

MEDWAY COUNCIL

Gun Wharf
Dock Road



Health Overview and Scrutiny

Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

1. A brief outline of the proposal with reasons for the change

Commissioning Body and contact details:

South Kent Coast CCG
Canterbury and Coastal CCG
Thanet CCG
Ashford CCG

Current/prospective Provider(s):

East Kent Hospitals University Foundation NHS Trust (GP providers, Kent Community Healthcare Foundation NHS Trust and Kent County Council are all also integral providers to the proposed changes)

Outline of proposal with reasons:

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/>

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.

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/>

In response to the case for change, we are looking at how health services are delivered in east Kent and taking forward a programme of work that covers both acute and local care services. With regard to the acute services provided by EKHUFT there are now two options under consideration:

Option 1	Option 2
<ul style="list-style-type: none"> • A major emergency centre at the William Harvey Hospital, Ashford (i.e. 24/7 consultant-led emergency care with a range of more specialist services). • An emergency centre at the Queen Elizabeth the Queen Mother Hospital, Margate (i.e. 24/7 consultant-led emergency care) • A GP-led urgent treatment centre / integrated care hospital at the Kent and Canterbury, Canterbury 	<ul style="list-style-type: none"> • A major emergency centre at the Kent and Canterbury Hospital, Canterbury (i.e. 24/7 consultant-led emergency care with a range of more specialist services). • A GP-led urgent treatment centre / integrated care hospital at both the William Harvey Hospital, Ashford, and at the Queen Elizabeth the Queen Mother Hospital, Margate

As part of this work we have been looking at the number of patients from outside of east Kent that access the service provided by EKHUFT. Whilst the significant majority of care is provided by the Trust is to east Kent patients, there are some services that are provided for a population that is much wider than east Kent. The attached paper provides details on these and we believe the key consideration for Medway are:

- Primary percutaneous coronary interventions (pPCI) – currently provided at Ashford but could potentially move to Canterbury if Option 2 was supported. A key consideration is ensuring that the maximum access time of 90mins by blue light ambulance for patients is maintained and this would not be affected by this option.
- Renal inpatients – currently provided at Canterbury but could potentially move to Ashford if Option 1 is supported
- Haemophilia outpatients services – currently provided at Canterbury and under consideration by the clinical leadership design team 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)

The above is based on where activity from Medway amounts to more than 5% of the activity provided by EKHUFT. These findings match the more specialist service provided by EKHUFT.

It should also be noted that:

- Paediatric surgery patients from Medway account for 4.58% of patients treated by EKHUFT (168 children per year), 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) 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.

- 2. Intended decision date and deadline for comments** (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

The decision to proceed to consultation will be through the Clinical Commissioning Groups (CCGs), through a CCG Joint Committee. 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. The intent of the CCGs is to present the business case to the NHS England by the end of this financial year. It will take time for this to be considered by NHS England but this sees consultation taking place in 2019. 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.

- 3. Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).**

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

Please see supporting paper to the Medway HASC, Transforming Health and Care in East Kent, Update September 2018. The development of local care services is a core component of the East Kent Transformation Programme and focuses on the integration of out-of-hospital services, including social care.

The East Kent Transformation Programme will support the JHWBS through ensuring the sub-regional services provided by EKHUFT are sustainable and able to deliver optimum clinical

outcomes. For example, the JSNA identifies that the second largest cause of death in those under the age of 75 years is cardiovascular disease (for example heart attacks, stroke and heart failure), accounting for 10.5% of premature deaths in women and 24.0% in men. As such, it is important to ensure robust coronary services such as pPCI (one of the services provided by EKHUFT that is utilised by Medway residents).

4. Alignment with Kent and Medway Sustainability and Transformation Plans.

The East Kent Transformation Programme is one of the key priorities for the Kent and Medway STP and, as such, fully aligned. It supports and adheres to one of the founding principles of the Kent and Medway STP – to work in collaboration and partnership across different NHS organisations and with local authority colleagues to deliver better, joined up health and social care for local people.

