

Item 4 – Briefing Note from Maidstone and Tunbridge Wells NHS Trust

1 Introduction

- 1.1** The local NHS is making significant progress with its clinical strategy and service redesign programme to improve the quality of care available to over 500,000 people in the Maidstone and Tunbridge Wells area.
- 1.2** At Maidstone and Tunbridge Wells NHS Trust, services have been enhanced or are in the process of being improved for patients as part of a planned £100 million investment in NHS care. Most of this investment has, and will continue to occur, at Maidstone to improve direct patient care.
- 1.3** This is over and above the £225 million investment in a new 21st Century hospital which is due to open in Pembury in 2011 and is now seen as an international innovation in healthcare.
- 1.4** This combined investment in NHS services – and associated changes in care - is going to provide people living in the Maidstone and Tunbridge Wells area with a cohesive health service capable of consistently providing the highest standards of care safely from two state of the art hospitals in the future.
- 1.5** Not all of the improvements in the standards and quality of care being achieved at the Trust come at a financial cost. The Trust now has many good examples of innovative best practice leading to improvements in patient care, safety and overall experience.
- 1.6** These can now be seen at every stage in the patient's journey and include:
- ▶ Breakthroughs in diagnostic tests reducing the need for surgery
 - ▶ Advanced surgical techniques aiding patient recovery and reducing length of stay in hospital following complex procedures
 - ▶ Development of enhanced recovery programmes that help patients reach full health faster
 - ▶ Enhanced ward practices giving nurses more dedicated time to care for patients
 - ▶ Creation of dedicated medical wards with staff who are better able to concentrate their specialist care and expertise on the patient's recovery from the illness they were trained to treat.
- 1.7** The Trust can show it is now making steady and sustained improvements in all areas of patient care. Further service changes planned in 2011, which are interlinked with the new hospital development, will enable this journey of improvement to continue at pace and to the benefit of patients long into the future.
- 1.8** The Trust has been at the centre of intense public scrutiny for a number of years. It is now starting to see a sustained improvement in its performance and is making a difference to patient care. A briefing pack is provided for Members' (see Appendix 1) additional information, should that be of help.

2 Overview of improvement plans – women and children’s services

- 2.1** Plans to maintain and improve the quality of hospital services available to women and children in Maidstone and Tunbridge Wells were originally consulted on in 2000. At the end of that consultation, West Kent Health Authority asked the Trust to explore options to maintain duplicate services of equal quality at both Maidstone and Pembury hospitals. At the same time, the Health Authority stated that women and children’s services should be centralised at Pembury if improvements in standards of patient care could not be made equally on both sites in the future.
- 2.2** The Trust carried out a second public consultation in 2004 on the centralisation of women and children’s services at Pembury. This was carried out to ensure higher standards of care are met for patients in the future. The decision to centralise services in the new hospital now being built at Pembury was agreed by Kent and East Sussex County Councils’ NHS Overview and Scrutiny Joint Select Committee in December 2004, following a three month public consultation.
- 2.3** Work on a new state of the art consultant-led maternity unit and inpatient children’s ward is underway in the new hospital development. Women and children’s services currently based at Pembury move into the new hospital in January 2011. Maidstone’s consultant-led maternity services and children’s inpatient care move into the new facility in July 2011 (see Table 1).
- 2.4** The clinical lead for women and children’s services at the Trust and head of midwifery are clear that after nine years, the centralisation of services are still required to meet higher standards of care and safety for women and children in both Maidstone and Tunbridge Wells in the future.
- 2.5** It still remains the case that the Trust has too few specialist children’s doctors to maintain high standards of care across two sites in the future. Even if it could find more doctors, they would see too few patients between them to maintain their skills, leading to a downgrading of care. Concentrating these skills on one site, which sees a critical mass of patients, will raise standards.
- 2.6** Other benefits of centralisation include a significant increase in the number of hours obstetricians are physically on site – rather than on-call - to help women in labour, inline with latest national standards. The Trust will also create new midwifery led birthing units, expanding women’s choice.
- 2.7** Concerns have been raised publicly in 2009 that the consultation process agreed by the Joint Select Committee in 2004 is flawed. The Trust does not believe this to be the case. It is working with stakeholders to show how patients in East Kent are now benefiting from similar changes made for the same reasons several years ago. Recent calls to centralise services at Maidstone will leave hundreds of women south of Tunbridge Wells with far longer journeys to give birth in hospital. Women in Maidstone can choose to give birth at other neighbouring hospitals as well as at Pembury, and where the risk is low, in a new midwifery led birthing unit in Maidstone.

