

This copy contains all 'local care' and 'nearest hospital' slides which were used across events in the four clinical commissioning group areas.

East Kent NHS Listening events Autumn 2018

Pre-consultation listening events
October / November 2018



Today's discussion will...

- Outline the opportunities to improve NHS care in east Kent to benefit patients
- Summarise how services outside acute hospitals will be developed to maximise the care people can get locally
- Explain options being developed for changing some hospital services

Summarise how we got to the current options

Explain each option and the impact on people in this area

- Explain how your feedback will influence what happens
- Explain the next steps towards formal public consultation
- Test the proposals and gather views on all of the above





Improving care in east Kent

This slide played a video; available at https://youtu.be/qpYQo7Of4_0

What services are we talking about?

Most care happens
outside of hospitals...

And most hospital
care is routine...



**90% outside
hospital**

10% in hospital



Routine
outpatient care
and urgent care



Specialist
and major
emergency care



Complex
inpatient care

What can your views influence?

There is still lots of work to do and opportunities for patient and public views to shape the proposals.



We want to talk about:

- Why **we need to change**
- What **you like** about the proposals
- **Concerns you have** and possible solutions
- What you **like about current services** and what you want to **see improved**



Specific areas we need feedback on are:



A&E



Urgent treatment centres



Outpatient services



Maternity



Children's services



Elderly/frailty



Preparations for consultation



Our vision for better care in east Kent

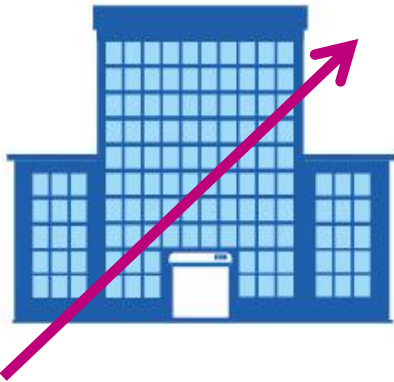
And the benefits change
could bring

Live well, live longer!

The challenges we face in east Kent



Four in 10 emergency hospital admissions could be avoided with better support



People wait too long in A&E, with some of the worst waiting times in the country

Specialist hospital teams cannot run a full service, seven days a week.



At any one time,

300



people are in a hospital bed who should be recovering faster at home with the right support.

We have real challenges recruiting enough consultants, GPs, nurses and therapist



Small GP practices are unable to offer as much on their own.

Medical advances are changing how and where we get treatment



Patients living with haemophilia can **send scan images directly to the hospital from home** preventing trips to hospital



Some **specialist eye treatment** now takes place in **local clinics** instead of hospital



State of the art **robotic surgery** is improving the treatment of **prostate cancer**

The benefits change could bring



Local care

- ✓ Wider range of local services
- ✓ GP-led teams working together to treat the most vulnerable
- ✓ Better urgent care services provided locally
- ✓ Improved access to GP teams and other community clinicians

