

Transforming Health and Care in East Kent

Update September 2018

Background

1. This paper informs the Medway Health and Adult Social Care Overview and Scrutiny Committee of the work being undertaken by the East Kent Transformation Programme and, in particular, considers the out-of-area patient flows to East Kent Hospitals University NHS Foundation Trust (EKUHFT), i.e. the patients from outside the east Kent area that use the services provided by the Trust.

Context

2. On 4th August 2016 local health and social care leaders from east Kent published a technical document and public facing leaflet called "*Better health and care in east Kent: time to change*", describing the reasons why health and social care in east Kent need to be transformed and set out a future vision for health and social care:

<https://kentandmedway.nhs.uk/where-you-live/plans-east-kent/case-change-east-kent/>

3. This identified that:
 - In some areas we are struggling to deliver the quality of care we want to consistently (e.g. local people tell us they find it hard to get a GP appointment, and too many people have to wait too long in A&E or to see a specialist);
 - That our population is changing, both growing and the number of elderly people with multiple comorbidities is increasing (i.e. the number of people with one or more additional diseases in addition to their primary disease or disorder);
 - Whilst we are living for longer, we are also living with more long-term conditions, such as diabetes, dementia and heart disease which increases demand for health and care services but requires a different sort of service to those of the past;
 - More treatments nowadays can be offered out of hospital or with shorter hospital stays because of new medicines and medical techniques, but our services are not designed to take the full advantage of these new developments;
 - We struggle to find enough staff to deliver services in east Kent and we need to attract staff with the right skills and experience to deliver the best quality services;
 - We don't have unlimited financial resources, so we need to use what we have wisely and spend our funding in a way that will maximise outcomes for the people we serve.
4. The east Kent case for change, was further supplemented by a Kent and Medway Case for change published in April 2017, which was updated in March 2018:

<https://kentandmedway.nhs.uk/stp/caseforchange/>
5. We believe health and social care services in east Kent can and should be better. Finding new and innovative ways of working, and at the very least, ensuring we can consistently deliver services to the quality standards expected nationally, will make east Kent more attractive to potential employees and help us keep hold of the great staff we already have. The East Kent

Transformation Programme has been established to plan and deliver the changes we need to deliver the best possible healthcare to the population we serve.

Revised service models and options under consideration

6. A key priority for the transformation programme is the development of local care. This is a new model of delivery of integrated health and care services, delivered close to where people live. It will be developed through a collective commitment of the health and care system in Kent and Medway to fundamentally transform how and where we will support people to keep well and live well. This involves redesigning health and care services specifically around the needs of local populations, whether for an older person, someone with complicated health problems, a busy parent or carer with young children or others who need support, or a vulnerable young person.
7. In 2018/19 the focus is to develop integrated teams, around GP practices working at scale for populations of 30-50,000. Generically for planning purposes these are being termed extended primary care networks (previously known as community hub operating centres (CHOCs), primary care homes (PCHs), hubs, localities). These networks will work in an integrated way with and across all local stakeholders to support the local population.
8. The extended primary care network will:
 - Support the long-term provision of primary care services including practices working together as federations (virtually and/or physically) and through this provide more specialist clinics in their surgeries, reducing the need for patients to go to hospital, and provide easier access to services that patients can contact from their home, or via their GP to provide an alternative to what would otherwise be an A&E attendance;
 - Provide joined-up care, from an entire team of health and care experts, so patients can see the right professional first time, enabling the delivery of coordinated and integrate health and social care services so that they provide care around a centrally held care plan in an efficient and holistic way;
 - Use integrated case management for frail patients to ensure proactive support that can respond to patients needs in a timely manner;
 - Work with local hospitals to ensure patients are only admitted when necessary and are able to return home as quickly as possible with the right support;
 - Make best use of technology, develop new roles with different skills, and share specialist skills across their area;
 - Collaborate to offer more appointments, opening some surgeries until 8pm Monday to Friday and having some slots at weekends too;
 - Work with community and voluntary groups, social care and district and borough councils to develop support for people's wellbeing, helping them to look after their own health and develop stronger communities;
 - Make a really strong case for improved facilities where the population can get modern care in a modern setting;
 - Educate and facilitate the population in monitoring and improving their own health and promote self-care, as well as engaging with patients and provide the education and basic skills needed to allow them to manage and provide their own care;
 - Provide the short-term level of care needed immediately upon discharge to allow a patient to live independently in their place of residence;



