HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 27th November, 2009

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 27th November, 2009, at 10.00 am	Ask for:	**Paul Wickenden**
Council Chamber, Sessions House, County Hall, Maidstone	Telephone:	**(01622) 694486**

Tea/Coffee will be available from 9:45 am

Membership

Conservative (10):	Mr G A Horne MBE (Chairman), Mr B R Cope (Vice-Chairman), Mr G Cooke, Mr K A Ferrin, MBE, Mr J A Kite, Mr R L H Long, TD, Mr C P Smith, Mr R Tolputt, Mrs J Whittle and Mr A Willicombe
Labour (1):	Mrs E Green
Liberal Democrat (1):	Mr D S Daley
District/Borough Representatives (4):	Cllr Ms A Blackmore, Cllr M Lyons, Cllr Mrs J Perkins and Cllr Mrs M Peters

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

Item		Timings
1.	Substitutes	
2.	Declarations of Interests by Members in items on the Agenda for this meeting.	
3.	Minutes	
4.	Maidstone and Tunbridge Wells NHS Trust Service Redesign (Pages 1 - 42)	10.10 - 12.15
5.	Update on Health and Transport (Pages 43 - 90)	12.15 - 12.45
6.	Work Programme January 2010 to July 2010 (Pages 91 - 94)	
7.	Date of next programmed meeting – Friday 8 January 2010 at 10:00	

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Peter Sass
Head of Democratic Services and Local Leadership
(01622) 694002

19 November 2009

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

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

To: Health Overview and Scrutiny Committee – 27 November 2009

Subject: Maidstone and Tunbridge Wells NHS Trust Service Redesign

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Background

(1) On 26 September 2003, the NHS OSC (as HOSC was then known) was informed that MTW, South West Kent PCT and Maidstone Weald PCT had embarked on a project to develop proposals for service changes. This built on work carried out in 2000 by the newly formed Maidstone and Tunbridge Wells NHS Trust (MTW) and what was then the West Kent Health Authority[1].

(2) At this meeting an outline of some of the areas which were being examined was provided. Further information on the three stages of the project was provided to the Committee on 14 November 2003. The issue was revisited on 15 March 2004 with the Committee receiving an update on how the project was developing.

(3) On 8 July 2004, the Committee had a presentation on the South of West Kent Health Community Consultation. This covered 'Priority 2' changes and ran from 12 July to 4 October 2004. The consultation document was called "Shaping Your Local health Services." A summary of these proposals, along with the Committee's decision to support them can be found in Appendix 1 - Extract from NHS OSC Minutes, 15 October 2004.

(4) The 'Priority 3' changes primarily related to:

a. Women's and children's services; and
b. Orthopaedics trauma and elective orthopaedics.

(5) The Committee was presented with an overview of the plans for these areas on 30 September 2004. At this meeting, "The Chairman reported that the County Council in conjunction with East Sussex County Council were to establish a Select Committee to look at all these proposals in some detail. The Select Committee would also have representation from the Patient and Public Involvement Forums

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

and the Borough/District Councils which make up the South-West Kent Health Economy."[2]

Women's and Children's Services

(6) The consultation document pertaining to women's and children's services was launched on 4 October 2004 and ran until 31 December 2004. The document was entitled, "Excellence in care, closer to home. The future of services for women and children – a consultation document."

(7) According to p.8 of this document:

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

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

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

[2] Minutes, 30 September 2004, National Health Service Overview and Scrutiny Committee, Kent County Council.

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

(9) The NHS Joint Board of Members with delegated powers on behalf of South West Kent PCT, Maidstone Weald PCT, Sussex Downs and Weald PCT and Maidstone and Tunbridge Wells NHS Trust met at Sessions House on 23 February 2005. "Dr Robinson, the Chairman of this Committee and Chairman of the Joint Select Committee was invited to make a presentation to this Joint Board of Members. (15) The report before the Joint Board contained the Executive Summary and recommendations of the Joint Select Committee. It was the decision of the Joint Board that the current model of care for the provision of Women's and Children's Services within the Maidstone and Tunbridge Wells NHS Trust was unsustainable and that the proposed model of care being centralised at Pembury in the new hospital in 2010/1, was the way forward. Having taken the decision to centralise these services at Tunbridge Wells the Joint Board then went on to consider the recommendations of the Joint Select Committee and gave their views on the response. This was attached to the report before the Committee."[3]

(10) Appendix 2 contains a copy of the conclusions and recommendations from the Executive Summary of the Joint Select Committee response to the women's and children's consultation. The version used in the appendix is one that went before the County Council on 24 March 2005. The italicised sections within the Joint Select Committee's recommendations are the summarised responses from the delegated Joint Board of the PCTs and Maidstone and Tunbridge Wells NHS Trust[4].

(11) On 24 March 2005, the County Council discussed the Joint Select Committee report and following a vote on an amendment, which was defeated, passed the following resolution:

> "RESOLVED that the joint response of the Joint Select Committee to the consultation on Women's and Children's Services within the Maidstone and Tunbridge Wells NHS Trust together with the decision and the response of the Joint Board of delegated Members from the South West Kent PCT, Maidstone Weald PCT, Sussex Downs and Weald PCT and Maidstone and Tunbridge Wells NHS Trust, be noted."[5]

(12) A series of updates on the development of women's and children's services was presented to the Committee at regular intervals. On

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[3] Minutes, 15 April 2005, National Health Service Overview and Scrutiny Committee, Kent County Council.

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

[5] Minutes, 24 March 2005, Kent County Council.

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

> "Resolved that it be noted that the proposal to relocate Women's and Children's services from Maidstone Hospital to Pembury Hospital within the next twelve months had now been withdrawn."[6]

Trauma and Orthopaedics

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

(14) A Joint Select Committee was established to produce a response to this consultation consisting of representatives from Kent County Council, East Sussex County Council, Kent District/Borough Councils, East Sussex District/Borough Councils and the Patient and Public Involvement Forum.

(15) The Joint Select Committee considered the following options:

> "Option 1 Emergency orthopaedic care should be provided at both Tunbridge Wells and Maidstone with elective inpatient orthopaedics centralised at Kent & Sussex Hospital and then at the new PFI build at Pembury.
>
> Option 2 Emergency orthopaedic care should be provided at both Tunbridge Wells and Maidstone with elective inpatient orthopaedics centralised at Maidstone Hospital.
>
> Both hospitals would continue to provide full trauma services, outpatient appointments and day case surgery (more than 60% of waiting list activity).
>
> The Acute Trust is proposing to expand day case facilities at both hospitals and to develop step down facilities for those patients requiring a longer length of stay. Step down facilitates would allow more specialist care for those requiring additional care and would increase the throughput of patients in elective and trauma wards."[7]

(16) Appendix 3 contains the conclusions and recommendations from the Executive Summary of the Joint Select Committee report on this consultation[8].

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[6] Minutes, 22 September 2006, National Health Service Overview and Scrutiny Committee, Kent County Council.

[7] Joint Select Committee response to the consultation relating to orthopaedic services within the South of West Kent Health Economy, p.3.

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

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

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

"RESOLVED that the Joint Select Committee response to the consultation be noted."[9]

Later Developments

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

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

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

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

"(56) RESOLVED that:-

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

(b) the Committee believes these proposals would more appropriately be considered as an integral part of the much wider 'Fit for the Future' review."[10]

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[9] Minutes, County Council, 28 April 2005.
[10] Minutes, 12 January 2007, National Health Service Overview and Scrutiny Committee, Kent County Council.