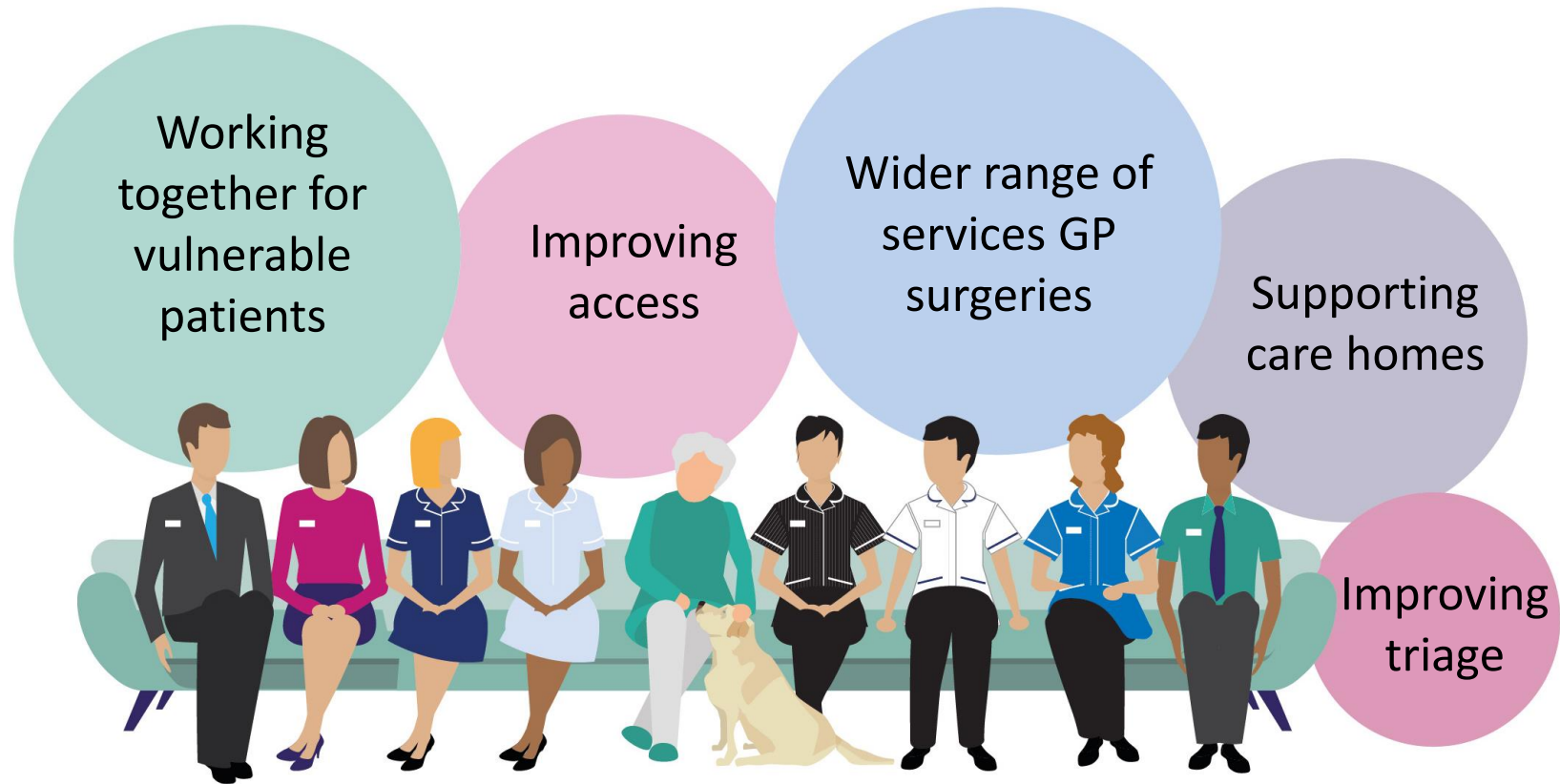
Across both

- ✓ Only going to hospital when you need to
- ✓ Recruitment and retention of staff
- ✓ Reduced variation in quality and access across east Kent

Hospital care

- ✓ Specialist services consistently available seven days a week
- ✓ Centres of excellence for serious/complex conditions
- ✓ Offering the latest treatments and adopting new technologies
- ✓ Patients returning home without delays
- ✓ Planned operations go ahead on time, not cancelled due to emergencies

Improving local care in Ashford area



All skills in one team

Staying well and independent

More care outside hospitals

Local urgent care

Home quickly after hospital

Improving local care in Canterbury area



Working
together for
vulnerable
patients

Improving
GP surgeries

Supporting
care home
residents
and staff

Extended
opening
hours

Frailty



All skills in **one** team

**Staying well and
independent**

**More care
outside hospitals**

**Local
urgent care**

**Home quickly
after hospital**

Improving local care in south Kent coast area



All skills in **one** team

Staying well and
independent

More care
outside hospitals

Local
urgent care

Home quickly
after hospital



Improving local care in Thanet area

Working
together for
vulnerable
patients

Thanet
acute
response
team

Improving GP
surgeries and
extending
opening hours

Mental
health

Frailty




All skills in **one** team

**Staying well and
independent**

**More care
outside hospitals**

**Local
urgent care**

**Home quickly
after hospital**



Questions on
anything you
have heard
so far?

Next:
**Designing better
hospital services...**



Hospital services: The story so far...

Our medium list of potential options



Option

1

- Creates a **major emergency centre** with all specialist services at **William Harvey Hospital, Ashford**
- **Emergency hospital** at **QEQM Hospital**, Margate
- **Planned care hospital** in **Canterbury** with 24/7 GP-led urgent care
- NHS investment in existing hospitals

Option

2

- Creates a **major emergency centre** with all specialist services at **Canterbury**
- **Planned care hospitals** at **QEQM** and **William Harvey** with **24/7 GP-led urgent care**
- Developer offer to build shell of a new hospital in Canterbury
- NHS investing to fit out new hospital and upgrade existing buildings

Why can't we have 3 A&Es in east Kent?