5. Please provide evidence that the proposal meets the Government's four tests for service charge:

Test 1 - Strong public and patient engagement

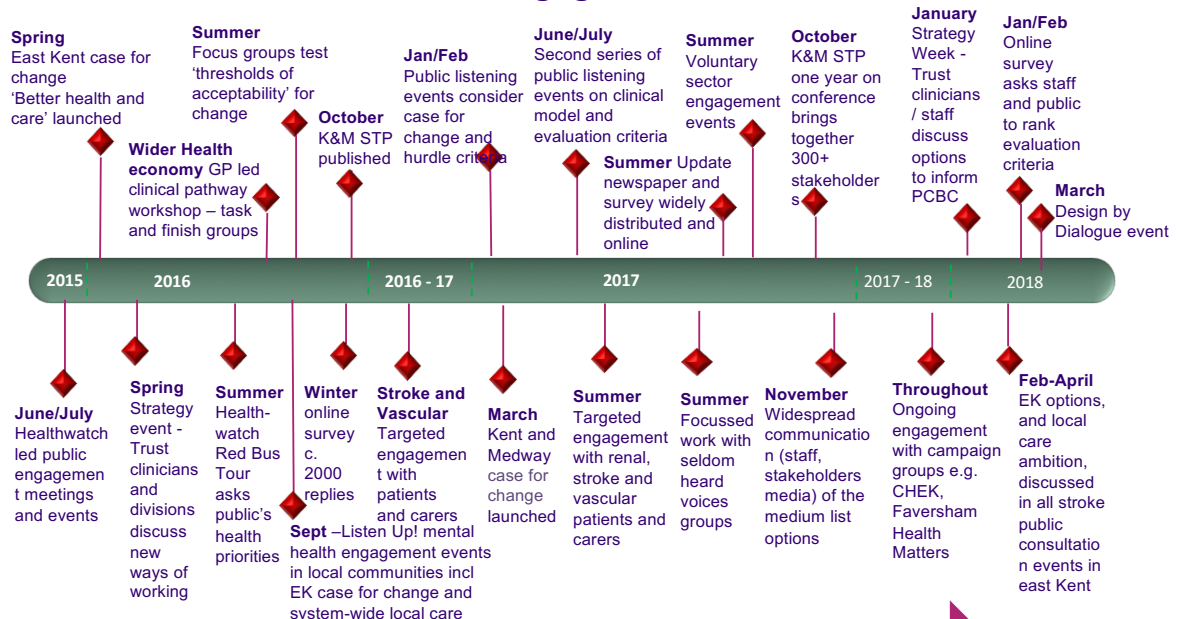
- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Medway Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

- Patients, the public and other stakeholders have been actively involved in developing the emerging proposals. Over the course of the past few years there has been widespread engagement and involvement of patients, carers, patient representatives, staff, elected public representatives, residents and other stakeholders, through a range of mediums, at each stage of the transformation programme. For example, in identifying a case for change, in developing potential new models of care, and in defining evaluation criteria on which to evaluate the different options for the way services could be delivered in the future. This activity has ranged from: focus group research; online surveys; public listening events with plenary Q&A and focused small group discussions; clinical design events and meetings; sharing of information online, in print and via the media; staff briefings; regular HOSC, HWB and district and borough council briefings and meetings; MP briefings and meetings; engagement through local campaign groups; outreach dialogue with the seldom heard and so on. Please see the summary diagram below, which gives an overview of the activity to date. To date specific engagement with Medway Healthwatch has taken place through ongoing engagement via STP channels – for example via our Patient and Public Advisory Group (which Medway Healthwatch is an invited member) and the STP Partnership Board (again, Medway Healthwatch is an invited member) that has been kept regularly updated on the East Kent Transformation Programme work but a further round of pre-consultation engagement is now scheduled which will include direct engagement with Medway Healthwatch, and particularly to seek their support and involvement

in engaging residents from Medway who may be impacted by the emerging proposals on these specialist services.

- Formal consultation has not yet taken place and it is envisaged that this will take place in 2019
- The outcome from previous and planned engagement activities has informed the work to date and is being used to shape the proposals that are under development. Reports on the activity and key themes arising from public engagement to date have been published and can be seen on the STP website. The next public Joint Committee of the CCGs is likely to take place in November and this will include the outcome of our latest phase of patient and public engagement in order to allow this to be considered by the Committee.

East Kent Communication and engagement – 2015 to date



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

- To date engagement with Medway Healthwatch has not taken place but a further round of pre-consultation engagement is now scheduled which will include Medway Healthwatch.
- Formal consultation has not yet taken place and it is envisaged that this will take place in 2019
- The outcome from previous and planned engagement activities is being used to shape the proposals that are under development (the next public Joint Committee of the CCGs is likely to take place in November and this will include the outcome of engagement to date in order to allow this to be considered by the Committee).

Test 2 - Consistency with current and prospective need for patient choice

It is believed that there is no detrimental impact on patient choice as a result of the potential changes to the services provided by EKHUFT that are used by Medway residents (i.e. changes to the location of pPCI, haemophilia outpatients, renal inpatients and paediatric surgery (dental extractions) are felt not to impact on patient choice).