- Position mental health staff consistently in all care settings to support and direct care for patients with mental health issues and prevent mental health issues developing especially among those with long-term physical health conditions.
9. The majority of care delivered by the NHS is provided outside the acute hospital setting. It is estimated that currently 90 per cent of contacts with the NHS is within primary and community care such as GP services, community nursing and therapy services (such as physiotherapy). However, when an individual needs more specialised acute care we want to deliver the best and most effective care possible, that consistently meets national quality standards. The acute hospitals in east Kent generally provide good care but this isn't the case for everyone all of the time as outlined in the case for change documents. There is a recognition that an unacceptable number of people have:
- To wait too long to be seen in an emergency;
 - Their planned operations cancelled;
 - To come to hospital for treatment or advice that could be provided closer to home or at home;
 - To stay longer in hospital than is best for them because other services are not available;
 - Experienced a variable quality of care depending on where and at what time they are seen.
10. As part of delivering good acute hospital care we believe:
- For acutely unwell patients this means consultant-led and delivered services which will give people the best treatment and chance of recovery if they are taken seriously ill or have a catastrophic injury;
 - For patients who need a routine operation this means excellent, accessible and predictable services which take place on time, all year round, enabling people to get back to normal life sooner;
 - We could make routine appointments, tests and screening services more readily available, using technology to bring services closer to where people live.
11. For patients this means the individual:
- Will only come to hospital if that is the best place for them;
 - Will access highly specialist care when it's needed;
 - Will be treated sooner – with shorter waits for planned surgery;
 - Will spend less time in hospital as they will be seen and treated by a specialist team;
 - Will get home sooner with the right support to continue their recovery.
12. We are proposing to create a specialist hospital in east Kent (a major emergency centre, where all the specialist services, including for the most serious emergencies, are based on one site). The options currently under consideration are:

Potential Option 1	Potential Option 2
This option involves an estimated £170million NHS investment to enable three vibrant hospitals, including:	This potential option involves an estimated £250million NHS investment to develop:



<ul style="list-style-type: none"> • A much bigger, modern, A&E (a major emergency centre) at William Harvey Hospital, Ashford, which would also provide services for people that need highly specialist care (such as trauma, stroke, vascular and specialist heart services) in east Kent; • An expanded, modern A&E (an emergency centre) at Queen Elizabeth the Queen Mother Hospital (QEQM), Margate, with inpatient care for people who are acutely unwell, emergency and day surgery, maternity and geriatric care; • Investment in beds and services at Kent and Canterbury Hospital which would have a 24/7 GP-led Urgent Treatment Centre, and services including diagnostics (such as X-ray and CT scans), day surgery, outpatient services and rehabilitation. <p>Under potential option 1, current estimates¹ suggest that 97 in every 100 hospital visits (more than 1.2million) for advice and treatment would see patients continue to go to the same hospital as they do now. In the future.</p> <p>All three hospitals would continue to be vibrant sites, where patients would continue to get most of their care locally, with a small proportion of patients travelling to a different hospital for the most specialist care (i.e. the sort of care that most of us don't need routinely).</p>	<ul style="list-style-type: none"> • a new hospital at the Kent and Canterbury Hospital and refurbishment of some of the current hospital buildings, which would provide a single 24/7 A&E and all specialist services (such as trauma, vascular and specialist heart services) for the whole of east Kent; • 24/7 GP-led Urgent Treatment Centres at both the William Harvey and QEQM hospitals, as well as diagnostics (such as X-ray and CT scans), day surgery, outpatient services and rehabilitation. <p>Option 2 has been included because a private developer has offered to donate to the NHS land and the shell of a new hospital in Canterbury, as part of a development of 2,000 new homes, which includes an access road from the A2. It would be subject to planning permission.</p> <p>Under this option, current estimates² suggest that approximately 65 in every 100 hospital visits for advice and treatment (65 per cent / over 855,000) would see patients continue to go to the same hospital as they do now. In the future.</p>
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13. The creation of a specialist hospital (as a major emergency centre for east Kent) is proposed because evidence shows that you are more likely to survive and recover well if you are treated by a highly specialist team, available 24/7, who see and treat sufficient patients to keep up their skills. This already happens for many services for seriously ill patients:

- If you are really badly injured (a trauma patient) or have the most serious kind of heart attack you would already now be taken straight to the William Harvey Hospital in Ashford;
- If you need treatment for gynaecological (women's) cancer you would have this now at the QEQM;
- If your child is born prematurely they will be cared for now at the William Harvey Hospital, or if they need a complex operation would be treated in London;
- If you need treatment in hospital for kidney disease or blood disorders, this would currently be undertaken at the Kent and Canterbury hospital.