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

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

> "Maidstone Hospital would become a specialist centre for planned surgical and orthopaedic care and would continue to deal with all types of A&E patients **except** general surgical and orthopaedic patients brought in by ambulance. Maidstone would also deal with **all** planned inpatient and day case procedures performed by the trust.
>
> Kent and Sussex Hospital in Tunbridge Wells would become a specialist centre for emergency surgical and orthopaedic care and would deal with **all** types of A&E patients except paediatric medical patients, as exists now. Kent and Sussex would also deal with planned inpatient and day case procedures **except** planned inpatient general surgery and orthopaedics."[12]

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

> "RESOLVED:- that the proposed reconfiguration and the decision of the West Kent Primary Care Trust Board be referred to the Secretary of State."[13]

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

(27) According to an MTW press release:

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

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

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

[13] Minutes, 11 May 2007, National Health Service Overview and Scrutiny Committee, Kent County Council.

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

(28) Appendix 5 contains the IRP press release and recommendations[15].

(29) The Boards of both MTW and NHS West Kent have since held several meetings examining the work being done to meet the conditions of approval and the IRP recommendations.

(30) At the MTW Board Meeting of 25 February 2009, the Board decided to postpone the implementation of the trauma, orthopaedics and surgery reconfiguration until July 2011[16].

[14] MTW Press Release, 18 December 2007, http://www.mtw.nhs.uk/news-and-media/recommendations-on-health-service-changes.asp
[15] The full report can be accessed here, http://www.irpanel.org.uk/view.asp?id=56
[16] See Minutes, MTW Board Meeting, 25 February 2009, http://www.mtw.nhs.uk/downloads/Appendix%20A%20-%20Trust%20Board%20Minutes%2025-02-09%20-%20Part%201.pdf

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

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

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

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

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

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

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

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

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

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

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

"11. Conclusion

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

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

12. Recommendations

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

"Conclusion

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

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

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

Recommendations

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

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

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

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

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

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

29. Maidstone & Tunbridge Wells NHS Trust - update

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

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

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

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

(5) RESOLVED that the update be noted.

POST MEETING NOTE:

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

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

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

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

IRP

www.irpanel.org.uk

18 December 2007

Press release[17]

IRP publishes recommendations on health service change in West Kent

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

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

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

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

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[17] http://www.irpanel.org.uk/lib/doc/irp%20west%20kent%20report%20final%2018.12.07.doc

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

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

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

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

ENDS

For further information, contact the IRP press office on 020 7025 7530 or email IRPpressoffice@trimediahc.com
www.irpanel.org.uk

Notes to editors:

A copy of the IRP's report can be accessed at: www.irpanel.org.uk

About the review

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

The IRP

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

[18] Consultation: *A new direction for orthopaedic and surgical care*

Independent Reconfiguration Panel. Orthopaedic and Surgical Services in West Kent[19]

Recommendations

- The IRP supports the proposal to provide emergency inpatient surgical and orthopaedic services from the Kent and Sussex Hospital and elective surgical and orthopaedic services from Maidstone Hospital. West Kent PCT and Maidstone and Tunbridge Wells NHS Trust (MTW NHS Trust) need to make it clear that some inpatient orthopaedic elective work will continue at the Kent and Sussex Hospital.

- The IRP considers it essential to replace the Kent and Sussex Hospital and Pembury Hospital facilities and supports the Private Finance Initiative (PFI) proposal to re-provide these facilities on the Pembury Hospital site. MTW NHS Trust needs to provide sustainable hospital services from both the Maidstone and Pembury Hospital sites in the future, with properly integrated services across the hospitals and primary care.

- The IRP considers it essential to retain consultant led A&E services at Maidstone Hospital, working closely with the co-located primary care urgent care service. The future staffing arrangements have not been made sufficiently clear and must be agreed and externally validated before implementation of the proposed changes to surgical and orthopaedic services.

- It is essential that the arrangements for general surgical and orthopaedic support for A&E and general medicine are agreed and externally validated before the proposed changes take place.

- West Kent PCT and South East Coast Ambulance Service (SECAmb) must confirm that the necessary arrangements and additional resources are in place to ensure the safe transfer of surgical and orthopaedic emergency patients to the Kent and Sussex Hospital and other appropriate hospitals before the changes are implemented.

- Further work must be done between MTW NHS Trust, Kent County Council (CC), West Kent PCT and transport agencies to see how public and community transport access between Maidstone Hospital and the Kent and Sussex Hospital can be improved.

- MTW NHS Trust and West Kent PCT must develop and agree the programme of work and timetable required to ensure safe and sustainable implementation. They should do this in an open and transparent way working closely with Kent CC NHS Overview and Scrutiny Committee (OSC).

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[19] Pp.5-6,
http://www.irpanel.org.uk/lib/doc/000%20west%20kent%20report%20final%2030.11.07.pdf

- MTW NHS Trust and West Kent PCT, working with Kent CC NHS OSC, should agree how they will monitor the expected benefits from the separation of emergency and elective services and ensure they are achieved.

- West Kent PCT and MTW NHS Trust must take the opportunity to develop a shared vision for future health and healthcare across West Kent, working with stakeholders and local authorities to rebuild confidence in the quality of local health services.

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

1 Introduction

1.1 The local NHS is making significant progress with its clinical strategy and service redesign programme to improve the quality of care available to over 500,000 people in the Maidstone and Tunbridge Wells area.

1.2 At Maidstone and Tunbridge Wells NHS Trust, services have been enhanced or are in the process of being improved for patients as part of a planned £100 million investment in NHS care. Most of this investment has, and will continue to occur, at Maidstone to improve direct patient care.

1.3 This is over and above the £225 million investment in a new 21st Century hospital which is due to open in Pembury in 2011 and is now seen as an international innovation in healthcare.

1.4 This combined investment in NHS services – and associated changes in care - is going to provide people living in the Maidstone and Tunbridge Wells area with a cohesive health service capable of consistently providing the highest standards of care safely from two state of the art hospitals in the future.

1.5 Not all of the improvements in the standards and quality of care being achieved at the Trust come at a financial cost. The Trust now has many good examples of innovative best practice leading to improvements in patient care, safety and overall experience.

1.6 These can now be seen at every stage in the patient's journey and include:

- Breakthroughs in diagnostic tests reducing the need for surgery
- Advanced surgical techniques aiding patient recovery and reducing length of stay in hospital following complex procedures
- Development of enhanced recovery programmes that help patients reach full health faster
- Enhanced ward practices giving nurses more dedicated time to care for patients
- Creation of dedicated medical wards with staff who are better able to concentrate their specialist care and expertise on the patient's recovery from the illness they were trained to treat.

1.7 The Trust can show it is now making steady and sustained improvements in all areas of patient care. Further service changes planned in 2011, which are interlinked with the new hospital development, will enable this journey of improvement to continue at pace and to the benefit of patients long into the future.

1.8 The Trust has been at the centre of intense public scrutiny for a number of years. It is now starting to see a sustained improvement in its performance and is making a difference to patient care. A briefing pack is provided for Members' (see Appendix 1) additional information, should that be of help.

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

2.1 Plans to maintain and improve the quality of hospital services available to women and children in Maidstone and Tunbridge Wells were originally consulted on in 2000. At the end of that consultation, West Kent Health Authority asked the Trust to explore options to maintain duplicate services of equal quality at both Maidstone and Pembury hospitals. At the same time, the Health Authority stated that women and children's services should be centralised at Pembury if improvements in standards of patient care could not be made equally on both sites in the future.

2.2 The Trust carried out a second public consultation in 2004 on the centralisation of women and children's services at Pembury. This was carried out to ensure higher standards of care are met for patients in the future. The decision to centralise services in the new hospital now being built at Pembury was agreed by Kent and East Sussex County Councils' NHS Overview and Scrutiny Joint Select Committee in December 2004, following a three month public consultation.

