

By: Tristan Godfrey, Research Officer to the Health Overview and Scrutiny Committee

To: Health Overview and Scrutiny Committee – 27 November 2009

Subject: Maidstone and Tunbridge Wells NHS Trust Service Redesign

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## Background

- (1) On 26 September 2003, the NHS OSC (as HOSC was then known) was informed that MTW, South West Kent PCT and Maidstone Weald PCT had embarked on a project to develop proposals for service changes. This built on work carried out in 2000 by the newly formed Maidstone and Tunbridge Wells NHS Trust (MTW) and what was then the West Kent Health Authority<sup>1</sup>.
- (2) At this meeting an outline of some of the areas which were being examined was provided. Further information on the three stages of the project was provided to the Committee on 14 November 2003. The issue was revisited on 15 March 2004 with the Committee receiving an update on how the project was developing.
- (3) On 8 July 2004, the Committee had a presentation on the South of West Kent Health Community Consultation. This covered 'Priority 2' changes and ran from 12 July to 4 October 2004. The consultation document was called "Shaping Your Local health Services." A summary of these proposals, along with the Committee's decision to support them can be found in Appendix 1 - Extract from NHS OSC Minutes, 15 October 2004.
- (4) The 'Priority 3' changes primarily related to:
  - a. Women's and children's services; and
  - b. Orthopaedics trauma and elective orthopaedics.
- (5) The Committee was presented with an overview of the plans for these areas on 30 September 2004. At this meeting, "The Chairman reported that the County Council in conjunction with East Sussex County Council were to establish a Select Committee to look at all these proposals in some detail. The Select Committee would also have representation from the Patient and Public Involvement Forums

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<sup>1</sup> Maidstone and Tunbridge Wells NHS Trust was established on 14 February 2000. Maidstone and Malling PCT was established on 16 February 2001 and changed its name to Maidstone Weald PCT on 1 April 2002. South West Kent PCT was established in 16 February 2001. Sussex Downs and Weald PCT was established on 1 April 2002. On 1 October 2006, West Kent PCT (NHS West Kent) replaced the three former PCTs of Maidstone Weald, South West Kent and Dartford, Gravesham and Swanley.

and the Borough/District Councils which make up the South-West Kent Health Economy.”<sup>2</sup>

### Women’s and Children’s Services

- (6) The consultation document pertaining to women’s and children’s services was launched on 4 October 2004 and ran until 31 December 2004. The document was entitled, “Excellence in care, closer to home. The future of services for women and children – a consultation document.”
- (7) According to p.8 of this document:

This is how services will be provided for both women and children if our proposals go ahead:

<b>Pembury</b>	<b>Maidstone</b>
<b>Gynaecology</b>	<b>Gynaecology</b>
Outpatient service	Outpatient service
Day care	Day care
Early pregnancy assessment	Early pregnancy assessment
Inpatient service, non-cancer	Gynaecological cancer
<b>Paediatrics</b>	<b>Paediatrics</b>
Outpatient service	Outpatient service
Assessment and ambulatory care, including medical and surgical day beds	Assessment and ambulatory care, including medical and surgical day beds
Community nursing team – seven days per week	Community nursing team – seven days per week
Child & Adolescent Health and Development Centre	Treat and transfer facility
Neonatal service	Child & Adolescent Health and Development Centre
Inpatient Service	
<b>Obstetrics/Maternity</b>	<b>Obstetrics/Maternity</b>
Midwife-led birthing centre	Midwife-led birthing centre
Outpatient service	Outpatient service
Antenatal care	Antenatal care
Day and fetal assessment	Day and fetal assessment
Community midwifery	Community midwifery
Consultant-led maternity unit	

- (8) The Joint Select Committee established to produce a response to this consultation consisted of representatives from Kent County Council, East Sussex County Council, Kent District/Borough Councils, East Sussex District/Borough Councils and the Patient and

<sup>2</sup> Minutes, 30 September 2004, National Health Service Overview and Scrutiny Committee, Kent County Council.

Public Involvement Forum. Its report on the women's and children's consultation was produced in December 2004.