There has not been three A&Es in east Kent since 2005 because of:

- Royal College guidance to further specialise services
- Challenges of staffing more 24/7 services within employment legislation (Working Time Directive)
- Staff needing to work in more focussed teams to maintain patient safety
- National shortages of skilled nurses, doctors and therapists.

This is still the case today.

Options including three A&Es were ruled out in the initial assessment as not sustainable or meeting national clinical recommendations.

Clinical recommendations indicate catchment population for 1 or 2 A&Es in east Kent, including with population projections



Our proposals
Improving
specialist hospital
care

How hospitals used to be

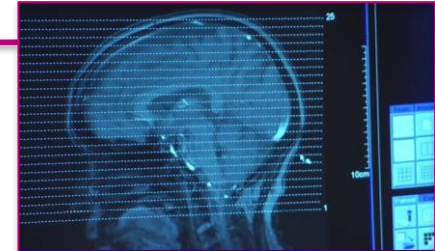




A modern hospital network



Specialist Emergency
Hospital



Major Trauma Centre



All acute hospitals



Cancer Hospital



Planned Care Hospital

Vision for future hospital care



**The best, most effective,
hospital care for patients
when they need it**

**Using our hospitals differently
in future to improve standards**

**Three vibrant and different
hospitals in east Kent**

How we want to improve your care



More care closer to home



Routine hospital care remains local

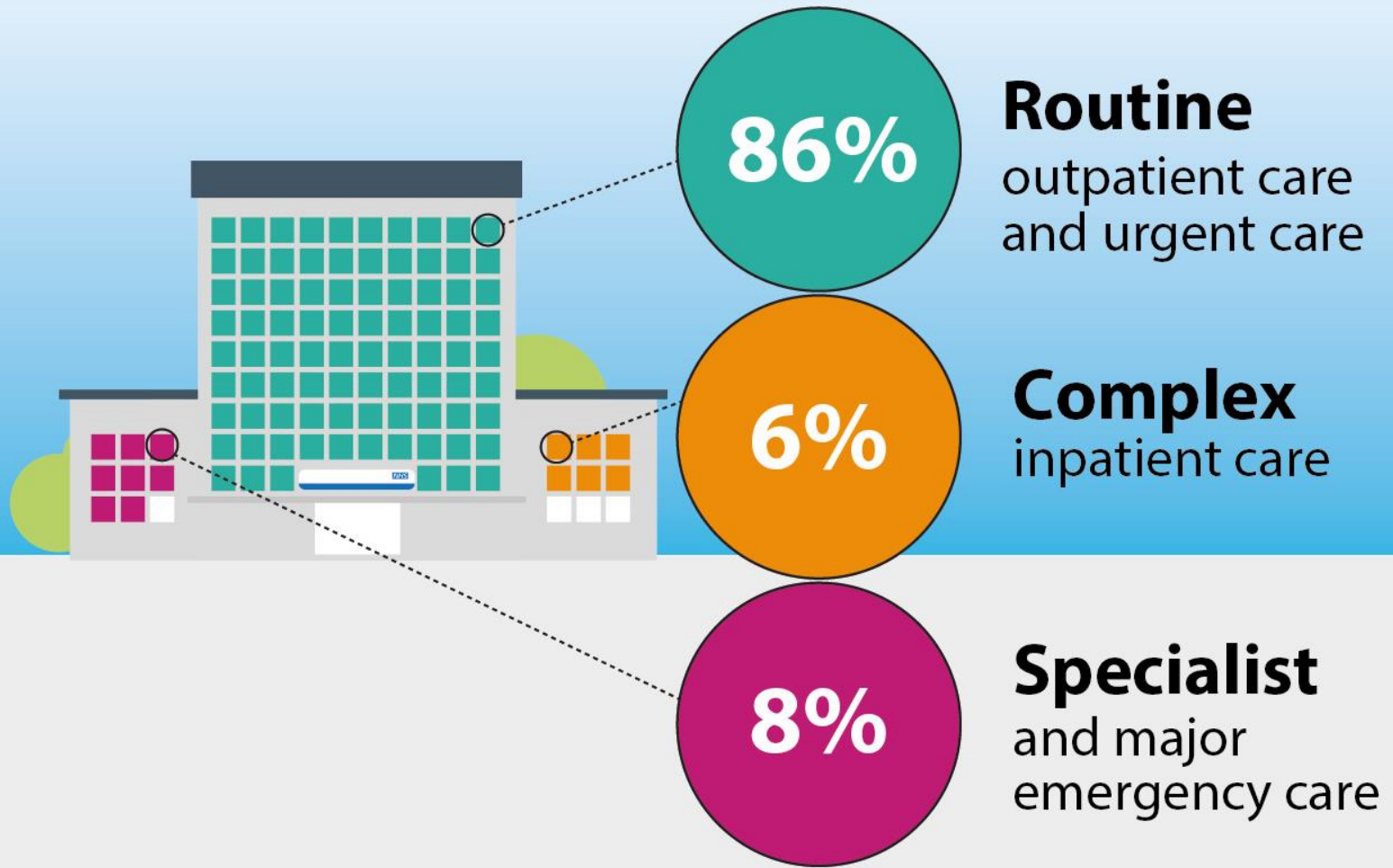


Certain specialist hospital services should be located in one hospital to improve your care and recovery



Planned operations should take place in a separate hospital

Most hospital care is routine





Some services need to be together

To improve your care, some services need to be **in the same hospital**

Major road accident

e.g. A&E team, 24/7 scans, trauma team, critical care, specialist surgical teams (e.g. head and neck, bones, vessels), specialist rehabilitation...

Heart attack

e.g. A&E team, 24/7 scans, heart specialists including specialist interventions, critical care...

Complex child birth

e.g. Obstetrics team, midwives, neonatologists, paediatricians, intensive / special care for babies, critical care...

Children's surgery

e.g. Surgeons, anaesthetists, theatre teams, specialist ward...

Options summary



Option 1

Option 2

**Urgent care
for illness and injury**

All hospitals

All hospitals

**Day surgery and
outpatient care**

All hospitals

**QEQM and
William Harvey**

**Complex
inpatient care**

(includes consultant-led maternity,
inpatient children's and acute
medical services)

**QEQM and
William Harvey**

