

17 February 2005

Mr Frank Sims
Modernisation & Strategic Development Director
Pembury Hospital

Dear Colleague,

Joint Board Meeting in Public to Consider the Outcome of the Public Consultation Into Services for Women and Children

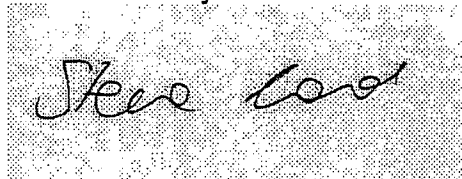
Please find enclosed the papers relating to the above meeting, which is due to take place on Wednesday 23rd February 2005 in the Lecture Theatre, County Hall, Maidstone at 10:00 a.m.

The Joint Board consists of delegated members from each of the Boards of Maidstone Weald PCT; South West Kent PCT; Sussex Downs and Weald PCT and Maidstone and Tunbridge Wells NHS Trust. The members of the Joint Board are the Chair; Chief Executive; and Medical Director / PEC Chair from each of the four organisations. The Chair of each of the PPI Forums for those organisations has also been invited to the meeting.

Because each of the Boards has delegated decision-making powers in respect of this issue to nominated individuals, there is no requirement upon other Board members to attend, although you are, of course, welcome to do so if you wish.

With best wishes

Yours faithfully



Steve Ford
Chief Executive
South West Kent PCT

Enc:

SOUTH OF WEST KENT HEALTH COMMUNITY

SERVICE RECONFIGURATION

MEETING IN PUBLIC OF THE MEMBERS OF THE JOINT BOARD WITH DELEGATED POWERS TO CONSIDER THE OUTCOME OF THE PUBLIC CONSULTATION INTO THE PROVISION OF SERVICES FOR WOMEN AND CHILDREN

Lecture Theatre, Sessions House, County Hall, Maidstone

Wednesday February 23rd 2005 10:00 a.m.

Report of: Steve Ford, Chief Executive, South West Kent Primary Care Trust

Date: 16th February 2005

Subject: Reconfiguration of Services for Women and Children

Recommendation: The Joint Board is asked to consider the results of the consultation on women's and children's services and to approve the proposals as detailed within the consultation document.

Introduction

A detailed analysis and summary of the responses to the public consultation into the reconfiguration of services for women and children is appended to this paper. The Joint Board is asked to consider the results of the consultation on women's and children's services and make recommendations for the future configuration of these services in the light of the response in relation to the reasons set out for the proposed changes.

In considering its decision the Joint Board is asked to take account of the following questions that have come directly from local people and organisations:

- Do these proposals in effect mean the downgrading of services at Maidstone Hospital?
- Are the arguments for centralising specialist services at Tunbridge Wells rather than Maidstone robust?
- Is it not feasible to continue to provide a full range of services at both hospitals?
- Are the Board satisfied that the proposals will lead to the provision of safer services for women and children than is currently the case? What are the current risks to these two groups?
- If travel is the major issue, proportionately which community will be most disadvantaged by the proposals?
- What impact will these changes have on visitors and families?
- Will new community facilities be provided for children?
- Are there other models elsewhere in the country which the Board should consider before making its decision?
- Does the Board accept the recommendations in the Overview and Scrutiny report?

Recommendation

It is recommended that the Joint Board approves the changes as set out in the consultation document and summarised in paragraphs 2.1.1. and 2.1.2 of the attached paper. In making this decision the Board will need to consider the issues that have been raised within the public consultation and whether they have been, or can be, adequately addressed.

The Board should also consider:

- The development of an intermediate plan for sustaining services until new hospital services at Pembury are operational
- The process by which the local health community can agree the wider range of investment in community services that is required to support the proposal
- How the NHS can work with partners to ensure that the transport implications of these changes are addressed
- How to ensure effective communication and ongoing patient and public involvement in the development and implementation of these proposals
- The process by which NHS Boards will monitor progress in implementing these plans.

CONTENTS	PAGE
1. Introduction	4
1.1. Background	4
1.2. Pressures on the system	4
1.3. Forced closures	6
1.4. Minimum labour ward standards	6
1.5. The National Service Framework for children	7
 2. The 2004 consultation	 8
2.1. Context and consultation programme	8
2.2. Issues and concerns	12
2.3. Comments on the proposals	18
 3. Analysis	 18
3.1. Major issues	18
 Appendix One – Communications/PPI Action Plan for Consultation on Women and Children’s Services	 21
 Appendix Two – Kent and East Sussex County Councils’ Overview and Scrutiny Joint Select Committee response	 25
 Appendix Three – Responses from other groups and bodies	 34
 Appendix Four – Patient and Public Involvement Forums Reconfiguration Group response	 45

1. Introduction

1.1. Background

In the year 2000 a public consultation into services for women and children concluded that the services provided at Maidstone and Pembury could not be sustained over a long period and that the Trust would need to centralise:

- Neonatal care
- Inpatient care for children
- Consultant-led obstetrics.

Following consultation West Kent Health Authority decided not to implement the proposals at that time, choosing to defer implementation until such a time as the services became unsustainable. However, many of the pressures identified at that time have now worsened and the current configuration of services is no longer sustainable.

At this joint meeting of PCT Boards with the Board of the Maidstone and Tunbridge Wells NHS Trust each organisation has delegated decision-making responsibility to the joint Board.

1.2. Pressures on the system

These currently include the need to:

- provide a modern high quality service and focus our resources where needed
- reduce working hours for doctors under the European Working Time Directive
- make sure that doctors in training see sufficient patients within their reduced working hours to gain the skills they need
- benefit from improved drug treatments and surgical techniques, including increased day case gynaecological surgery
- follow the National Service Framework for children, including guidelines on how services for children in hospital should be provided
- provide modern services for children, e.g. ambulatory care
- manage the Trust as a single organisation rather than a collection of separate hospitals
- meet the demands of more technological and complex care and the need for skilled staff e.g. paediatric doctors and nurses
- meet national standards e.g. 40 hours labour ward cover
- provide a greater range of both routine and specialist care locally
- Provide a service which reflects guidance from the Royal Colleges on how services for children should be provided
- Provide modern-day services for women, e.g. options for home birth, greater choice
- Address deterioration in services, e.g. special care baby unit expertise and internal transfers

1.2.2. These pressures are by no means unique to our area but we need to address these issues to ensure we can continue to provide high quality, sustainable services. Similar pressures are driving change locally at the following trusts:

- East Kent Hospitals NHS Trust
- Surrey and Sussex NHS Trust
- Brighton & Sussex University Hospitals NHS Trust,

all of whom have undertaken or are currently making proposals for reconfiguration.

In 2000 the Trust's ability to provide the full range of inpatient services was declining, but was maintained by means of major financial investment; revised recruitment and training strategies; the introduction of the first direct entry programme for midwives; and significant expansion of the role of midwives.

However, by 2004 the reality of the culmination of national recruitment problems with key staff, the reduction in working hours resulting from the European Working Time Directive and changes to doctors' training meant that services had reached a critical point where sustainability was, and is, a real issue.

1.2.3. Doctors can now only work a maximum of 58 hours per week, whereas in 2000 there were no restrictions. By 2009 the limit will become a maximum of 48 hours. At the same time the New Deal for doctors reduced working hours to 56 per week in August 2004. The simple effect of this is that we need more doctors in each specialty to cover the same 24 hour rota.

The New Deal also significantly affected the amount of time doctors in training spend providing a clinical service. In 2000 the majority of time was spent providing clinical service with the minority of time in training. By 2004 that balance had been reversed.

The combined effect of reducing the hours available to each doctor to see patients and the increase in the number of doctors means that it now takes longer for an individual doctor to see sufficient patients to reach an acceptable level of competence.

In addition to that the Trust now receives doctors in training in years one and two rather than four and five of their training rotation. The day to day impact of this is that these doctors are less experienced and at the same time providing a reduced service element.

The Trust simply has to recruit more doctors to fill rotas. As the overall number of doctors in training has not fully kept pace with the changes, there is intense competition between trusts for these trainees. Recruitment of these middle grade doctors is a significant problem throughout the NHS, with no early solution in sight.

The overall number of junior doctors is related to the number of consultants required for the clinical work required by the population. Nationally, the number of consultants is about right. Creating more training posts for middle grades is therefore not an option.

1.2.4. There are particular shortages in skilled posts in obstetrics and gynaecology and paediatrics, where both doctors in training and specialist paediatric nurses are in short supply. They are hard to recruit for a number of reasons including a demanding

on call system, a move to resident consultant on call and restricted ability to earn private income. This is particularly acute in the south east because of the cost of living and particularly the cost of housing.

Nationally, the number of nurses who want to pursue a career in paediatrics is limited. These highly trained and relatively scarce staff are attracted by units that offer a wide variety of work, good training and development opportunities. This is especially the case in specialties such as special care baby units (SCBUs). Nurses can choose where they want to work and small units that provide a limited range (for example level 1 SCBU) is generally not attractive.