- (9) The NHS Joint Board of Members with delegated powers on behalf of South West Kent PCT, Maidstone Weald PCT, Sussex Downs and Weald PCT and Maidstone and Tunbridge Wells NHS Trust met at Sessions House on 23 February 2005. "Dr Robinson, the Chairman of this Committee and Chairman of the Joint Select Committee was invited to make a presentation to this Joint Board of Members. (15) The report before the Joint Board contained the Executive Summary and recommendations of the Joint Select Committee. It was the decision of the Joint Board that the current model of care for the provision of Women's and Children's Services within the Maidstone and Tunbridge Wells NHS Trust was unsustainable and that the proposed model of care being centralised at Pembury in the new hospital in 2010/1, was the way forward. Having taken the decision to centralise these services at Tunbridge Wells the Joint Board then went on to consider the recommendations of the Joint Select Committee and gave their views on the response. This was attached to the report before the Committee."<sup>3</sup>
- (10) Appendix 2 contains a copy of the conclusions and recommendations from the Executive Summary of the Joint Select Committee response to the women's and children's consultation. The version used in the appendix is one that went before the County Council on 24 March 2005. The italicised sections within the Joint Select Committee's recommendations are the summarised responses from the delegated Joint Board of the PCTs and Maidstone and Tunbridge Wells NHS Trust<sup>4</sup>.
- (11) On 24 March 2005, the County Council discussed the Joint Select Committee report and following a vote on an amendment, which was defeated, passed the following resolution:
- "RESOLVED that the joint response of the Joint Select Committee to the consultation on Women's and Children's Services within the Maidstone and Tunbridge Wells NHS Trust together with the decision and the response of the Joint Board of delegated Members from the South West Kent PCT, Maidstone Weald PCT, Sussex Downs and Weald PCT and Maidstone and Tunbridge Wells NHS Trust, be noted."<sup>5</sup>
- (12) A series of updates on the development of women's and children's services was presented to the Committee at regular intervals. On

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<sup>3</sup> Minutes, 15 April 2005, National Health Service Overview and Scrutiny Committee, Kent County Council.

<sup>4</sup> Both the full Joint Select Committee report and the Executive Summary can be accessed from here, <http://www.eastsussexhealth.org/programme.html>

<sup>5</sup> Minutes, 24 March 2005, Kent County Council.

receiving an update at its meeting on 22 September 2006, the Committee passed the following resolution:

“Resolved that it be noted that the proposal to relocate Women’s and Children’s services from Maidstone Hospital to Pembury Hospital within the next twelve months had now been withdrawn.”<sup>6</sup>

## **Trauma and Orthopaedics**

- (13) There was a two-stage process for the trauma and orthopaedic proposals. Initially, there was an eight week discussion period beginning on 4 October 2004. The twelve week consultation period ran from 7 February 2005 until 2 May 2005.
- (14) 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.
- (15) The Joint Select Committee considered the following options:

“Option 1 Emergency orthopaedic care should be provided at both Tunbridge Wells and Maidstone with elective inpatient orthopaedics centralised at Kent & Sussex Hospital and then at the new PFI build at Pembury.

Option 2 Emergency orthopaedic care should be provided at both Tunbridge Wells and Maidstone with elective inpatient orthopaedics centralised at Maidstone Hospital.

Both hospitals would continue to provide full trauma services, outpatient appointments and day case surgery (more than 60% of waiting list activity).

The Acute Trust is proposing to expand day case facilities at both hospitals and to develop step down facilities for those patients requiring a longer length of stay. Step down facilities would allow more specialist care for those requiring additional care and would increase the throughput of patients in elective and trauma wards.”<sup>7</sup>

- (16) Appendix 3 contains the conclusions and recommendations from the Executive Summary of the Joint Select Committee report on this consultation<sup>8</sup>.

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<sup>6</sup> Minutes, 22 September 2006, National Health Service Overview and Scrutiny Committee, Kent County Council.

<sup>7</sup> Joint Select Committee response to the consultation relating to orthopaedic services within the South of West Kent Health Economy, p.3.

<sup>8</sup> Both the full Joint Select Committee report and the Executive Summary can be accessed from here, <http://www.eastsussexhealth.org/programme.html>

(17) The NHS OSC Committee approved the Joint Select Committee response on 15 April 2005.

