



**East Kent
Hospitals University**
NHS Foundation Trust

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Cllr Chris Wells
Leader of the Council
Thanet District Council

Our Ref: MK/bf

20 June 2017

From: Matthew Kershaw, Chief Executive

Dear Cllr Wells

You may know that we implemented a temporary transfer of some services from Kent and Canterbury Hospital on 19 June and I wanted to update you on where we are with this and provide reassurance on the impact this may have on your local hospital.

You will be aware that the Trust announced on 21 March that Health Education England has asked us to move around half of the junior doctors at the Kent & Canterbury Hospital to our other two main hospital sites at Ashford and Margate.

As a teaching Trust we have to make sure that our junior doctors have access to senior doctors to support them in their training. Because of the difficulty we have in recruiting to vacant posts, not least because of our stretched consultant rotas and therefore our heavy reliance on temporary doctors to run services, HEE was concerned that the trainees are not getting the support they need.

This means 38 junior doctor posts had to move from Kent & Canterbury Hospital to the William Harvey Hospital in Ashford and the Queen Elizabeth The Queen Mother Hospital in Margate.

We cannot continue to provide the same services at K&C as we have been without the junior doctors, so on Friday, 9 June, our Trust Board agreed that from 19 June some services at K&C would be moving. This emergency transfer of services can only be made on a temporary basis; any permanent changes to services would first require public consultation.

The changes only affect people who require urgent medical care for conditions like heart attack, stroke and pneumonia. We have already moved hyper acute stroke services, this happened on 10 April 2017.

From 19 June, patients are no longer brought to the Urgent Care Centre as an emergency. Instead patients will be taken directly by ambulance to our hospitals in Margate or Ashford, whichever is



closer, for initial assessment and will be admitted if required. Patients who self-present to K&C minor injury and illness centre will be transferred by ambulance to one of the other two sites if necessary.

Once patients are well enough, we will be discharging them home or to a nursing or residential care facility, but if they need to remain in hospital to continue their recovery and rehabilitation, Canterbury patients may move to the K&C to be closer to home.

In all, this is likely to affect up to 50 of the 900 people who attend the hospital each day. These changes do not affect the majority of services at the K&C. For example, surgical, chemotherapy, renal, vascular and urology services, as well as all outpatient clinics. There will also continue to be a full minor injury and illness service at the hospital.

Patients who have a planned operation or outpatient appointment, or are having an x-ray, blood test or therapy session at K&C, will not be affected and will be seen and treated at K&C as usual.

The remaining stroke services will be unchanged at the K&C, including outpatient appointments and rehabilitation services. The hospital's stroke ward is remaining open and will continue to care for patients recovering from a stroke.

With oversight from our regulators, we have been working with the ambulance service, NHS and social care partners and commissioners as a whole health system to ensure the changes are safe and we are ready for the 19 June, this has included increasing ambulance capacity, ambulatory care at Margate and Ashford, care packages in the community and reducing bed occupancy so we are ready to accept additional patients at our other two sites.

The Trust has a strong safety record. Please be reassured that hospital services are safe and these changes are only being introduced so we can continue to provide safe services, training and supervision of junior doctors.

There has not been a full A&E at Kent and Canterbury Hospital since 2005 when services at the Trust were reconfigured. The A&E then became an emergency care centre (ECC) which dealt with minor injuries and minor illnesses and also accepted some other emergency cases, but critically not general surgical emergencies.

Since 2005, the Emergency Care Centre had been seeing more and more patients as original criteria for patients' attending was slowly widened. To address this, the Emergency Care Centre became the Urgent Care Centre in July 2016. This meant that patients who attend the K&C site were 'streamed', so they see a GP for minor illness, a nurse for minor injuries and the hospital team via an Acute Medical Unit if the patient's complaint is more serious.

These changes resulted in improved provision for junior doctors and an improvement in quality. However, the current difficulty in recruiting substantive consultants has led to the decision by HEE and GMC that this was not enough to maintain junior doctor rotas on site.

Capacity at Margate and Ashford hospitals

The temporary changes at Canterbury will mean around 35 ambulances a day that currently take people to Canterbury will bring people to the hospitals at Margate and Ashford instead.

The Trust has been working with other parts of the NHS and social care locally to prepare for the temporary changes to some services and ensure everything is in place before we made any changes. We have ensured that we have capacity, both within the Queen Elizabeth The Queen Mother Hospital (QEQM) and within other care settings, to care for the additional patients.



In recent weeks, the different parts of the NHS and social care have worked together to provide more capacity for people who are well enough to leave hospital but are not yet able to return home in the community. This has meant our hospitals have been able to discharge patients more easily. This, alongside action the hospitals have taken to improve discharge processes, has been extremely successful in ensuring the hospitals in Margate and Ashford have the extra capacity they need to safely and effectively care for additional urgent care patients.

We have also been able to introduce more ways of ensuring patients needing urgent treatment receive this on the day they come in, which means fewer patients will need to stay in hospital overnight.

Reporting levels of demand on health services

The standard method of reporting the levels of demand on, and capacity of, NHS services throughout the country is OPEL, which stands for 'Operational Pressures Escalation Levels'. It was introduced by NHS England at the end of 2016.

OPEL levels range from level one (demand is within normal parameters and there is capacity to care for all patients in the system) to level four (a significant increase in demand, with no capacity).

Trusts report OPEL levels by Trust rather than by individual hospital site. In east Kent, OPEL levels relate to the situation across the Trust's three acute hospitals: the QEQM, the Kent & Canterbury and the William Harvey Hospital, in Ashford.

Between the beginning of December 2016 and the end of March 2017, the Trust reported OPEL level three six times, which was an accurate reflection of the severe and unprecedented demand on NHS services across the country during this winter period. The Trust has not reported at level three since then.

The longer-term future of health services

However, this situation is an illustration of why, in the longer-term, we need to move to a more sustainable way of providing hospital care which includes making the best use of our three existing hospital sites, as set out in the Sustainability and Transformation Plan (STP) published in October 2016.

The STP sets out proposals for a comprehensive reconfiguration of services to improve the quality and safety of care we can offer, to improve outcomes for our patients and meet the long-term needs of our changing population.

The proposals include organising our services across our three existing hospital sites so that we have an emergency care hospital with A&E and specialist services, a second emergency care hospital with A&E and a third hospital with GP-led 24/7 urgent care, planned care and specialist intensive rehabilitation. We plan to use all our existing three hospitals at Canterbury, Margate and Ashford, with greater additional support for people in their local communities.

We have been clear that this way of organising services means providing acute medical services on two of our three hospital sites in the future. The temporary changes we are making now may still be in place when we reach public consultation on the STP. If this is the case, the Trust will focus on implementing any longer-term reconfiguration once the final decision is made on where and how services are provided.

We will continue to do everything we can to recruit permanent consultant doctors including holding regular national and international recruitment campaigns, placing targeted adverts in publications



such as the British Medical Journal, work with recruitment experts who specialise in recruiting doctors, and use targeted social media adverts. A new website for the public sector has been launched in east Kent called Take a Different View specifically selling the advantages of relocating to east Kent.

We are also looking closely at how we can make the roles more attractive to consultants, for example, by reviewing our research opportunities, relocation incentives and working patterns.

Thank you for your continued support. Please do not hesitate to contact me if you have any questions at all.

Yours sincerely

A handwritten signature in black ink, appearing to read 'M Kershaw', with a large, sweeping flourish at the end.

Matthew Kershaw
Chief Executive

