

Transforming Health & Care in East Kent

Ashford Health & Well Being Board



What do we already know:

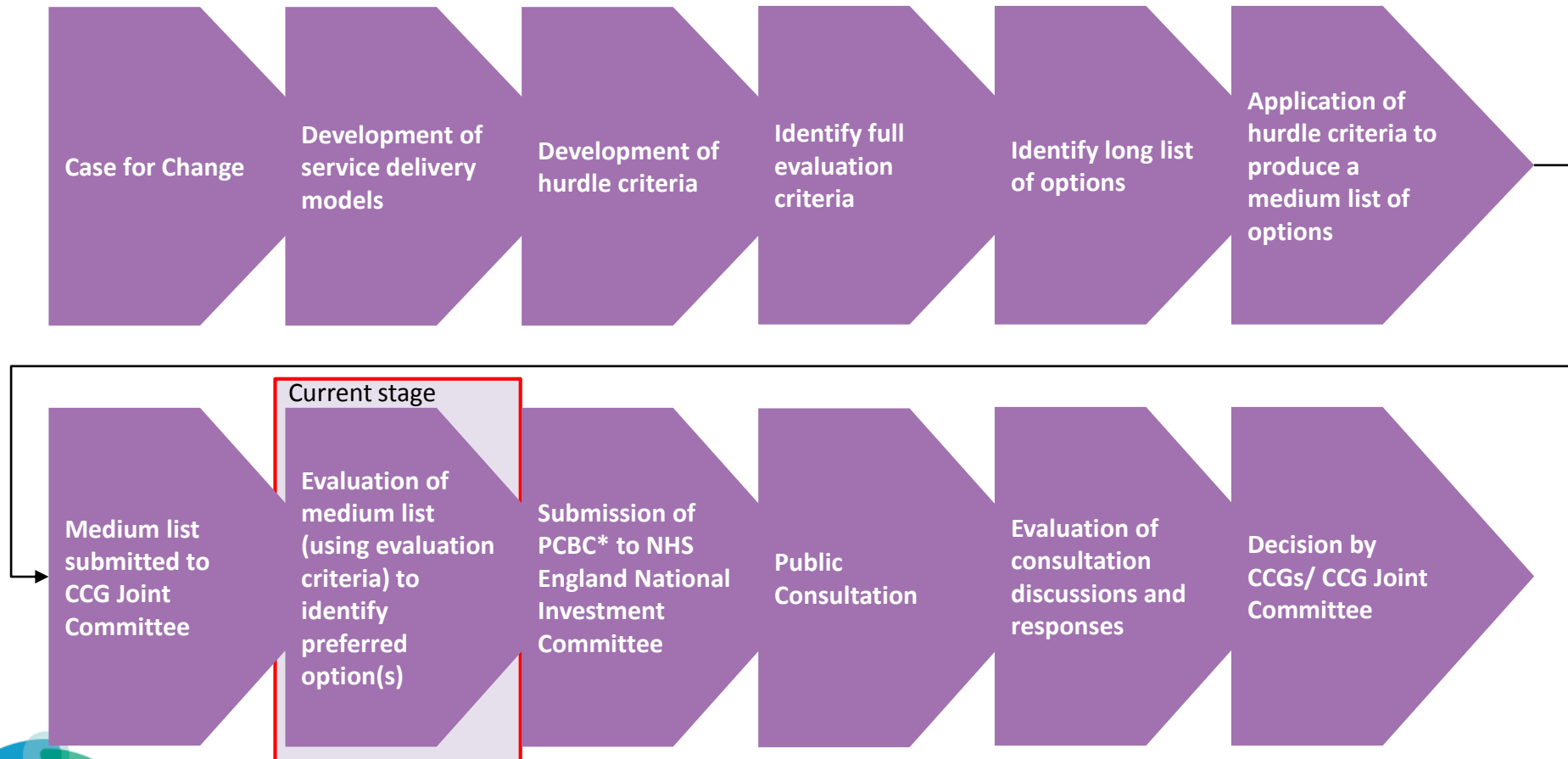
- **Case for Change** established – ‘do nothing’ (ie a three site option) is not sustainable. Progression of the strategic changes offers sustainable solutions to the current challenges across patient pathways such as urgent care, workforce challenges and quality of services.
- Public support for the development of new local care models that support changes of hospital care
- Public **listening events** undertaken in spring and autumn were broadly supportive of the proposed changes . Key themes to address further included: developing local care; transport and access; specialist centres
- EKHUFT has developed a strategy for the future provision of acute services on the “Keogh” model for urgent care. Across East Kent this translates to a three site proposal - a Major Emergency Centre with Specialist Services, an Emergency Centre and a Medical Emergency Centre.
- **‘New build’ offer** from Canterbury developer. Legal opinion was that this was a materially significant offer that should be considered.