1.3. Forced closures

1.3.1. Special care is provided broadly at three recognised levels. Level 1 is basic resuscitation and care of the new born. Level 2 allows high dependency treatment and Level 3 is full neonatal intensive care. A fourth level exists for certain highly specialised services on a supraregional basis.

Around one in ten babies need some form of 'special care' with around ten per cent of those needing intensive care. There are therefore fewer neonatal intensive care units (NICUs) than those providing level 1 and 2. In Kent the level 3 (NICU) units are at Medway and Ashford hospitals. Brighton also provides a NICU.

All units act within a network providing a range of services for their local population and for a wider catchment area. Transfers between units are not uncommon to ensure that beds are effectively managed. This is coordinated by the Emergency Bed Service (EBS).

1.3.2. When a SCBU is full or does not have sufficient staff to cover the number of babies in its cots it will notify the EBS. The ultimate option is for the unit to temporarily 'close' for EBS transfers, which means that mothers who deliver prematurely may have the unfortunate experience of having their babies transferred to another unit.

In a three month period during the autumn of 2004 the Trust closed to EBS on 44 occasions. This is not acceptable, is highly disruptive and distressing to parents, and cannot be sustained.

1.4. Minimum labour ward standards

1.4.1. Obstetrics is a specialty in transition. The future nationally is for obstetrics and gynaecology to split, in the same way that paediatrics and neonatology have done. Improvements to the way care is provided require a minimum of 40 hours per week dedicated consultant cover to the labour ward. This requires a minimum of five consultants.

Currently this standard is not being met at Maidstone. Whilst it would be possible to recruit to a fifth consultant post, this will effectively only be a short term measure, as in future obstetrics and gynaecology will be separated. Overall the Trust will have sufficient senior staff but their job plans will need to change in line with the change in the specialty.

If obstetrics and gynaecology are split that will allow sub-specialisation, which will create the capacity to develop centres of excellence for women.

The recent history at Maidstone has also meant that there is no lead obstetrician (a national requirement) at Maidstone, reflecting the relatively low levels of obstetric cover at the hospital.

1.4.2. The provision of safe obstetric services is also only viable with 24 hour paediatric cover. Obstetricians look after women in pregnancy and during labour, but paediatricians care for their new born children. For those babies who are born prematurely or who develop difficulties, midwives are trained to provide immediate resuscitation, but the babies' ongoing care is provided by paediatricians.

It is therefore critical to have paediatricians available 24 hours a day where services are planned to deliver women with high risk pregnancies or premature babies. Currently paediatricians are required to cover two such units and this position is not sustainable because of the staffing issues outlined above.

An alternative to 24 hour cover by paediatricians is to use a new and highly specialised senior nurse, trained for this particular role, known as an Advanced Neonatal Nurse Practitioner (ANNP). However, these nurses can only provide medium term stabilisation of neonates, before transfer to a unit staffed by paediatricians.

This model is not yet nationally recognised, and there are questions over its' long term sustainability, given the difficulties of training and maintaining the ANNPs' skills. At best it could only be considered an option for those hospitals providing a level 3 NICU and with the capacity to train their own ANNPs.

1.5. The National Service Framework for children

1.5.1. Rightly, services for children have been given high priority in the NHS Plan and a national service framework has been developed that outlines best practices.

The NSF includes requirements such as:

- the provision of child-friendly facilities
- access for parents to stay overnight
- an emphasis on treating children outside hospital wherever possible.

Current services need to change significantly if we are to match the NSF guidelines.

2. The 2004 consultation

2.1. Context and consultation programme

2.1.1. Following the 2000 consultation, formal proposals to reconfigure services for women and children, were launched on 1 October 2004, for a period of public consultation which concluded on 31 December 2004.

The proposals, set out in the document **Excellence in care, closer to home**, were:

For children's services:

- To develop rapid assessment and treatment for children in ambulatory care (walking, not overnight) facilities at both Maidstone and Pembury Hospitals, allowing us to see and treat the vast majority of children locally
- To expand community children's nursing to enable more care to take place in the child's home, saving children from having to go into hospital
- To create one Special Care Baby Unit at Pembury to care for children who need specialist help immediately after birth, especially those born prematurely. This would be where our current unit is, close to paediatricians and inpatient care for children
- To further develop specialist paediatric facilities at the new hospital by building on clinical expertise.

For maternity and gynaecology services:

- To create a focus on normal deliveries, give women choice and continue providing outpatient and antenatal care locally
- To develop day case surgery, early pregnancy services, foetal medicine outpatients and diagnostics, and urgent assessment and short stay treatment on both sites
- To create a single, consultant-led unit for high risk obstetrics at the new Pembury Hospital
- To establish midwife-led care at both hospitals, with a high focus on normal deliveries, home births and the provision of birthing centres.

2.1.2. If services are reconfigured in this manner, this is how they will be provided at both hospitals:

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

2.1.3. The communications action plan adopted by local NHS bodies for the consultation process is set out in **Appendix One**. Below we outline the response to consultation as follows:

- The overall nature of the responses and responders is shown and the general tenor of comments on the proposals is summarised.
- A summary of key concerns is set out, identifying where possible the origin of the respondent, and including both members of the public and NHS employees. Details of some of these responses are included in appendices. Particular details are outlined and the NHS response to those concerns is appended.
- Responses from statutory organisations, including local authorities and other NHS bodies are detailed.
- Feedback to benefit other consultations in the future is included.

The detailed responses are available for scrutiny by Board members.

2.1.4. The consultation document did not include a tear-off slip for respondents. Rather, they were asked to write in with their comments, to use email, leave a telephone message or send one to the consultation website. Many people also attended public meetings. Because the consultation document on women's and children's services was published at the same time as the discussion document on trauma and orthopaedics, many respondents made comments on both documents in a single response. Below we list broadly where the responses came from:

Statutory authorities:	Local organisations:
Aylesford Parish Council	Diabetes UK, Maidstone and District
Boughton Monchelsea Parish Council	Hawkhurst Village Society
Brighton & Sussex University Hospitals NHS Trust	Maidstone and Tunbridge Wells Maternity Services Liaison Committee
Chart Sutton Parish Council	Patient and Public Involvement Forum
Ditton Parish Council	Postnatal Support Group, Paddock Wood
East Sussex and Kent County Councils Overview and Scrutiny Committee	West Kent Disabled and Sensory Impaired Group
Headcorn Parish Council	The Beacon Church
Kent Ambulance Service NHS Trust	SW Kent PCT Forum
Maidstone Borough Council External Scrutiny Committee	Beacon Community College student group
Maidstone Weald Primary Care Trust	Individuals from:
The Medway NHS Trust	Staplehurst (2)
Pembury Parish Council	Maidstone (8)
Sussex Ambulance Service NHS Trust	Antenatal clinic attendees (Maidstone) (2)
West Malling Parish Council	GPs (2)
	Aylesford (2)
Emails:	East Farleigh (3)
6	Teston
	Ward manager, Maidstone SCBU
	Wadhurst
	Allington
	Coxheath (GP)
	Loose (2)
	West Malling (2)
	Ightham
	Langton Green
	Maidstone Hospital consultant
	Tonbridge (2)
	Bearsted (2)
	Bower Grove School Head teacher
	Boughton Monchelsea
	Snodland
	Headcorn
	Barming

2.1.5. A letter opposing the proposals, signed by 55 consultant staff at Maidstone Hospital, was sent to the Chief Executive of the Trust and to the *Kent Messenger*. The text of the letter is as follows:

Dear Ms Gibb,

We, the consultants of the Maidstone Hospital, representing a broad group of specialties, write to inform you of our gravest misgivings regarding the proposed centralisation of acute services, initially emergency in-patient trauma, at the Kent and Sussex Hospital, Tunbridge Wells.

We believe the proposed cuts at the Maidstone Hospital to be dangerous, ill advised and unnecessary. They will place acutely ill patients, particularly the elderly and children, at additional risk of morbidity and death by transferring them to an inaccessible and less suitable site.

The loss of this acute service will result in the inevitable haemorrhage of essential skilled staff. We feel the knock-on effect on the remaining acute services will lead to their progressive erosion, reducing Maidstone to an elective hospital only.

We believe that whilst it may be financially and politically expedient, there is no justification for the proposed decrease in the quality of acute services that the people of Maidstone deserve.

Yours sincerely,

A list of the signatories to the letter is included within the appendices. The Board should note that following receipt of the letter, the Chief Executive of the acute Trust, Rose Gibb, met with the consultants to discuss their concerns at first hand, and to ensure that they fully understood the reasons behind the proposals. In addition, the Medical Director of the acute Trust, Dr Charles Unter, has also had individual meetings with some individual consultants.