3 Overview of improvement plans – trauma and orthopaedic services

3.1 The Trust carried out a public consultation in 2005 on options to improve the quality and safety of its trauma and orthopaedic services in the future. Similar challenges exist within these services with surgeons spread too thinly across two sites (Maidstone and Kent & Sussex hospitals) to fully achieve future standards of care for the benefit of patients.

3.2 The consultation looked at the centralisation of all emergency surgery and emergency (trauma) and pre-planned orthopaedic surgery at Kent & Sussex Hospital (K&S) and then at moving these services to the new hospital in Pembury. It also proposed centralising pre-planned surgery at Maidstone Hospital.

3.3 The proposals were referred to the Independent Reconfiguration Panel. The IRP carried out an independent review and agreed the changes in December 2007.

3.4 The Trust carried out an internal review of its readiness to implement the changes in February of this year. It decided not to centralise the services until the new hospital fully opens in 2011, due to lack of capacity at K&S.

3.5 The Trust made interim arrangements to ensure quality and safety can be maintained at both hospitals until the changes take place, but these are an interim measure that do not give the Trust a platform for future major improvements in patient safety and care.

Table 1 – timeline of service change

Milestone	Date	Action
Start of new hospital development	March 2008	
Handover of first phase of the new hospital	November 2010	Begin preparing building for occupation
First phase of occupying the new hospital	January 2011	Women and children's services and non clinical services at Pembury move into new hospital
Handover of the remainder of the building	May 2011	Prepare building for second stage of occupation
Second phase of occupying the new hospital	July 2011	<ul style="list-style-type: none"> - Move consultant led women and children's services from Maidstone to Pembury - Move elective specialist surgery from K&S to Maidstone - Move remaining K&S services into new hospital - Move inpatient trauma and elective orthopaedic services

		from Maidstone to Pembury
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4 Where are services provided now and where will they be in the future?

- 4.1** The Trust provides more than 30 clinical and non-clinical specialities over four sites (Maidstone, K&S, Pembury and Preston Hall/Aylesford).
- 4.2** The services within these specialties are used by hundreds of thousands of patients every year. The list of services continues to grow as advances in clinical care make it increasingly possible to provide highly advanced treatments locally.
- 4.3** The Trust's clinical strategy has focused on the development of two world-class hospitals in Maidstone and Tunbridge Wells that are capable of treating patients to new and higher standards in the future. Within the next two years over half a million people will be able to choose from a range of local health services that offer them higher levels of quality and safety.
- 4.4** While the new hospital being built at Pembury will be state of the art and beyond anything the NHS has provided nationally before for patients, it is the Trust's intention to redevelop Maidstone to a similar high standard too.
- 4.5** The Trust is opening an international laparoscopic training centre at Maidstone in 2010. The multi-million pound development will not only enable the Trust to develop its own expertise in minimally invasive surgery for patients, but also share its learning on a truly worldwide scale. It is also developing training links with a local university to help teach NHS surgeons and their European counterparts advanced surgical techniques in Kent.
- 4.6** As services change, space will also be created at Maidstone to reduce the size of wards, providing patients with additional privacy and dignity. This will be achieved over the coming years with the development of more single sex four bedded bays with their own bathroom facilities.
- 4.7** Table 2 provides a basic list of specialties and services, by hospital, and compares where they are based now and where they will be based in 2011.
- 4.8** In the future, the vast majority of health services will still be available at both Maidstone Hospital and the new hospital at Pembury. Maidstone Hospital will become the area's centre of excellence for pre-planned complex elective surgery. The new hospital at Pembury will become the area's main centre for emergency surgery. It will also become the area's main centre for obstetric-led maternity services.
- 4.9** Members of the Committee are invited to see the latest service improvements at MTW's hospitals that are contributing towards improvements in patient care locally, nationally and internationally.

