensively in widening participation to the school among local schools and colleges drawing on Kent & Canterbury Christ Church’s existing programmes.

KMMS brings together complementary institutions in Kent & Canterbury Christ Church. The school will be based on both campuses with students fully part of both student communities, particularly able to work closely with other students in health and social care programmes.

The medical school is supported by Brighton & Sussex Medical School and will develop a curriculum based upon this, adapted to the circumstances of Kent & Medway.

The distinctive placement model places students within the community setting ‘hubs’ from which they will access ‘spoke’ placements in NHS and private, voluntary and independent settings.

The KMMS Student Offer:
- Five year undergraduate programme resulting in joint degrees from both intuitions in Bachelor of Medicine, Bachelor of Surgery
- Early Clinical Placements in a model which starts in community and primary care then moves into acute
- Focus on developing doctors with passion for specialties currently under-represented in Kent and Medway
- Supported by Brighton & Sussex Medical School, the UK’s top-ranked undergraduate entry medical school for overall satisfaction, scoring 99% in the National Student Survey.

Early clinical placements within Community Education Provider Networks from year 1.

Developing future doctors to support Kent and Medway’s communities into the 2030s and beyond.
Transformation of Acute and Local care services in East Kent

Update
What do we already know:

- **Case for Change** established – ‘do nothing’ (ie a three site option) is not sustainable. Progression of the strategic changes offers sustainable solutions to the current challenges across patient pathways such as urgent care, workforce challenges and quality of services.

- Public support for the development of new local care models that support changes of hospital care.

- Public **listening events** undertaken in spring and autumn were broadly supportive of the proposed changes. Key themes to address further included: developing local care; transport and access; specialist centres.

- EKHUFT has developed a strategy for the future provision of acute services on the “Keogh” model for urgent care. Across East Kent this translates to a three site proposal - a Major Emergency Centre with Specialist Services, an Emergency Centre and a Medical Emergency Centre.

- **‘New build’ offer** from Canterbury developer. Legal opinion was that this was a materially significant offer that should be considered.

- Application submitted for a **Kent & Medway Medical School** located in / outside Canterbury.
There is a clearly defined process that the health system across East Kent needs to follow in order to make any changes. This process starts with the case for change and progresses through to public consultation and formal decision making.

**Where are we in the process:**

- **Case for Change**
- **Development of service delivery models**
- **Development of hurdle criteria**
- **Identify full evaluation criteria**
- **Identify long list of options**
- **Application of hurdle criteria to produce a medium list of options**

**Medium list submitted to CCG Joint Committee**

**Current stage**

- **Evaluation of medium list (using evaluation criteria) to identify preferred option(s)**
- **Submission of PCBC* to NHS England National Investment Committee**
- **Public Consultation**
- **Evaluation of consultation discussions and responses**
- **Decision by CCGs/ CCG Joint Committee**

**NB:** This stage involves multiple stakeholder reviews as part of the agreed evaluation process

*PCBC = Preconsultation Business Case*
The East Kent ‘medium list’ has two potential options. Option 1 is the output from the application of the hurdle criteria to the long list of options.
Option 2 is the “developer offer” which following legal advice has been included at this stage of the process. The detail of the “offer” and what it could provide continues to be worked through.
What services could patients expect in local care under options 1 & 2?

- Maintained local access to local services in particular to those frequently used
- Development of local care
  - Hubs / CHOCs / Primary Care Homes
  - Integrated Case Management
  - Skills and service developments for local access to specialist care (e.g., Tiers of Care)
- Local access to Outpatient Services and travel for specialist services needing to be co-located with major emergency unit
- Additional opportunities to access urgent care
  - Minor injury / illness units
  - Treatment centres
  - Extended diagnostic services
What is local care?

• Local care is care not in a main hospital
• Through the development of local care we aim to:
  • **prevent ill health** by helping people stay well
  • **deliver excellent care, closer to home**, by connecting the care you get from the NHS, social care, community and voluntary organisations
  • give local people the right support to **look after themselves** when diagnosed with a condition
  • **intervene earlier** before people need to go to hospital
• Clear vision that:
  • promotes and maintains local access to care
  • Develops Primary Care at scale (eg CHOCs / Hubs / Primary Care Homes)
  • Seeks to strengthen integration of how services and care are delivered (eg integrated case management)
Local Care Development

• Changes to health and care provision across East Kent are complex with the drivers of change increasingly more prominent and a priority.