**Kent and
Canterbury**

Emergency care
(including A&E and
critical care)

**QEQM and
William Harvey**

**Kent and
Canterbury**

Specialist services
(e.g. heart attack,
stroke, trauma...)

William Harvey

**Kent and
Canterbury**

* Medical emergency admissions moved from K&C in June 2017

OPTION 1:

What this would mean if **K&C** is your nearest hospital

Treatment at local GP surgeries / Urgent Treatment Centre:

Everyday health needs for long term conditions and minor illness and injuries

Treatment at **Kent and Canterbury** for:

Urgent care for minor illness and injuries

Routine planned inpatient surgery
e.g. hip or knee replacement

Day surgery e.g. cataract

Day treatments e.g. radiotherapy, chemotherapy, kidney dialysis and physiotherapy

Ongoing recovery and rehabilitation
(overnight)

Routine outpatient appointments, tests and scans

Children's outpatient care e.g. routine appointments

Maternity day care e.g. antenatal care

Treatment at **QEQM** or **William Harvey** for:

Emergency and life-threatening conditions

Emergency and complex inpatient care

- **Children's** inpatient care
- **Maternity** consultant and midwife-led

Treatment only at **William Harvey** for:

Specialist services e.g. complex heart attacks, stroke, inpatient kidney treatment

OPTION 2:

What this would mean if **K&C** is your nearest hospital

Treatment at local GP surgeries / Urgent Treatment Centre:

Everyday health needs for long term conditions and minor illness and injuries

Treatment at **Kent and Canterbury** for:

Emergency and life-threatening conditions

Specialist services e.g. complex heart attacks, stroke, inpatient kidney treatment

Emergency and complex inpatient care including:

- **Children's** inpatient care
- **Maternity** consultant and midwife-led

Day treatments e.g. radiotherapy, chemotherapy, kidney dialysis and physiotherapy

Maternity day care e.g. antenatal care

Treatment at **William Harvey** or **QEQM** for:

Routine planned inpatient operations e.g. hip and knee replacements

Day surgery e.g. cataract

Routine appointments, tests and scans

Children's care e.g. day assessment and treatment

OPTION 1:

What this would mean if **QEQM** is your nearest hospital

Treatment at local GP surgeries / Urgent Treatment Centre:

Everyday health needs for long term conditions and minor illness and injuries

Treatment at **QEQM** for:

Emergency and life-threatening treatment

Emergency and complex inpatient care including:

