

The Kent and Medway Case for Change: Frequently asked questions – for public and patients

March 2017

What is the case for change?

The NHS and social care services in Kent and Medway face new challenges that mean we need to change the way we work to improve care and get better value for the money we have available. Our case for change describes the current situation and why change is necessary. We are publishing the case for change to explain more about the thinking behind a draft plan called the Sustainability and Transformation Plan that was published in November 2016.

The case for change is available on our website at www.kentandmedway.nhs.uk and on all NHS and local authority websites across Kent and Medway.

What is the Sustainability and Transformation plan?

The plan for Kent and Medway's health and social care services sets out our ambition to put local people at the heart of services, helping people to stay well and independent in their own homes and communities and avoid being admitted to hospital. It describes how we can:

- improve the health and wellbeing of local people
- deliver high quality, joined up health and social care
- offer access to the right care and support in the right place, at the right time
- make sure NHS and social care staff are not under so much pressure that they can't deliver the caring ethos of the NHS and social care
- better meet people's needs within the funding we have available
- build health and care services that are sustainable for years to come.

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It is available on our website at www.kentandmedway.nhs.uk/stp and on all NHS and local authority websites across Kent and Medway.

Who developed the case for change and the Sustainability and Transformation Plan?

The Kent and Medway Sustainability and Transformation Plan is being developed and delivered by a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. The programme of work is being delivered by health and local authority leaders, senior clinicians and social care practitioners and is led by Glenn Douglas, who is the Chief Executive of Maidstone and Tunbridge Wells NHS Trust. The case for change is a technical, evidence-based document that has been developed by clinicians and social care practitioners drawn from all our NHS and local authority organisations and who are members of the Kent and Medway Clinical Board. There is also a public-facing summary which sets out the main reasons we need to make changes as we design services for the future.

The detailed future plans are being drawn up by groups of local doctors and other healthcare professionals, hospital chief executives, patient groups and councils.

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan (STP) for our area



What are the key challenges we face in Kent and Medway?

The case for change sets out nine key challenges:

- **We need to focus more on supporting people so they don't get ill in the first place:** Around 1,600 early deaths each year could be avoided with the right early help and support, for example to help people maintain a healthy weight, stop smoking and drink responsibly.
- **GPs and their teams are understaffed, with vacancies and difficulties recruiting:** If staffing in Kent and Medway was in line with the national average there would be 245 more GPs and 37 more practice nurses.
- **Services and outcomes for people with long-term conditions are poor:** As many as 4 in 10 emergency hospital admissions could be avoided if the right care was available outside hospital to help people manage conditions they live with every day and to prevent them getting worse.
- **Many people in hospital could be cared for elsewhere:** Every day around 1,000 people (about 1 in 3 people in hospital at any one time) in Kent and Medway are stranded in hospital beds when they could get the health and social care support they need out of hospital if the right services were available. Being in a hospital bed for longer than you need to, particularly if you are older and frail, is not good for you and can lead to muscle wastage and increasing loss of independence, making it harder to get back to normal once you have left hospital. Providing care for these people in a different way and in a more appropriate place for their needs would free up capacity for other people being admitted to our hospitals as emergencies or for planned operations.
- **Some services for seriously ill people in Kent and Medway find it hard to run round-the-clock, and to meet expected standards of care:** All stroke patients who are medically suitable should get clot-busting drugs within 60 minutes of arriving at hospital. None of the hospitals in our area currently achieve this for all patients.
- **Planned care – such as going into hospital for a hip operation or having an x-ray – is not as efficient as it could be:** There is variation across Kent and Medway in how often people are referred to specialists and variation in the tests and treatments people get once they have been referred.
- **Cancer care does not always meet national standards:** waiting times for diagnostic tests, to see a specialist and for treatment, are sometimes longer than national standards.
- **People with mental ill-health have poor outcomes:** people with a serious mental illness die on average 15 to 20 years earlier than the general population
- **Services could be run more productively:** Around £190m of savings could be made if services were run as efficiently as top performing areas in England.

What happens next? How can I get involved?

We hope the case for change will help to get local people - patients, users of services, carers and health and care staff - talking in more detail about what should happen next. We want you to get involved in shaping plans for transforming health and social care in Kent and Medway.



Over the coming months, the NHS, social care and public health partners will continue to develop our thinking about how best to address these challenges and start to develop some options for the way we design and organise services in the future.

During 2017 there will be lots of ways to influence what happens next and to give your feedback on the plans as they are developed. Opportunities to get involved will include public events and meetings, online surveys and/or joining your local patient participation group. Visit www.kentandmedway.nhs.uk/getinvolved or your local clinical commissioning group website for more information.

We are also calling on local people to visit www.kentandmedway.nhs.uk/subscribe to sign up to our email newsletter. By signing up you'll be kept up-to-date with opportunities to share your views and ideas with us as our plans develop.