Joint Committee agreed to the continued review of elective orthopaedics



Where are we in the process:

There is a clearly defined process that the health system across East Kent needs to follow in order to make any changes. This process starts with the case for change and progresses through to public consultation and formal decision making.

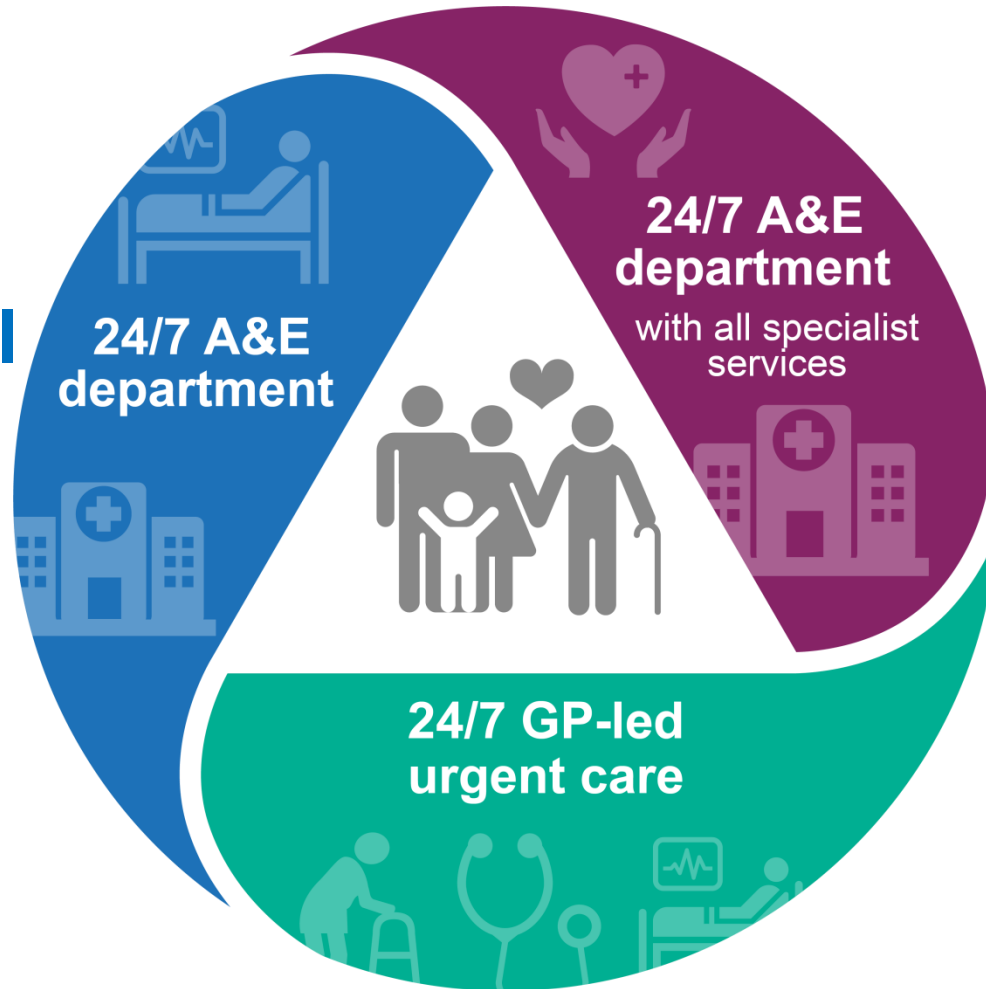


NB - This stage involves multiple stakeholder reviews as part of the agreed evaluation process

*PCBC = Preconsultation Business Case

The East Kent 'medium list' has two potential options. Option 1 is the output from the application of the hurdle criteria to the long list of options

**QEQM
Hospital**



**William
Harvey
Hospital**

OPTION 1

Kent and Canterbury Hospital



Option 2 is the “developer offer” which following legal advice has been included at this stage of the process. The detail of the “offer” and what it could provide continues to be worked through.