¹ Based on modelling of 2016-17 hospital activity,

² Based on modelling of 2016-17 hospital activity



14. By combining specialist services into one hospital, we can improve care by giving patients the highly specialist treatment they need, more quickly, from a single expert team available 24/7, whose expertise is built up by seeing lots of patients with the same condition, instead of stretching specialist services across multiple hospitals.
15. Evidence shows that being treated by a specialist team, who are experts in their field who see and treat a high volume of similar conditions, is more important for a better outcome and recovery than the travel time to the hospital itself.

The out-of-area patient flows to EKHUFT

16. Whenever the NHS has under consideration any proposal for a substantial development of, or variation to the health service, it has a duty to consult with the relevant local authority. This is triggered under Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.
17. Regulation 30 stipulates that where the NHS consults more than one local authority pursuant to Regulation 23 those local authorities must appoint a joint overview and scrutiny committee for the purpose of the consultation and only that joint overview and scrutiny committee may make comments, require the provision of information and the attendance at meetings by the NHS colleagues.
18. Information is presented in this paper on the use of services provided by EKHUFT to patients from CCGs other than the four east Kent CCGs. Through this it is possible to map patients to other council areas beyond Kent County Council.
19. By providing information on patient flows, this paper:
 - guides the NHS as to which local authorities it needs to engage and/or consult; and
 - provides information to enable a discussion on whether the changes represent a substantial development of, or variation to the health services for any populations outside of Kent, which would warrant the creation of a joint health overview and scrutiny committee.
20. With regard to flows of patients to EKHUFT from CCG areas other than the four east Kent CCGs, this can broadly be broken down into three groupings:
 - i. Populations from outside of east Kent that look to EKHUFT as their main acute hospital provider (e.g. populations that border east Kent for whom one of the acute hospitals managed by EKHUFT is their closest hospital).
 - ii. Patients who are treated at EKHUFT as they are taken ill unexpectedly whilst in east Kent (e.g. individuals who are visiting or travelling through east Kent and need hospital services).
 - iii. Patients who are treated at one of the more specialist services provided by EKHUFT that support a wider population than just east Kent, which include:
 - Haemophilia outpatient services
 - Renal inpatient services
 - Primary Percutaneous Coronary Intervention (pPCI).
21. Appendix 1, attachments 1 to 21, detail patient activity undertaken at EKHUFT from outside the four EK CCGs. It should be noted that:
 - the tables detail patients who were treated in 2016/17
 - the tables show a column titled “**Percentage of total activity in this service category**” which indicates the percentage of the total activity for that out-of-area cohort of patients



(e.g. there were 651 acute medical inpatients from west Kent in 2016/17, representing 1.54% of total number of acute medical inpatients treated at EKHUFT in 2016/17)

- patient attributed to the National Commissioning Hub are from the armed forces, including their families, and overseas patients.

22. The following table shows those services areas where CCGs from outside of east Kent individually are responsible for more than 5% of the activity:

Percentage of total activity in this service category (2016/17)					
Row Labels	Haemophilia Outpatients	Neuro Rehab	Paediatric surgery	pPCI	Renal inpatients
NHS Medway CCG	9.23% (120 patients)			9.67% (87 patients)	18.60% (159 patients)
NHS West Kent CCG	12.62% (164 patients)		6.98% (256 patients)	15.22% (137 patients)	13.22% (113 patients)
NHS Swale CCG		12.00% (9 patients)		5.00% (45 patients)	7.72% (66 patients)
NHS Dartford, Gravesham and Swanley CCG			5.78% (212 patients)	7.00% (63 patients)	

23. The CCGs identified are largely in Kent and, as such, covered by the Kent Health Overview and Scrutiny Committee. The exception is that Medway CCG are responsible for more than 5% of activity in the following services:

- Haemophilia outpatient services – currently provided at Canterbury and under consideration to determine future proposals (i.e. to determine if there is any impact on the location of this service and if changes are proposed to which of the EKHUFT sites it might transfer to)
- Renal Inpatients - currently provided at Canterbury but could potentially move to Ashford if Option 1 is supported
- Primary Percutaneous Coronary Intervention (pPCI) – currently provided at Ashford but could potentially move to Canterbury if Option 2 was supported (it should be noted that a key consideration is ensuring that the maximum access time of 90mins by blue light ambulance for patients is maintained and this is achieved in both options under consideration).

24. These findings match the more specialist service provided by EKHUFT as identified at Point 20iii. The following now needs to be considered:

- Medway Health and Adult Social Care Overview and Scrutiny Committee will need to consider if it considers these finding and proposed changes significant, constituting a substantial variation; and
- It is also important to note that the 5% used in the above table needs to be considered to determine if this is the right threshold to be used to identify significant patient flows or whether a higher or lower percentage should be used.

