

Background

Maidstone and Tunbridge Wells NHS Trust wrote to Kent County Council Health Overview and Scrutiny Committee in October 2012 to inform HOSC members about current and future improvements in patient care at Maidstone Hospital.

This paper provides further information on the hospital's clinically-led plans and opening of its new Urgent Medical and Ambulatory Unit (UMAU).

1. Summary

- 1.1 Clinical leads at Maidstone and Tunbridge Wells NHS Trust (MTW) are developing and beginning to implement, with Board-level support, a new long-term Clinical Strategy to further enhance the patient experience at Maidstone Hospital.
- 1.2 The evolving strategy has already delivered its first improvements in patient care in the second half of 2012 with the opening of a new Urgent Medical and Ambulatory Unit (UMAU), specialist cardiac service and an intermediate care facility for patients.
- 1.3 This has started to reduce unnecessary hospital admissions, brought another specialist London-based treatment to Kent and promoted further collaboration within the local health community to the benefit of patients requiring acute, community and social care support.
- 1.4 MTW has doubled the number of clinicians directly involved in the Trust's management. Nine clinicians now sit on a new Trust Management Executive, providing greater clinical input and leadership at MTW.
- 1.5 Other clinically-led developments to improve the patient experience and clinical outcomes will continue at regular intervals until 2018. This includes a major ward modernisation programme spread over six years, to develop dedicated specialist medical wards with modern facilities.
- 1.6 The evolving Strategy, in its current outline form, builds on previous developments at the hospital, strengthening its position as an integrated provider of tertiary (highly specialist/niche) services, acute emergency and ambulatory healthcare for patients in Kent and Medway and the South East.
- 1.7 Central to all developments within the Strategy is the long-term and continuing provision of high quality and safe care for patients. This is provided in a sustainable and cost-effective way, transforming services, the ward environment and the overall patient experience to reflect local and national changes in healthcare provision.

2. Facilitating change

2.1 MTW's planned health service developments proactively respond to growing changes in national best practice, local GP commissioning intentions, and an ever greater focus on the public health agenda, as an opportunity and enabler to improve the experience of patients who use MTW services.

2.2 GP Clinical Commissioning Groups, and the NHS as a whole, are moving towards the provision of greater levels of ambulatory (day case) acute hospital care, primary care (GP) and community care (community hospital/people's own homes) to help reduce unnecessary hospitalisation. This is recognised in Kent County Council health strategy and supported by growing community and public health spending over the coming years to help people stay healthier for longer and better manage illness in their own homes, with support.

2.3 The Trust uses these changes to improve the patient experience in line with its own Vision to:

- Put patients first and deliver services which improve the quality of their lives
- Support MTW's aim to become an integrated care organisation, providing seamless patient care pathways both in and out of hospital
- Better enable MTW's clinicians to use their skills in the development of healthcare for the communities they serve
- Support possible future collaboration, and/or competition with other care providers to the benefit of patients

2.4 The Strategy will result in a total capital investment of over £20 million in Maidstone Hospital health services over the next six years. Future schemes include the redevelopment and modernisation of 14 of the hospital's 30-year-old wards to enhance patient privacy and dignity and clinical outcomes.

3. Timescales

3.1 MTW's Strategy deliberately runs until 2018 to ensure these ambitious improvements are paced to run alongside the achievement of higher levels of ambulatory care, community care, and ultimately fewer hospital admissions through better management of people's health.

3.2 These are key enablers that, alongside other factors (financial and physical), help determine the percentage of, and pace at which, ward modernisation can occur at Maidstone Hospital, as the number and nature of acute hospital beds changes over time to meet patient needs. The new modern ward layout will contain 66 fewer beds by 2018, than now, as more space is given over to other patient facilities that transform their privacy, dignity and care.

3.3 The lengthy timescales involved also provide these schemes with greater financial viability, spreading the large capital costs involved in transforming services over six years.