2.1.6 The *Kent Messenger* published a petition in a number of its editions at the outset of the consultation process and delivered the final petition, with over 13,400 signatures, to the Trust in January. The wording of the petition was as follows:

"We the undersigned believe the proposed loss of specialist care from Maidstone Hospital for women experiencing complex births, sick children receiving overnight care and people needing operations for serious broken bones amounts to an unacceptable loss of service. We urge you to think again."

The campaign logo/slogan was: "Say NO to hospital cutbacks, a Kent Messenger campaign." A copy of the covering letter from Bob Dimond, the Editor of the Kent Messenger is contained within the appendices. The letter acknowledges that the current consultation into trauma and orthopaedic services was amended following public discussion to incorporate two possible options, neither of which were up for consideration at the commencement of the discussion period. Both the current

trauma and orthopaedic options include the provision of 24 hour emergency care at both Maidstone and Tunbridge Wells.

The Board should note that the wording of the petition covered more than one issue, and should consider whether the use of the general phrase "hospital cutbacks" may have swayed the opinion of those who signed the petition. It was also noted that over 500 of those who signed the petition do not live in the catchment area of Maidstone and Tunbridge Wells Trust, and that one page of the petition was headed, "Signatures for petition of closure of A&E".

In view of the above concerns, a random sample of 5% of the signatories to the petition have been contacted and asked some further questions to enable us to better understand their views and the reasons for them signing the petition in the first place.

The Board will be given a summary of the responses received to these questionnaires at the meeting.

2.2. Issues and concerns

We have broken down the responses into a number of issues and listed the numbers of respondents who specifically raised that issue or concern. Some of these issues cut across the two consultation/discussion documents and are not specific to either. Many respondents made more general comments. The following tables contain those summarised responses.

Area of Concern	Detailed Points Made	Statutory Organisation	Local Organisation	Individual	Response to Concerns
Transport/travel	<p>County town is central to region.</p> <p>Practical difficulties of travelling to see a child in hospital.</p> <p>Inter hospital transport required.</p> <p>I live in Snodland and cannot drive. How would I get to Pembury?</p> <p>150 members of Beacon Church, Maidstone, would have major travel problems. Visits to sick baby or child need to be made daily.</p> <p>Hospital car service overstretched.</p> <p>New public transport links needed.</p>	4	3	12	<p>Tunbridge Wells central to the overall catchment area for the Hospital Trust.</p> <p>There would be an expansion of community paediatric services.</p> <p>If transport required for medical reasons, an ambulance or hospital car would be provided, but other means of transport must also be explored. The results of the transport to hospital survey carried out by the Trust are available to Board members on request. The conclusion to the survey comments that, <i>"From the patients and visitors surveyed, 84% indicated that they had used their own car and 35.6% indicated that nothing would encourage them to use public transport. Question 8 regarding use of public transport was incomplete on 14% of the forms."</i></p>

Area of Concern	Detailed Points Made	Statutory Organisation	Local Organisation	Individual	Response to Concerns
Risk to mother/baby in labour	<p>Information needed about frequency of transfers in labour.</p> <p>More babies currently born at Maidstone than Pembury.</p> <p>When having a baby I would wish to have on-site and immediate access to fully qualified doctors.</p> <p>Doctors who see women for antenatal care in Maidstone will not be able to see them post-operatively in Pembury. This will threaten continuity of care.</p>	2		1	<p>A detailed paper on this issue, which also compared arrangements in place in other parts of the country was prepared by Mary Tunbridge, General Manager for Maternity Services, and supplied to the Health Overview and Scrutiny Committee for their consideration. Copies of the paper are available for Board members on request.</p> <p>We need to see the service as a whole. That means 2 hospitals working together in a complementary way. For the future the obstetric service will be provided by a team of doctors and midwives, so continuity of care will be maintained.</p> <p>We will still deliver babies at Maidstone both at home and in the birthing unit(s). This type of service is already well-established and provided elsewhere, for example at Buckland Hospital in Dover.</p>

Area of Concern	Detailed Points Made	Statutory Organisation	Local Organisation	Individual	Response to Concerns
Risk to child (paediatrics)	<p>Concerns for children requiring frequent admissions.</p> <p>Would undo progress made in involving parents in care.</p> <p>Decision on location of inpatient unit should depend on number of patients at each centre.</p> <p>Particular problems for Maidstone families of children with cystic fibrosis.</p> <p>Need reassurance that children with diabetes would not have to go to Pembury at night. Would there be 24 hour nurse cover?</p> <p>Proposals represent a genuine threat to the quality and scope of care that our hospital will be able to provide for my patients (Coxheath GP).</p>	1		3	<p>The majority of care for children can and will be provided on a day case, outpatient and ambulatory basis. Around 80% of children will continue to be seen and treated locally. For the minority who require an inpatient stay, it is better to centralise that care to improve the quality of the service we can offer.</p> <p>We would also want to extend the range and scope of our home care team who will be used increasingly to deliver care direct to the child's own home. This is better for them and reduces travel for parents.</p> <p>These specific issues should be given careful consideration to ensure that everything possible is done to remove the need for these patients and their parents to travel unnecessarily. We recognise that the particular needs of some groups of patients justify specific attention as part of the implementation process to ensure that the balance of the provision of specialist care with local provision wherever possible is maintained.</p> <p>Need to recognise the importance of critical mass to provide excellence of care for the whole population served.</p>

Area of Concern	Detailed Points Made	Statutory Organisation	Local Organisation	Individual	Response to Concerns
'General rundown of Maidstone Hospital'	Maternity care should be expanded not reduced at Maidstone.			4	Two centres working together will enhance care for women and babies, and allow the critical mass required to provide a centre of excellence to the required standards.
Population growth	Major developments on the way in Maidstone area.			6	We need to be aware of the implications of population growth and the consequent extra births and plan for them across the Trust.
Praise for maternity unit at Maidstone	Six grandchildren all born at Maidstone. Keep it where it is.			3	High quality of service is recognised, but becoming unsustainable.
Proposals driven by new hospital	Why make changes now and not when new hospital is built?			2	Because services have already become unsustainable in the short term.
Proposals driven by staff shortages	Two sites would create more staff shortages. Staff shortages alone driving this proposal.			2	Two hospitals working together would be more efficient, allowing us to focus staff where they are most needed.
Proposals driven by cost	Extra £2.5m cost worth it for two units.		1	1	The current staff shortages are a reflection of the way in which the services are currently configured. Proposals are not about the cost of service.

Area of Concern	Detailed Points Made	Statutory Organisation	Local Organisation	Individual	Response to Concerns
Need for two obstetric units	<p>Inequity of one unit having access to specialist support, not the other.</p> <p>Keep both units by staffing on with specialist paediatric nurses (ANNPs).</p> <p>Maternity services essential for flagship hospital.</p>	1	2	1	<p>Access would be provided to senior expert team for both birthing units.</p> <p>ANNPs in short supply. Risk of failing to recruit or retain.</p>
Impact on other trusts	Have other Trusts been consulted?	1			<p>The proposals will provide a birthing unit at Maidstone and access to SCBU.</p> <p>Yes, as part of consultation process.</p>

2.3. Comments on the proposals

Many respondents did not comment specifically on the proposals in the document, preferring instead to make general points similar to those set out above. However, where a clear view was formed on the proposal we have listed it in the table below, which shows in a simple format those in favour of the proposals and those opposed. We have also included those with mixed views.

Expressed views of:	Statutory authority	Local organisation	Individual
In favour of proposals	5	3	8
Opposed to proposals	1	2	21
Mixed views	6	2	3

2.3.1. Statutory bodies and local groups wrote detailed comments on the proposals and we include some of the significant comments within Appendix 3.

3. Analysis

3.1. Major issues

3.1.1. The major issue that concerns local people is that of travel between Maidstone and Pembury and how that could impact on women in labour and children being transferred from one hospital to the other. Linked to this was the expectation that visitors mainly travelled to hospital by car: therefore car parking was a related feature of the debate around travel.

There is considerable support for a major Special Care Baby Unit based at Pembury and for a specialist inpatient paediatric unit at that hospital, and birthing units also gain widespread support.

The Local NHS has put considerable effort into engaging the public in this consultation process and it would appear to be reasonable to comment that we have been effective in undertaking a debate across a wide area. It is apparent, however, from the feedback that most people who responded were from the Maidstone end of the catchment area, and that most of those who opposed the proposals came from that area. Public meetings were on the whole very poorly attended and a judgement needs to be made about the effectiveness of such mechanisms, particularly when the NHS is beginning to use its new Public and Patient Involvement machinery much more than hitherto. Parish Councils showed great interest in debating the proposals, as did local interest groups.

3.1.2. The key local authority involvement in this process was initiated by a joint Health Overview and Scrutiny Committee of both East Sussex and Kent County Councils and a very detailed exercise was carried out by this committee, looking both at the proposals set out in the report and also the manner in which the NHS carried out its consultation. The committee's summary report is attached as **Appendix Two**. After consideration of all the issues, their overall conclusion is as follows:

Making any changes to hospital services can be extremely emotive, however when change is related to women 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 Trust's vision for 'A single Acute Trust, operating from two major hospitals, with centres of excellence that work together in a complementary way'.