(18) The County Council had the Joint Select Committee before them on 28 April 2005. The following resolution was passed:

“RESOLVED that the Joint Select Committee response to the consultation be noted.”<sup>9</sup>

### **Later Developments**

(19) On 20 July 2006, the Committee received an update from Maidstone and Tunbridge Wells NHS Trust on the planned Private Finance Initiative (PFI) hospital at Pembury. Possible changes to services at MTW were also discussed.

(20) Appendix 4 contains the relevant extract of the Minutes of this meeting, along with the post-meeting note. This note was endorsed by the Committee at its meeting of 22 September 2006.

(21) MTW and (the recently created) West Kent PCT launched a public consultation exercise on the proposed changes to the location of some orthopaedic and surgical services between the Maidstone and Kent & Sussex at Tunbridge Wells Hospital sites. The consultation period began on Monday 9 October 2006 and ran for 12 weeks until 8 January 2007.

(22) The NHS OSC met on 12 January 2007 to consider its final response. The Committee heard a wide range of evidence and at the end (by a vote of 7 to 6) passed the following:

“(56) RESOLVED that:-

(a) the NHS Overview and Scrutiny Committee reject the proposals contained in the West Kent Primary Care Trust and Maidstone and Tunbridge Wells NHS Trust document ‘A new direction for surgical and orthopaedic care’, on the grounds that: the proposals are not in the interests of health services in Kent, particularly for those persons who look towards the hospitals within the Maidstone and Tunbridge Wells NHS Trust for their healthcare; and

(b) the Committee believes these proposals would more appropriately be considered as an integral part of the much wider ‘Fit for the Future’ review.”<sup>10</sup>

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<sup>9</sup> Minutes, County Council, 28 April 2005.

<sup>10</sup> Minutes, 12 January 2007, National Health Service Overview and Scrutiny Committee, Kent County Council.

(23) Subsequent to this meeting, the Chairman and Spokesman of the Committee agreed with the Chief Executive of the PCT to start a dialogue on a potential local resolution. The Committee endorsed this action at its meeting of 9 February 2007.

(24) On 15 May 2007, the Board of NHS West Kent met to discuss the outcome of the consultation process. Subject to certain conditions, the Board voted to approve<sup>11</sup> two preferred options:

“Maidstone Hospital would become a specialist centre for planned surgical and orthopaedic care and would continue to deal with all types of A&E patients **except** general surgical and orthopaedic patients brought in by ambulance. Maidstone would also deal with **all** planned inpatient and day case procedures performed by the trust.

Kent and Sussex Hospital in Tunbridge Wells would become a specialist centre for emergency surgical and orthopaedic care and would deal with **all** types of A&E patients except paediatric medical patients, as exists now. Kent and Sussex would also deal with planned inpatient and day case procedures **except** planned inpatient general surgery and orthopaedics.”<sup>12</sup>

(25) The NHS OSC Committee returned to the subject at its meeting on 11 May 2007. After hearing further evidence and discussion, the following resolution was passed (eight votes for, five against and two abstentions).

“RESOLVED:- that the proposed reconfiguration and the decision of the West Kent Primary Care Trust Board be referred to the Secretary of State.”<sup>13</sup>

(26) The matter was referred by the Committee Chairman to the Secretary of State for Health on 25 May 2007, who in turn referred it to the Independent Reconfiguration Panel. The final report and recommendations of the IRP was published on 18 December 2007. The report and recommendations were supported by the Secretary of State for Health.

(27) According to an MTW press release:

“the IRP states that the proposals should go ahead, subject to several conditions. These include:

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<sup>11</sup> See NHS West Kent, Minutes of Board Meeting, 15 March 2007, <http://www.westkentpct.nhs.uk/NetsiteCMS/pageid/209/index.html>

<sup>12</sup> West Kent PCT, News Release 16 March 2007, <http://www.mtw.nhs.uk/downloads/16.3.07%20West%20Kent%20PCT.pdf>

<sup>13</sup> Minutes, 11 May 2007, National Health Service Overview and Scrutiny Committee, Kent County Council.