OPTION 2

**A single major
emergency hospital
for all east Kent**

**24/7 GP-led
urgent care**

**Other services
could include**

diagnostics
(e.g. x-ray),
day surgery,
outpatients services
and rehabilitation



**One 24/7 A&E
department**

All specialist services

(e.g. trauma, vascular and
specialist heart services)



**24/7 GP-led
urgent care**

**Other services
could include**

diagnostics
(e.g. x-ray),
day surgery,
outpatients services
and rehabilitation



**William Harvey
Hospital**

QEQM Hospital

**Kent and Canterbury
Hospital**



Evaluation process: This marks a critical stage in the assessment of the underlying detail that sits behind options 1 and 2 using an agreed set of evaluation criteria.



Evaluation Criteria: the criteria have been developed with the support of public and stakeholder engagement. Following the Joint Committee on 30 November further amendments were suggested and further engagement is planned pre application.

QUALITY CARE 

Will it improve patient care?

ACCESS TO CARE 

Can patients get there?

AFFORDABILITY 

Is it affordable and good value for money?

STAFFING 

Do we have the right number of staff?

DELIVERABILITY 

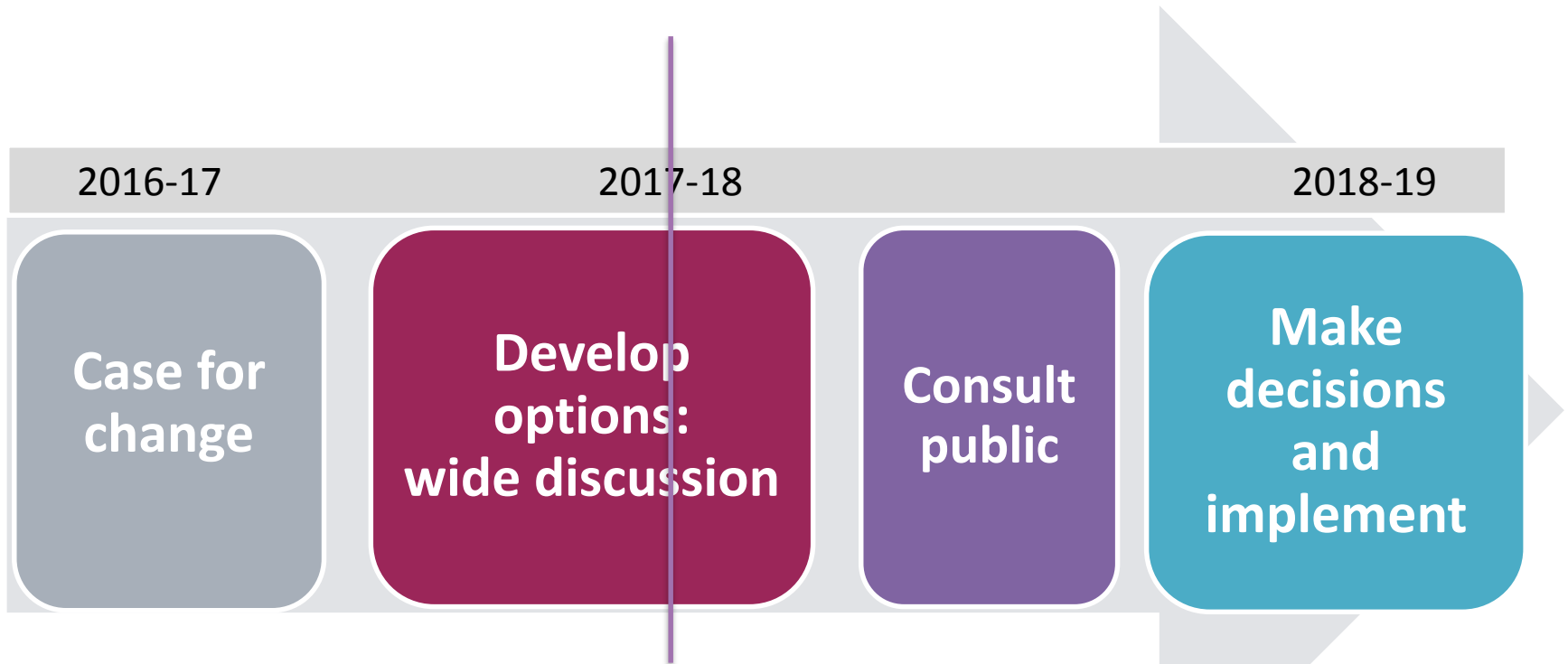
Is it implementable in the timeframe?

RESEARCH and EDUCATION 

Will it support research and education?



What is next....



Next step – evaluate the medium list to develop the option(s) to consult on