Test 3 - A clear clinical evidence base

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

- Proposals will improve clinical outcomes
- Proposals will improve performance against NHS Constitution targets, for example waiting times, which we know are important to people.
- There will be some impact on travel times and an independent organisation has been commissioned to produce an integrated impact assessment. However, for the main services used by Medway residents (please see supporting paper to the Medway HASC, Transforming Health and Care in East Kent, Update September 2018) the impact on travel times is felt to be minimal as there are similar travel time to Canterbury and Ashford.

Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

Work is in progress to evaluate potential options and no formal decision has been taken to go to consultation. Engagement with the clinicians is a key component of the work and the decision to consult will be taken by the East Kent Joint Committee of the Clinical Commissioning Groups whose membership has a clinical majority (i.e. clinicians will be the key decision makers).

Test 5 – Does the proposal include plans to significantly reduce hospital bed numbers? If so please provide evidence that one of the following three conditions set by NHS England can be met:

- (i) Demonstrate that sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and / or
- (ii) Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- (iii) Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

Some bed reductions are planned as capacity and services will shift across the health and care system, but these are not in the more specialist services used by Medway residents (please see supporting paper to the Medway HASC, Transforming Health and Care in East Kent, Update September 2018).

6. Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

For the number of patients affected please see supporting paper to the Medway HASC, Transforming Health and Care in East Kent, Update September 2018. Appendix 1, attachments 1 to 21, of the paper detail patient activity undertaken at EKHUFT from outside the four EK CCGs, including from Medway.

Plans will not see the withdrawal of a service from patients and services will continue to be delivered in the same way. However, there is a potential change to the location of some services, e.g.:

- Haemophilia outpatients (120 patients per year and 9.23% of total service volume at EKHUFT)
- Primary Percutaneous Coronary Intervention (pPCI) (87 patients per year and 9.67% of total service volume at EKHUFT)
- Renal inpatient (159 patients per year and 18.6% of total service volume at EKHUFT)

Plans will not see the withdrawal of a service from patients and services will continue to be delivered in the same way. However, there is a potential change to the location of 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 travel time of 90mins by blue light ambulance for patients is maintained and both options under consideration meet this requirement).

It should also be noted that:

- Paediatric surgery patients from Medway account for 4.58% of patients treated by EKHUFT (168 children per year), i.e. just below the 5% threshold used in the paper to the HASC, 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 per year) 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.

In summary, the proposed changes relate to 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

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.

7. Demographic assumptions

- (a) What demographic projections have been taken into account in formulating the proposals?
- (b) What are the implications for future patient flows and catchment areas for the service?

Both demographic (ie natural population growth) and non-demographic growth (ie planned housing developments) has been factored into demand, including bed modelling, projections.

Please see question 6 for details of potential changes in service locations and the supporting paper being presented to the Medway HASC, Transforming Health and Care in East Kent, Update September 2018.

8. Diversity Impact

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

An integrated impact assessment, including an equalities impact assessment, has been commissioned and will be completed in time for inclusion within the pre-consultation business case, which it is intended to submit to NHS England at the end of the calendar year.

9. Financial Sustainability

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) Is there assurance that the proposal does not require unsustainable level of capital expenditure?
- (d) Will it be affordable in revenue terms?
- (e) What would be the impact of 'no change'?

- It is not anticipated that the changes will generate a significant increase or decrease in demand for the services provided by EKUFT and used by Medway residents
- The greatest driver of change is the need to improve the long-term sustainability of services and address risks to quality and support delivery of the NHS Constitution targets. However, it should also be noted that the east Kent health system is not in financial balance and the development of a robust long-term plan is key to delivering financial sustainability.
- Both options under consideration require significant capital investment and this will be detailed in the pre-consultation business case. The business case will assess the level of capital required and identify sources of capital, including assessing the affordability of the required capital. The business case will be considered by NHS England through its assurance process, including being presented to the national Investment Committee, who will consider the robustness of the proposals including the capital implications.
- The pre-consultation business case will also consider revenue implications and ensure these can be met
- A no change scenario will be considered in the business case.

10. Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

Both options under consideration require significant capital investment to develop the required estates infrastructure. The pre-consultation business case that is under development, which will be presented to NHS England seeking their approval to go to consultation, will identify infrastructure requirements, including:

- Estates
- Digital
- Workforce

At this point Option 1 has capital costs of £170m and Option 2 has capital costs of £250m.

Transport implications will also be considered in the pre-consultation business case and through the integrated impact assessment.

11. Is there any other information you feel the Committee should consider?

Please see the support paper being present to the Medway HASC, Transforming Health and Care in East Kent, Update September 2018.

12. Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny

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)

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.