

*From the Rt Hon Andrew Lansley CBE MP  
Secretary of State for Health*



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01 JUL 2010

*The Councillor Horne,*

**REFERRAL FROM KENT HEALTH OVERVIEW AND SCRUTINY  
COMMITTEE (WOMEN'S AND CHILDREN'S SERVICES AT MAIDSTONE  
AND TUNBRIDGE WELLS NHS TRUST)**

Thank you for your letters of 24 February 2010 and 18 March 2010 to Andy Burnham respectively in which you formally refer proposals for the reconfiguration of women's and children's services at Maidstone and Tunbridge Wells NHS Trust.

As set out in his letter of 24 March 2010, the previous Secretary of State for Health asked the Independent Reconfiguration Panel (IRP) to provide him with initial advice on your Committee's referral.

The Panel has now completed its initial assessment and shared its advice with me.

A copy of the Panel's advice is appended to this letter. Their advice will be published on their website on 1 July 2010 ([www.irpanel.org.uk](http://www.irpanel.org.uk)).

In order to make a decision on this matter, I have considered the concerns raised by your Committee and have taken into account the IRP's advice.

**Grounds for referral by Kent HOSC**

Essentially, your referral covers ten main grounds all of which are dealt with individually below.

### **Transport**

You believe that when the response to the 2004 consultation was produced, you 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 women's and children's services to move into the new hospital by January 2011, but you believe the new road scheme is unlikely to progress until 2014 at the earliest. Your Committee understands that the majority of transfers for 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. However, your 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.

The IRP considers transport is a matter for local assessment and advancements in dialogue and any subsequent planning should be realised through further engagement with both the local NHS and the local community.

### **Original consultation**

In your referral letter, you state that although the HOSC formed part of the Joint Select Committee that produced a response to the 2004 consultation, you believe 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.

In their initial advice the IRP describe the fact that this consultation took place in 2004 and it is noted in the first point of the IRP view that the proposals were supported by the HOSC as part of a joint select committee.

I understand the decision about the future of local obstetrics was taken by the Primary Care Trusts (PCTs) that preceded West Kent PCT.

I note the PCTs consulted the public on the future shape of maternity services in West Kent and the consultation indicated there was a strong desire for a service, that included both midwife led and consultant led elements. Although the 2005 decision (following consultation in 2004) to proceed with the changes to services was

endorsed by the then Joint HOSC, the current HOSC established a task and finish group back in November 2009 to re-examine the changes.

This group indicated that while it believes the original decision made by the then Joint HOSC to support the proposals was right; it wanted plans to be referred to the Secretary of State for Health in light of what it considered growing public concern over recent months.

#### **Lack of ongoing communication/engagement with the public**

Your referral goes on to say that since the local NHS agreed these plans back in 2005, you believe there has been a lack of information coming out of Maidstone and Tunbridge Wells NHS Trust to explain what progress had been made and what the practical impact of the changes will be. You believe 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. You go on to state further that the PCT and the trust have failed to convince the local community of the validity of their plans.

This is an issue which I have now asked the local NHS to remedy in consultation with the local authorities and others

#### **Lack of communication/engagement with staff**

Similarly your referral goes on to say that the task and finish group heard from a number of members of staff at the trust that they too had not been kept up to date with developments and have felt excluded from the unfolding decision making process. Evidence has been provided by several consultants, along with others, of their reasons for dissatisfaction. You suggest that all this may potentially be having an impact on staff morale.

The IRP considers that the communication and engagement with staff is essentially a matter for local assessment, and to be realised through further engagement with the appropriate staff.

#### **State of trust's readiness**

You say your 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 furthermore that the Committee has

yet to receive a finalised list of where all services will be provided in the new two site configuration (this points to services being provided in the community as well).

In their advice, the IRP states that the state of the trust's readiness is an issue concerning implementation of the proposals and is therefore the responsibility of the local NHS to manage.

### **Lack of integration across the trust**

MTW was formed in 2000. However, your Committee believes 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 (i.e. Maidstone and Tunbridge Wells). You believe this may have a negative impact on patient care when services are centralised on one site and staff are asked to relocate.