- That consultant-led A&E services continue at both Maidstone Hospital and Kent & Sussex Hospital in Tunbridge Wells.
- Clinical staffing levels, including cover for A&E and general medicine, are improved.
- That the Trust clarifies whether any planned surgery will be carried out at the Kent & Sussex Hospital after the change occurs
- The Trust agrees a clear clinical strategy and it
- Closely involves the local community and local authorities in the proposals and helps rebuild patient/public confidence.
- Maidstone and Tunbridge Wells NHS Trust will be working closely with West Kent Primary Care Trust to ensure all of these conditions are met before any plans are implemented.”<sup>14</sup>

- (28) Appendix 5 contains the IRP press release and recommendations<sup>15</sup>.
- (29) The Boards of both MTW and NHS West Kent have since held several meetings examining the work being done to meet the conditions of approval and the IRP recommendations.
- (30) At the MTW Board Meeting of 25 February 2009, the Board decided to postpone the implementation of the trauma, orthopaedics and surgery reconfiguration until July 2011<sup>16</sup>.

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<sup>14</sup> MTW Press Release, 18 December 2007, <http://www.mtw.nhs.uk/news-and-media/recommendations-on-health-service-changes.asp>

<sup>15</sup> The full report can be accessed here, <http://www.irpanel.org.uk/view.asp?id=56>

<sup>16</sup> See Minutes, MTW Board Meeting, 25 February 2009, <http://www.mtw.nhs.uk/downloads/Appendix%20A%20-%20Trust%20Board%20Minutes%2025-02-09%20-%20Part%201.pdf>

## **Appendix 1 - Extract from NHS OSC Minutes, 15 October 2004**

### **49. South of West Kent Health Community – Priority 2, Proposed Changes**

*(Mr S Ford, Chief executive South West Kent Primary care trust and Mrs R Gibb, Chief executive Maidstone and Tunbridge Wells NHS Trust were in attendance for this item)*

(1) The Committee received a presentation from Mr S Ford and Mrs R Gibb on the feedback to the consultation document “Shaping Your Local Health Services” commonly known as Priority 2, Proposed Changes.

(2) To remind the Committee the proposals in Priority 2 were:-

- move Medical Service – Pembury to Kent and Sussex and to local Community Hospitals and Community Rehabilitation Teams
- move the In-Patient Gynaecology – Maidstone to Pembury
- move Children’s Planned Routine Surgery from Kent and Sussex, Tunbridge Wells to Maidstone
- move the Kent and Sussex In-Patient Haematology to Maidstone Hospital at the Kent Oncology Centre to create a Specialist centre

(3) The Committee were then informed of the feedback methodology and feedback received from questionnaires. In general the feedback was that centralisation was welcome to improve standards. Concerns were expressed about the impact on staff but one of the most and consistently identified significant issues was that of transport and travel.

(4) The Chairman then suggested to the Committee that the Committee should support the proposed changes.

(5) **RESOLVED** that the Committee unanimously support the proposals set out in the consultation document known as Priority 2.



## **Appendix 2 – Conclusion and Recommendations extracted from the Executive Summary of the Joint Select Committee response to “*Excellence in care, closer to home. The future for women and children.*”**

(The italicised sections within the Joint Select Committee’s recommendations are the summarised response from the delegated Joint Board of the PCTs and Maidstone and Tunbridge Wells NHS Trust.)

### **“11. Conclusion**

Making any changes to hospital services can be extremely emotive, however when change is related to women’s and children’s services this sentiment is heightened. Although the Committee has some reservations with the movement of services from a densely populated area such as Maidstone to Pembury, it is satisfied that the rationale for doing so provides justification. To not move these to Pembury would lead to a severe gap in services for those in East Sussex and the far West of Kent. However, in moving such services the Acute Trust and Local Authorities have a responsibility to ensure there is fair access to these services for all, which will involve thoroughly investigating the transport issues to ensure there is adequate infrastructure to support the new development.

Consequently the Joint Select Committee fully supports the Acute Trusts vision for ‘A single Acute Trust, operating from two major hospitals, with centres of excellence that work together in a complementary way’.