Later, the committee makes a number of recommendations to the NHS bodies, arising out of the consultation. They say:

The Committee supports the proposals for the redesign of Women 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.*
- *The Committee recommends that the Maidstone midwife-led birthing centre is situated away from the main 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.*
- *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.*
- *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.*

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 One

COMMUNICATIONS/PPI ACTION PLAN FOR CONSULTATION ON WOMEN AND CHILDREN'S SERVICES

All areas with ✓ indicates joint visit/work with Steve Jones, Project Manager for Trauma and Orthopaedic Services

The standard letter refers to the letter "Shaping your local Health Service" which offers meetings and accompanies the consultation document.

WHO TO INVOLVE	LEAD	HOW	VENUE	WHEN
Special Interest Groups Appendix A	Karen Beesley	Letter "Shaping your local Health Services" plus consultation document to all groups		From 11/10/04
Current Patients/Users	Rose Gibb Karen Beesley/Pat Graves Pat Graves Pat Graves/Karen Beesley	Questions and Answers on Hospital Radio Questionnaires – face to face in Outpatient Clinics Paeds, Gynae and antenatal. 10 patients in each of 6 clinics Questionnaire plus consultation document in each hand held Blue Book (Maternity) Flyer and questionnaire to go out with Paediatric TCI letters.	Maidstone and Kent and Sussex Maidstone and Pembury Maidstone and Pembury Maidstone, Pembury and Kent & Sussex	1 st week in November 04 From 11/10/04 From 11/10/04 From 11/10/04 for 6 weeks
Users and Potential future users	Pat Graves facilitated by Linda Prickett	Visit GP surgery to use face to face questionnaire	TBA	From 11/10/04 Dates to be agreed with surgery
Local Citizens Advice Bureau ✓	Pat Graves	Letter and Consultation document		11/10/04

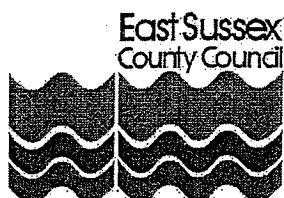
WHO TO INVOLVE	LEAD	HOW	VENUE	WHEN

Parish Councils ✓	Pat Graves	Letter and Consultation document		11/10/04
PFI Community Work Group	Frank Sims	Confirm attendance, share consultation document from Women and Children	Post Graduate Centre Kent & Sussex	4/10/04
Access to hard to reach groups	Karen to contact Dianne Beeching and Linda Prickett re ethnic groups, travellers groups etc	Letter plus consultation document		
Ensure that transport providers are involved through discussion document e.g. buses	Frank Sims and Simon Johns	Standard letter and discussion document		4/10/04
Church groups ✓	Pat Graves	Identify local church groups send letter and discussion document and offer to come and talk		October 04
League of Friends and Volunteers and local fund raiser Peggy Wood	Karen Beesley	Standard letter and discussion document		4/10/04
General Public	Darren Yates and Karen Beesley	Utilise previous distribution methods to access Libraries etc from Phase 2 work.		
Organise Road Show in front of T.Wells precinct and Maidstone Chequers Centre	Linkage with T & O. Karen to phone centre, boards from PFI Team, Nexus to supply posters. Karen to get volunteers	Organise display stand, posters, consultation documents. Confirm access with centre managers and agree date with executive lead. Arrange staff support to attend. Confirm feedback mechanism.		November 04
Maidstone Weald PCT PEC and Board members Management Team Heads of Service (particularly in/outpatient therapies integrated nursing teams) PALS Officer	Rose Gibb and Frank Sims	Meeting presentation Documents to be distributed by PCT's Comms. Leads Involved in work group		2 a month

<p>South West Kent PCT</p> <p>PEC and Board members Management Team Heads of Service PALS Officer</p>	<p>Rose Gibb and Frank Sims</p>	<p>Documents to be distributed by PCT's Comms. Leads</p>		
<p>Sussex Downs and Weald PCT</p> <p>PEC and Board members Management Team Heads of Service PALS Officer</p>	<p>Rose Gibb and Frank Sims</p>	<p>Report and Q & A Documents to be distributed by PCT's Comms.Leads</p>		
<p><i>Kent and Medway Strategic Health Authority</i></p> <p>Candy Morris, Chief Executive Rebecca Sparks Alison Pemberton – Associate Director of Communications Martin Hawkins Kate Lampard – Chairman</p>	<p>Rose Gibb</p>			
<p><i>Strategic Health Authority for Sussex</i></p> <p>Chief Executive Chairman</p>	<p>Rose Gibb</p>			
<p>Primary Care Trusts</p> <p>Chief Executives and Chairmen Ashford Canterbury and Coastal Medway Shepway Dartford, Gravesham and Swanley Swale</p>	<p>Rose Gibb and Frank Sims</p>			
<p>Mental Health Trust</p> <p>West Kent NHS and Social Care Trust</p>	<p>Frank Sims</p>			
<p>Other NHS Partners</p>	<p>Frank Sims Steve Jones</p>	<p>Send consultation document and letter</p>		<p>Initial 3rd Oct</p>

Kent Ambulance NHS Trust	Pat Graves Rose Gibb and Frank Sims	Representatives on Work Groups Presentation to Ambulance Board		
Local Authorities Sevenoaks District Council – Chief Executive Tonbridge and Malling Borough Council – Chief Executive Tunbridge Wells Borough Council – Chief Executive Maidstone Borough Council – Chief Executive	Rose Gibb and Frank Sims			
Overview and Scrutiny Committees Maidstone Borough Council Tunbridge Wells Borough Council Kent County Council	Rose Gibb and Frank Sims			30 th September
Kent County Council Chief Executive Director of Social Services	Rose Gibb and Frank Sims			
MPs Ann Widdecombe Archie Norman Hugh Robertson Sir John Stanley Michael Fallon Charles Hendry Open Public Meetings	Rose Gibb and Frank Sims Rose Gibb and Frank Sims	Meeting		22/09/04 23/09/04 To be arranged

Appendix Two



'Excellence in care, closer to home'

The future of services for women and children

Kent and East Sussex County Councils'

NHS Overview and Scrutiny

Joint Select Committee response

EXECUTIVE SUMMARY

December 2004

EXECUTIVE SUMMARY

1. Overview and Scrutiny of the NHS

The Health and Social Care Act 2001 makes statutory provision for local authorities with social services responsibilities to extend their overview and scrutiny functions to include health.

Kent County Council established a Pilot NHS Overview and Scrutiny Committee in November 2001, and East Sussex County Council in October 2002. These Committees became a legal entity when the Local Authority Overview and Scrutiny Committee's Health Scrutiny Functions Regulations 2003 were implemented on 1 January 2003.

In July 2003 the Department of Health issued guidance for the scrutiny of the National Health Service, and this guidance has been followed when undertaking this review.

2. Joint Select Committee

Select Committee membership

The Select Committee consists of thirteen members:

Kent County Council Representatives:

Dr Robinson (Chairman)
Mr Chell
Mr Davies
Mr Fittock
Mr Rowe
Mr Simmonds
Mr J Tolputt

East Sussex County Council Representatives:

Cllr Bentley
Cllr Slack

Kent District/Borough Council Representative:

Cllr Baker/ Cllr Gibson (Sevenoaks District Council/ Maidstone Borough Council)

East Sussex District/Borough Council Representatives

Cllr Bigg –(Hastings Borough Council)
Cllr Phillips –(Wealden District Council)

Patient and Public Involvement Forum (PPIF) Representative:

Mr Reece

Terms of Reference

The Terms of Reference proposed for this topic review are outlined below:-

- To prepare a strategic response, on behalf of Kent County Council's and East Sussex County Council's NHS Overview and Scrutiny Committees (OSCs), to the South of West Kent Health Economy consultation, "Shaping Your Local Health Service" –Priority three. This relates to the reconfiguration of Women's and Children's Services and Trauma and Orthopaedic Services.
- To examine the proposals for Maidstone and Tunbridge Wells NHS Trust and to consider them in the wider Kent and East Sussex context.
- To take evidence from stakeholders including relevant Acute Trust staff, partner organisations and community groups.
- To report the Committee's recommendations to both Kent County Council NHS OSC, East Sussex County Council NHS OSC, and to the South of West Kent Health Economy organisations.

The Select Committee agreed this review would be undertaken in two phases. This is the first phase, concentrating on the proposals for the redesign of services for women and children. The second phase will consider trauma and orthopaedic services. This report is only concerned with the services for women and children.

In constructing this report, the Joint Select Committee sought written evidence from various stakeholders, including Acute Trust staff, partner organisations, such as NHS Trusts in the surrounding areas, G.P's surgeries, etc, District/Borough and Parish councils and M.Ps. In addition to the written information, the Select Committee held four hearings and met on a further four occasions to discuss the direction of the report. The Committee also ensured representatives attended Trust public meetings.