• Changes to hospital services cannot be achieved in isolation and are predicated on the development of local care.

• Patient behaviours and expectations will be critical to the successful delivery. How services are delivered in the future will look different to how these are currently accessed.

• East Kent reconfiguration encompasses not only changes to where care is delivered from but also how with the development of new models of care and ways of working.

Local care implementation plans in place for each locality supporting the investment case
What is the vision for local care development in East Kent?

Local Care

- Complex, frail patient – the “Dorothy” model
- Urgent Care – development of provision via Urgent Treatment Centres
- GP Forward View inc Primary Care at Scale
- Tiers of Care (Transformation & new models of care)
Our 8 ambitions for Dorothy and those like her
Tiers of Care (TOC) – a programme aimed at transforming and developing the way in which services are delivered making the full use of skills and capacity across the system.

- **TIER 1**: Primary Care
- **TIER 2**: Integrated Community
- **TIER 3**: Hospital
Urgent Care – increasing local and alternative provision for minor injury
Urgent Care – provision of MIUs / WICs and move to Urgent Treatment Centres

• Current A&E activity suggests that a proportion of attendees could be seen and treated through alternative service models in local care.

• Alternative provision currently available with increasing access and use by the local population for example:
  • Estuary View – X-ray, Mobile MRI, Ultrasound
  • Herne Bay – Plain x-ray
  • Faversham – Plain x-ray

• Range of services available including treatment for minor injuries including diagnostics facilities and minor illnesses through GP led services.

• Plans over the next 3 years to develop current facilities further and extend the range of services available locally.
GP Forward View – Primary Care at Scale
GP Practice at Scale: Health, Social Care, Voluntary and Community involvement working together at scale – The Community Hub Operating Centre (CHOC) model

Integrated Case Management (ICM) patient centred approach for admission avoidance, anticipatory care planning.

Routine, Prevention and Proactive Care
- Integrated Case Management (ICM) approach for admission avoidance, rapid/emergency response to avoid hospital admission to keep people well at home.

Emergency and Reactive Care – ICM approach for admission avoidance, rapid/emergency response to avoid hospital admission to keep people well at home.

Acute Care
- When intervention is essential. Working with IDT for repatriation at the earliest opportunity.

Tertiary Care
- For highly specialist intervention. Repatriation at the earliest opportunity.

Number of People

Admission Avoidance

Level of Acuity

CHOCs
Each CHOC in EK– 30 to 60,000 population

GP Practice at scale built around Person/Population Health needs

Integrated Systems of Care

Each CHOC in EK– 30 to 60,000 population
Integrated Case Management workforce

**CHOC core team includes:**

- Mental Health worker
- GP
- Health and social care coordinator
- Community nurse / LTC Nurse
- Pharmacist
- Geriatrician
- Nurse Specialist
- Allied Health Professional
- Social Prescribing Administrator
- Integrated Discharge Team
- Acute specialists
- Fire and rescue
- Police
- Social Care representative / social worker
- Mental Health worker
- Social Prescribing
- Nurse Specialist
- Administrator

**Our Integrated Case Management (ICM) Approach**

Agreed with patient/carer

**Additional members** which vary locally:
Encompass Community Hub Operating Centres (CHOCs) & Herne Bay Hub (ICC)

Five CHOCs – 180,784 patients & One ICC -

- **Whitstable CHOC**
  - Whitstable Medical Practice 35,820
  - Saddleton Road Surgery 2,754
  - **2 practices – 38,574**

- **Herne Bay Hub (ICC)**
  - Park Group 21,724
  - St Anne’s Group 14,385
  - William St 4,635
  - **3 practices – 40,744**

- **Canterbury S CHOC**
  - New Dover Road 10,141
  - Canterbury Medical Practice 20,425
  - University Medical Centre 16,066
  - **3 practices – 46,632**