2.3 Work on a new state of the art consultant-led maternity unit and inpatient children's ward is underway in the new hospital development. Women and children's services currently based at Pembury move into the new hospital in January 2011. Maidstone's consultant-led maternity services and children's inpatient care move into the new facility in July 2011 (see Table 1).

2.4 The clinical lead for women and children's services at the Trust and head of midwifery are clear that after nine years, the centralisation of services are still required to meet higher standards of care and safety for women and children in both Maidstone and Tunbridge Wells in the future.

2.5 It still remains the case that the Trust has too few specialist children's doctors to maintain high standards of care across two sites in the future. Even if it could find more doctors, they would see too few patients between them to maintain their skills, leading to a downgrading of care. Concentrating these skills on one site, which sees a critical mass of patients, will raise standards.

2.6 Other benefits of centralisation include a significant increase in the number of hours obstetricians are physically on site – rather than on-call - to help women in labour, inline with latest national standards. The Trust will also create new midwifery led birthing units, expanding women's choice.

2.7 Concerns have been raised publicly in 2009 that the consultation process agreed by the Joint Select Committee in 2004 is flawed. The Trust does not believe this to be the case. It is working with stakeholders to show how patients in East Kent are now benefiting from similar changes made for the same reasons several years ago. Recent calls to centralise services at Maidstone will leave hundreds of women south of Tunbridge Wells with far longer journeys to give birth in hospital. Women in Maidstone can choose to give birth at other neighbouring hospitals as well as at Pembury, and where the risk is low, in a new midwifery led birthing unit in Maidstone.

3 Overview of improvement plans – trauma and orthopaedic services

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

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

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

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

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

Table 1 – timeline of service change

Milestone	Date	Action
Start of new hospital development	March 2008	
Handover of first phase of the new hospital	November 2010	Begin preparing building for occupation
First phase of occupying the new hospital	January 2011	Women and children's services and non clinical services at Pembury move into new hospital
Handover of the remainder of the building	May 2011	Prepare building for second stage of occupation
Second phase of occupying the new hospital	July 2011	- Move consultant led women and children's services from Maidstone to Pembury - Move elective specialist surgery from K&S to Maidstone - Move remaining K&S services into new hospital - Move inpatient trauma and elective orthopaedic services

		from Maidstone to Pembury

4 Where are services provided now and where will they be in the future?

4.1 The Trust provides more than 30 clinical and non-clinical specialities over four sites (Maidstone, K&S, Pembury and Preston Hall/Aylesford).

4.2 The services within these specialties are used by hundreds of thousands of patients every year. The list of services continues to grow as advances in clinical care make it increasingly possible to provide highly advanced treatments locally.

4.3 The Trust's clinical strategy has focused on the development of two world-class hospitals in Maidstone and Tunbridge Wells that are capable of treating patients to new and higher standards in the future. Within the next two years over half a million people will be able to choose from a range of local health services that offer them higher levels of quality and safety.

4.4 While the new hospital being built at Pembury will be state of the art and beyond anything the NHS has provided nationally before for patients, it is the Trust's intention to redevelop Maidstone to a similar high standard too.

4.5 The Trust is opening an international laparoscopic training centre at Maidstone in 2010. The multi-million pound development will not only enable the Trust to develop its own expertise in minimally invasive surgery for patients, but also share its learning on a truly worldwide scale. It is also developing training links with a local university to help teach NHS surgeons and their European counterparts advanced surgical techniques in Kent.

4.6 As services change, space will also be created at Maidstone to reduce the size of wards, providing patients with additional privacy and dignity. This will be achieved over the coming years with the development of more single sex four bedded bays with their own bathroom facilities.

4.7 Table 2 provides a basic list of specialties and services, by hospital, and compares where they are based now and where they will be based in 2011.

4.8 In the future, the vast majority of health services will still be available at both Maidstone Hospital and the new hospital at Pembury. Maidstone Hospital will become the area's centre of excellence for pre-planned complex elective surgery. The new hospital at Pembury will become the area's main centre for emergency surgery. It will also become the area's main centre for obstetric-led maternity services.

4.9 Members of the Committee are invited to see the latest service improvements at MTW's hospitals that are contributing towards improvements in patient care locally, nationally and internationally.

Table 2 – Clinical services by site 2009 and 2011

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

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

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

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

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

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Maidstone and Tunbridge Wells NHS
NHS Trust

Appendix 1 – Maidstone and Tunbridge Wells NHS Trust Briefing Note

Acute Trust National Priorities

In the year 2008/9 two targets in particular were failed by the Trust. These were A&E 4 hour target and cancelled operations. Since April the position in all priorities has improved significantly as shown below.

18 Week Referral to Treatment

The Trust has made steady and sustainable progress towards this standard. In January 2008 the Trust position was 36.5% and by September 2008 we had improved to 74% of seeing a consultant and starting their treatment, following a GP referral (patients seeing a consultant, but not needing inpatient care).

We reached the non-admitted 95% target at the end of October 2008 and have sustained this consistently to date. We reached the 90% admitted RTT at the beginning of December and maintained a consistent performance not only on a weekly scale but also monthly. This is particularly commendable considering the huge pressure the Trust was under for emergency activity throughout January and February.

The new management structure put in place between June and August 2008 ensured that accountability and responsibility was taken for this target by all those working within the programme. Lines of accountability are now in place to ensure the right people in the right place at the right time do what is asked and proposed. There is still work to do around the specialities of Head & Neck and Trauma & Orthopaedics where they are not quite at 90%

Cancer Targets

Cancer targets have continued to be met consistently through the Trust for two years according to old guidelines. The new cancer strategy commitments are now in place and the Trust is committed to this process and confident they can continue with the achievement of this target. As a major tertiary centre MTW compliance however may well be lower than average. We are still awaiting an announcement from the Department of Health regarding the level the threshold will be set and this will be incorporated into our performance data.

National Sentinel Stroke Audit

The Trust performed poorly in the last year's stroke audit; this was due to a change of focus. The Trust has taken decisive action to open an acute stroke unit at both our hospitals, with 6-beds each and are actively participating in the network thrombolysis rota. Both hospitals were ready for the start date in January 09 (not all hospitals within our network were able to do this) and we can offer thrombolysis (administering clot-busting drugs) at both hospitals Monday-Friday, 9-5 and as part of the on-call rota, out of hours. Thrombolysis has been performed successfully in both hospitals according to national guidelines. A further stroke physician has now been appointed and taking us to a total of 5. We opened a 28 bedded combined stroke unit/ward in August 2009 at Maidstone Hospital which incorporates the acute stroke unit.

The length of stay (LoS) for this group of patients has already dropped from 38 to 21 days due to more efficient processes and pathways in line with national guidelines, ensuring our patients get the very best of care at both sites. With these improved measures and dedicated consultant led units we feel confident we will be compliant and significantly improve our scores in the next audit.

Access to GUM Clinics

Up to until July 08 the Trust had been performing poorly in this area. The Sexual Health Services were moved to another Division, one that has a smaller remit therefore increased intense senior management focus could be applied to this target. Some nationally recognised service improvement methods were employed in this area and the Trust has been reporting 100% compliance with patients being offered appointments and seen within 48 hours since October 08 and consistently achieved to date.

Cancelled Operations

Last year performance for the Trust was 2.3% against the target of 0.8%. Improving this has been a huge challenge to the Trust and considerable effort was placed on this target throughout the summer of last year with good effect, however winter pressures, especially around January and the snow and ice of February, incurred the largest amount of cancelled operations in one month to date. It was not only patients cancelled by us due to the unprecedented emergency activity but also patients who cancelled themselves. The Trust was also performing poorly against rebooking these patients within 28 days due to the pressures of the 18 week target. The Operations team have worked diligently and consistently on this target in order to improve the quality of care we provide for our patients. Our performance year to date is 0.8% and July and August were both below target at 0.5%.