Table 2 – Clinical services by site 2009 and 2011

Specialty	Service	2009			2011	
		Maid	Pem	K&S	Maid	Pem
A&E	Minor injuries	Yes	No	Yes	Yes	Yes
	Majors	Yes	No	Yes	Yes	Yes
	Paediatric emergency	Yes	Yes	Yes	Yes	Yes
	Fracture clinic	Yes	No	Yes	Yes	Yes
Acute assessment	Medical/Acute Assessment Unit	Yes	No	Yes	Yes	Yes
Diagnostics	X-ray	Yes	Yes	Yes	Yes	Yes
	CT	Yes	Yes	Yes	Yes	Yes
	MRI	Yes	Yes	No	Yes	Yes
	Nuclear medicine	Yes	Yes	No	Yes	Yes
	General ultrasound	Yes	Yes	Yes	Yes	Yes
	Histology	Yes	Yes	Yes	Yes	Yes
	Microbiology	Yes	Yes	Yes	Yes	No
	Blood Transfusion	Yes	Yes	Yes	Yes	Yes
	Haematology	Yes	Yes	Yes	Yes	Yes
	Biochemistry	Yes	No	Yes	Yes	Yes
Endoscopy	Endoscopy suite	Yes	No	Yes	Yes	Yes
Adult intensive care	Intensive care unit	Yes	No	Yes	Yes	Yes
	High dependency unit	Yes	No	Yes	Yes	Yes
General surgery	Elective inpatients, Upper Gastro-intestinal, Lower Gastro-intestinal and breast surgery	Yes	No	Yes	Yes	No
	Inpatient emergency	Yes	No	Yes	No	Yes
	Day cases and day unit	Yes	No	Yes	Yes	Yes
	Outpatients	Yes	Yes	Yes	Yes	Yes
	Breast unit	Yes	No	No	Yes	No

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Specialty	Service	2009			2011	
		Maid	Pem	K&S	Maid	Pem
Renal Dialysis	Renal dialysis	Yes	Yes	No	Yes	Yes (off site)
Pharmacy	Pharmacy	Yes	Yes	Yes	Yes	Yes
Urology	Elective inpatients	Yes	No	No	Yes	No
	Inpatient emergency	Yes	No	No	Yes	No
	Day cases	Yes	No	Yes	Yes	Yes
	Outpatients	Yes	Yes	Yes	Yes	Yes
	Urology diagnostic unit	Yes	No	Yes	Yes	Yes
Trauma and orthopaedics	Elective inpatients	Yes	No	Yes	No	Yes
	Inpatient emergency	Yes	No	Yes	No	Yes
	Day cases	Yes	No	Yes	Yes	Yes
	Outpatients	Yes	Yes	Yes	Yes	Yes
	Fracture clinic	Yes	No	Yes	Yes	Yes
Physiotherapy	GP and consultant direct referrals	Yes	No	Yes	Yes	To be decided (tbd)
	Therapy to support inpatients	Yes	Yes	Yes	Yes	Yes
	Joint clinics i.e. consultant and therapist	Yes	No	Yes	No	Yes
ENT (Ear, Nose and Throat)	Elective inpatients	No	Yes	Yes	No	Yes
	Inpatient emergency	No	Yes	Yes	No	Yes
	Day cases	Yes	Yes	Yes	Yes	Yes
	Outpatients	Yes	Yes	Yes	Yes	Yes
Audiology	Testing to support ENT clinics	Yes	No	Yes	Yes	Yes
	Direct access and testing/fitting hearing aids	Yes	No	Yes	Yes	Yes
Ophthalmology	Elective inpatients	Yes	No	No	Yes	No
	Inpatient emergency	Yes	No	No	Yes	No
	Day cases	Yes	Yes	No	Yes	Yes
	Outpatients	Yes	Yes	No	Yes	Yes