- **Canterbury N CHOC**
  - Northgate Medical Practice 19,418
  - Sturry Surgery 16,965
  - Canterbury Health Centre 5,229
  - Old School Surgery 5,229
  - **4 practices – 47,391**

- **Sandwich & Ash CHOC**
  - The market Place surgery 8,145
  - Ash surgery, 4702
  - The Butchery 4,597
  - **4 practices – 17,444**
<table>
<thead>
<tr>
<th><strong>Canterbury &amp; Coastal</strong></th>
<th>Option 1 – proposed services</th>
<th>Option 2 – proposed services</th>
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</thead>
<tbody>
<tr>
<td><strong>Current Service Provision</strong> <em>(What we have now)</em></td>
<td>MIU’s convert to UTCs – Universal</td>
<td>MIUs/Urgent Treatment Centres – requirement to be reviewed</td>
</tr>
<tr>
<td>Enhanced GMS (extended services)</td>
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<tr>
<td>Primary Care at Scale - GP Practices working collectively</td>
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<td>GP Forward View (GPFV) Access – 8am to 8pm, Saturdays &amp; Sundays either in individual practices or at CHOC/ICC level.</td>
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<tr>
<td>5 Community Hub Operational Centres (CHOCs): Faversham; Whitstable; Canterbury South; Canterbury North; Ash and Sandwich delivering an integrated case management approach via integrated multidisciplinary teams which include a core team.</td>
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<tr>
<td>- Integrated Care Centre at Herne Bay</td>
<td>Primary Care Extended Services - Universal</td>
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<tr>
<td>- Minor Injuries Units/Urgent Treatment Centres:</td>
<td>Primary Care GPFV access - Universal</td>
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<tr>
<td>- Urgent Treatment Centre – Estuary View</td>
<td>Primary Care at Scale – Universal</td>
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<tr>
<td>- MIU inc plain x ray – Faversham</td>
<td>MIU’s convert to UTCs – Universal</td>
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<tr>
<td>- MIU – inc plain x ray - Herne Bay</td>
<td>Polyclinics operating within CHOCs to include full range of ambulatory, day case and diagnostic interventions</td>
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<td>- Community Hospitals with circa 80 beds: Faversham Cottage Hospital</td>
<td>Out of Hospital Beds: non acute beds – geography to be defined but possibly Estuary View and K&amp;CH</td>
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<tr>
<td>- Whitstable and Tankerton Hospital</td>
<td>• Rehab</td>
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<td>- Queen Victoria Memorial Hospital, Herne Bay</td>
<td>• Respite</td>
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<td>• Joint Social/Health Facilities</td>
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<tr>
<td>Outpatient Services offered at Estuary View</td>
<td>• Extra Care Facilities</td>
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<tr>
<td>Estuary View – X-ray, Mobile MRI, Ultrasound</td>
<td>Fully Integrated multidisciplinary teams (primary care, community, mental health, social care etc)</td>
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<td></td>
<td>Move from health intervention to well-being interventions engaging health, social care, housing, education, voluntary sector etc</td>
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South Kent Coast

About Us – 205,000 patients, 4 Localities

FOURKSTONE
- List Size: 65,278
- Location: Royal Victoria Hospital
- Features: Co-locate with MIU

DEAL
- List Size: 34,846
- Location: Deal Hospital
- Features: Co-locate with MIU

BUCKLAND
- List Size: 58,452
- Location: Buckland Hospital
- Features: Co-locate with MIU; Potential for spoke model to cover Dover rural.

HYTHER
- List Size: 43,854
- Location: Hub and Spoke model covering wider geography
- Features: Oaklands Practice and New Romney

ROMNEY

HYTHER & RURAL
- List Size: 43,854
- Location: Hub and Spoke model covering wider geography
- Features: Oaklands Practice and New Romney

Google
<table>
<thead>
<tr>
<th>South Kent Coast</th>
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<tbody>
<tr>
<td>Current Service Provision (What we have now)</td>
</tr>
<tr>
<td>• Primary Care Practices</td>
</tr>
<tr>
<td>• Minor Injuries Unit</td>
</tr>
<tr>
<td>• GP Access Hub (smaller scale)</td>
</tr>
<tr>
<td>• Long Term Condition Teams (KCHFT)</td>
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<tr>
<td>• Range of health and care provision – not contracted or provided as one model</td>
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South Kent Coast – the development of local care has identified a number of projects for future development. The aim of these developments is to maintain local access to the services needed. Examples include:

- Sub-acute provision for medically unwell patients is under development. This will be dependent on the availability of acute support to provide a safe service in the community. Including the decision on bed provision for observation/monitoring to prevent avoidable admissions.