26-Week Breaches

There have been no breaches year to date.

13-Week Breaches

Year end performance 08/09 was 0.05% against a target of 0.03% therefore very close to being “met". Continues good practice and high performance has led to no breaches occurring this year.

Total Time within the A&E Department

In the year to March 09 compliance with the 4 hour target was 95.9% against a target of 98%. The Trust had found this increasingly challenging especially during the winter. We had had a period of 10 weeks achieving over 98% consistently then serious winter pressures from December onwards left the Trust vulnerable to an increase in Emergency activity of 10%.

Despite huge efforts from all concerned and extra beds put in place by the community and support from the PCT in this crisis time, it took a long time for the Trust to recover. Maintaining safety and quality care for patients remained a priority and the escalation policy was strictly adhered to at all times so as not to compromise this safety.

The Trust is now consistently performing week on week against the 98% target and is at 98.9% year to date. One of the most effective strategies recently employed has been regarding clinical involvement. The Chief Executive has now met with all consultants collectively regarding the pressures the Trust is under and engaging them in assisting us to meet this target. These plans are ongoing and successful.

Diagnostic Waits

The national target that no patient waits over 6 weeks for a diagnostic test was achieved for 08/09 and remains in place for trust activity this year to date. There are 15 tests within this remit including: MRI, CT, US, endoscopy and echocardiograms. However the national project put in place to alleviate long MRI waits by outsourcing to the private sector did result in one MRI breach due to circumstances out of our control. The Trust by purchasing a 3T MRI scanner no longer is reliant on this service and has a maximum 4 week wait for this service.

Rapid Access Chest Pain Clinic

The Trust has a sound record of providing rapid access for chest pain patients which has improved due to the provision of services on both sites. There has been a % difference in compliance for each site but recent validation efforts and retraining regarding definition has resulted in 100% compliance for Q4 08/09. This resulted in a "MET" for the year. Year to date 100% compliance continues.

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Leadership

Meeting targets and therefore hugely improving the quality of care our patients receive has been at the forefront of everything we do. This has been achieved by strong, visual leadership and consistent systems approaches. The Trust has embarked on a leadership/developmental programme largely funded by the SHA in order that a ''board to ward'' approach and sign-up has occurred. The Trust Board and Senior Leaders of the organisation (including the consultants responsible for each Division) have now completed the programme and now the middle managers are halfway through theirs. The trust believes this approach to be the key to its current success and for sustainability for the future.

This along with some strong national Service Improvement/Innovation initiatives has been vital in achieving most of the above targets. Just one example of this is the Length of Stay (LoS) project. In order to make the Trust more efficient and continue to improve quality of patient care average LoS was too long for many patients.

Achieved

- Average length of stay reduced in year:
  - Elective (waiting list operations) from 3.53 to 3.14 days (this takes us to the top 10% of Trusts in the country)
  - Non-elective (emergency operations) from 6.09 to 5.81 days (this takes us to the top 25% of Trusts in the country so further improvement still required)
- Efficient use of beds have therefore enabled us to close 40 escalation beds thus improving significantly the patient experience.
- Day Surgery Unit at Kent & Sussex now closed at weekends
- Fractured neck of femur (NoF) pathway has been re-designed through an accelerated improvement project, resulting in a length of stay reduction from 18 days to 13 days. The Trust has the shortest length of stay in 'simple' NOF benchmarked against all Trusts nationally.

Further Work Required

- Further work to focus on pre-operative bed days, ensuring patients on enhanced recovery programmes, benefit from being admitted prior to day of surgery through a reduction in their total length of stay with increased clinical outcomes for the patient, also ensure that rates are decreased for all other patients
- Additional focus required to improve the day case and short stay surgery rates.
- Review of trauma and non-weight bearing patients across the Trust.
- Review of all patients with 0-24hour length of stay.

Standards for Better Health

The trust declared 20 standards as not met for the year 07/08. The trust took a hard line on the declaration following the publication of the investigation report. This was reduced to 10 standards not met for the whole of 08/09, and whilst we have 4 standards not met at the end of March 2009 as below:

These were: c13c - Information Governance
c14c - Complaints Learning
c15b - Food
c23 - Public Health Cycle

We remain on track to declare all standards met by the end of 2009.

The Trust is working with the PCT Director of Health Improvement. Plans are being developed to increase the Trust's contribution to smoking cessation, reduction of obesity and reduction of alcoholism. The Trust has recognised that it has two roles – one as a healthcare provider and the other as an employer.

Infection Control

The Trust continues to perform extremely well against all national and local targets for reductions of healthcare acquired infections. 2008/09 was very successful but we have managed to sustain and surpass these numbers ensuring we run some of the cleanest and safest hospitals in the south of the country. C.Diff and MRSA targets have been achieved by a significant margin.

Finance

The Trust has not been in recurring financial balance since its inception in 2001. The underlying deficit before support and non-recurring items has run at about £2.25m per month. This has now been reduced to £1m per month

(month 6), well on the way to our stated objective of being in recurring balance for the final quarter of the financial year. (This will enable support to achieve a break-even for the year).

Our external auditors statement shows the recognised progress that the organisation has made.

Investment

Despite the financial constraints. The Trust has continued to invest in areas which impact directly on the quality of service we provide to our users. These include:

- 540 new non-powered dynamic mattresses, featuring all the benefits of alternating powered mattress systems, without the necessity of power supply. Evidence has shown that these mattresses can reduce hospital acquired pressure damage.
- These mattresses will enable all patients from low – high risk to be placed onto a pressure relieving mattress immediately upon admission, and therefore, reduce the risk of hospital acquired pressure damage.
- On plan for 100% electric bed frames with the last phase of investment to replace 231 old static frames with state of the art electrical profiling bed frames.
- We have invested in additional bathrooms, toilets, privacy curtains and signs to help deliver same sex accommodation.
- We have created a daily electronic reporting system to monitor all key elements of privacy and dignity relating to delivering same sex accommodation.
- We have reduced our use of agency nursing staff by over 50% since April, by employing more permanent staff enabling better continuation of quality of care. Our nursing vacancy rate reduced to 8% by the end of October.

Strategic Investment

Aside from the tremendous progress of the new hospital at Pembury which is on time and budget, a number of major strategic capital investments have been made. These include:

- A new state of the art 3 tesla MRI to support the Cancer Centre at Maidstone.

- A new laparoscopic theatre (the best in Europe at present) together with the building of a laparoscopic training centre at Maidstone. In partnership with the University of Kent.

Current approved schemes that will be started in 2009/10 include:

- The purchase of 2 new laser guided radiotherapy machines for Maidstone and Canterbury.

- The conversion of the nurses home at Maidstone into a birthing centre (midwife led) together with a training centre and offices.

- A new histopathology laboratory covering Maidstone, Tunbridge Wells and Medway at Maidstone Hospital.

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Health Overview and Scrutiny Committee Meeting – 27 November 2009

Information from NHS West Kent

"At the meeting of the Health Overview and Scrutiny Committee on 27 November 2008 the Committee would like to examine the progress which has been made in the Maidstone and Tunbridge Wells NHS Trust (the Trust) and NHS West Kent (the PCT) Service Redesign Programme."