This is an issue concerning implementation of the proposals and is the responsibility of the local NHS to address.

### **Patient choice**

You say one of the main concerns raised by the task and finish group was what is believed 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 about the range of choices available to them. You say yourself this is not directly the responsibility of the trust, but you feel it is something that needs addressing before any changes are fully implemented.

The IRP states that the inclusion of birthing centres at both Pembury and Maidstone is acknowledged as being part of the consultation process and as such as part of the proposals supported by the HOSC as part of a joint select committee. I have asked the local NHS, in its further work, specifically to address how prospective maternal choice can be met, consistent with clinical safety,

### **Demographics**

Since the original consultation was carried out back in 2004, Maidstone has been awarded government growth point status, which will significantly increase the local housing stock and population, with your consequent belief that full hospital services should continue to be provided at Maidstone hospital.

Again, the IRP believes this is a matter for local assessment and for further engagement with the local community as implementation moves forward and I support this assessment.

### **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. You believe these women are excluded from exercising choice through lack of money and their own transport and as such will require a full service locally more than any other.

The IRP believes this is a matter for local assessment and for further engagement with the local community and I support this.

### **Other IRP decisions**

You point out in your referral that a number of recent decisions by the IRP against analogous plans to centralise obstetric services, such as those in East Sussex.

Essentially and perhaps most importantly, each referral from any Health Overview and Scrutiny Committee is considered on its own merits. This is something, which I strongly believe in. Each case for change is vitally important to the people who are reliant on its services.

### **IRP advice**

Essentially, the IRP believes this referral is not suitable for full review. The Panel believes it is in the best interests of the local health service for any outstanding issues raised by your task and finish group should be tackled locally. I have asked the local NHS to engage with you and with clinicians, local GPs and patient groups, to consider the proposals and their implementation and specifically examine the reservations you have raised.

### **Conclusion**

Based on the IRP's initial assessment of all the documentation provided by your Committee and the local NHS, I support in full the IRP's advice. Both the trust and NHS South East Coast have confirmed there have been no changes to the original 2004 proposals.

However, since the advice was submitted to my predecessor on 5 May, I have set further criteria against which changes should be judged. As I have asked to be done in other circumstances across England, I want now to ensure that service changes reflect these new criteria.

I believe it is vital for patients and service users of the NHS that through these criteria changes must focus on improving patient outcomes and they must be based on sound clinical evidence, reflect current and prospective choice for the patient and have support and backing from GP commissioners.

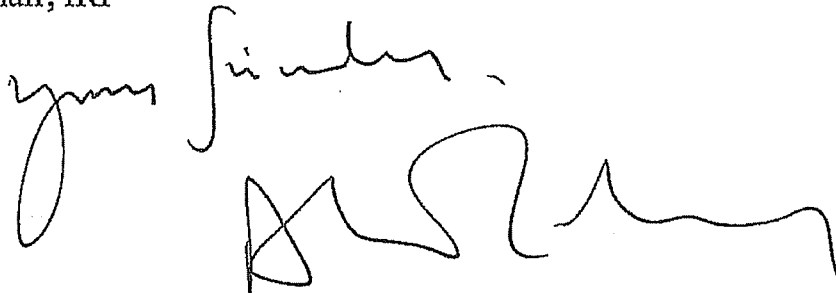
On this basis, I am asking the local NHS to engage again with clinicians, the local authorities, local GPs and patient groups, to consider the proposals and their implementation. This should encompass the further assessments recommended by the IRP and should examine specifically the reservations you have raised.

I have asked the SHA to report to me within two months. This further assessment and report should not prejudice the work to open the Pembury Hospital as planned, nor the current work in establishing services there.

I hope, based on that report, it will be possible for me to be assured concerning the proposals for services concerning Maidstone & Tunbridge Wells Trust and their compatibility with future needs for the area.

I am copying this letter to:

Candy Morris, Chief Executive, NHS South East Coast  
Steve Phoenix, Chief Executive, NHS West Kent  
Glenn Douglas, Chief Executive, Maidstone and Tunbridge Wells NHS Trust  
Dr Peter Barrett, Chair, IRP



**ANDREW LANSLEY CBE**