



To:
The Right Honourable Andy Burnham MP,
Secretary of State for Health,
Department of Health,
Richmond House
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Date: 24 February 2010

Dear Secretary of State,

Re: Women's and Children's Services at Maidstone and Tunbridge Wells NHS Trust

I am writing to you on behalf of the Kent Health Overview and Scrutiny Committee (HOSC) to advise you of our decision to exercise the Committee's power to refer NHS proposals for substantial change to local health services to you for independent review.

The Maidstone and Tunbridge Wells NHS Trust (MTW) currently operates from three acute sites – Maidstone, Kent and Sussex (in Tunbridge Wells) and Pembury. Pembury is the site of a new PFI hospital which is currently under construction. Once completed, the Trust will consolidate its services on two acute sites – Maidstone and Pembury. The Trust plans to remove consultant-led inpatient obstetric services (including elective and emergency caesarean sections) from Maidstone in order to centralise them at Pembury. A midwife-led birthing unit separate from the main hospital building will be provided at Maidstone.

In October 2004, the local NHS produced a consultation document entitled "*Excellence in care, closer to home. The future of services for women and children – a consultation document.*" A Joint Select Committee was established to produce a response to this consultation consisting of representatives from Kent County Council, East Sussex County Council, Kent District/Borough Councils, East Sussex District/Borough Councils, and the Patient and Public Involvement Forum. This response was produced in December 2004. Following this consultation, a Joint Board Meeting of Maidstone Weald PCT, South West Kent PCT, Sussex Downs and Weald PCT and Maidstone and Tunbridge Wells NHS Trust on 23 February 2005 agreed the plans for the reconfiguration of women's and children's services.

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Director of Law & Governance

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Since this time, there has been a growth in public concern about the proposals alongside doubts that some of the project planning assumptions made by the NHS in 2004 are no longer applicable. The HOSC had already agreed to receive an update on the progress of the broader service redesign at Maidstone and Tunbridge Wells NHS Trust on 27 November 2009, when a Councillor Call for Action at Maidstone Borough Council gave a particular focus to the women's and children's aspect of the service redesign plans. The Minutes of this meeting are enclosed.

At the November meeting, the HOSC agreed to establish a Task and Finish Group to examine the plans for women's and children's services at MTW. The report of the Task and Finish Group is enclosed. This report was presented to the HOSC at its meeting of 19 February 2010, during which evidence was also received from MTW, NHS West Kent, South East Coast Ambulance Service NHS Trust and a range of other stakeholders. Due to the Committee's ongoing concerns about the plans, and our inability to reach a local resolution, the HOSC voted to refer this issue to you. The Minutes of the meeting will be available in due course and will be sent on to you as soon as possible.

In summary form, the ten main grounds on which the Committee believes a referral is justified are as follows:

1. **Transport.** When the response to the 2004 consultation was produced, it was assumed that improvements to the A228 connecting Maidstone and Pembury would be made by the time the new hospital was due to be completed. The plans are for women's and children's services to move into the new hospital in January 2011, but the new road scheme is unlikely to be progressed until 2014, at the earliest. The Committee understands that the majority of transfers of women in labour from the planned midwife-led birthing unit at Maidstone Hospital will not be made under emergency 'blue-light' conditions, and that these small number of cases may not be directed to Pembury, but the Committee still feels that the transport connection between the two sites is currently unsatisfactory and transfers that are too long will be distressing and not in the best interest of women.
2. **Original consultation.** Although the HOSC formed part of the Joint Select Committee that produced a response to the 2004 consultation, there remain questions held by many local people about just how effectively the NHS presented a range of alternatives and engaged the public, particularly in the Maidstone area.
3. **Lack of ongoing communication/engagement with public.** Since the local NHS agreed these plans in 2005, there has been a lack of information coming

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out of MTW to explain what progress was being made, and what the practical impact of these changes will be. This has led to a lot of confusion in the public mind and has led to a degree of loss of public confidence in the Trust. The PCT and Trust has failed to convince the local community of the validity of their plans.

4. **Lack of ongoing communication/engagement with staff.** Similarly, the Task and Finish Group heard from a number of members of staff at the Trust that they too have not been kept up to date with developments and have often felt excluded from the unfolding decision making process. Evidence has been provided by several consultants, along with others, of their reasons for dissatisfaction. All this may potentially be having an impact on staff morale.
5. **State of Trust's readiness.** The Committee is not confident that the Trust will be able to provide all the relevant services in facilities that are fit for purpose by the intended deadlines. The Task and Finish Group understands that planning permission has yet to be requested for the midwife-led birthing unit at Maidstone, and the Committee has yet to receive a finalised list of where all services will be provided in the new two-site configuration (this includes services being provided in the community as well).
6. **Lack of integration across the Trust.** MTW was formed in 2000, but over the course of the subsequent decade appears to have done little to integrate the staff and cultures at the two geographical ends of the Trust, Maidstone and Tunbridge Wells. This may have a negative impact on patient care when services are centralised on one site and staff are asked to relocate.
7. **Patient choice.** One of the main concerns of the Task and Finish Group was the lack of promotion of patient choice as it relates to women's and children's services. There is a public perception that going to Pembury will be the only option for some services, and this will de facto be the case if women are not informed of the range of choices. This is not directly the responsibility of MTW, but is something that needs addressing before any changes are fully implemented.
8. **Demographics.** Since the original consultation was carried out, Maidstone has been awarded Government Growth Point status which will significantly increase the local housing stock and population, with a consequent belief that full hospital services should continue to be provided at Maidstone Hospital.
9. **Health Inequalities.** Connected with the point above, the Maidstone area has some of the most deprived areas in the county with high rates of teenage pregnancy. These women are excluded from exercising choice through lack of money and their own transportation and will require a full service locally more than any other.
10. **Other IRP decisions.** Finally, we would like to point out that a number of recent decisions by the Independent Reconfiguration Panel have decided

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against analogous plans to centralise obstetric services, such as those in East Sussex.

HOSC is not against change where it is necessary and the Committee recognises that there are real pressures faced by the NHS which often require substantial changes in order to be able to provide the best service possible. However, the Kent HOSC is not convinced that the present situation is one of these cases. We therefore ask you to give careful consideration to our request that this decision be reviewed.

As I have said, the Minutes of the 27 November 2009 meeting and the report of the Task and Finish Group are appended in support of our request and we will send you the Minutes of the 19 February 2010 meeting as soon as they become available. If you would like any additional information to support the referral or have queries about specific aspects of the evidence, please contact Paul Wickenden, Overview, Scrutiny and Localism Manager, in the first instance on 01622 694486 or at paul.wickenden@kent.gov.uk.

I look forward to hearing from you.

Yours sincerely



Councillor Godfrey Horne MBE
Chairman
Health Overview and Scrutiny Committee

Cc:

Glenn Douglas, Chief Executive, Maidstone and Tunbridge Wells NHS Trust
Tony Jones, Chairman, Maidstone and Tunbridge Wells NHS Trust
Steve Phoenix, Chief Executive, NHS West Kent
David Griffiths, Chairman, NHS West Kent
Candy Morris CBE, Chief Executive, NHS South East Coast
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