3. Strategic Context

In considering these proposals, it is important to acknowledge the drivers influencing changes to services nationally. The main policy documents and initiatives influencing the redesign of services were considered by the Joint Select Committee and include:

- The NHS Improvement Plan
- National Service Framework (NSF) for Children, Young people and Maternity Services
- Department of health consultation: Keeping the NHS Local – A new direction of travel
- Royal College of Midwives position statement on birthing centres
- The Social Exclusion Unit report : 'Making the connections: Final report on transport and social exclusion'.

4. The consultation of 2000

In September 2000, the newly formed Maidstone and Tunbridge Wells NHS Trust consulted on proposals for women's and children's services. The proposals were similar to those currently proposed however the site for the centralised services had not been determined.

Relevant stakeholder groups were reported as agreeing with the need for a 'hub and spoke' model but generally desired the hub to be in their local area. The general public did not accept the case for change and raised concerns related to transport and the safety of transferring patients. Many of the professional staff were reported as accepting the pressure on the system and the case for change. However, there were discrepancies in opinion as to the extent to which those proposals represented the best or most workable options. It was believed this was compounded by the speed of the review process and the recent merger of two Acute Trusts with differing 'clinical practice and priorities'.

As a result of this, the Acute Trust proposed that it should be allowed to make further efforts to provide core women's and children's services at both sites. In November 2000, the West Kent Health Authority agreed to approve the Acute Trust's revised proposals, whilst recognising that, if pressure in the future required further specialisation of women's and children's services, these should be sited in Pembury.

In 2003, a meeting was held and attended by a variety of staff, including 18 senior staff members, to discuss the way forward. It is reported that there was general agreement to gain a critical mass of work in order to develop specialist skills and therefore better services for patients. It was agreed in principle at this meeting by a majority of staff that centralising high risk obstetrics at Pembury was the most suitable option. The Committee has repeatedly requested the minutes from this meeting, however is yet to receive a copy.

5. Process of consultation 2004

The Committee was concerned that the main driver for the timescales of this consultation was the deadline for the Private Finance Initiative in January 2005. It was evident that the consultation process was hastily assembled, a feeling echoed by some clinicians. This was evidenced by the extremely limited time clinicians were reported to have been given in which to comment on the draft consultation document, the late distribution of the consultation document, the lack of thought given to the illustrations within the document and the fact that the public meeting dates were not available and not advertised until November.

However, despite this, the Committee is satisfied that the Acute Trust and the PCTs have met their obligation to consult with the public and stakeholders, who have had ample opportunity to respond to the consultation.

6. The proposals 2004

The proposals are to develop:

- **Ambulatory care:** This would be provided at both Maidstone and Pembury, providing emergency assessment of children, short stay treatment and stabilisation of complex cases for transfer.
- **Midwife-led care:** It is proposed to create two Midwife-led birthing units, one in Maidstone and one on the new development in Pembury.
- **Obstetrics and gynaecology:** High-risk consultant-led obstetrics care would be concentrated on the Pembury site, as would inpatient non-cancer gynaecology, whereas specialist gynaecology for cancer care is at the Maidstone site.
- **Inpatient children's care and special care baby unit (SCBU):** Inpatient children's care would move to the new development and the Acute Trust would provide a single SCBU (level 2) at Pembury.
- **Community children's nurses:** To expand community children's nursing so that more care can take place in a child's home.
- **Both sites:** To develop rapid access early pregnancy services, antenatal care, day case surgery and out patient departments at both hospitals.

Investment in Maidstone Hospital

Much of the public concern has centred on the perceived downgrading of the services at Maidstone Hospital. The Committee has been assured that this is not the case. The Acute Trust aims to provide two modern hospitals complementing each other in the services they offer.

As the consultation document shows, the Acute Trust has recently opened the £3 million Peggy Wood breast centre, an £11 million eye, ear and mouth unit and is in the process of opening a £1.7 million emergency care department.

7. Geographical Context

To move the inpatient children services and complex obstetrics and routine inpatient gynaecology services from Maidstone to the new Pembury development is the most viable option geographically. The Pembury location is nearer the centre of the 500k population in the Trust's catchment area.

For Maidstone residents needing inpatient care, there are closer alternatives to Pembury such as the Medway Maritime Hospital and the William Harvey

Hospital at Ashford, both of which have good motorway links. If services were to be provided at Maidstone there would be a vast gap in services for those resident both in the far West of Kent and the East Sussex borders.

When looking at the location of alternative Acute Trust services, Pembury appears the most appropriate location for services, if it is agreed that centralisation is necessary. Nevertheless, the Committee would like to stress that the vast majority of services will still be available locally, as the Trust plans to extend the provision of community services and to develop rapid access early pregnancy services, antenatal care, day case surgery and out patient departments at both hospitals

8. Current pressures on services

The Acute Trust services in their current form are not sustainable for a number of reasons, including:

- Lack of middle grade doctors for Maidstone paediatrics
- Problems recruiting and retaining lead obstetrician posts in Maidstone
- High vacancy rate for paediatric nurses
- Tighter restrictions on junior doctor's hours with the European Working Time Directive
- The closure of the SCBU unit at Maidstone that has occurred 44 times in the last three months to the emergency bed service
- The need to comply with the recently published NSF
- Not meeting labour ward minimum standards at Maidstone
- The fact that obstetrics is not viable without paediatrics

Even those not in favour of the proposals agree that the status quo is not sustainable, and that 'doing nothing is not an option'. Many of those the Committee has spoken to agree that two sites are not sustainable for the future. The Committee was advised that if these proposals were not to go ahead then this would lead to:

- Units closing
- A reduction in services
- Increased difficulty in recruiting and retaining staff
- More patients being transferred out of area

The Joint Select Committee unanimously agrees that the services in their current form are not sustainable and is concerned as to how the Acute Trust plans to sustain services until 2010 if the proposals are accepted.

9. The Committee's views on the proposals

A larger specialist unit at Pembury will benefit the community and will aid recruitment and retention of staff. It will be more attractive to the desperately needed specialist staff and will become more popular for those in training.

Any change to hospital services is difficult for a community to accept, however the Committee is convinced that these proposals will provide modern,

sustainable services, which will increase choice for patients and meet safety expectations.

The Acute Trust proposals are a reflection of modernisation programmes happening nationally, where the primary aim is the redesign rather than relocation of services. In doing so, they will also ensure modern efficient services are available locally, and will reduce the need for patients to travel out of areas for more specialist care.

10. Transport

The NHS, National Government and Local Authorities have a responsibility to ensure that there are adequate transport arrangements for those accessing healthcare. However limitations in current transport provision cannot be the defining argument in service location, there is little point in having good local access to a poor service. It is essential that those in deprived and rural areas are not disadvantaged through the movement of services to the new development. The transport solutions cannot be developed in isolation, discussions with Kent and East Sussex County Council representatives have shown there is a willingness to consider these issues in partnership.

11. Conclusion

Making any changes to hospital services can be extremely emotive, however when change is related to women 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 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.
- The Committee recommends that the Maidstone midwife-led birthing centre is situated away from the main 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.
- 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.
- 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.
- 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.

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.

The Joint Select Committee would like to take this opportunity to thank all of those who took the time to share their views with the Joint Select Committee in writing or in person, this support has been crucial in the development of these recommendations.

For a copy of the full report please contact Abigail Hill, Research Officer, NHS Overview and Scrutiny Committee, at Kent County Council, Legal and

Secretariat. Sessions House, County Hall, Maidstone, Kent, ME14 1XQ, e-mail Abigail.Hill@kent.gov.uk or telephone 01622 694196

Appendix Three – Other significant responses received

- Kent Ambulance NHS Trust provided a response to the Priority 2 Consultation, and asked that it should be considered as their response to the women's and children's consultation

Kent Ambulance NHS Trust

Response to the Consultation on "Shaping Your Local Health Services"

1. INTRODUCTION

- 1.1. This paper is the formal response of Kent Ambulance NHS Trust (KAT) to the consultation on the proposals to change the provision of some health service provision in the Maidstone and Tunbridge Wells areas as part of what is described as "Priority Two" work. The Trust welcomes the opportunity to respond and contribute to the consultation.
- 1.2. Although this paper is in direct response to the four proposals made under Priority Two, the response has been considered in the knowledge and recognition that these changes are just one part of a complex process of change and service redesign.
- 1.3. As an NHS Trust that provides services over the whole of the Kent and Medway Strategic Health Authority area, we need to view and consider these proposals to change services in the context of the overall picture: it is not possible to consider them in isolation.
- 1.4. We are pleased to have been involved in the consultation process so far, and look forward to our continued active involvement in determining the best outcome for the provision of modern and effective health services for the communities that we jointly serve.