- 3.4 For practical reasons, no more than two wards can be taken out of operation and modernised, during any one year. This necessitates a longer overall period of time to complete all of the modernisation works.
- 3.5 The timescales involved also provide the Strategy with a level of flexibility. Changes can occur within the Strategy should new clinical practices yet to emerge offer even better patient outcomes in the future.
- 3.6 For that reason, the Strategy cannot exclude other developments from occurring in the future, if there is good clinical reason to do so that has yet to be recognised. It can, however, facilitate these.
- 3.7 An example of other services where potential further enhancement and improvement could occur to the benefit of patients in the future includes stroke and cardiac services.
- 3.8 Ultimately, the Strategy continues to deliver MTW's public pledge to develop both of its hospital sites, to a high standard and in good time, to the benefit of thousands of patients throughout West Kent and the north of East Sussex now and in the future.

4. Clinical excellence

- 4.1 MTW will improve the patient experience (focusing on efficient and effective treatment with higher levels of privacy and dignity), by providing fit for purpose medical facilities and treatment areas at Maidstone Hospital this decade. These will be capable of supporting the delivery of higher standards of care and patient safety in a modern-day environment.
- 4.2 Key clinical developments and other patient-experience enhancing changes within the Maidstone Strategy include:
- Development of a new £2.9 million Urgent Medical and Ambulatory Unit
 - Ward modernisation and development of specialist medical wards
 - New units for urology and endoscopy services, providing emergency, day case, and inpatient care
 - Electrophysiological treatment and ablation service
 - New admissions and discharge lounges
 - Integrated "Community Care" project pilot
 - Increase in car parking space

Development	Summary	Status
<p>Development of a new £2.9 million Urgent Medical and Ambulatory Unit (UMAU)</p>	<p>Patients with urgent medical problems now benefit from faster diagnosis and treatment, reducing avoidable hospital admissions. UMAU aims to reduce medical admissions by up to 40% by providing patients with fast-track test results, earlier senior clinical input and care plans.</p> <p>Patients seen in UMAU are more speedily assessed by a consultant physician. The development includes the appointment of two new consultant physicians who will be available to see patients for longer each day, helping reduce unnecessary waits.</p> <p>This development supports Maidstone A&E department and will help enhance the management of patients requiring the most urgent and emergency care.</p> <p>GPs can also directly refer patients to be seen and treated in UMAU (see Appendix 1)</p>	<p>Completed.</p> <p>New facility opened in November 2012</p>
<p>Outcomes</p>	<p>Prior to UMAU opening on 12th November, around 80% of patients arriving in A&E with medical care concerns were admitted to hospital. Many patients were admitted unnecessarily overnight or longer waiting for tests, senior clinical input and discharge home with a treatment plan. Just over 20% of patients were seen, treated and able to go home the same day. By this time next year we hope up to 40% of patients will be able to go home the same day.</p>	

Development	Summary	Status
<p>Ward modernisation and development of specialist medical wards.</p>	<p>Currently medical patients are spread throughout Maidstone Hospital on general medical wards.</p> <p>Adjoining general medical wards in the hospital will be merged to create large specialist medical wards with central nursing stations.</p> <p>The change will enable patients to start the specialist care they need sooner reducing delays that can prolong recovery.</p> <p>The new-look wards will also enable patients to be treated in contemporary surroundings. The large-scale refurbishment, which will take six years to complete, increases the number of single rooms in the hospital and replaces former six-bedded bays with modern four-bedded bays, enhancing privacy and dignity.</p> <p>Each four-bedded bay will have its own bathroom. The single rooms will all be en-suite. Up to 13 patients on a typical ward, which are now 30-years-old, can share a single bathroom. The space between patient beds will also meet latest standards with up to an extra metre of space between each bed (see Appendix 2 and 3)</p>	<p>2012-13 to 20-17/18</p>
<p>Outcomes</p>	<p>Work is due to start later this year on the modernisation of Jonathan Saunders and John Day Wards. These medical wards will specialise in respiratory care.</p>	

Development	Summary	Status
<p>Ambulatory day care unit for urology and endoscopy services</p>	<p>These enhanced facilities will enable the endoscopy service at Maidstone Hospital to achieve JAG accreditation, the kitemark for excellence in endoscopic procedures.</p> <p>The endoscopy development will enable the hospital to undertake more endoscopic therapeutic treatments, with new dedicated facilities, and extend the provision of sigmoidoscopies, as part of Kent's bowel cancer screening programme.</p> <p>The new expanded urology investigation unit will provide patients with a purpose-designed unit giving greater privacy and dignity than it is possible to achieve in its current location near the hospital's out-patient department.</p> <p>The two departments (urology and endoscopy) will be based on the ground floor of the former ISTC building. A new short stay surgery unit has now opened on the top floor of the ISTC for patients who do not need to stay for more than 24 hours.</p>	<p>Work underway shortly. New units In use by July 2013</p>

