

VOLUME ONE

NHS OVERVIEW AND SCRUTINY SELECT COMMITTEE

MODERNISING HOSPITAL SERVICES IN EAST KENT - EXECUTIVE SUMMARY

NHS OVERVIEW & SCRUTINY

The Health and Social Care Act 2001 makes statutory provision for local authorities, with social services responsibilities, to extend their scrutiny and overview functions to cover the National Health Service. Kent County Council established a Pilot NHS Overview and Scrutiny Committee in 2001 in advance of the regulations being published and coming into force. District and Borough Councils in Kent have also chosen to establish Overview and Scrutiny Committees, as such protocols for local authority scrutiny of the NHS in Kent have been developed and adopted. The main objective of Overview and Scrutiny of the NHS being to focus on supporting the improvement of health services to Kent residents.

TOPIC REVIEW - MODERNISING HOSPITAL SERVICES IN EAST KENT

The population of East Kent is made up of approximately 600,000 people and is currently served by the 3 main acute hospitals:-

- Kent and Canterbury Hospital
- The Queen Elizabeth The Queen Mother Hospital, Margate
- William Harvey Hospital, Ashford.

In 1998 it was agreed by the Secretary of State that acute inpatient hospital services, including Accident and Emergency, would be focused at Ashford and Margate. The East Kent Health Authority have conducted a subsequent consultation, during December 2001 to February 2002, based upon four options which provide different combinations of services at the Kent and Canterbury Hospital.

The Select Committee has researched the four options being presented by the East Kent Health Authority in considerable depth and heard evidence from a wide range of stakeholders, including health professionals and members of the public. The culmination of which is a detailed response from the Select Committee to the East Kent Health Authority's consultation document 'Modernising Hospital Services in East Kent'.

KEY RECOMMENDATIONS

The NHS Overview and Scrutiny Select Committee on completion of the Topic Review 'Modernising Hospital Services in East Kent' have not unanimously agreed upon a preferred Option. It is clear that services need to be improved and the divergence within the Select Committee reflects the complexity of the issues relating to how this can be most effectively achieved.

It is regrettable that improvements are to be achieved through the withdrawal of any services from hospitals in East Kent. If as a result of changes in local or national circumstances, it becomes

feasible to retain further services of a high quality at the Kent and Canterbury then this must be pursued. The importance of local services for local people cannot be over-emphasised.

Five members and one non-voting member agreed that Option C offers the most beneficial configuration of services, whilst two members and one non-voting member agreed that only Option D would be viable in the long term.

It is unanimously agreed by the Select Committee that the following recommendations are given the strongest consideration:-

PROVISION OF SERVICES:-

- Patient needs and service improvements are the only appropriate drivers for change, and must be pursued within a context of scarce resources.
- Local services must be provided for local people, where ever this can be done safely and to a high quality. Hospital services must only be centralised when it is clear that this will improve the quality of health outcomes.
- Greater emphasis should be placed on the development of local services through increasing the number of consultant outreach clinics.
- The high demand for healthcare services amongst the elderly and the particular access difficulties must be fully recognised and healthcare for the elderly delivered as locally as possible.
- Greater emphasis should be placed on prevention and the role of Primary Care and Social Services in intervening to prevent avoidable hospital admissions.

ACCESS TO SERVICES:-

- The transport arrangements for patients and visitors must be developed and implemented, within the framework of the Health Partnership Transport Board, to meet the additional transport needs of the final Option selected.
- The County Council should continue to support the East Kent Hospitals Trust in developing the public transport infrastructure in East Kent, through its involvement in the Health Partnership Transport Board.
- Moving people to hospital in a sustainable way should be a high priority of Kent County Council and be embodied in the Local Transport Plan.
- The East Kent Hospitals Trust in developing hospital services must ensure that the access to hospital sites and parking is improved.

ACCIDENT AND EMERGENCY:-

- The current conditions in Accident and Emergency are unacceptable and must be addressed immediately. Investment must be made in the interim as improvements cannot wait until the implementation of the Private Finance Initiative.
- Emergency care should be planned for in the wider context in partnership with Primary Care, Ambulance Services, Social Services, private and voluntary organisations. To ensure the appropriate types of care can be provided as efficiently and locally as possible.
- The provision of safe emergency care under the proposals will be dependent on the expansion of the Kent Ambulance Service. It is critical that this expansion is adequately funded, monitored and clearly communicated to the public.
- The training of paramedics in the use of thrombolytic drugs must take place before any of the Options are implemented. In addition, telemedicine links with Accident and Emergency must be installed in all emergency ambulances.

CANCER SERVICES:-

- The retention of full cancer services at the Kent and Canterbury is strongly advocated. Hospital services must only be centralised when it is clear that this will improve the quality of health outcomes, as set out in the National Cancer Plan.
- The future of cancer services in Kent must be driven by patients needs and not as a consequence of change to acute services in East Kent.
- The Kent Cancer Network and East Kent Hospitals Trust must continue to explore ways, such as partnership arrangements with the Chaucer Hospital, to ensure that comprehensive cancer services can be retained at the Kent and Canterbury Hospital.

MEDICINE AND SURGERY:-

- Cover from both medicine and surgery should be available if medical emergency admissions are accepted.
- The possibility of offering additional levels of low risk elective surgery at the Kent and Canterbury should be explored.
- In establishing the Midwifery Led Maternity Centre the experience of the Buckland centre must be fully utilised.
- The neo-natal transfer arrangements being developed for Kent, Surrey and Sussex must be implemented to ensure that modern specialist transfer arrangements are in place to support the proposals in East Kent.

RECRUITMENT AND RETENTION:-

- The future of East Kent hospitals must be decided, stability restored and recruitment efforts stepped up.
- Innovative use of Staff Grade Doctors, Nurse Practitioners, GP Specialists and Junior Doctors should be explored.

BED CAPACITY:-

- To ensure that the health needs resulting from any additional population increases can be effectively met the acute bed capacity must be kept under constant review.
- The current shortage of acute beds must be addressed by these proposals. If 175 additional beds do not prove to be enough it is critical that further beds are provided.
- The provision of beds should be planned across the whole health sector to ensure the right numbers of beds of the right type can be provided in the right place. This should be done in partnership between the East Kent Hospital Trust, Community Trust, Primary Care Trusts, Social Services, private and voluntary organisations and District/Borough Councils.

FINANCE:-

- The Private Finance Initiative should be taken forward in a way which is affordable to the whole health economy.
- Any land released at the Kent and Canterbury must be considered firstly for the development of additional health services.

The Select Committee would like to take this opportunity to thank all of those people who took the time to share their views with the Committee in writing or in person, this support has been critical in the development of these recommendations.

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