- **Children's** inpatient care
- **Maternity** consultant and midwife-led

Day surgery e.g. cataract

Day treatments e.g. chemotherapy, kidney dialysis and physiotherapy

Routine appointments, tests and scans

Treatment at **William Harvey** for:

Specialist services e.g. complex heart attacks, stroke, inpatient kidney treatment

Treatment at **Kent and Canterbury** for:

Routine planned inpatient surgery e.g. hip/knee replacement

Cancer treatment e.g. radiotherapy

Some routine outpatient appointments

Ongoing recovery and rehabilitation (overnight)

OPTION 2:

What this would mean if **QEQM** is your nearest hospital

Treatment at local GP surgeries / Urgent Treatment Centre:

Everyday health needs for long term conditions and minor illness and injuries

Treatment at **QEQM** for:

Urgent care for minor illness and injuries

Routine planned inpatient surgery e.g.
hip or knee replacement

Day surgery e.g. cataract

Day treatments e.g. chemotherapy, kidney
dialysis and physiotherapy

Ongoing recovery and rehabilitation
(overnight)

**Routine outpatient appointments, tests
and scans**

Children's care e.g. day assessment and
treatment

Maternity day care e.g. antenatal care

Maternity – potential midwife-led unit

Treatment at **Kent and Canterbury** for:

**Emergency and life-threatening
treatment**

Specialist services e.g. complex
heart attacks, stroke, inpatient kidney

**Emergency and complex planned
inpatient care** including:

- **Children's** inpatient care

- **Maternity** consultant
and midwife-led

Cancer treatment e.g. radiotherapy

OPTION 1:

What this could mean if **William Harvey** is your nearest hospital

Treatment at local GP surgeries / Urgent Treatment Centre:

Everyday health needs for long term conditions and minor illness and injuries

Treatment at **William Harvey Hospital**

Emergency and life-threatening treatment

Specialist conditions e.g. complex heart attacks, stroke, inpatient kidney treatment

Emergency and complex planned inpatient care, including:

- **Children's** inpatient care
- **Maternity** consultant and midwife-led

Day surgery e.g. cataract

Day treatments e.g. chemotherapy, kidney dialysis and physiotherapy

Routine appointments, tests and scans

Treatment at **Kent and Canterbury**

Routine inpatient surgery
e.g. hip and or knee replacement

Cancer treatment
e.g. radiotherapy

Some routine appointments, tests and scans

Ongoing recovery and rehabilitation (overnight)

OPTION 2:

What this could mean if **William Harvey** is your nearest hospital

Treatment at local GP surgeries / Urgent Treatment Centre:

Everyday health needs for long term conditions and minor illness and injuries

Treatment at **William Harvey Hospital** for:

Urgent care for minor illness and injuries

Routine planned inpatient surgery e.g.
hip or knee replacement

Day surgery e.g. cataract

Day treatments e.g. chemotherapy, kidney
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Ongoing recovery and rehabilitation
(overnight)

**Routine outpatient appointments, tests
and scans**

Children's care e.g. day assessment and
treatment

Maternity day care e.g. antenatal care

Maternity – potential midwife-led unit

Treatment at **Kent and Canterbury** for:

**Emergency and life-threatening
treatment**

Specialist conditions e.g.
complex heart attacks, stroke,
inpatient kidney treatment

**Emergency and complex planned
inpatient care, including:**

- **Children's** inpatient care
- **Maternity:** consultant
and midwife-led

Cancer treatment e.g. radiotherapy



This would mean you would:



- only come to hospital if that is the **best place for you**



- access **specialist care** when it's needed – but not always in your closest hospital



- be **treated sooner** – with shorter waits for planned surgery



- spend **less time in hospital** as you are seen and treated by a specialist team



- **get home sooner** with the right support to continue your recovery

A group of people are gathered around a table in a meeting. In the center of the image is a large purple circle with the text "Over to you..." in white. The circle is surrounded by several thick, curved lines in teal, purple, and pink. The background shows people's hands and arms, suggesting an active discussion or collaborative work environment.

Over to you...

Discussions

1. Do you believe what we have presented is a **strong case for change**? If not, why not?
2. What do you think are the **benefits** of the proposals and what **concerns** do you have?
3. What features of current services need to be **retained** and why?
4. Describe the key things you would like to **see improved** as part of the changes in the future?





Questions and answers

What can your views influence?

There is still lots of work to do and opportunities for patient and public views to shape the proposals.