2. SCOPE

- 2.1. The scope of this response is limited to the views of Kent Ambulance NHS Trust in respect of the potential impact upon the ambulance services that it provides as part of the overall provision of health care to the populations of Maidstone Weald and South West Kent Primary Care Trust areas.
- 2.2. This paper comments upon each of the four proposals for change set out in the consultation document, but these comments are prefaced with our views on the anticipated cumulative effect of those changes, should they be implemented, as well as their interface with other possible changes in the future.

3. IMPLICATIONS FOR THE AMBULANCE SERVICE AND RECOMMENDATIONS

- 3.1. The net effect for the ambulance service of any one of these proposed changes is likely to be relatively low. However, when they are considered in conjunction with each other, and also in the context of the changes which are taking place under Priority One, it is our view that they will have a detrimental effect upon ambulance service provision unless some additional resources are allocated to enhance ambulance service provision.

- 3.2. Given the complexity of these changes when considered in conjunction with Priorities One and Three, we strongly recommend that the local health economy invest in an independent study of the service and resource implications for the ambulance service.
 - 3.3. It should be noted that the lead time to introduce new operational staff, particularly when these new staff are to be based within a relatively small geographical area, is considerable. Additional resources must be in place and operational prior to any significant service configuration changes being implemented, and a lead time of up to 18 months for this to be achieved safely should be included in any planning assumptions.
 - 3.4. Some of the proposals, particularly around the longer term proposals in Priority Three, do identify some potential additional training needs for ambulance staff, for example in the care of paediatric patients. We would strongly recommend that these needs are identified at an early stage, and that a training plan, possibly in partnership with the Acute Trust staff, is agreed well in advance to ensure that all required training has been carried out prior to any changes being implemented.
 - 3.5. Given the need to ensure that patients of varying clinical dependencies will need to be transported and cared for between Tunbridge Wells, Pembury and Maidstone, consideration should be given to the resourcing of a dedicated "shuttle" ambulance service between those locations. This service should be staffed by appropriately-trained personnel, perhaps with a dedicated nursing escort. This would ensure that there would be an available and responsive service for these patients without detriment to the local accident and emergency ambulance service.
 - 3.6. The net effect upon the Patient Transport Service of all the changes being implemented and / or considered should be measured, and resourced accordingly.
4. **PROPOSAL ONE:** *Changes to the location of some inpatient care. These changes relate to the creation of a stroke service for the acutely ill on the Kent & Sussex site; the provision of longer term rehabilitation for patients in community hospitals and an increase in community stroke and rehabilitation teams to look after more people in their own homes.*
- 4.1. Given that these changes relate primarily to the transfer of some inpatient beds from Pembury to Kent and Sussex, and the provision of longer-term rehabilitation beds in local community hospitals, KAT does not envisage any major impact upon its provision of emergency and urgent ambulance services from this proposal.
 - 4.2. However, as the current provider of Patient Transport Service (PTS) non-emergency ambulance transport services to Maidstone and Tunbridge Wells NHS Trust, we would observe that as part of the commissioning process, due regard must be taken of any changes to PTS patient flows arising from this proposed change, and the service must be adequately resourced to provide any additional services that may be required.
 - 4.3. We would also observe that this change in service provision for stroke patients has the potential to work well in conjunction with the development of alternative referral pathways for stroke patients initially attended by the ambulance service, particularly with the development of community-based stroke care teams. In this respect, we would positively support the exploration and development of opportunities for joint working between the ambulance service and these community teams, to improve the quality and effectiveness of care that can be given to this particular group of patients.

5. **PROPOSAL TWO:** Consolidating inpatient gynaecology at Pembury Hospital. *This change relates to the provision of a centralised inpatient gynaecological service for pre-booked patients at Pembury Hospital, with dedicated beds and access to theatres which are not used by emergency patients.*

5.1. The current demand placed upon the PTS ambulance service for the routine admission or discharge of pre-booked gynaecology patients is low, and as such we do not envisage that this proposed change will have any significant effect upon KAT as far as elective (i.e. pre-booked) patients are concerned. However, it is possible that with the transfer of some beds from Maidstone to Pembury this will increase the demand for this type of transport, and, in line with the comments in 7(b) above, we would expect that the PTS service would be adequately resourced to provide any additional PTS services that may be required as a result of this proposed change.

5.2. However, we do have some concerns about the potential for patients admitted as an emergency via Maidstone Accident and Emergency Department to require a subsequent ambulance transfer from Maidstone to Pembury for further interventions. This would be of particular concern if the dependency of these patients were such that they required the services of the Special Transport Service or a full Accident and Emergency crew. We do note the intention that the new service will have dedicated beds and access to theatres which are not used by emergency patients, but feel that it is important to clarify the arrangements for the inpatient care of gynaecology patients conveyed as an emergency case to Maidstone A&E Department.

6. **PROPOSAL THREE:** Moving children's planned routine surgery from the Kent and Sussex Hospital. *This change relates to the move of children's planned routine surgery from the Kent and Sussex Hospital to Maidstone before the move into the new hospital at Pembury.*

6.1. There is currently very little ambulance activity associated with the admission and / or discharge of paediatric patients for planned routine surgery. It is therefore anticipated that the effect of this proposed change is likely to be minimal upon the ambulance service.

6.2. However, consideration should be given to the potential for a growth in the requirement for routine transport for admissions and / or discharges from what will be a more remote site for patients in some areas.

6.3. In common with the proposals around gynaecology inpatients, we also have some concerns about the potential for paediatric patients admitted as an emergency via Kent and Sussex A&E Department or Jacoby Ward at Pembury to require a subsequent ambulance transfer for Tunbridge Wells to Maidstone for further interventions.

6.4. We would also comment that as the long term plan is to bring all paediatric inpatient surgery back to Tunbridge Wells when the new hospital is built, this will only be a temporary measure. As such, it is especially important that this aspect of the proposal is clearly communicated to the local population to avoid confusion at a later stage when it will revert to a model much closer to the current practice.

7. **PROPOSAL FOUR:** Bringing together inpatient clinical haematology at Maidstone Hospital. *This change involves further development of the haematology service at the Kent Oncology Centre at Maidstone and the consolidation of all inpatient haematology beds on the Maidstone site. Some patients who are currently treated at specialist centres in London and Surrey will instead be cared for at Maidstone. All outpatient and day case work will continue to be treated in local hospitals, as close to the patient's home as possible.*

7.1. Given the difficulties that can arise from the provision of transport to and from London and Surrey hospitals, we support the consolidation of haematology services at Maidstone on the understanding that this will enable the development of a high quality specialist service within the local setting. The reduction in the requirement to transfer these patients to London will assist in the provision of a local accident and emergency ambulance service within Kent.

7.2. We recognise that the number of inpatients on an annual basis is very small, but nonetheless recommend that the provision of appropriately skilled and resourced transport for admission and discharge is made available for these patients.

8. CONCLUSION

8.1. KAT would welcome their continued inclusion, together with their commissioners, in the consultation, planning and change implementation process.

8.2. We recognise and support the need to reform and modernise services. However, the changes being implemented and / or consulted upon within the three Priorities are both complex and very much inter-related: accordingly, Kent Ambulance NHS Trust is only able to support the proposals if any additional ambulance resources, identified as being required to maintain our commissioned level of service by a mutually agreed process, are fully funded by our commissioners. Additionally, funding must be made available at such a time, possibly on a phased basis, to ensure that the staff and vehicles are in place and operational prior to any changes that impact upon the ambulance service being implemented.

• Sussex Ambulance Service NHS Trust

The Trust set out the proposals in Priority 2 and 3, including the women and children's proposals. It reported its views together with those of Unison, the Trade Union, as follows:

In principle SAST and Unison are in support of the above reconfiguration proposals as access to full A&E and critical services will be available on the Pembury Hospital site.

Access to the proposed new Pembury Hospital site equitable to the current Kent & Sussex Hospital site. An increase in travel and journey turnaround times will increase as follows:

For category A 999 calls there would be an increase of approximately 5 minutes on inward journey time and 10 minutes on outward journey times. We take an average of 6 patients per week to the current Kent & Sussex hospital as cat As. This would increase our weekly journey turnaround times by 90 minutes in total.

For all other journeys there would be an increase of approximately 10 minutes on inward and outward journey times. We take an average of 27.5 patients per week to the current Kent & Sussex Hospital (excluding cat As). This would increase our weekly journey turnaround times by 550 minutes for these patients.

We would anticipate a total journey time increase of 10 hours and 40 minutes per week which equates to 14 hours including on costs and relief. Total costs for each hour will be in the region of £40 and therefore total cost per annum is likely to be approximately £30000 (tbc by finance).

Impact to all current out patient facilities will be negligible as services will continue to be provided in the main part on both services – changes to Urology with a shift to the Maidstone site has already taken place and effective treat and transfer protocols are being facilitated by Kent Ambulance Service.

SAST are unable to offer a formal response to the proposed reconfiguration of children's services at the moment until definite outcomes of the Princess Royal/Brighton reconfiguration are better clarified.