### **12. Recommendations**

The Committee supports the proposals for the redesign of Women’s and Children’s services. However, the Committee would like to make the following recommendations:

- The Committee recommends that the Acute Trust and PCTs conduct future comprehensive consultations with more structured planning and less time restrictions and the process is developed in partnership with relevant Patient and Public Involvement Forums. The Committee also recommends that where possible, options be given for the public to comment on.
- The Acute Trust must satisfy the Committee that the pressures facing the services at present are to be addressed, and produce an intermediate plan for sustaining services until the new development is operational and reports on these issues on a six monthly basis, either in writing or by attendance at the NHS OSCs.

Summary of Joint PCT Board Response given at meeting on 23 February 2005 :

*The Intermediate Plan was in a draft stage and would be complete by the end of March when it would be shared with all the Primary Care Trusts and the two Health Overview and Scrutiny Committees for East Sussex and Kent.*

- The Committee recommends that the Maidstone midwife-led birthing centre is situated away from the main hospital site.

Summary of Joint Board response given at the meeting on 23 February 2005:

*The Intermediate Plan would show potential locations for this Unit. The Joint Board agreed with the principle that the Birthing Centre would not be on the hospital site.*

- The Acute Trust must satisfy the NHS OSCs that when developing the proposals for the midwife-led birthing centre, it follows best practice, such as the Crowborough birthing centre and as informed by the Royal Colleges.

Summary of response given by the Joint Board on 23 February 2005:

*There was already an active dialogue between the Maidstone and Tunbridge Wells NHS Trust and the Crowborough Birthing Unit.*

- The Committee recommends that the Acute Trust and PCTs develop plans for community services, in terms of midwifery and children's nursing as a matter of priority. This is to ensure these are well established and sustainable and are able to demonstrate a reduction in the reliance on acute hospital services before the service changes are implemented.

Summary of response given by the Joint Board on 23 February 2005:

*The plans for community services would be included within the Intermediate Plan.*

- The Committee recommends that the PCTs develop and promote a communication strategy specifically for the education of the public on the service redesign, if these proposals are implemented.

Summary of response given by the Joint Board on 23 February 2005:

*Following the Joint Board meeting some immediate steps would be taken to communicate the outcomes to the staff and public in the short term. A Joint Communications Plan and Strategy would be finalised by 30 April 2005 and would address issues of education and public communication and involvement etc.*

- The Committee recommends that both County Councils, relevant Boroughs and District Councils and the Acute Trust identify dedicated officers, who will recognise the challenges and find solutions in partnership, to ensure there is adequate transport provision to serve the new development at Pembury

- To extend the East Kent Integrated Transport Model, if it is proved to be successful on evaluation, to include West Kent with the involvement of appropriate bodies in East Sussex.

Summary of response given by the Joint Board on 23 February 2005:

*Work would continue with the local authorities and others to address the transportation challenges. The trust will continue to explore the East Kent Integrated Transport model.*

The NHS Overview and Scrutiny Committees will continue to closely monitor developments and the implementation of these plans, if the proposals are accepted. The NHS Overview and Scrutiny Committees will continue to hold the Trust to account in regard to these proposals.”

### **Appendix 3 – Conclusion and Recommendations extracted from the Executive Summary of the Joint Select Committee response to “*Shaping your local health service. The future of local orthopaedic services.*”**

#### **“Conclusion**

During the evidence gathering process the Committee has often heard conflicting evidence; however, it is undeniable that services in their current format are not acceptable. Due to the serious nature of orthopaedic infections, isolation and strict infection control measures must be enforced, and in the current configuration of services this is not achievable for all. The Acute Trust’s struggle with capacity issues needs to be addressed, and with the introduction of ‘Payment by Results’ and ‘Choose and Book’, the loss of income due to lack of capacity could lead to services becoming less viable.

Supporting such a move will result in the loss of a successful orthopaedic unit at Maidstone. This unit however, has severely limited capacity and the orthopaedic trauma services at this site are in need of upgrading. The movement of the unit will allow for the modernising of trauma services and more stringent infection control measures. Furthermore, a critical mass of patients is needed to develop services to a comparable level for those utilising the Kent and Sussex Hospital in Tunbridge Wells.