We want to talk about:

- Why **we need to change**
- What **you like** about the proposals
- **Concerns you have** and possible solutions
- What you **like about current services** and what you want to **see improved**



Specific areas we need feedback on are:



A&E



Urgent treatment centres



Outpatient services



Maternity



Children's services



Elderly/frailty



Preparations for consultation

Next steps



- **Full evaluation** of medium list to confirm a shortlist
- Preparation of pre-consultation **business case**
- South East **Clinical Senate** review of proposals
- **NHS England and NHS Improvement** for review and approval
- **Public consultation**
- Confirm a **preferred option**
- Full **business case**
- **Implementation**



Contact us

Read more about the proposals

Visit: www.kentandmedway.nhs.uk/eastkent

Email: info.eastkent@nhs.net

Phone: 01622 211940



@KentMedwayHealthandCare



#eastkentNHS



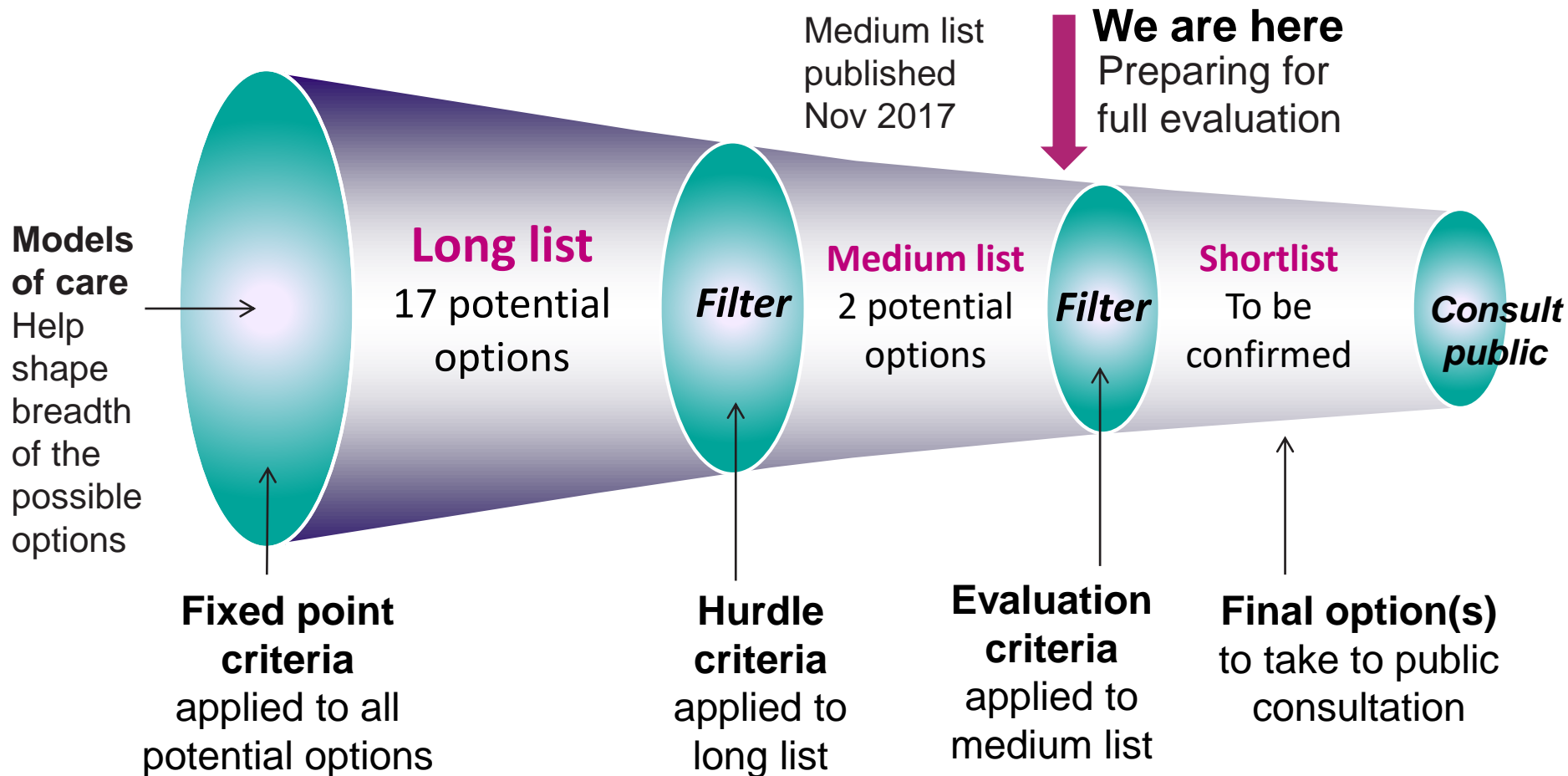
**Extended deadline for survey responses is
midnight on Sunday, 9 December**