- *A brief overview of the development of the proposals, beginning with the review in 2000 and the subsequent consultations, and continuing up to the present day.*

1.1.1 Plans to improve the quality and safety of care for women and children in Maidstone and Tunbridge Wells were first consulted on by the Trust and the then West Kent Health Authority in 2000. A further consultation took place in 2004 on the proposed centralisation of services at Pembury Hospital.

1.1.2 The decision to centralise these services in the new hospital was agreed by Kent and East Sussex County Councils' NHS Overview and Scrutiny Joint Select Committee in December 2004. A further consultation into trauma and orthopaedic services was carried out in 2005. For more information on consultations carried out see information provided by the Trust.

1.1.3 The Trust produced a business case for the new services which indicated that a number of Outpatient Services specialties would be located "offsite / in the community" and would not be provided by the Trust – these were geriatric medicine, neurology, rheumatology and pain management.

1.1.4 South East Coast Strategic Health Authority (SEC SHA) asked the PCT to provide assurance of affordability of the proposals to redesign services across the Trust and other providers relating to the new hospital, identify options for different service settings and deliver a fully functioning new hospital at Pembury in 2007/8 as a condition of support of the business case. This was completed and SEC SHA approved the business case for the new hospital in early 2008.

1.1.5 A condition of the SEC SHA approval was the appointment of a joint Director level post and an Accountability Agreement between the Trust and PCT, which was agreed in May 2008. A Joint Strategic Programme Board (JSPB) was established in September 2008 between the Trust and The PCT, to act as a project board to oversee the delivery of the Programme and to manage the risks in delivery of the project brief across the Local Health Community.

1.1.6 Since then, the process has been under review between the PCT and the Trust and with the natural requirement for increasing autonomy within the Trust the JSPB was formally dissolved, the joint appointment ceased, and each Chief Executive Officer took responsibility for management of the risks relevant to their organisation in direct accountability to their Boards. Both organisations will now use standard planning and performance processes to provide the assurance of delivery required by Chairs and Non-Executive Directors and the Strategic Health Authority.

- *A timeline of how it is intended that the Service Redesign Programme unfold over the next few years.*

2.1.1 For information on the development of the new Pembury Hospital, please refer to information provided by Maidstone and Tunbridge Wells NHS Trust

2.1.2 NHS West Kent is currently developing its Strategic Commissioning Plan which will set out commissioning priorities for the next five years. The PCT is also currently developing its commissioning plan for community services - a vision and draft strategy for the future shape of community services will be presented to the PCT Board in November, following which stakeholders will be consulted about the proposals.

2.1.3 The PCT's Strategic Commissioning Plan and the future shape of community services will be discussed at the PCT's November public board meeting.

- *An understanding of where services are currently provided and where it is intended that they will be provided in the future (including information on services which are not relocating).*

3.1.1 For a list of hospital services, by site, comparing 2008/9 to 2012/13 please refer to information provided by Maidstone and Tunbridge Wells NHS Trust.

3.1.2 In February 2008, the PCT and the Trust signed an Accountability Agreement to redesign services across the Trust and other providers relating to the new hospital, identifying options for different service settings and deliver a fully functioning new hospital at Pembury.

3.1.3 The Service Redesign process began with a review of expected activity flows through the new hospital in terms of outpatient and inpatient activity.

3.1.4 The business case for the programme was based on the amount of activity in 2005/6, adjusted to expected levels in 2012/13. The second stage of review then commenced, looking in detail at outpatient activity. Those services which were expected to be provided largely or entirely offsite or in the community were individually reviewed.

3.1.5 These were completed in December 2008, and a review of the remaining outpatient services which were expected to have a presence offsite or in the community was completed between February and April 2009.

3.1.6 The third stage review commenced in April 2009 and looked at inpatient activity at a more detailed level.

3.1.7 The ongoing service redesign programme has considered where outpatient service specialties in geriatric medicine, neurology, rheumatology and pain management should be located following the opening of Pembury Hospital. Although it was considered possible to locate a number of outpatient clinics offsite or in the community, it was decided that all of the considered specialties could continue to be provided by the Trust.

3.1.8 In addition, all Consultant-led clinics can be accommodated within the new hospital except where there is clear clinical need for alternative models to be commissioned, as is the case for:

- Community Diabetes Services in the South of West Kent
- Community Sexual Health Services in the South of West Kent
- Community Dermatology Services in the South Of West Kent (these clinics are provided by Medway NHS Trust)

3.1.9 The rehabilitation of patients, and the therapy staff who provide services, for patients immediately after their post-operative recovery can be accommodated in PCT Community Hospitals outside of the new hospital, subject to business case development and approval by the Trust and PCT.

3.1.10 The “Dolphin” Child Development Centre Service (currently provided by West Kent Community Health Staff, the Portage Service and Kent Children’s Trust Staff can be moved by September 2010 into locations outside of the new hospital to premises will be identified in the PCT’s Community Services Commissioning Strategy to be presented for approval by the PCT Board in November 2009.

3.1.11 The key improvements required in care pathway redesign across many service delivery areas have been confirmed for inclusion in the PCT’s Community Services Commissioning Strategy to be presented for approval by the PCT Board in November 2009.

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To: Health Overview & Scrutiny Committee – 27 November 2009

By: Martyn Ayre.

Subject: **Health and Transport**

Classification: Unrestricted

Summary: Papers concerning health and transport related issues, providing some background to a verbal report requested by Members of the Committee.

FOR INFORMATION

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1. Members of the Committee have frequently demonstrated an interest in the issues facing patients in accessing healthcare services outside of their homes, particularly as an important – if non-clinical – aspect of service reconfigurations. This was clearly signalled during the Committee's consideration in 2007/08 of proposed services changes within hospitals run by the Maidstone & Tunbridge Wells Hospitals Trust.

2. This interest also extends to the issues facing family and friends in maintaining contact with those in hospital and people attending healthcare facilities for out-patient appointments.

3. By way of background to the requested verbal report, the following documents are attached as appendices:-
- "Commissioning transport for health" – report of multi-agency event on 18 May 2009;
- Notes of "Health & Transport" multi-agency event on 22 September 2009;
- Terms of Reference and draft minutes of recently re-established "Transport for health" group in East Kent (NB work underway to establish equivalent group in West Kent).