Development	Summary	Status
EPS cardiac service	<p>Cardiac patients with abnormal heart rhythms in Kent can now be treated at Maidstone Hospital.</p> <p>MTW has employed two new consultant cardiologists to provide the EPS (Electrophysiological Studies and Ablation) Service in the hospital's Cardiac Catheter Laboratory.</p> <p>EPS patients are treated with electric pulses to reset the heart's rhythm.</p> <p>In the past people needing this kind of treatment would have been referred to St Thomas's or King's College Hospitals in London. For many patients and their families this would have been logistically difficult and stressful. The Maidstone-based service is the first of its kind in Kent.</p>	<p>Completed.</p> <p>New service started in November 2012</p>
Outcomes	<p>The new service now provides cardiology patients with treatment that is more convenient for them and much closer to home. Most patients are seen as day cases with no need for them to be admitted into hospital overnight. Patients who were previously managing their conditions through medication leave hospital able to live normal lives.</p>	

4.3 Other developments:

- Pilot project to develop a community ward inside Maidstone Hospital. Romney Ward began use as a community ward in December 2012 for patients who have completed the acute phase of their care and are medically fit, but still require a period of multidisciplinary assessment and support. The four-month trial is part of a collaboration between Kent County Council, Kent Community Health Trust and MTW.

By mid January, a total of 62 patients had been admitted to the ward. The average length of stay was 7 to 8 days, which compares favourably with other community facilities. Early feedback from MTW's key performance indicators show patients receive good care, and are satisfied with their environment. There is growing evidence too that this new integrated pathway of care enables support mechanisms to be put in place sooner for

patients to return to their own homes. Fewer patients have required residential or nursing home placements as a result.

- The development of a new discharge lounge and upgrade of the hospital's admissions lounge, which it has now outgrown. The Trust plans to significantly improve both facilities for patients during 2013/14
- 120 extra car parking spaces on the Maidstone Hospital (subject to planning permission from Maidstone Borough Council) site for patients and staff in 2013/14. This recognises the future of Maidstone Hospital as a full and vibrant centre for the ongoing delivery of modern healthcare.

5. Ongoing Clinical Engagement

5.1 MTW's improvement plans for Maidstone Hospital are being progressed by the organisation's Clinical Directors and other clinical leads.

5.2 The outline Strategy has been shared with MTW's local Clinical Commissioning Group/Primary Care Trust and Strategic Health Authority.

5.3 MTW will work collaboratively with West Kent Clinical Commissioning Group, and other health partners, as new organisational structures within the NHS go live from April 2013, to ensure these improvements continue to be endorsed by, and reflect, the totality of local health thinking.

5.4 MTW is keeping local GPs and the Maidstone Branch of the British Medical Association informed and involved in the implementation of the earliest phases of the Strategy. All GP practices served by MTW in West Kent have been contacted about the UMAU development.

6. Stakeholder engagement

6.1 MTW has sought widespread publicity to promote the early stages of its improvement plans for Maidstone Hospital.

6.2 It has used press releases, letters, and newsletters to promote these initial developments, via both on and offline means, to audiences including:

- The local media
- MPs
- Kent HOSC
- Kent LINK
- Local council
- Patients
- Hospital staff
- Campaigners

6.3 MTW has liaised with local health campaign group MASH to ensure their early and ongoing involvement in the future development of Maidstone Hospital.

6.4 The Trust has also publicised these developments on its website and via social media (Facebook facebook/mtwhospitals and Twitter @MTWnhs).

6.5 Information about the Strategy will also be included in MTW's public consultation this year to become a Foundation Trust.

7. Conclusion

7.1 MTW is embarking upon the development and implementation of schemes that will help transform the patient experience at Maidstone Hospital over the next five to 10 years.

7.2 These strategic developments are deliberately aligned to changes in the NHS, which will lead to a significant reduction in the number of medical inpatients requiring hospital admission and help reduce the length of stay for those that do.