- Capital investment in the local estate to support planned service developments and the development of hubs

- Development of Dementia village by East Kent Hospitals University NHS Foundation Trust
### Current Service Provision

<table>
<thead>
<tr>
<th>Primary Care</th>
<th>Option 1 – proposed services</th>
<th>Option 2 – proposed services</th>
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</thead>
<tbody>
<tr>
<td>• Extended Primary care Access in place in all 14 practices</td>
<td>Full range of current provision with GP services including extended/improved access i.e. 8 to 8 primary care access and 7 day service. This may also be a primary care resource available evenings and weekends at the QEPM site supporting the ED.</td>
<td>As in current provision the full range of GP services including extended/improved access i.e. 8 to 8 primary care access and 7 day service. In Option 2 the QEPM site will be one of the primary care access points, the unit will be a primary care led integrated urgent care centre.</td>
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<tr>
<td>• Primary Care Urgent care triage in all practices and some discrete primary care services (ACT) delivering same day urgent care access</td>
<td>Integrated Urgent care centre within QEPM using QEPM as an integrated community asset; delivering integrated screening, ambulatory care and frailty assessment and short term support. To include frailty beds for assessment and stabilisation.</td>
<td>The 3 hubs would provide integrated teams for health and social care and same day urgent care access</td>
</tr>
<tr>
<td>• Enhanced Frailty pathway</td>
<td>Integrated frailty team with rotational staff prioritising admission avoidance and discharge. Frailty pathway integrated with secondary care and maximising beds within the community for step up and step down and 72 hour frailty beds within QE site</td>
<td>Potential services at QEPM:</td>
</tr>
<tr>
<td>• Primary Care at Scale - x 3 in place with developing integrated service delivery and collaborative working.</td>
<td>Health and Well Being services within both hubs and an access point within QEPM</td>
<td>- Diagnostics</td>
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<tr>
<td></td>
<td></td>
<td>- Step up/down beds for frailty</td>
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<tr>
<td></td>
<td></td>
<td>- Health and Well being services supported by integrated health and care</td>
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<td></td>
<td></td>
<td>- Frailty beds across Thanet hubs accessed via integrated hub and ART/frailty team, integrated with secondary care</td>
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<td></td>
<td></td>
<td>- Primary care led urgent care centre at QEPM</td>
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<td></td>
<td></td>
<td>- Integrated Ambulatory care within each hub</td>
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<td>- Dementia facility including step up/down beds and Day facility (tbc)</td>
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### Integrated services

<table>
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<tr>
<th>Integrated services</th>
<th>Option 1 – proposed services</th>
<th>Option 2 – proposed services</th>
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<tbody>
<tr>
<td>• Integration includes community services, voluntary sector and KCC.</td>
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<tr>
<td>• Care navigation in place in a number of practices in partnership with voluntary sector and KCHFT.</td>
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<tr>
<td>• Integrated clinics with KCHFT including continence, wound care and diabetes.</td>
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### Urgent Care response

<table>
<thead>
<tr>
<th>Acute Response team (ART )</th>
<th>Option 1 – proposed services</th>
<th>Option 2 – proposed services</th>
</tr>
</thead>
<tbody>
<tr>
<td>E-ART; GP streaming within QEPM ED</td>
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</table>

### Out of Hospital Beds

<table>
<thead>
<tr>
<th>Health and Social Care Integrated in patient unit at Westbrook house including;</th>
<th>Option 1 – proposed services</th>
<th>Option 2 – proposed services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CHC Dementia beds in Westbrook House</td>
<td>Integrated Out of Hours services led by Thanet primary care</td>
<td></td>
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<tr>
<td>• Social care dementia beds</td>
<td></td>
<td></td>
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<tr>
<td>• Intermediate care beds (health and Social care)</td>
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<tr>
<td>• GP access beds (step up care)</td>
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### Potential Services at QEPM:

- Diagnostics
- Step up/down beds for frailty
- Health and Well being services supported by integrated health and care
- Frailty beds across Thanet hubs accessed via integrated hub and ART/frailty team, integrated with secondary care
- Primary care led urgent care centre at QEPM
- Integrated Ambulatory care within each hub
- Dementia facility including step up/down beds and Day facility (tbc)
Thanet – the development of local care has identified a number of projects either planned or underway that aim to maintain local access to the services needed. Examples include:

- Building 2 Primary care hubs; Margate and Westwood Cross delivering GMS plus integrated health and social care services, specialist clinical support in partnership with acute care, health and well being services, social prescribing, community support.

- Development of outpatients services both in the new hubs and local practices including cardiology, respiratory and MSK services. (Flexed to take increased activity to support the secondary care changes)

- Developing primary care urgent care response (triaging and dedicated teams being developed across primary care)

- Developing Clinical network with primary care and secondary care in particular ED, AMU and frailty consultants. Proposals to maximise the QEQM ground floor as an integrated community asset; integrated screening, triage, assessment, and intervention for frail complex patients

- Integrated urgent care management within ED and streaming. These are all under development and will support either future option
Ashford cluster

Rural
- Charing: 9,495
- Hamstreet: 7,184
- Ivy Court: 14,249
- Woodchurch: 3,782

Ashford North
- Wye: 8,444
- New Hayesbank: 17,550
- Hollington: 3,411
- Sellindge: 4,758

Ashford Urban
- Sydenham House (incl Musgrove): 20,526
- Willesborough: 13,914
- Kingsnorth: 11,638
- South Ashford Medics: 8,780
- Singleton Medical Centre: 3,138
- Singleton Surgery: 4,426
## Ashford

<table>
<thead>
<tr>
<th>Current Service Provision</th>
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<td>GPFV Access – 8am to 8pm, Saturdays &amp; Sundays either in individual practices or at Hub level.</td>
<td>Primary Care GPFV access - Universal</td>
<td>Primary Care at Scale – Universal</td>
</tr>
<tr>
<td>Primary Care at Scale</td>
<td>Polyclinics or shared facilities operating within Hubs to include full range of ambulatory, day case and diagnostic interventions</td>
<td>Fully Integrated multidisciplinary teams (primary care, community, mental health, social care etc)</td>
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<td>GP Practices working collectively</td>
<td>Move from health intervention to well-being interventions engaging health, social care, housing, education, voluntary sector etc</td>
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<tr>
<td>3 Hubs:</td>
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<tr>
<td>Rural</td>
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<tr>
<td>• Urban</td>
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<tr>
<td>• North</td>
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<tr>
<td>Hubs deliver an integrated case management approach via integrated multidisciplinary teams which include a core team of but not limited to:</td>
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<tr>
<td>• GP</td>
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<tr>
<td>• Adult Social Care</td>
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<tr>
<td>• Community &amp; District Nursing</td>
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<td>• Health &amp; Social Care Co-Ordinator</td>
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<tr>
<td>• Voluntary Sector - Social Prescribing.</td>
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<td>• Pharmacist</td>
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<tr>
<td>Minor Injuries provided through an enhanced service across all hubs.</td>
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Case for change

Develop options: wide discussion

Consult public

Make decisions and implement

Next step – evaluate the medium list to develop the option(s) to consult on
**Evaluation process:** This marks a critical stage in the assessment of the underlying detail that sits behind options 1 and 2 using an agreed set of evaluation criteria.
Evaluation criteria – planned public engagement throughout January to assist in developing the detail on how the criteria should be applied.

- **Quality Care**: Will it improve patient care?
- **Access to Care**: Can patients get there?
- **Affordability**: Is it affordable and good value for money?
- **Staffing**: Do we have the right number of staff?
- **Deliverability**: Is it implementable in the timeframe?
- **Research and Education**: Will it support research and education?