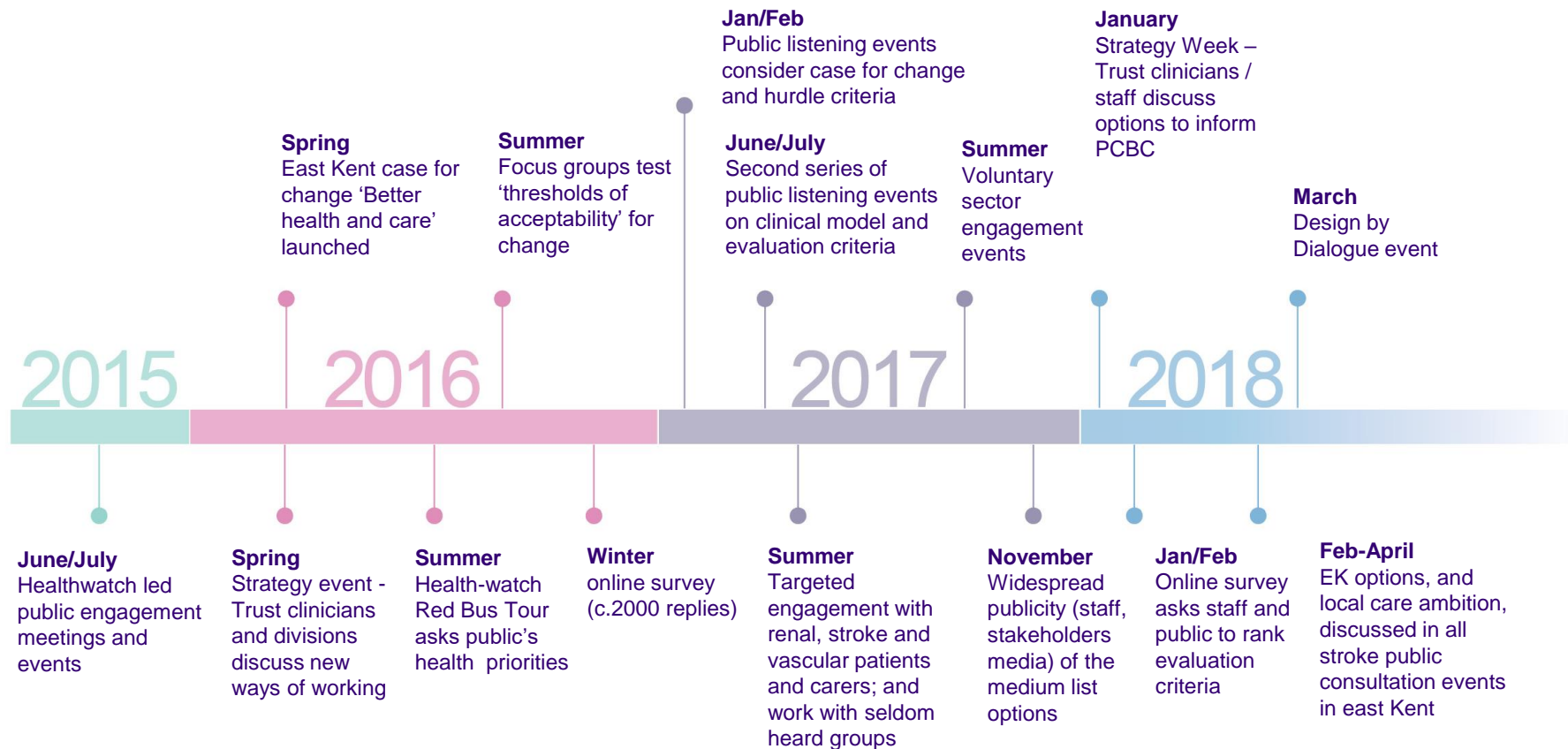
Additional slides

The following slides were used as background for some topics raised in the question and answer sessions of the listening events.