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Specialty	Service	2009			2011	
		Maid	Pem	K&S	Maid	Pem
Stroke	Acute stroke unit	Yes	No	Yes	Yes	Yes
Pain management	Day cases	No	Yes	No	Yes	Yes
	Outpatients	Yes	Yes	No	Yes	Yes
General medicine	Elective inpatients	Yes	No	Yes	Yes	Yes
	Inpatient emergency	Yes	No	Yes	Yes	Yes
	Day cases	Yes	No	Yes	Yes	Yes
	Respiratory Unit	Yes	No	Yes	Yes	Yes
	Chest unit	Yes	No	Yes	Yes	Yes
	Gastro-enterology	Yes	Yes	Yes	Yes	Yes
	Outpatients	Yes	Yes	Yes	Yes	Yes
Diabetes	Diabetes inpatients	Yes	No	Yes	Yes	Yes
	Diabetes outpatients	Yes	Yes	Yes	Yes	Yes
	Diabetes Centre	Yes	No	No	Yes	Yes (off site)
	Endocrinology	Yes	Yes	Yes	Yes	Yes
Geriatric medicine	Elective inpatients	Yes	No	Yes	Yes	Yes
	Inpatient emergency	Yes	No	Yes	Yes	Yes
	Day cases	Yes	No	Yes	Yes	Yes
	Outpatients	Yes	Yes	Yes	Yes	Yes
	Neuro rehabilitation	No	No	Yes	No	No
Dietetics	GP and consultant referrals	Yes	No	Yes	Yes	No
	Joint clinics i.e. consultant and therapist	Yes	No	Yes	Yes	Yes
Dermatology (Service provided by Medway)	Elective inpatients	No	No	No	No	No
	Inpatient emergency	No	No	No	No	No
	Day cases	No	No	No	No	No
	Outpatients	No	Yes	No	No	Tbd
Sexual Health	Sexual health outpatients	Yes	No	Yes	To be provided in off site location	

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Specialty	Service	2009			2011	
		Maid	Pem	K&S	Maid	Pem
Cardiology	Inpatient emergency	Yes	No	Yes	Yes	Yes
	Elective inpatients	Yes	No	Yes	Yes	Yes
	Day cases	Yes	No	Yes	Yes	Yes
	Outpatients	Yes	Yes	Yes	Yes	Yes
	Cardiac catheterisation	Yes	No	Yes	Yes	Yes
	Cardiology rehabilitation	Yes	No	Yes	Yes	Early stage rehab only
	Pacing	Yes	No	Yes	Yes	Yes
	Coronary Care Unit	Yes	No	Yes	Yes	Yes
Paediatrics	Children's acute assessment	Yes	Yes	Yes	Yes	Yes
	Elective inpatients	Yes	Yes	No	No	Yes
	Inpatient emergency	Yes	Yes	No	No	Yes
	Day cases	Yes	Yes	No	Yes	Yes
	Dedicated outpatient and paediatric ambulatory unit	Yes	Yes	No	Yes	Yes
	Neo natal unit	Yes	Yes	No	No	Yes
Obstetrics	Ante natal outpatients, ultrasound assessment and early pregnancy assessment	Yes	Yes	No	Yes	Yes
	Emergency caesarean sections	Yes	Yes	No	No	Yes
	Inpatient obstetric wards	Yes	Yes	No	No	Yes
	Planned caesarean section	Yes	Yes	No	No	Yes
	Midwife led birthing centre	Yes	Yes	No	Yes	Yes
	Day case obstetric care	Yes	Yes	No	Yes	Yes

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Specialty	Service	2009			2011	
		Maid	Pem	K&S	Maid	Pem
Gynaecology	Elective inpatients	No	Yes	No	<i>Under review</i>	Yes
	Inpatient emergency	No	Yes	No	<i>Under review</i>	Yes
	Day cases	Yes	Yes	No	Yes	Yes
	Outpatients	Yes	Yes	No	Yes	Yes
Gynaecology Oncology	Elective inpatients	Yes	No	No	Yes	No
	Inpatient emergency	Yes	No	No	Yes	No
	Day cases	Yes	No	No	Yes	No
	Outpatients	Yes	Yes	No	Yes	Yes
Neurology	Elective inpatients	No	No	No	No	No
	Day cases	No	No	No	No	No
	Inpatient emergency	No	No	No	No	No
	Outpatients	Yes	Yes	Yes	Yes	Yes
Rheumatology	Elective inpatients	No	No	No	No	Yes
	Inpatient emergency	Yes	No	Yes	Yes	Yes
	Day cases	No	No	No	No	No
	Outpatients	Yes	Yes	Yes	Yes	Yes
Haematology (clinical)	Elective inpatients	Yes	No	No	Yes	No
	Inpatient emergency	Yes	No	Yes	Yes	Yes
	Day cases	Yes	No	Yes	Yes	Yes
	Outpatients	Yes	No	Yes	Yes	Yes
Oncology	Elective inpatients	Yes	No	No	Yes	No
	Inpatient emergency	Yes	No	Yes	Yes	Yes
	Day cases	Yes	No	Yes	Yes	No
	Outpatients	Yes	No	Yes	Yes	Yes
	Radiotherapy	Yes	No	No	Yes	No
Mortuary	Mortuary	Yes	No	Yes	Yes	Yes