25. It should also be noted that:



- Paediatric surgery patients from Medway account for 4.58% of patients treated by EKHUFT (168 children in 2016/17), i.e. just below the 5% threshold used in this paper, and this relates to teeth extractions currently undertaken at Ashford. Under Option 1 this remains unchanged and under Option 2 this service would transfer to Canterbury.
- Vascular surgery patients from Medway account for 4.92% of patients treated by EKHUFT (29 patients in 2016/17) but proposals are underdevelopment to create a single arterial centre in Kent and Medway (currently there are two centres in place with one at the Kent and Canterbury Hospital and one at the Medway Maritime Hospital). The activity detailed in Appendix 1, Attachment 21 only identifies EKHUFT activity and does not include patient activity currently undertaken in Medway. However, potential changes to vascular services provided by EKHUFT and MFT are already subject to discussion through the Kent and Medway JHOSC.

Travel times

26. As outlined above the changes relate to three more specialised services provided by EKHUFT and whether these are provided at the Kent and Canterbury hospital or the William Harvey Hospital in Ashford. To assist the Committee in its considerations the following table provides a comparison of travel times between the Medway Maritime Hospital and the two east Kent hospitals (it is recognised that travel times from people's homes is key but travel time between hospitals is provided as a proxy):

Medway Maritime Hospital to William Harvey Hospital		Medway Maritime Hospital to Kent and Canterbury Hospital	
Google Maps (at 9.00 AM on 24/09/18)	AA Route Planner	Google Maps (at 9.00 AM on 24/09/18)	AA Route Planner
46 mins	38 mins	42 mins	43 mins
30.4 miles	29.1 miles	28.2 miles	28.9 miles

27. From the above it can be seen there are broadly comparable travel times from Medway Maritime Hospital to either of the two east Kent hospitals.

Timeline

28. The decision to proceed to consultation will be through the Clinical Commissioning Groups (CCGs). Before CCGs can take a formal decision to move to consultation they need to present a pre-consultation business case to NHS England for consideration. Sign-off of the business case is needed from NHS England's Investment Committee before CCGs can agree to start formal consultation.
29. Appendix 2 details the timeline we are continuing to work to for the production of the pre-consultation business case. This indicates submission of a pre-consultation business case to NHS England in December, seeking approval to go to consultation. NHS England will need to review the business case and assure itself that the process and options are robust, including that there is capital available to implement the options. The final decision to go to consultation sits with a joint committee of the four east Kent CCGs but they are unable to move to consultation until the business case has been through the NHS England assurance process. In summary, consultation in 2019 is likely. As soon as we have a more precise indication of these timings we will notify the HASC of the deadline for comments to be submitted, and how we wish to formally engage and consult with them, and publish any agreed dates for consultation.



Summary

30. The HASC is asked to discuss and note the contents of this report and:

- review and comment on the activity flows into east Kent; and
- noting the impact on access, based on car travel times, is minimal for Medway patients, indicate whether the changes in location of east Kent services represent a substantial development of, or variation to the health service, for the residents of Medway.

31. In relation to the second point, the East Kent Transformation Programme will potentially see the greatest impact on the Medway population for the following specialties:

- Haemophilia outpatient services
- Renal Inpatients
- Primary Percutaneous Coronary Intervention (pPCI)
- Paediatric surgery (dental extractions)

32. The difference in travel times between these services being provided in Canterbury and being provided in Ashford is felt to be marginal. As such it is suggested that proposals do not amount to a substantial development of, or variation to the health service in relation to the services accessed by Medway residents.