7.3 The Strategy uses these changes as an opportunity to transform and enhance services at Maidstone, supporting the long-term provision of high quality and safe care for patients, in the most sustainable and cost-effective way.

7.4 The Strategy develops and modernises both acute emergency, planned inpatient and ambulatory day care services at Maidstone. This proactively enables MTW to positively respond to the national shift in provision of medical care from acute inpatient to ambulatory day care, and primary/community settings. It also supports MTW's aim to provide more integrated healthcare through the development of new partnerships and practices.

7.5 The Strategy includes the further repatriation of local patients currently seen and treated in London teaching hospitals, through greater specialisation.

7.6 Ultimately, the strategic developments ensure Maidstone continues to be a modern healthcare facility that patients wish to be treated in and GP clinical groups want to commission services from.

7.7 Audit of the hospital estate shows over 50% of the Maidstone site is in either immediate or growing need of attention to support the delivery of healthcare services in a safe and effective environment.

7.8 It would cost MTW in excess of £20 million to address backlog maintenance, on a like for like basis, on the Maidstone site. This would maintain outdated wards and service areas that are no longer fit for purpose. The strategic developments outlined in this report will bring about a step change in patient care, in line with latest national and local thinking, at a similar cost, while making effective use of scarce NHS resources by providing a good financial return for taxpayers measured in clinical gains for patients over many years.

Appendix 1 - Urgent Medical and Ambulatory Unit Maidstone Hospital

The new Urgent Medical and Ambulatory Unit (UMAU) opened to patients at Maidstone Hospital on Monday, 12th November, 2012.

What is its purpose?

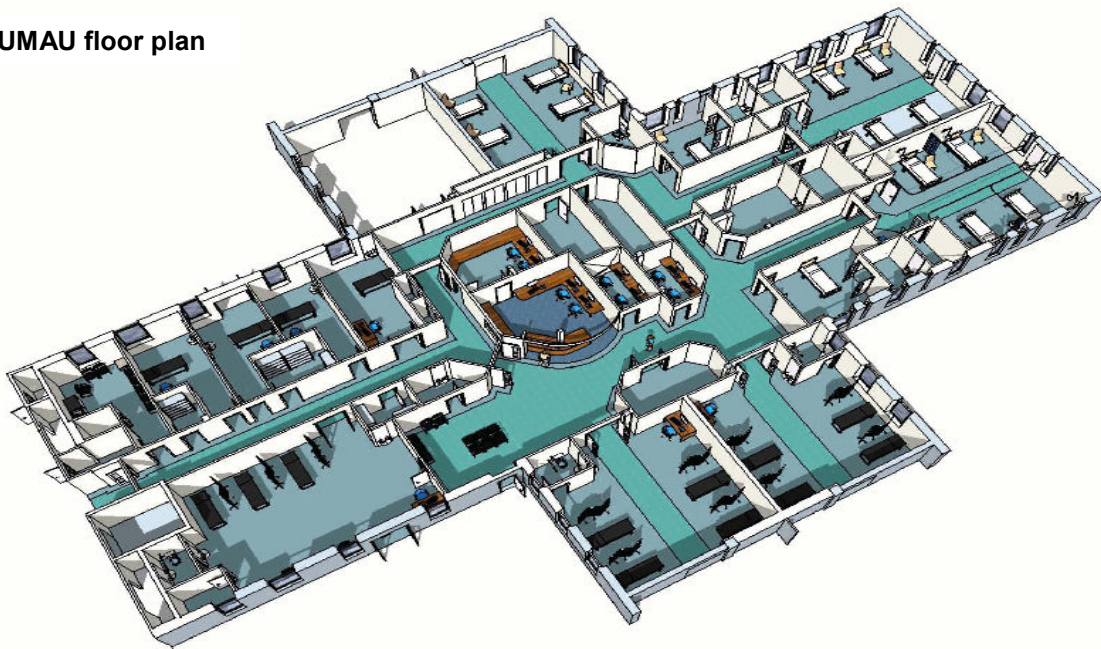
UMAU is a new Consultant-led unit for patients requiring urgent medical treatment. Its philosophy is simple – to provide same-day diagnosis, treatment and discharge for patients with urgent medical conditions, reducing avoidable hospital admissions. UMAU is working alongside the A&E Department at Maidstone Hospital. It is an additional emergency medical service for patients, not a replacement for A&E.