Over the last three months, the Joint Select Committee has gathered extensive evidence from a number of diverse sources. On balance, after careful consideration of this evidence, the Committee supports the movement of elective orthopaedic services to the Kent and Sussex Hospital and then to the new Pembury development in 2011, provided the Committee’s recommendations are met. This has been a difficult decision; however, the Joint Select Committee is satisfied that this reconfiguration is in the best interest of the community that the Maidstone and Tunbridge Wells NHS Trust serves.

#### **Recommendations**

The Joint Select Committee support option 1, the movement of elective orthopaedic services to Tunbridge Wells, **provided the following recommendations are met in full.**

- The second theatre in the Culverden Suite at Tunbridge Wells must be upgraded to laminar flow prior to any changes being implemented.
- The Joint Select Committee urges the Acute Trust to ring fence the 24 elective orthopaedic beds and implement stringent infection control measures at the Kent and Sussex Hospital orthopaedic ward. This is to occur on the upgrading of the second laminar flow theatre, to ensure these infection control processes are embedded into the culture of the wards prior to any reconfiguration of services.
- The two theatre suites at the Culverden suite must be utilised purely for orthopaedic surgery (1 for elective and 1 for trauma). Any change to

this model in the future should be brought to the attention of the respective NHS Overview and Scrutiny Committees (OSCs).

- The two step down facilities, 17 beds at Tunbridge Wells and 10 beds at Maidstone, for orthopaedic patients requiring a longer length of stay, must be in place and fully staffed, including physiotherapy requirements, and be in close proximity to the orthopaedic wards.
- The Committee urges the Acute Trust to embed the day case model at both sites as soon as possible, to aid the increase in capacity for the elective inpatient services.
- Any movement of services must result in an improvement of orthopaedic trauma services at Maidstone.
- Further information to be provided on the model for paediatric orthopaedic care. The plans for this service appear to be fluid and there does not appear to be a consensus between clinicians. Consequently the NHS OSC requests a written update to be brought to the attention of the OSC in 3 months time.
- The Acute Trust develops plans to upgrade the Kent and Sussex Hospital in terms of redecoration, balancing the need to refresh the building with demonstrating value for money for a building with a limited lifespan.
- The Acute Trust recognises public concerns regarding the reputation of the Kent and Sussex Hospital and develops a strategy to address and disperse public anxiety regarding cleanliness and infection control.
- The Acute Trust and PCTs fully evaluate the efficacy of public engagement arrangements for this consultation process prior to embarking on future public consultations.
- The Acute Trust provides information as to transportation choices and how to access these with appointment details sent to patients.
- Kent County Council and relevant District and Borough Council colleagues continue to urge Government to ensure the A21 schemes are underway in time to support the new hospital development at Pembury in 2010/11.
- Kent County Council and relevant District and Borough Council colleagues continue to lobby Government to secure funding for the Colts Hill Strategic Link.

The NHS Overview and Scrutiny Committees will continue to closely monitor developments and the implementation of these plans if the proposals are accepted. The NHS Overview and Scrutiny Committees will continue to hold the Acute Trust and PCTs to account with regard to these proposals.”

## Appendix 4 - Extract from NHS OSC Minutes, 20 July 2006

### 29. Maidstone & Tunbridge Wells NHS Trust - update

*(Rose Gibb, Chief executive, and Frank Sims, Director of Modernisation, from Maidstone and Tunbridge Wells NHS Trust were in attendance for this item)*

(1) The Committee received an update from Ms Rose Gibb, Chief Executive of Maidstone & Tunbridge Wells NHS Trust, regarding the planned Private Finance Initiative (PFI) Hospital at Pembury. Ms Gibb explained that the PFI project was under review by the department of Health and HM Treasury, but she was confident that it would be allowed to proceed; final approval by the Treasury was expected in February 2007. She explained that the scope of the new hospital had been significantly reduced since the drawing up of the original plans. It was anticipated that the hospital would open in December 2010.

(2) Consideration was also given by the Committee to the Trust's proposals for achieving financial balance, including possible changes relating to:

- Trauma and Orthopaedic services;
- Accident and Emergency services;
- Women's and Children's services.
- the growing role of the private sector, including Independent Sector Treatment Centres, in providing NHS care;
- the part played by cottage and community hospitals in providing care outside acute hospitals; and
- the impact of Payment by Results on acute hospitals' finances.