APPENDIX 1: EKHUFT patient activity in 2016/17 from CCGs outside of east Kent

Attachment 1: Acute medical inpatients treated at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Acute Med. IP	2408	
NHS West Kent CCG	651	1.54%
NHS Swale CCG	357	0.84%
NHS Medway CCG	215	0.51%
NHS Dartford, Gravesham and Swanley CCG	159	0.38%
NHS Hastings & Rother CCG	56	0.13%
NHS Bexley CCG	39	0.09%
NHS Bromley CCG	35	0.08%
NHS Southwark CCG	26	0.06%
NHS Lewisham CCG	25	0.06%
NHS Lambeth CCG	21	0.05%
NHS Greenwich CCG	21	0.05%
NHS High Weald Lewes Havens CCG	20	0.05%
NHS Cambridgeshire and Peterborough CCG	17	0.04%
NHS Croydon CCG	16	0.04%
NHS Oxfordshire CCG	16	0.04%
NHS Herts Valleys CCG	15	0.04%
National Commissioning Hub 1	15	0.04%
NHS Basildon and Brentwood CCG	14	0.03%
NHS Wandsworth CCG	14	0.03%
NHS North East Essex CCG	14	0.03%
NHS Barnet CCG	13	0.03%
NHS Central London (Westminster) CCG	13	0.03%
NHS East and North Hertfordshire CCG	12	0.03%
NHS Thurrock CCG	12	0.03%
NHS Somerset CCG	12	0.03%
NHS Ealing CCG	12	0.03%
NHS Hammersmith and Fulham CCG	11	0.03%
NHS Brighton & Hove CCG	11	0.03%
NHS Kernow CCG	11	0.03%
NHS Camden CCG	10	0.02%
NHS Coastal West Sussex CCG	10	0.02%
NHS Wiltshire CCG	10	0.02%
NHS Havering CCG	10	0.02%
NHS Tower Hamlets CCG	10	0.02%
NHS Barking & Dagenham CCG	10	0.02%
NHS Surrey Downs CCG	9	0.02%
NHS Southern Derbyshire CCG	9	0.02%
NHS North, East, West Devon CCG	9	0.02%



NHS Eastbourne, Hailsham and Seaford CCG	9	0.02%
NHS Dorset CCG	9	0.02%
NHS Harrow CCG	9	0.02%
NHS East Surrey CCG	9	0.02%
Betsi Cadwaladr University LHB	9	0.02%
NHS Newham CCG	9	0.02%
NHS Gloucestershire CCG	8	0.02%
NHS South Norfolk CCG	8	0.02%
NHS Waltham Forest CCG	8	0.02%
NHS Southend CCG	8	0.02%
NHS Sutton CCG	8	0.02%
NHS Bedfordshire CCG	8	0.02%
NHS Knowsley CCG	7	0.02%
NHS Guildford and Waverley CCG	7	0.02%
NHS Enfield CCG	7	0.02%
NHS Hillingdon CCG	7	0.02%
NHS Horsham and Mid Sussex CCG	7	0.02%
NHS Mid Essex CCG	7	0.02%
NHS Haringey CCG	6	0.01%
NHS Southampton CCG	6	0.01%
NHS North Hampshire CCG	6	0.01%
NHS City and Hackney CCG	6	0.01%
NHS North West Surrey CCG	6	0.01%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	294	

Attachment 2: Breast surgery inpatients treated at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Breast Surgery IP	3	
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	3	Less than 0.40%

Attachment 3: Children's ambulatory care patients treated at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Child Ambulatory care	89	
NHS West Kent CCG	28	0.85%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	61	



Attachment 4: Children's health inpatients treated at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Child Health IP	465	
NHS West Kent CCG	168	2.43%
NHS Swale CCG	47	0.68%
NHS Medway CCG	22	0.32%
NHS Hastings & Rother CCG	20	0.29%
NHS Dartford, Gravesham and Swanley CCG	12	0.17%
NHS Bexley CCG	7	0.10%
NHS Lewisham CCG	7	0.10%
National Commissioning Hub 1	6	0.09%
NHS City and Hackney CCG	6	0.09%
NHS Croydon CCG	6	0.09%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	164	

Attachment 5: Clinical haematology inpatients treated at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Clinical Haematology inpatients	1	
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	1	0.46%

Attachment 6: Confirmed strokes treated at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Confirmed Strokes	71	
NHS West Kent CCG	22	1.83%
NHS Hastings & Rother CCG	14	1.16%
NHS Swale CCG	9	0.75%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	26	



Attachment 7: Consultant led obstetrics (Maternity) at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Consultant Led Obstetrics	217	
NHS West Kent CCG	68	0.65%
NHS Swale CCG	32	0.31%
NHS Medway CCG	16	0.15%
NHS Hastings & Rother CCG	9	0.09%
NHS Dartford, Gravesham and Swanley CCG	7	0.07%
National Commissioning Hub 1	6	0.06%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	79	

Attachment 8: Emergency Department Attendances at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
ED Attendances	1,3241	
NHS West Kent CCG	2,586	1.23%
NHS Swale CCG	1,051	0.50%
NHS Medway CCG	763	0.36%
NHS Dartford, Gravesham and Swanley CCG	400	0.19%
NHS Hastings & Rother CCG	372	0.18%
NHS Bromley CCG	284	0.14%
NHS Bexley CCG	267	0.13%
NHS Greenwich CCG	258	0.12%
National Commissioning Hub 1	206	0.10%
NHS Lewisham CCG	195	0.09%
NHS Southwark CCG	162	0.08%
NHS Croydon CCG	162	0.08%
NHS Lambeth CCG	144	0.07%
NHS High Weald Lewes Havens CCG	116	0.06%
NHS Cambridgeshire and Peterborough CCG	111	0.05%
NHS City and Hackney CCG	110	0.05%
NHS East and North Hertfordshire CCG	110	0.05%
NHS Herts Valleys CCG	109	0.05%
NHS Havering CCG	97	0.05%
NHS Surrey Downs CCG	96	0.05%
NHS Wandsworth CCG	96	0.05%
NHS Coastal West Sussex CCG	96	0.05%
NHS Newham CCG	94	0.04%
NHS Barnet CCG	92	0.04%