Conclusion

I would recommend that SAST Board formally support the MTW reconfiguration.

We should seek funding for additional journey times from the MTW reconfiguration programme board once figures are finalised.

We should seek further joint working and partnership opportunities with MTW in working towards delivering the SAST strategy and vision by securing a place on the MTW reconfiguration board.

We should ensure that an analysis of potential shift in both A&E and PTS patient flows is completed based on the potential outcomes of both the MTW and BSUH proposed reconfigurations. Results of this analysis should then be fed into the ongoing reconfiguration developments and negotiations...

Sue Harris
Director of Ambulance Services
Eastern Zone

- **Brighton and Sussex University Hospitals NHS Trust**

Peter Coles, Chief Executive of the BSUH Trust, wrote to the KCC Overview and Scrutiny Committee as follows:

I understand from your letter that the aim is to relocate high risk complicated obstetrics to Pembury and create supporting midwifery led units at Maidstone and Pembury Hospital. Alongside the midwifery unit there will also be two ambulatory care units for paediatrics whereas the complex children's inpatient care would be delivered on a new Pembury Hospital site.

This brief description fits with our local reconfiguration we have undertaken locally but also reflects the national trend in the reconfiguration of both maternity services and paediatric services in response to the key national drivers such as European Working Time Directives, Royal College recommendations for the training of Junior Doctors and critical mass requirements. I appreciate your informing us of these

changes to services and would welcome further discussion on this with the Trust involved in line with our strategic changes to paediatric and maternity services.

- **Letter from ward manager, SCBU, Maidstone**

The following comments were included in a letter from Rosie Reddick, Ward Manager:

- *We are a busy unit for the majority of the time and are aware that the Pembury unit are often up to their full capacity. If the 2 units were to merge as one, with the plans as they are at the moment, we are concerned that there will not be enough cots to cope with the heavier workload.*
- *Recent reports have claimed that we have 'closed' on several occasions due to lack of staff and difficulty in recruiting staff. The word 'closed' could be perceived in many different ways. We have had several occasions where we have been up to our full capacity (ie: 8 babies or even more) which obviously means that to accept further admissions is difficult; but surely this is a case of being 'busy' – something we all experience in our workplaces from time to time. Unfortunately these situations are termed by some as being 'closed' – a somewhat misleading phrase. As far as our staffing levels are concerned, we are fully established as far as our budget will allow, and have recently recruited 2 trained nurses without any difficulty. However, if the units were to merge to 1 this would certainly result in a loss of staff who would be unwilling or unable to work at Pembury due to travelling difficulties, child care problems etc.*
- *Not only would there be travelling difficulties for the staff, but more importantly, the mothers and relatives of the babies would find the travelling a major problem. For example, those mothers who have had a caesarean section cannot drive for at least 6 weeks following delivery, and those without their own transport would face an exhausting and tedious journey by public transport. This, in turn, could heavily influence the bonding process for mother and baby as well as trying to establish breast feeding.*
- *Maidstone is a county town – the fact that we would not have a hospital providing full services to the town is surely very poor*
- *The fact that we are a busy unit for the majority of the time can only accentuate the need for the unit at Maidstone.*
- *The proposals suggest that the maternity services should be removed from Maidstone with the alternative of a birthing unit instead, which would be midwifery led with no medical cover. As a result, the only births considered for this type of unit would be those considered as straight forward – without risk. How can we not presume that any birth does not have a certain degree of risk attached? This would not be such a problem if medical assistance was available at a unit relatively nearby, but can we honestly say that Pembury is within a safe enough distance should an emergency situation arise? As mentioned previously, many of our babies are term babies who 'in theory'*

should have been delivered without any problem; but instead require immediate medical attention at delivery with ongoing specialist care on the unit. What service would we be offering to these babies if the proposals were approved?

- *The National Service Framework for children sets standards to 'promote high quality, women and children centred services and personalised care that meets the needs of mothers, children and their families'. The standards aim to bring care closer to home. How can this be achieved for the residents living in Maidstone with a unit based at Pembury?*
- **Pembury Parish Council**

The Council wrote in the following terms:

Pembury Parish Council would merely wish to make the following points:

- *To achieve the best medical solutions, however that may be*
- *To ensure proper access to the site*
- *To ensure that all transportation issues are properly addressed allowing full accessibility to all users.*
- **Maidstone Borough Council**

The Council's response included the following comments:

The Cabinet, on behalf of the Council, have adopted the views expressed by the External Scrutiny Committee...with the exception that their view on the proposals for women's and children's services is that the maternity service is not a specialist service and should be provided at Maidstone Hospital as a core Doctor led service.

- **Headcorn Parish Council**

The Council's comments were:

...my Council appreciate that changes must be made to improve these services however the main underlying concern is for our local residents who have expressed fears about the difficulty they would encounter travelling to Pembury Hospital using both the private care and in using the existing public transport network.

We hope that this issue is thoroughly addressed before any decisions are made.

- **The Medway NHS Trust**

Chief Executive of the Trust, Andrew Horne, wrote:

As one of the major stakeholders within the health economy of Kent and Medway, we fully understand the need to review and consolidate services to meet the population needs, professional standards and the national and local service improvement agenda.

We as a Trust have discussed the content of the Consultation paper and believe that the changes proposed within this document will have an impact on the demand for all Women and Children services. It is felt that the population north of the M20 and on Sheppey – who at present are mostly cared for within the Maidstone site – may now require their services at Medway Maritime Hospital.

This issue was highlighted in our discussion with the Women and Children Directorate where they felt that as a single site provider, where all the services from midwifery to full Consultant led obstetrics are provided, the services changes at the Maidstone and Tunbridge Wells NHS Trust will have an impact on patient/client choice.

Another issue is the fact that the midwife led birthing centre at Maidstone site is yet to be decided upon and this could raise concerns with issues around communication with the main hospital site.

Medway Hospital is also the main provider of neonatology Intensive Care services for West Kent and there may also be some increased demand where complications are expected from the Maidstone area.

We are working closely with the Maidstone and Tunbridge Wells NHS Trust on these options to ensure that any changes are effectively managed and high quality care ensured.

- **Chart Sutton Parish Council**

The Clerk to the Council writes:

The Parish Councillors considered your paper when they met recently and I have been asked to convey to you their grave reservations about your proposals. They believe that any degradation of services at Maidstone Hospital to be a retrograde step.

They contend:

- *That Maidstone is a busy and growing town, and is at the hub of much of the Kent transport networks. As such, the local hospital should provide a full range of services.*
- *That important strategic decisions should not be made because of current difficulties in recruiting staff with sufficient expertise.*
- *That reduction in facilities at Maidstone Hospital would be contrary to Government announcements on choice for patients.*
- *That transport links to Tunbridge Wells are totally inadequate, even for those with their own vehicles. Residents of Chart Sutton and other villages to the south east of Maidstone, already face a difficult journey by public transport to Hermitage Lane; the journey to Pembury will be even worse!*

I would ask you, please, to bear these thoughts in mind and implore you to change your thinking on your proposals for delivering services in the future.

- **Staplehurst Parish Council**

The Parish Clerk writes:

...Whilst it would not presume to know how best such services can be spread most effectively across the county, it would wish to draw your attention to the difficulties that the centralisation of services could create for Staplehurst residents with no personal transport.

As you may hopefully already be aware, travel for Staplehurst residents to Tunbridge Wells by public transport is quite difficult, time-consuming and nowhere near integrated or disabled friendly. Getting to the Maidstone Hospital is relatively easier from this parish but Councillors appreciate that wherever services are based some additional measures would be needed to enhance access for those with transport difficulties.

- **Ditton Parish Council**

The Parish Clerk writes:

...Whilst those with whom the Council has discussed these proposals think that it is sensible to provide routine ante-natal and midwifery services locally, separating high risk obstetrics from normal obstetrics for the women of the Maidstone and surrounding areas would be detrimental for that population. Deliveries can be unpredictable, as can the traffic on the route between Maidstone Hospital and the new Pembury Hospital.

It is the contention of the local people that both the population of Tunbridge Wells and the surrounding towns and villages, and the population of Maidstone and the surrounding towns and villages require local services for all the levels of midwifery and obstetric need. Removing the high risk service from the population of Maidstone will be a retrograde step, especially in the light of new housing building priorities and changing local demographics.

The retention of oncology for gynaecological cancer is sensible given the fairly recent establishment of the oncology service at Maidstone Hospital.

Services for children – proposals for change

The proposal is to establish at Pembury Hospital, a similar service to that which already exists in Maidstone Hospital, that of a rapid assessment and treatment service for children in ambulatory care. This is to be welcomed as both populations need access to such services.

The expansion of community children's nursing to assist parents in the nursing care of their children at home is also to be welcomed, assuming that both Maidstone and Pembury Hospitals have such nurses as their own dedicated staff, for the patients within each of the two separate localities.