Martyn Ayre
Senior Policy Manager
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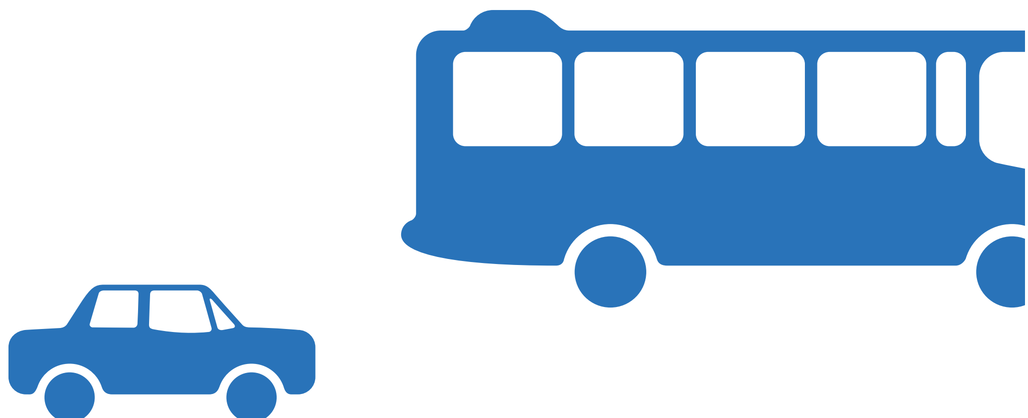
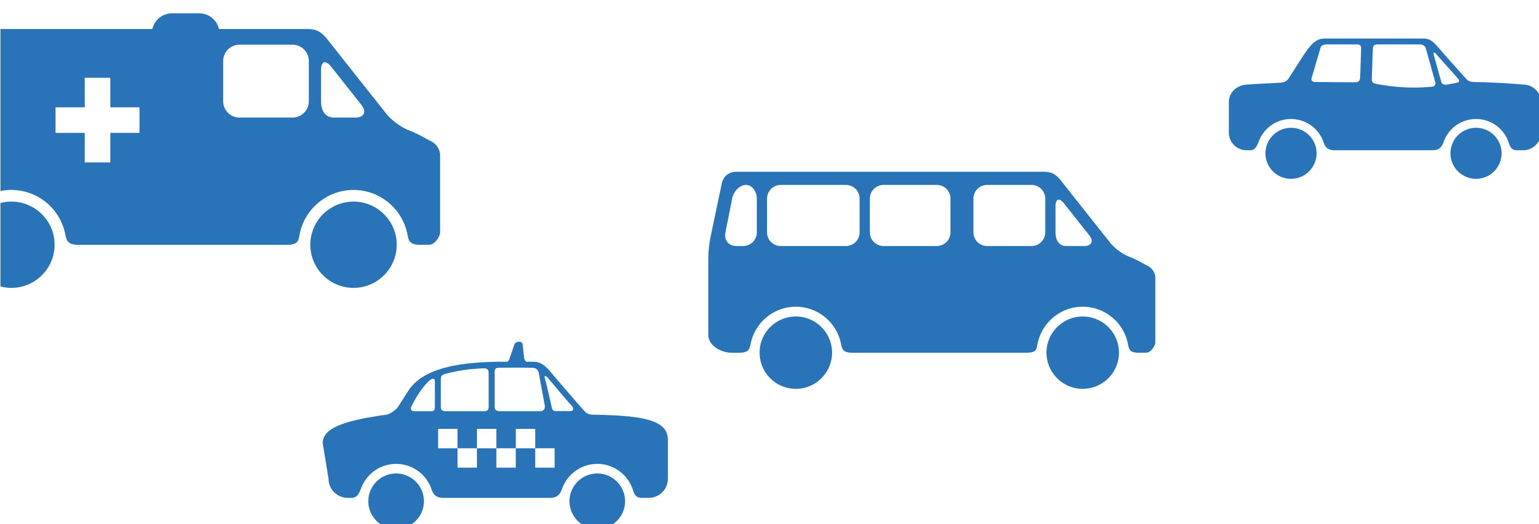
NHS
Eastern and Coastal Kent



"Commissioning Transport for health"

Summary report of Workshop, held 18th May 2009



"Commissioning Transport for health"

Summary report of Workshop, held 18th May 2009

1. Introduction:

Transport, (particularly non-emergency patient transport) to healthcare facilities has been a key issue for patients, the public, visitors and staff alike in recent years. Transport generally is not core business for health providers, but has a major impact on the patient's experience of healthcare. This workshop, the process and outcome of which is outlined in the attached report, explored what the key issues were, developed an outline of three key projects to take forward with partners, and prepared the local NHS to participate in a wider inter-agency event, to be led by Kent County Council in the near future.

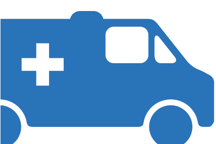
2. Report of workshop, including

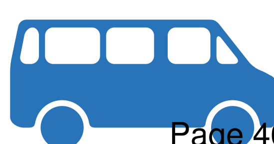
- presentations;
- group discussions 1
- plenary session – three projects to develop
- group discussions 2 – scoping the projects
- workshop recommendations to PCT commissioners
- evaluation/feedback on the event

3. Appendices:

3.1	list of attendees
3.2	copies of overheads
3.3 A and B	write-up from flip charts of discussion groups
3.4	summary of feedback/evaluation
3.5	the importance of transport to the NHS and examples of good practice from elsewhere

Report Produced by: Lynne Selman, Independent Facilitator for the workshop. June 2009





Commissioning Transport for Health
Summary of workshop held 18th May 2009.

2.1 Objectives of the session:

- To identify and plan commissioning solutions to NHS-related transport issues for the local health economy over the next 1-3 years;
- To prepare for an up-coming multi-agency partnership meeting, to be led by KCC (Kent County Council). This will be planning for the next 3-5 years.

2.2 Presentations: (see copies of overheads – Appendix 3.2)

Those attending the workshop heard introductions and presentations from

- **Lynne Selman (facilitator) and Ann Sutton (PCT Chief Executive)** outlined why transport is important to the NHS and to the PCT specifically. This included reference to the importance of transport to achieving the PCT's overall aims of improving health outcomes and reducing health inequalities. It was a key issue raised by patients and public in terms of quality of experience in any public arenas visited by the PCT staff/Board and had a potential impact on hospital of "choice" via choose and book. Access problems were also known to lead to missed appointments – an inefficient use of resources. Ann re-iterated the importance of transport to our public, and drew attention to the KCC's regeneration strategy and it's recognition of transport as a key issue. She also thanked all those present and was pleased by the cross-sector representation attending.

- **Martyn Ayre, (KCC Senior Policy Manager).** Martyn emphasised the importance of inter-agency partnership working in the context of transport for healthcare. Accessibility of services was also a key feature for KCC when listening to local people/its councillor' concerns. The changing demographics in Kent required adaptation and change. Local Area Agreement targets included achieving access to hospitals within 30 mins by 2010/11;

- **Gillian Wells, East Kent Infrastructure Group & Sue Sawyer (voluntary & community sector)** Gillian also emphasised the importance of partnership working . As background, she gave statistics regarding the voluntary sector in the Eastern and Coastal Kent area and explained that of the 2400 voluntary organisations, about 25% were involved in health/healthy living work. Approximately 54% of journeys undertaken were health-related (117,000 journeys last year to appointments) and a further 46% related to healthier living/lifestyle initiatives. Quality was seen as important as cost and information about what is available is key. Sue Sawyer emphasised the importance of transport to carers/family as well as patients; continuity of service was also important to them. Parking as well as transport was a concern.

- **Jenny Knight, (Assistant Director, Public Engagement, NHS ECK)** reported on the work of the Integrated Transport Working Group. This group had been in place (initially to support the work of the Urgent Care programme) for about 2 years with inter-agency membership, including transport and

healthcare providers. They took on board issues raised by the public and others via PCT roadshows, for example. They had developed new, improved leaflets, a website, and regular articles/information space in "Health News". Key issues currently under consideration were transport to London hospitals and work on linking information to support patient choice/"Choose and Book";

- **Adrian Fox, (Dover District Council)** , explained his role as a policy planner in Dover District Council. He outlined a transport study undertaken in Dover in 2007 by an external consultant – copies available on the DDC website. The "Visim" model maps transport movement and gave DDC a baseline of data for use in decision-making in the area. It also incorporated a health equity audit. The model was used to support decision-making for the site of a new Dover Community hospital, measuring access to a number of potential sites by foot and by public transport. The study cost £320,000. Other local councils were exploring the use of something similar.

2.3 A short Q and A session took place to clarify/expand on the presentations:

- It was clarified that **voluntary car services** were not free and had criteria for access eg low income, disability or living in an area with little public transport; whilst they are not free, they are "not for profit", costing, typically, 40-45p per mile. Most people heard about the services by word of mouth, but it was clarified during the workshop that the Integrated Transport Working Group leaflets did give contact details for such voluntary sector services.

- Further information on the Local Area Agreement ("LAA") target of **accessing hospitals within 30 mins**. was given, confirming it was a 3 year target against a baseline determined last year. The definition of "hospital" was the 8 major hospital sites in Kent. For access to GP surgeries, the LAA target was 15 mins.