APPENDIX 1

NHS Redbridge CCG	89	0.04%
NHS Dorset CCG	89	0.04%
NHS North East Essex CCG	87	0.04%
NHS Brighton & Hove CCG	87	0.04%
NHS Central London (Westminster) CCG	84	0.04%
NHS Oxfordshire CCG	84	0.04%
NHS Tower Hamlets CCG	79	0.04%
NHS Basildon and Brentwood CCG	78	0.04%
NHS Thurrock CCG	75	0.04%
NHS North, East, West Devon CCG	74	0.04%
NHS Mid Essex CCG	74	0.04%
NHS West Essex CCG	71	0.03%
NHS Hillingdon CCG	71	0.03%
NHS Eastbourne, Hailsham and Seaford CCG	69	0.03%
NHS Horsham and Mid Sussex CCG	68	0.03%
NHS Brent CCG	65	0.03%
NHS Haringey CCG	65	0.03%
NHS Barking & Dagenham CCG	65	0.03%
NHS North West Surrey CCG	65	0.03%
NHS Ealing CCG	64	0.03%
NHS Sutton CCG	64	0.03%
NHS Enfield CCG	64	0.03%
NHS Islington CCG	61	0.03%
NHS Hammersmith and Fulham CCG	60	0.03%
NHS Waltham Forest CCG	59	0.03%
NHS Camden CCG	58	0.03%
NHS East Surrey CCG	58	0.03%
NHS Bedfordshire CCG	58	0.03%
NHS West Hampshire CCG	57	0.03%
NHS Kernow CCG	56	0.03%
NHS Southampton CCG	55	0.03%
NHS Castle Point and Rochford CCG	54	0.03%
NHS Kingston CCG	54	0.03%
NHS Guildford and Waverley CCG	54	0.03%
NHS West London (K&C & QPP) CCG	53	0.03%
NHS Chiltern CCG	53	0.03%
NHS Ipswich and East Suffolk CCG	53	0.03%
NHS Somerset CCG	51	0.02%
NHS Wiltshire CCG	51	0.02%
NHS Merton CCG	50	0.02%
NHS Bristol CCG	49	0.02%
NHS Nene CCG	46	0.02%
NHS Portsmouth CCG	45	0.02%
NHS Southern Derbyshire CCG	44	0.02%



APPENDIX 1

NHS Hounslow CCG	43	0.02%
NHS Gloucestershire CCG	43	0.02%
NHS Richmond CCG	43	0.02%
NHS Southend CCG	43	0.02%
NHS Harrow CCG	42	0.02%
Betsi Cadwaladr University LHB	40	0.02%
NHS West Suffolk CCG	39	0.02%
NHS North East Hampshire and Farnham CCG	38	0.02%
NHS Coventry and Rugby CCG	36	0.02%
NHS Knowsley CCG	36	0.02%
NHS Sheffield CCG	34	0.02%
NHS Crawley CCG	32	0.02%
NHS North Hampshire CCG	32	0.02%
NHS Nottingham City CCG	32	0.02%
NHS South Devon and Torbay CCG	31	0.01%
NHS Birmingham CrossCity CCG	31	0.01%
NHS Swindon CCG	31	0.01%
NHS Leeds West CCG	30	0.01%
NHS Fareham and Gosport CCG	30	0.01%
NHS South Reading CCG	30	0.01%
NHS Milton Keynes CCG	30	0.01%
NHS Norwich CCG	29	0.01%
Cardiff and Vale University LHB	29	0.01%
NHS Newcastle Gateshead CCG	28	0.01%
NHS Wakefield CCG	28	0.01%
NHS Lincolnshire West CCG	28	0.01%
Aneurin Bevan LHB	27	0.01%
NHS Wirral CCG	26	0.01%
NHS Windsor, Ascot and Maidenhead CCG	26	0.01%
NHS West Leicestershire CCG	26	0.01%
NHS South Tees CCG	26	0.01%
NHS Aylesbury Vale CCG	26	0.01%
NHS East Lancashire CCG	25	0.01%
NHS Cumbria CCG	25	0.01%
NHS Luton CCG	25	0.01%
NHS Liverpool CCG	24	0.01%
NHS Vale of York CCG	24	0.01%
Abertawe Bro Morgannwg University LHB	24	0.01%
NHS South Eastern Hampshire CCG	23	0.01%
NHS Wigan Borough CCG	23	0.01%
NHS Sandwell and West Birmingham CCG	23	0.01%
NHS Barnsley CCG	23	0.01%
NHS Calderdale CCG	22	0.01%
NHS Shropshire CCG	22	0.01%