Options development and assessment



East Kent engagement – summary from 2015 to 2018




Ongoing staff engagement: Divisions, Staff forums, Clinical forums, Trust Board, QII Hubs, Leadership forums

Ongoing partner engagement – PPEG/PPAG (monthly), CCGs lay members, Partnership Board (including local councils), MPs, HOSC, EK Delivery Board, SE Clinical Senate, H&WBs, LMC, NHSE and NHSI

Ongoing media, social media, web and other content activity – sharing stories and information at each stage

What an A&E needs:

(an A&E is more than just the department)



Dr Jonathan Leung
Consultant in Emergency Medicine, East Kent Hospitals

Special interest in intensive care and pre-hospital emergency medicine.
Honorary Lecturer (Queen Mary University of London School of Medicine).

NHS
East Kent
Hospitals University
NHS Foundation Trust

IN CASE OF EMERGENCY

East Kent Hospitals is **driven by ambition, innovation and research.**

We care for over 2000 people each day. From delivering emergency care to running one of the UK's leading trauma units; we require **ambitious, forward-thinking clinical staff** to drive exceptional healthcare.

To join our team and make a difference, search vacancies at East Kent Hospitals:
www.ekhuft.nhs.uk/careers

We care

- Intensive care
- Medical specialists e.g. lungs, heart, stomach...
- Surgical teams and operating theatres
- Acute paediatrics teams
- Women's health and maternity
- Anaesthetics
- Diagnostic tests and scans e.g. MRI and CT scan
- Laboratories to run tests and treat blood

Maternity services



What happens now

- Women can choose to have their baby at home or in hospital, either in a midwife-led unit or a consultant-led 'traditional' labour ward
- Currently the midwife-led units are located in the same hospital as the consultant-led units at QEQM and William Harvey hospitals

Midwife-led units

Fit and healthy women with an uncomplicated pregnancy

Consultant-led units

Women who prefer to give birth where there is immediate access to specialist services or have experienced complications

Stand alone midwife-led units

- There are currently no stand alone midwife-led units in east Kent
- Option 2 - we want to hear from you about the possibility of creating stand alone midwife-led units at QEQM and William Harvey

Children's health services



What happens now

- Children's inpatient services are available at William Harvey and QEQM hospitals.
- Best practice is to locate these services at the same hospital as an A&E in case additional specialist support is needed
- Both hospitals also have a Special Care Baby Unit and hold outpatient clinics for children. William Harvey Hospital also has a Neonatal Intensive Care Unit.
- There is a Children's Assessment Centre at the Kent and Canterbury Hospital, where children have outpatient appointments, day procedures and day operations

OPTION 1: Children's inpatient and outpatient services would continue as now at William Harvey and QEQM hospitals.

OPTION 2: All children's inpatient services would relocate to Kent & Canterbury. Day assessment and treatment would continue at William Harvey and QEQM.

What are we doing to recruit more staff?



- **New medical school for Kent**

- ✓ It will be open in September 2020. Applications will open during the 2019/2020, ready for the first intake of 100 undergraduates in the September 2020.



- **Take a Different View**

- ✓ Kent-wide campaign showcasing Kent as a great place to live and work for health and social care professionals
- ✓ Featuring jobs and placements for all the NHS trusts in Kent and Medway, plus Kent County Council and Medway Council.
- ✓ Supported by a large social media campaign, targeting people living in the rest of the UK and abroad

▶ KENT ◀

A DIFFERENT VIEW

Jobs in health and social care

What are we doing to recruit more staff?



- 16 consultants recruited since June 2018, (five are anaesthetists)
- Two acute physicians (work in ED) joined in the last two months
- Recruitment and retention packages e.g. consultants, A&E nurses...
- Refer a friend scheme for hard to recruit posts
- 133 adverts for consultants between Oct 17-18 in professional journals, national newspapers, specialist websites, targeted social media
- Targeted events to recruit veterans and serving military
- Weekly recruitment open days November and December
- Overseas recruitment campaigns



ONE DAY, ONE NEW CAREER

Whether you are a current healthcare professional, or looking to return to practice; visit one of our Recruitment Open Days and you could be going home with a new career.

One day could change a life.

[Find out more](#)



What are we doing to recruit more staff?

- The Nursing Academy - a new route into nursing hosted by Kent Community Health NHS Foundation Trust
- Offers two new routes (two year Nurse Associate and four year Registered Nurse)
- 'Earn as you learn'
- First round of recruitment over-subscribed with some excellent candidates
- First students starting February 2019