(5) RESOLVED that the update be noted.

#### POST MEETING NOTE:

*Following consultation with the party spokesmen on the Committee, the Maidstone & Tunbridge Wells NHS Trust was advised on 11 August 2006 of the following views – which the NHS Overview and Scrutiny Committee will be asked to endorse on 22 September 2006:*

*“The spokesmen support your views to consult on the proposed changes to the provision of emergency surgical services, emergency orthopaedic services and inpatient elective surgical services.*

*The spokesmen accept that the changes proposed to acute medical admissions are part of the normal process redesign of services and that given that patients will not be displaced from Maidstone and Kent and Sussex Hospitals but will now find themselves going to specialist admitting units rather than Accident and Emergency does not require consultation.”*

## **Appendix 5 – Independent Reconfiguration Panel press release and recommendation on health service change in West Kent**

**IRP**

[www.irpanel.org.uk](http://www.irpanel.org.uk)

**18 December 2007**

**Press release<sup>17</sup>**

### **IRP publishes recommendations on health service change in West Kent**

Today the IRP, the independent expert on NHS service change, publishes recommendations on the future of emergency and general orthopaedic services and surgical services in West Kent.

Dr Peter Barrett, Chair of the IRP, said: “The IRP has given serious consideration to the proposals put forward by West Kent PCT and the Maidstone and Tunbridge Wells NHS Trust, as well as listening to the concerns raised by Kent County Council NHS Overview and Scrutiny Committee and local people.

“The panel agreed unanimously to support the proposals, as it considers that the changes are necessary and will significantly improve the quality and safety of patient care. However, the IRP concluded that there are a number of implementation issues that need to be addressed with sufficient clarity before any changes to services take place.”

The IRP supports the proposal to provide emergency inpatient surgical and orthopaedic services from the Kent and Sussex Hospital in Tunbridge Wells and elective surgical and orthopaedic services from Maidstone Hospital. The panel considers it essential that Maidstone Hospital should continue to retain consultant-led A&E services and ongoing access to senior surgical and orthopaedic opinion. The majority of emergency patients from the Maidstone area will still be assessed at Maidstone Hospital.

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<sup>17</sup> <http://www.irpanel.org.uk/lib/doc/irp%20west%20kent%20report%20final%2018.12.07.doc>

The IRP recognises the concerns raised regarding the impact of increased journey times for patients requiring emergency general or orthopaedic surgery. It is satisfied with the arrangements developed by the South East Coast Ambulance Service and agreed by West Kent PCT. These must be confirmed and in place before the proposed changes to services are implemented. Similarly, the IRP recommends that further improvements to public and community transport need to take place to make travel easier for patients, relatives and staff.

To ensure the successful transition of services, the Trust and West Kent PCT must work closely with the Kent County Council NHS Overview and Scrutiny Committee to agree a clear implementation plan. Additional work is required to confirm the future staffing arrangements for Maidstone Hospital's A&E department. This work must be completed and externally validated before any changes to services. The IRP also advises clear communication and engagement with patients, staff and local people to ensure that plans, including timing of the changes, are fully understood.

For the future the IRP considers it essential to replace the existing Kent and Sussex and Pembury Hospitals and strongly supports the PFI proposals to build a new hospital on the Pembury site. However, the IRP is clear that the Trust will need to continue providing sustainable services at both the Maidstone and new Pembury Hospitals. The IRP welcomes the development of new stroke services and the cardiac catheter laboratory planned for Maidstone Hospital in 2008.

Dr Barrett concluded: "The IRP recognises that there has been a period of uncertainty and confusion for many people. Our recommendations are clear: the NHS must work with relevant partners to ensure the successful implementation of the changes. In parallel, all parties must communicate and engage fully with patients, the public and staff."