APPENDIX 1

NHS South Worcestershire CCG	22	0.01%
NHS East Leicestershire and Rutland CCG	22	0.01%
NHS Durham Dales, Easington and Sedgefield CCG	21	0.01%
NHS Manchester CCG	21	0.01%
NHS Lincolnshire East CCG	20	0.01%
NHS Mansfield & Ashfield CCG	20	0.01%
NHS South Norfolk CCG	19	0.01%
NHS Northumberland CCG	18	0.01%
Hywel Dda University LHB	18	0.01%
NHS Lancashire North CCG	18	0.01%
NHS Great Yarmouth & Waveney CCG	18	0.01%
NHS Bolton CCG	18	0.01%
NHS East Riding of Yorkshire CCG	18	0.01%
NHS Dudley CCG	17	0.01%
NHS Bracknell and Ascot CCG	17	0.01%
NHS Surrey Heath CCG	17	0.01%
NHS Birmingham South and Central CCG	17	0.01%
NHS South Gloucestershire CCG	17	0.01%
NHS North Norfolk CCG	16	0.01%
NHS Hartlepool and Stockton-on-Tees CCG	16	0.01%
NHS Leicester City CCG	16	0.01%
NHS Leeds North CCG	16	0.01%
NHS South Warwickshire CCG	16	0.01%
NHS South Lincolnshire CCG	15	0.01%
NHS Rotherham CCG	15	0.01%
NHS Bradford Districts CCG	15	0.01%
NHS Doncaster CCG	15	0.01%
NHS Wokingham CCG	15	0.01%
NHS Herefordshire CCG	15	0.01%
NHS North Somerset CCG	15	0.01%
Cwm Taf LHB	15	0.01%
NHS West Norfolk CCG	15	0.01%
NHS Heywood, Middleton & Rochdale CCG	15	0.01%
NHS Slough CCG	15	0.01%
NHS North Durham CCG	14	0.01%
NHS Greater Huddersfield CCG	14	0.01%
NHS North Staffordshire CCG	14	0.01%
NHS Trafford CCG	13	0.01%
NHS Blackpool CCG	13	0.01%
NHS Chorley and South Ribble CCG	12	0.01%
NHS North Derbyshire CCG	12	0.01%
NHS Hull CCG	12	0.01%
NHS Wolverhampton CCG	12	0.01%
NHS Bath and North East Somerset CCG	12	0.01%



APPENDIX 1

NHS South East Staffs and Seisdon Peninsular CCG	11	0.01%
NHS Warwickshire North CCG	11	0.01%
NHS Harrogate and Rural District CCG	11	0.01%
NHS Fylde & Wyre CCG	11	0.01%
NHS Eastern Cheshire CCG	11	0.01%
NHS Tameside and Glossop CCG	11	0.01%
NHS St Helens CCG	10	0.00%
NHS Blackburn with Darwen CCG	10	0.00%
NHS Bury CCG	10	0.00%
NHS Stafford and Surrounds CCG	10	0.00%
NHS Sunderland CCG	10	0.00%
NHS South Sefton CCG	10	0.00%
NHS Walsall CCG	10	0.00%
NHS West Cheshire CCG	10	0.00%
NHS Airedale, Wharfedale and Craven CCG	10	0.00%
NHS Solihull CCG	9	0.00%
NHS North & West Reading CCG	9	0.00%
NHS South Tyneside CCG	9	0.00%
NHS North Tyneside CCG	9	0.00%
NHS Salford CCG	8	0.00%
NHS North Lincolnshire CCG	8	0.00%
NHS Newbury and District CCG	8	0.00%
NHS Rushcliffe CCG	8	0.00%
NHS North East Lincolnshire CCG	8	0.00%
NHS Nottingham West CCG	8	0.00%
South East Commissioning Hub	8	0.00%
NHS Stoke on Trent CCG	8	0.00%
NHS Halton CCG	8	0.00%
NHS South Cheshire CCG	8	0.00%
NHS Leeds South and East CCG	8	0.00%
Powys Teaching LHB	7	0.00%
NHS Telford & Wrekin CCG	7	0.00%
NHS Newark & Sherwood CCG	7	0.00%
NHS Erewash CCG	7	0.00%
NHS Isle of Wight CCG	7	0.00%
NHS Stockport CCG	7	0.00%
NHS Warrington CCG	6	0.00%
NHS Corby CCG	6	0.00%
NHS East Staffordshire CCG	6	0.00%
NHS Wyre Forest CCG	6	0.00%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	63	