2.4 Group Work:

The first discussion was to capture key issues regarding transport for health care (each group was asked to discuss generally and then consider the needs of specific localities across Eastern and Coastal Kent.). The groups were then asked to identify 3 priority areas that *commissioners* should work on further, along with any ideas for improvements that healthcare *providers* could make.

[The discussions within the groups have been typed up as "flip charts" and attached at appendix 3.3].

2.5 Plenary discussion then followed to consider the priorities identified by each group and narrow these down to three topics that could be scoped out as projects to take forward.

The following are the priorities put forward by the three groups **(NB not in priority order)**:

Group 1:

1 Transport considerations should be featured in *all* commissioning plans;
2 There should be greater integration between transport planners and healthcare commissioners;
3 Services should be near the patient wherever possible/practical, making better use of local capacity and reducing the need to travel;

Group 2:

1 Parking – again taking the service to the patient/locally wherever possible to reduce travel (eg phlebotomy);
2 Incentivize those who can use public transport to do so. In particular staff – free up parking spaces for those who *must* drive/park;

3 Consider suitability/size of public transport especially in rural areas eg reduce size/increase frequency in rural areas;
4 Linking transport to more-personalised/individual care plans.

Group 3:

1 Requirement to have some form of needs assessment/baseline assessment/gap analysis as a basis for further work;
2 Need for better information (especially "real time" information) and linked to "choose and book" information to aid decision-making for the patient;
3 As sustainable travel plans are now a "must do" for NHS organisations – consider alternative off-campus/out of town parking (eg retail, leisure centres/park-and-ride) and shuttle services to main sites.

Attendees were then asked to "vote" for three of the above to work on in more-detail, scoping out 3 projects. Some aspects of discussion were linked together (eg incentivising staff to use public transport was linked to Group 3's 3rd point.)

The outcome of discussion for further work to be done was as follows:

- Undertaking a needs assessment/baseline assessment for transport to health services;
- Use of existing, available off-campus transport for patients, visitors and staff ;
- Developing a "toolkit" /checklist for transport in NHS commissioning plans.

2.6 Group Discussion on the 3 proposed projects to take forward:

Each of the three groups worked on one of the above topics and scoped out further work for the next 6 months-3 years. A summary of each of these is outlined as a flip chart in appendix 3.3B

2.7 Recommendations from the workshop.

It was proposed

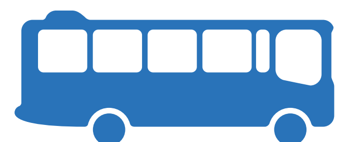
a) that the three projects outlined in 2.5 above i.e.

- *Undertaking a needs assessment/baseline assessment for transport to health services;*
- *Use of existing, available off-campus transport for patients, visitors and staff ;*
- *Developing a "toolkit" /checklist for transport in NHS commissioning plans.*

be recommended for priority action to be led by the PCT (eg Transport Commissioner), in partnership with healthcare providers, the voluntary sector, transport providers, KCC and local councils, patients and the public. This report and its recommendations to be considered by the NHS Eastern and Coastal Kent Commissioning Strategy Group and built into future iterations of the Strategic Commissioning Plan.

b) the terms of reference of the existing East Kent Integrated Transport working group be reviewed to widen its' scope to include the Swale area, to act as a commissioning, rather than an implementation group, and widen its membership in order to give greater focus on the voluntary and community sector.

c) that there should be continuity between the work/attendees at this event and the planned KCC strategic event (date to be advised)



2.8 Concluding Remarks:

Ann Sutton closed the event , commenting on the complexity of the subject, the urgency for improvements and the challenges of increasing access at the same time as reducing the NHS carbon footprint. She was confident that the work would be taken forward, led by the PCT, but required real commitment from both NHS and other partner organisations to succeed.

2.9 Evaluation of the event:

A summary of comments/feedback on the usefulness, relevance and environment of the workshop is attached at appendix 3.4. The vast majority of those attending felt the workshop had made progress on this topic, and were confident that improvements would be achieved. Most felt the venue (Ashford International Hotel) was a good environment for the event, although several commented that it was not adjacent to a station/easy public transport access, which in terms of sustainability, should perhaps be a consideration for future events.

The NHS Carbon Reduction Strategy
"Saving Carbon, improving health":

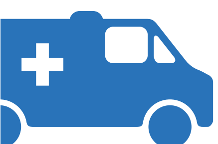
Key areas for action include travel and transport:
"Review and monitor all travel needs, incentivise low carbon travel, promote care closer to home and home working"

"Commissioning Transport for health"

Report of Workshop, held 18th May 2009

3. List of Appendices:

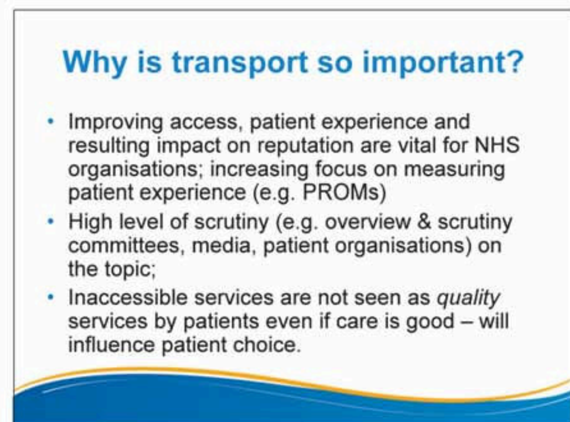
3.1	list of attendees
3.2	copies of overheads
3.3 A and B	write-up from flip charts of discussion groups
3.4	summary of feedback/evaluation
3.5	the importance of transport to the NHS and examples of good practice from elsewhere