How does it work?

With the exception of GP referrals, patients will continue to be triaged in A&E as they are now. Patients with medical conditions who need to be seen by a physician will be treated in the new unit. In future GP medical referrals will go straight to UMAU because they have already been triaged/assessed by their GP.

Patients will be seen quickly in UMAU by a dedicated medical team including a senior physician, helping speed-up diagnosis and treatment times for patients. UMAU includes a rapid assessment clinic, procedure room, treatment suite (for planned patients with appointments for ongoing care) and 14 beds.

UMAU floor plan



What are the main changes for ambulance crews?

Patients taken by ambulance to Maidstone Hospital A&E Department will continue to be triaged in the same way as they are now. The ambulance crew will be directed to UMAU, following triage, if that is the appropriate place for the patient's care. Ambulance crews with GP referrals will be directed to UMAU when appropriate.

Where is UMAU based?

UMAU is based in the main hospital, on the ground floor, directly behind the A&E Department. It takes up the whole of what used to be Monckton Ward. Ambulance crews will be directed through the A&E Department to UMAU when necessary.

What are its opening times?

UMAU is essentially a 24/7 unit, providing round the clock care for patients 365 days of the year. A senior physician will be available to provide ambulatory care for patients from 8am to 10pm each day, with the last patients being booked in for treatment at 8pm. A member of the hospital's on-call medical team will see medical patients, in A&E, between 10pm and 8am.

UMAU's team of nursing staff will provide round the clock and overnight care for medical patients who stay on the unit for a maximum of 24 hours, before being discharged home or admitted on to a specialist medical ward.

Why have we opened UMAU?

Previously, the hospital's medical on-call team was called to A&E if a patient arrived in the emergency department with a medical condition. The patient may have been admitted on to a ward for diagnostic tests, senior clinical opinion, and a treatment plan before being discharged home. In some instances this could take 24 to 48 hours to complete. UMAU provides all of this care on the same day, enhancing the patient experience.

Appendix 2 - Current patient environment

Early thinking behind plans to improve the patient environment at Maidstone Hospital could see up to 14 neighbouring wards merge to create seven dedicated specialist wards, leading to greater privacy and care improvements for patients.

Standard ward – A standard ward at Maidstone Hospital can contain up to 28 beds consisting of up to four six-bedded bays and/or up to four single rooms.

Bed space - The current distance between the beds on a six-bedded bay is 2.4 to 2.8 metres from bed centre to bed centre. Beds on modern wards have more space between them for greater privacy, dignity and improved infection control.

Toilets and bathrooms per standard ward - A standard ward of four six-bedded bays (24 patients) has two bathrooms (each with a toilet), plus two separate toilets. Only two of the four single rooms on wards have en-suites. These facilities are normally located in a main corridor on the ward which is a thoroughfare for doctors, nurses, visitors, patients and other service providers using the ward such as porters, domestic and catering staff. At present, up to 26 patients can share four toilets and two bathrooms on a ward, the equivalent of 6.5 patients per toilet and 13 patients per bathroom.

The 14 wards identified for complete modernisation currently contain 260 beds. Maidstone Hospital has a total of 357 beds, which covers all clinical areas including small specialist areas such as Intensive Care.