Why have you published the Case for Change now when you have already published the draft plan? What's the difference?

Our ambition for the future is described in our draft Sustainability and Transformation Plan. We have published the case for change to explain more about the reasons behind the ambition and vision we have set out. Our plan explains how we want to address the challenges described in the case for change, and take advantage of the opportunities, to make our local health and social care services as good as they can be for patients, local people and the staff who deliver them, and ensure our services are sustainable for the future.

Have future plans already been decided?

We have a clear ambition to make improvements in outcomes, quality standards and experience and to design services that are sustainable within our available funding. We have some emerging proposals for how we could do things differently in the future, but as yet no detailed plans, and no decisions have been made about any changes.

How have local people been involved so far?

The Kent and Medway Sustainability and Transformation Plan was published in November 2016 and can be found on every NHS website across Kent and Medway as well as on Medway Council and Kent County Council's websites. Local media reported widely on it. We have regularly briefed local MPs, the Health Overview and Scrutiny Committees and Health and Wellbeing Boards run by the local authorities, and other groups across Kent and Medway on the challenges we face and our ambitions for the future. Patients and those who use our services are at the heart of what we do and we cannot develop a plan for the future of the NHS in this area without their involvement. We have established a Patient and Public Advisory Group; link and cascade information via the lay members of our CCGs to local patient groups; and have conducted some focus groups and an online survey to gather people's views on different aspects of the challenges we face. We are working closely with Healthwatch in Kent and in Medway too.

We have held roadshows, and engagement events across Kent, and there are more to come, that explain our emerging thinking in more detail and have given an update on some of the progress already being made in different areas. These build on existing conversations with local communities – for example the 'mapping the future' conversations in west Kent over the past four years, and similar conversations in east Kent.



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When will concrete proposals be shared with the public and consultation start?

The sustainability and transformation plan is focused on a number of areas, not all of which are about service changes or going to formal public consultation. For example, there is a programme of work around prevention of ill-health, and another on improving productivity (for example by working together across Kent and Medway to get better buying power on the common goods and services our organisations currently procure individually). However, there are areas where we are looking at how some services are provided now and how we think they should be provided in the future. For example, we want to look at how stroke services are organised across Kent and Medway to make sure we get the best outcomes for people who have a stroke. We also have some significant challenges (largely driven by workforce shortages) to some hospital services in east Kent and believe we need to redesign the pattern of services there across the three main hospital sites in the east. We are still a way off beginning a formal consultation, with a lot more work to do. We think we may be able to begin a consultation towards the end of this year, but the timeline is not yet set.

Does the fact you have 1,000 people in hospital who could be better cared for somewhere else mean you will close 1,000 hospital beds?

This is about people not beds. We want people to get the most appropriate care for their needs. It is not sustainable, nor good for patients, to have an average of 1,000 people in a hospital bed each day who, with the right health and social care support in place, could be more appropriately cared for elsewhere. Those people aren't getting the right care in the right place, and those beds aren't available for their intended purpose. This means that more people are left unable to use those beds, leading to further delays in treatment. One of our priorities is to make sure we can offer more services closer to people's homes, or even in their own homes, so that people who don't need to be in hospital any longer can be safely cared for somewhere more appropriate for their needs.

What are you going to do to address the GP and nurse shortage?

We know that staffing is an area of real concern. The pressures we have described are very real, and our doctors, nurses, other health and care professionals and support staff work extremely hard to provide the very best care they can. But they cannot simply work harder and harder to keep services going. Change must happen if we are to maintain the safety and quality of care in future. We need to address the issues we currently face in a way that will improve outcomes for individuals and the communities we serve. We will also need to change the way we organise our services and the way we work. We want to support our staff, allowing them to consistently deliver the high quality caring ethos we all value in the NHS and social care. Our draft plans explain more about how we can make better use of our staff, and other resources we have, by joining-up our local NHS and social care services; looking at mixed teams of professionals working together in different ways (for example in



primary care in such a way that the GP doesn't need to do every home visit or see and treat people who can get the advice and care they need from a pharmacist, physiotherapist, occupational therapist, mental health counsellor or community nurse instead); and using technology to help us work smartly and free up capacity . This in turn will help to reduce the pressure on GPs and nurses, as well as making Kent and Medway a more attractive place to work. We regularly run recruitment campaigns to try to attract more people to work with us and want to be able to offer attractive roles and career paths for people in the way we design services for the future.

The NHS has spent years encouraging people to maintain a healthy weight, stop smoking and drink responsibly. How will this be different?

We know we need to focus more resources on preventing ill-health and supporting people to stay well and independent. Tackling these issues is not something that one organisation can do in isolation. There are many different factors that influence health, many relate to housing, employment, and so on. By bringing the NHS, public health and social care together, we can better target our resources and priorities and build on the work we have already started with other agencies to help support people to take care of themselves and improve their health and wellbeing.