First class Special Care Baby Units go hand in hand with obstetric units. Whilst the establishment of such a unit is to be welcomed at Pembury Hospital, it is essential that such a service is retained at Maidstone Hospital.

The declining trend in hospital admission for paediatric patients is acknowledged. Notwithstanding this downward trend, residents in this area believe that the paediatric inpatient service with consultants and nurses should be retained in Maidstone Hospital.

- **Boughton Monchelsea Parish Council**

The Parish Council writes:

Women's and Children's Services:

- *The proposals as a whole are welcomed. However, the comments above (Orthopaedic Services) relating to the difficulties of getting to Pembury apply equally to the services to women and children, possibly more so given the patient group.*
- *The Special Care Baby Unit is to be welcomed, if this means cases will not in future need to be transferred to specialist hospitals elsewhere in the country.*
- *Facilities need to be incorporated to allow partners and parents to be able to stay overnight at Pembury if children are to be kept in, not only for the obvious welfare reason but also because of the difficulties of access to Pembury from Maidstone and the surrounding area.*
- *Emergencies during birth should be capable of being treated at Maidstone without the need for patients to be transferred to Pembury until after they have been stabilised.*

- **West Kent Disabled and Sensory Impaired Group**

At its meeting in November the group:

...emphatically endorsed the proposal that the Special Care Baby Unit remains at Pembury.

- Letter from Mr Bob Dimond, accompanying the Kent Messenger petition

Text of the letter sent by Bob Dimond, Senior Editor West Kent, for the Kent Messenger Group, to accompany the petition.

Dear Ms Gibb

The Kent Messenger launched its campaign, Say No to Cutbacks, in October, in response to Maidstone and Tunbridge Wells NHS Trust's announcement to change the key services of orthopaedic trauma and women's and children's provision currently provided at Maidstone Hospital.

We are concerned about the changes that are proposed which, we believe, amount to a cut in services accessible to the people of Maidstone. We are also concerned that these changes, in both specialities, have been driven by a lack of specialist staff, in particular paediatricians and do not feel that this is a genuine reason for a district general hospital to lose services.

We very much welcome the announcement this week that public consultation into orthopaedic trauma services will include two options, both of which involve provision for emergency orthopaedic trauma surgery at Maidstone Hospital.

However, we are still concerned about both the provision for elective orthopaedic trauma services and the future for women's and children's services in the town.

We, backed by a petition signed by more than 13,400 readers, oppose the proposals – which amount to cutbacks – because we believe there should be a full range of key services provided at Maidstone Hospital.

We consider a full range should fundamentally include; proper facilities for the overwhelming number of parents who want to have their babies in Maidstone; wards for ill and injured children to be treated in, close to their families; facilities for emergency treatment and essential care for the elderly.

The KM is happy to see change and innovation and is not saying things shouldn't change, but believe these proposals are a step too far and are not in the best interests of the people of the County Town.

Yours sincerely

BOB DIMOND
Senior Editor West Kent
Kent Messenger

- List of signatories to the letter from the Consultants

GENERAL SURGERY Mrs L M South Mr P Reddy Mr P Jones Mr G Trotter A&E Mr A Soorma X-RAY/RADIOLOGY Dr P McMillan Dr C Brunnell Dr T Johnson Smith Haematology Dr H Williams ANAESTHETICS AND CRITICAL CARE Dr S Gammanpila Dr J Dickenson Dr J Fonseca Dr M Biswas Dr D Iyer Dr R Williams Dr R Leech Dr Sritharan Dr R Browning Dr A Challiner Dr C Jappie Dr S De Zoysa Dr R Norton CARDIOLOGY Dr P Holt Dr B Mishra MEDICINE Dr C Thom Dr D Hibbert Dr P Powell Jackson Dr G Noble Dr M Batley Dr S Husain Dr G Bird Dr A Hammond NEUROLOGY Dr P Barnes OPHTHALMICS Miss C Jones Mr C Jenkins Mr L Amaya Mr A Macfarlane Mr S Hindi ONCOLOGY Dr M Hill Dr Waters Dr Camenos Dr C Abson Dr A Visioli Dr H Taylor PAEDIATRICS Dr J A Hulse Dr B Bhaduri Dr N Pandya OBSTETRICS AND GYNAECOLOGY Miss A Henderson Mr O Devaja Mr J Goodman Mr Mossa Mr A Papadopoulos Mr R Connell HISTOLOGY Dr J Schofield Dr Coutts Dr Khan

Patient & Public Involvement Forums
Reconfiguration Group

29th December 2004

Dear Colleagues,

Consultation – Women and Children’s Services

I am writing on behalf of the local Patient Public Forums’ Reconfiguration Group in respect of the consultation for “priority 3” proposals concerning Women and Children’s Services. As we stated in our response to earlier consultations, the broad role of the PPI Forums is to comment both on the content of the proposals themselves and on the process of consultation that has been put in place. This letter deals with both these aspects and has been agreed by the cross Forum group on reconfiguration.

Forum members have taken part in regular meetings with clinical and other staff involved in the service area, attended public meetings established by the Trusts, met on several occasions with Trust Chief Executives and Directors. In addition we are working closely with representatives and officers of the Overview and Scrutiny Committee and were officially represented on the “Select Committee” review established by the OSC. In addition the Forums continue to bring together their own members to discuss issues amongst themselves in the cross-forum group looking at “reconfiguration”.

We note recent media and political comment about the proposed changes. Forum members believe, however, that our role is to play a critical, but constructive role, bearing in mind the current position with respect to local health services and our desire to see improvements. We believe this should involve a more holistic approach to the balance of services across the whole of the West Kent health economy and a responsibility to work on options for change, rather than promote apparently simple solutions.

In light of our involvement the following points have been agreed by PPI Forum members with regard to the consultation around Women and Children’s Services.

1. The PPI Forums agree that change is required in the current provision for Women and Children’s Services and are broadly supportive of the proposals being put forward. We welcome the emphasis on wider choices being available, particularly in the maternity field.
2. Assumptions about the future take up of, for example, maternity services, is based on projections about the “leakage” of some patients in the north and east of the area (to their more “local” services in Medway or Ashford), as well as movement into the area from the west (as people in East/West Sussex “identify” with Tunbridge Wells as their main “centre”). The Forums are concerned that the choices for women (parents?), created by this situation, as

well as the choices of particular services available, need to be well communicated. As we move into more "Choose and Book" systems we believe that the Trusts will need to pay much closer attention to these issues. It also points to the need for providers of NHS services and local/county authorities to focus more closely on changing demographic structures and social expectations in the planning of health and other wider social services.

3. Not only is communication an issue but so too is investment. We wish to see sufficient investment in the different options for maternity services so that they are "real" choices. Forum members will pay close attention to the effective take up of these options.
4. With regard to paediatric care we are again broadly supportive of the proposed changes. However we have some concerns with regard to staffing, especially in relation to the enhanced community based role proposed for paediatric nurses. There are already shortages of trained staff in this area which may serve to undermine this move. The Forums believe that the Trusts will need to develop a strategy for recruitment, retention and development to ensure staff shortages do not act as a barrier to positive changes. We look forward to seeing plans as to how these issues will be addressed.
5. We continue to recognise that we do have a three-site hospital and that some movement of services in this context will be necessary. This will still be true when the new Pembury Hospital comes into service. In this situation we need to pay on-going attention to the issue of emergency response times for transporting patients to one hospital or another.
6. In addition, the issues of transport for patients (and their carers) to and between the hospital sites continues to be of concern. The Forums are greatly heartened by the way that the Trusts have begun to address this difficult and often contradictory issue. We would like to see further exploration of innovative approaches but we appreciate that the NHS is constrained as to what it can do without the participation of local and county authorities, transport bodies and companies etc.


In relation to the public consultation process we wish to make the following observations:

1. The Forums welcome the more strategic approach that has been developed with respect to public consultation and engagement on Women and Children's Services. The production of an engagement plan and the determination to discuss the proposals with a wide range of external stakeholders rather than to only undertake formal public meetings is to be welcomed. The Forums will be asking for a formal report as to the effectiveness of this strategy as part of its remit to overview consultation and engagement by the Trusts.
2. We welcome the efforts of local Trusts to work with the PPI Forums and the range of contacts and discussions that have taken place as illustrated earlier. However, we remain concerned at the sometimes "patchy", sometimes over-detailed, sometimes rapidly changing, sometimes inconsistent, pieces of information that Forum members receive, often without any clear logic. We are also concerned that on some occasions information requested from the Trusts

could have been provided more quickly. We hope that the regular planned meetings between Forum Chairs and Trust Chief Executives will go some way to help in this respect.

Forum members have played a constructive role in "reconfiguration". We recognise that change is necessary as new ideas come "on stream". To achieve service improvement and legitimacy, public involvement is key. The PPI Forums are contributing our ideas in this spirit. We look forward to this continuing.

Yours sincerely



Graham Shaw, Chair of PPI Forums Reconfiguration Group