Future patient environment

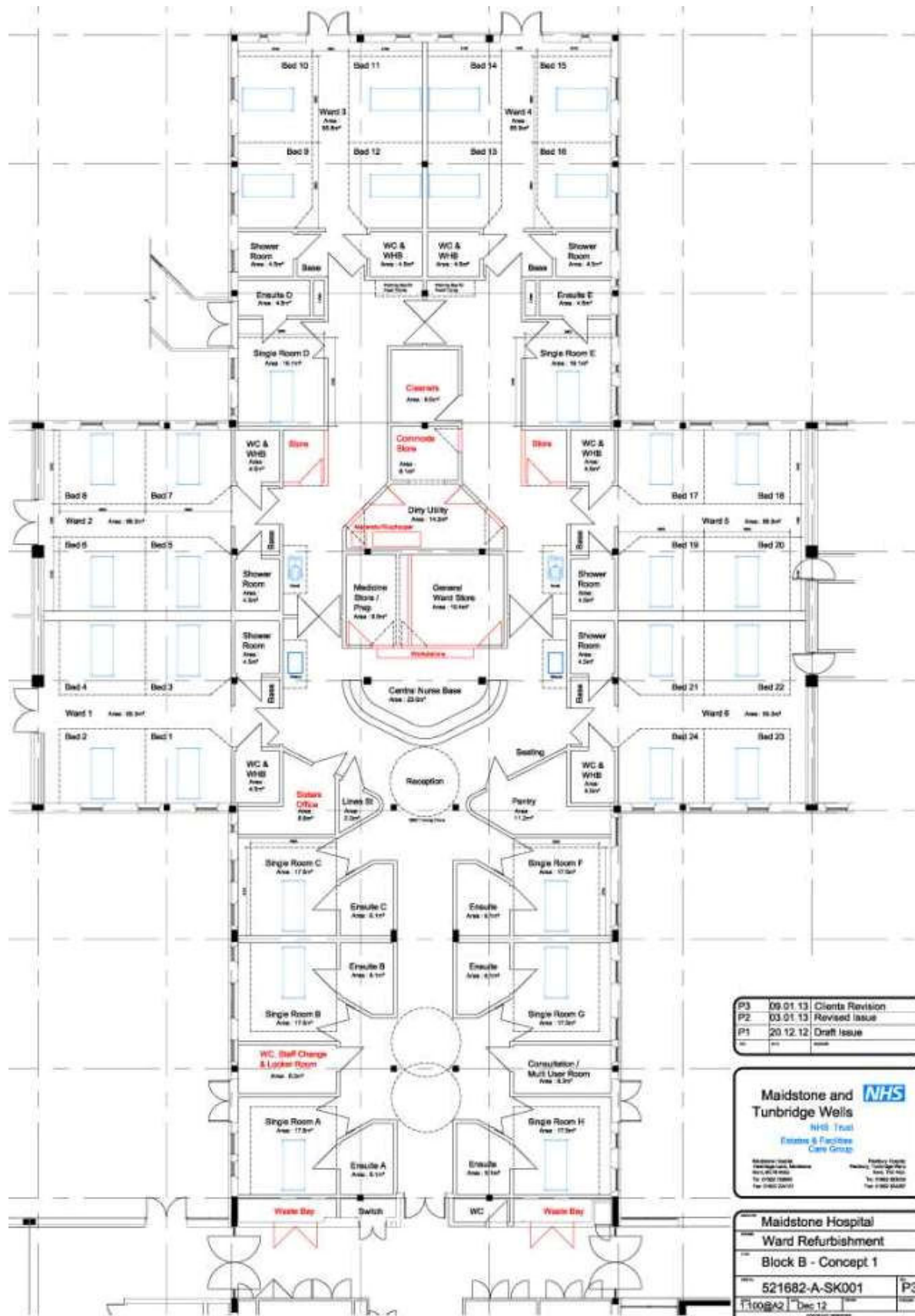
Specialist wards – Outline plans for the new specialist wards are at an early stage of development. It is likely that each specialist ward will have 32 beds. This includes 6 x 4 bedded bays and eight single rooms, improving the patient experience in key areas of privacy and dignity.

Bed space - In future, the distance between hospital beds will be 3.6 metres from bed centre to bed centre, giving patients an extra 1.2 metres of personal space in line with latest national health building guidelines for modern hospital wards.

Toilets and bathrooms per specialist ward – The aim is for every four-bedded bay to have its own en-suite bathroom and toilet plus a separate toilet. All single rooms will be en-suite. This equates to four patients sharing a bathroom – compared to 13 currently - and two patients per toilet – compared to 6.5 currently. Importantly, patients will no longer have to walk through busy corridors to use these facilities, as they will all be en-suite either in their single rooms or on their bay.

The specialist medical wards will improve clinical care for patients and help speed up recovery times, as described earlier. Improving privacy and dignity with additional bathroom and toilet facilities for patients, and increased personal space between beds in line with modern standards, will reduce the total number of beds on the 14 wards, over the next six years, to 194. This is a total reduction of 66 beds.