Attachment 9: General surgery inpatients at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
General surgery inpatients	344	
NHS West Kent CCG	108	1.50%
NHS Swale CCG	44	0.61%
NHS Medway CCG	18	0.25%
NHS Hastings & Rother CCG	13	0.18%
NHS Bromley CCG	10	0.14%
National Commissioning Hub 1	7	0.10%
NHS Dartford, Gravesham and Swanley CCG	7	0.10%
NHS Bexley CCG	6	0.08%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	136	

Attachment 10: Gynaecology inpatients at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Gynaecology inpatients	150	
NHS West Kent CCG	43	1.09%
NHS Swale CCG	20	0.51%
NHS Hastings & Rother CCG	10	0.25%
NHS Medway CCG	8	0.20%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	69	

Attachment 11: Haemophilia outpatients at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Haemophilia outpatients	419	
NHS West Kent CCG	164	12.62%
NHS Medway CCG	120	9.23%
NHS Swale CCG	55	4.23%
NHS Hastings & Rother CCG	22	1.69%
NHS High Weald Lewes Havens CCG	12	0.92%
NHS Dartford, Gravesham and Swanley CCG	9	0.69%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	37	



Attachment 12: Head and neck inpatients at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Head and Neck inpatients	50	
NHS West Kent CCG	15	2.52%
NHS Swale CCG	12	2.02%
NHS Medway CCG	8	1.34%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	15	

Attachment 13: Neurorehabilitation at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Neurorehabilitation	11	
NHS Swale CCG	9	12.00%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	1	1.33%

Attachment 14: Neurology inpatients at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Neurology inpatients	25	
NHS Swale CCG	7	1.67%
NHS Medway CCG	7	1.67%
NHS West Kent CCG	6	1.43%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	5	

Attachment 15: Orthopaedic elective inpatients at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Orthopaedics elective inpatients	146	
NHS West Kent CCG	48	1.25%
NHS Swale CCG	46	1.20%
NHS Medway CCG	10	0.26%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	42	



Attachment 16: Paediatric surgery at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Paediatric surgery	734	
NHS West Kent CCG	256	6.98%
NHS Dartford, Gravesham and Swanley CCG	212	5.78%
NHS Medway CCG	168	4.58%
NHS Swale CCG	57	1.55%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	41	

Attachment 17: Primary percutaneous coronary intervention (pPCI) at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Primary percutaneous coronary intervention	376	
NHS West Kent CCG	137	15.22%
NHS Medway CCG	87	9.67%
NHS Dartford, Gravesham and Swanley CCG	63	7.00%
NHS Swale CCG	45	5.00%
NHS High Weald Lewes Havens CCG	7	0.78%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	37	

Attachment 18: Renal inpatients at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Renal inpatients	345	
NHS Medway CCG	159	18.60%
NHS West Kent CCG	113	13.22%
NHS Swale CCG	66	7.72%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	7	



Attachment 19: Trauma patients treated at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Trauma	289	
NHS West Kent CCG	87	2.15%
NHS Swale CCG	21	0.52%
NHS Medway CCG	16	0.40%
NHS Dartford, Gravesham and Swanley CCG	10	0.25%
NHS Greenwich CCG	9	0.22%
NHS Hastings & Rother CCG	9	0.22%
NHS Bexley CCG	8	0.20%
National Commissioning Hub 1	6	0.15%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	123	

Attachment 20: Urology inpatients treated at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Urology IP	218	
NHS Swale CCG	53	1.15%
NHS West Kent CCG	50	1.08%
NHS Medway CCG	14	0.30%
NHS Dartford, Gravesham and Swanley CCG	8	0.17%
NHS Havering CCG	6	0.13%
NHS Hammersmith and Fulham CCG	6	0.13%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	81	

Attachment 21: Vascular inpatients treated at EKHUFT in 2016/17 from outside east Kent

Row Labels	Total out of EK	Percentage of total activity in this service category
Vascular IP	86	
NHS Medway CCG	29	4.92%
NHS Swale CCG	26	4.41%
NHS West Kent CCG	15	2.54%
NHS Dartford, Gravesham and Swanley CCG	11	1.86%
Number of patients from commissioning areas where five or less patients from the area attended EKHUFT	5	



Appendix 2: Pre-consultation business case timeline