**ENDS**



**For further information, contact the IRP press office on 020 7025 7530 or email [IRPpressoffice@trimediahc.com](mailto:IRPpressoffice@trimediahc.com)  
[www.irpanel.org.uk](http://www.irpanel.org.uk)**

**Notes to editors:**

**A copy of the IRP's report can be accessed at: [www.irpanel.org.uk](http://www.irpanel.org.uk)**

#### **About the review**

1. The IRP was asked by the Secretary of State for Health to provide advice to him relating to contested proposals for changes to emergency and general orthopaedic services and surgical services in West Kent
2. The Health Secretary's request for advice followed a referral from Kent County Council Health Overview and Scrutiny Committee
3. The referral related to the decision by West Kent Primary Care Trust - following a three-month consultation<sup>18</sup> undertaken jointly with Maidstone and Tunbridge Wells NHS Trust - to relocate emergency and general orthopaedic services and surgical services between Maidstone and Kent and Sussex Hospitals
4. The IRP's recommendations were put forward to the Health Secretary following a three-month review that took place between September and November 2007. As part of the review process, the IRP considered a wide range of evidence, held a number of meetings and invited local people with new information to come forward.

#### **The IRP**

1. The full name of the IRP is the Independent Reconfiguration Panel
2. The IRP was set up in 2003 to provide advice to the Secretary of State for Health on contested proposals for health service change in England
3. Under the NHS Health and Social Care Act 2001, NHS organisations must consult their Health Overview and Scrutiny Committees (HOSC) on any proposals for substantial changes to local health services. If the HOSC is not satisfied it may refer the issue to the Secretary of State
4. The IRP is chaired by Dr Peter Barrett and includes members with clinical and managerial expertise, as well as lay members
5. Further information, including details of all panel members, is available from [www.irpanel.org.uk](http://www.irpanel.org.uk)

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<sup>18</sup> Consultation: *A new direction for orthopaedic and surgical care*

## **Independent Reconfiguration Panel. Orthopaedic and Surgical Services in West Kent<sup>19</sup>**

### **Recommendations**

- The IRP supports the proposal to provide emergency inpatient surgical and orthopaedic services from the Kent and Sussex Hospital and elective surgical and orthopaedic services from Maidstone Hospital. West Kent PCT and Maidstone and Tunbridge Wells NHS Trust (MTW NHS Trust) need to make it clear that some inpatient orthopaedic elective work will continue at the Kent and Sussex Hospital.
- The IRP considers it essential to replace the Kent and Sussex Hospital and Pembury Hospital facilities and supports the Private Finance Initiative (PFI) proposal to re-provide these facilities on the Pembury Hospital site. MTW NHS Trust needs to provide sustainable hospital services from both the Maidstone and Pembury Hospital sites in the future, with properly integrated services across the hospitals and primary care.
- The IRP considers it essential to retain consultant led A&E services at Maidstone Hospital, working closely with the co-located primary care urgent care service. The future staffing arrangements have not been made sufficiently clear and must be agreed and externally validated before implementation of the proposed changes to surgical and orthopaedic services.
- It is essential that the arrangements for general surgical and orthopaedic support for A&E and general medicine are agreed and externally validated before the proposed changes take place.
- West Kent PCT and South East Coast Ambulance Service (SECAmb) must confirm that the necessary arrangements and additional resources are in place to ensure the safe transfer of surgical and orthopaedic emergency patients to the Kent and Sussex Hospital and other appropriate hospitals before the changes are implemented.
- Further work must be done between MTW NHS Trust, Kent County Council (CC), West Kent PCT and transport agencies to see how public and community transport access between Maidstone Hospital and the Kent and Sussex Hospital can be improved.
- MTW NHS Trust and West Kent PCT must develop and agree the programme of work and timetable required to ensure safe and sustainable implementation. They should do this in an open and transparent way working closely with Kent CC NHS Overview and Scrutiny Committee (OSC).

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<sup>19</sup> Pp.5-6,

<http://www.irpanel.org.uk/lib/doc/000%20west%20kent%20report%20final%2030.11.07.pdf>

- MTW NHS Trust and West Kent PCT, working with Kent CC NHS OSC, should agree how they will monitor the expected benefits from the separation of emergency and elective services and ensure they are achieved.
- West Kent PCT and MTW NHS Trust must take the opportunity to develop a shared vision for future health and healthcare across West Kent, working with stakeholders and local authorities to rebuild confidence in the quality of local health services.