Appendix 3 - Specialist ward floor plan (one large combined ward)



P3	09.01.13	Client's Revision
P2	03.01.13	Revised Issue
P1	20.12.12	Draft Issue

Maidstone and Tunbridge Wells 

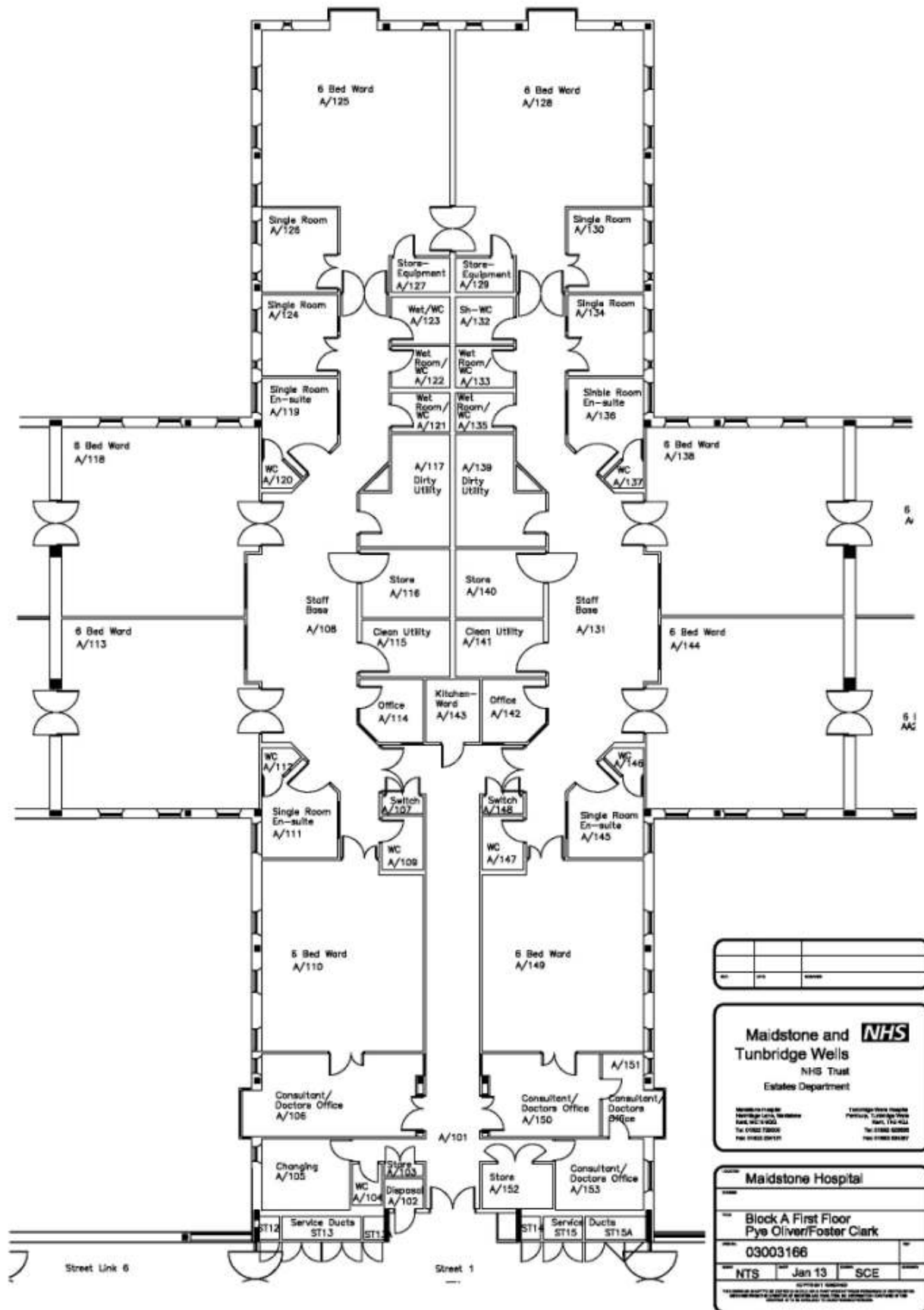
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Maidstone Hospital	
Ward Refurbishment	
Block B - Concept 1	
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Appendix 4 – Current ward floor plan (two smaller separate wards)



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