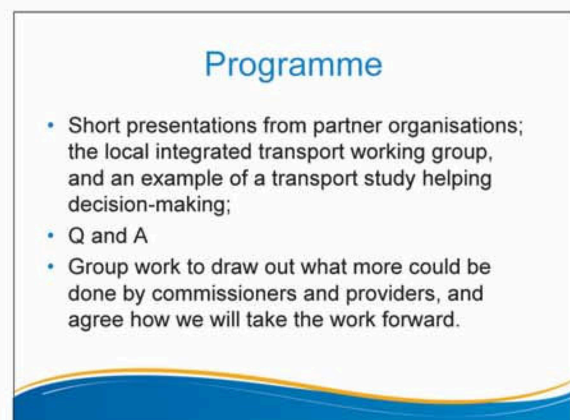


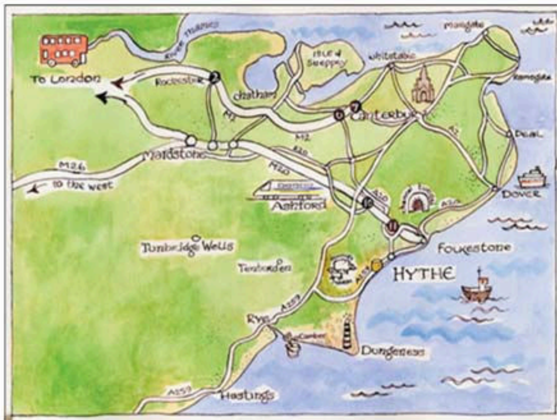
Appendix 3.1

Interagency Transport Meet - 18/05/09 Attendee list Appendix 3.1	
Name	**Organisation**
Ann Sutton	Eastern and Coastal Kent PCT
Jenny Knight	Eastern and Coastal Kent PCT
Andrew Coombe	Eastern and Coastal Kent PCT
David Muir	Eastern and Coastal Kent PCT
Ian Haylock	Eastern and Coastal Kent PCT
Robert Stewart	Eastern and Coastal Kent PCT
Elizabeth Insley	Eastern and Coastal Kent PCT
Caroline Davis	Eastern and Coastal Kent PCT
Andrew Cole	Eastern and Coastal Kent PCT
Lorraine Denoris	Eastern and Coastal Kent PCT
Anne Tidmarsh	Eastern and Coastal Kent PCT/Kent County Council
Ali O'Grady	Eastern and Coastal Kent PCT
Lynne Selman	External Facilitator
Martine McCahon	West Kent PCT
Tracey Fletcher	East Kent Hospitals University Foundation Trust
Angela Munden	GP Practice
Liz Cruize	GP Practice
Louise Pilcher	Practice Based Commisioning
Isabel Woodroffe	East and Coastal Kent Coastal Services
Chris Davies	East and Coastal Kent Coastal Services
Stephen Carey	Patient/Public Rep
Ann Murray	Patient/Public Rep
Gerald Harman	Patient/Public Rep
Martyn Ayre	Kent County Council
Tim Woolmer	Kent County Council
Kenneth Cobb	Kent County Council
Simon Allum	Kent Highway Services/KCC
Graham Tanner	Kent Highway Services/KCC
Jacqui Elliot	Kent Highway Services/KCC
Sally Benge	Kent Highway Services/KCC
Helen Medlock	South East Coast Specialist Commissioning
Adrian Fox	Dover District Council
Andy Cashman	South East Coast Ambulance Service
Ray Savage	South East Coast Ambulance Service
Graham Collins	South East Coast Ambulance Service
Sue Sawyer	Volunteer Centre representative
Gillian Wells	East Kent Infrastructure Group (Voluntary Sector)
Kevin Halpin	Kent and Medway Partnership Trust
John Carey	Kent and Medway Partnership Trust
Derek Bates	Kent and Medway Partnership Trust
David Tamsitt	Kent and Medway Partnership Trust

Appendix 3.2
Presentations







Breaking the cycle of health inequalities

Revolutionising services for older people

Tackling the 'key killers'
cardiovascular disease,
cancer and respiratory disease

Promoting well-being and good mental health

Transforming life chances for disadvantaged children

The Wider Picture…
Working in Partnership

Martyn Ayre
Senior Policy Manager
Corporate Policy

Our Aims…

- Accessibility of services
- Tailored to customers' needs
- Value for money
- Maintaining service excellence
- Innovation
- 'Seamless' Provision

Our Challenges…

- Declining government expenditure
- Economic downturn
- Changing demographics
- Changing expectations
- Shape of public services in future

Q: Can we turn these challenges into opportunities?

Vision For Kent / KA2

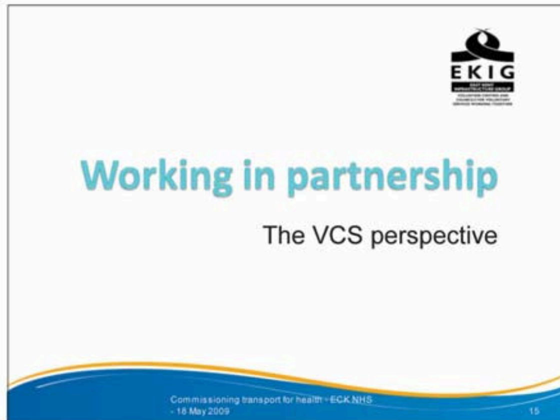
- Economic success
- Learning for all
- Improved Health, Care & Wellbeing
- Sustainable communities – urban and rural
- Quality of life
- Keeping Kent moving
- High quality, affordable homes

National Indicator 175 – KA2

- Improve access to healthcare by foot, bicycle or public transport
- Targets:
  - Access to hospitals within 30mins 2010/11 – 55.5% (increase of 1.5%)
  - Access to GP Surgeries within 30mins 2010/11 – 83.5% (increase of 1.5%)

National Indicator 175 – KA2

- Public Transport
  - Voluntary Schemes
  - Quality Bus Partnerships
- Location of new build developments
- Provision of services in community locations

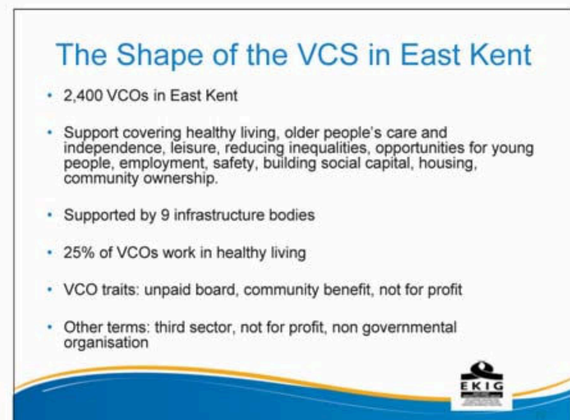

Working in partnership
The VCS perspective
EKIG
Commissioning transport for health - ECK NHS - 18 May 2009
15

Working in partnership
• Why partnerships?
• The role and development of the VCS in East Kent
• The VCS' role in transport provision
• Suggestions on smart commissioning to respond to future transport service needs in East Kent
EKIG

Why partnership in the VCS?
1. Playing to organisational strengths
2. Achieving critical mass
3. Geographical coverage
4. Strengthening providers
5. Economies of scale
6. Local delivery complemented with strategic planning
EKIG

Why cross sector partnership?
Achieving:
1. Well informed service provision in East Kent.
2. The ECK NHS objectives
3. World Class Commissioned services generally
4. Responding to greater needs for user centred transport provision
EKIG

Key elements of successful partnership working
• Buying in to a common aim: effective user centred transport for the public in East Kent that promotes healthy living;
• Understanding the context, opportunities and constraints of the other party;
• Working together to draw on mutual advantage, build opportunities and reduce constraints.
• Trust
EKIG


The Shape of the VCS in East Kent
• 2,400 VCOs in East Kent
• Support covering healthy living, older people's care and independence, leisure, reducing inequalities, opportunities for young people, employment, safety, building social capital, housing, community ownership.
• Supported by 9 infrastructure bodies
• 25% of VCOs work in healthy living
• VCO traits: unpaid board, community benefit, not for profit
• Other terms: third sector, not for profit, non governmental organisation
EKIG

Changes in the VCS

- More partnership working in order to work across East Kent (East Kent Infrastructure Group)
- Better knowledge of commissioning arrangements
- Moving towards partial social enterprise models
- Use of full cost recovery models
- Doubling in transport provision in 5 years

The Role of the VCS in transport

- 6 senior citizens forums covering East Kent actively researching need and inputting on transport .
- Volunteer centres provide tailored, not for profit, services to health appointments as well as other journeys that promote health and well being
- Age Concerns and other community centres provide a range of minibus transport

Volunteer Centre transport schemes

- Flexible and responsive service that builds in a waiting, care and befriending element for clients that adds value to the transport service;
- 54% of journeys health related, 46% of other journeys related to areas important to healthy, independent lifestyles
- Not for profit
- Cost effectiveness achieved through volunteer drivers.
- Highly regarded service

Volunteer Centre Transport in East Kent (2008/9)

Health related journeys	45,634	(39%)
Hospital visits	6,150	(5%)
Day centres	11,510	(10%)
Other journeys	33,059	(28%)
NHS contract journeys	7,312	(6%)
Other contracts	13,003	(11%)
Outside area	522	(1%)
Total	**117,190**	**(100%)**

Smarter commissioning – the process

- Involve VCS in service design – VC representation on the Integrated Transport Group
- Ensure provider development processes are undertaken in good time
- Reflect added value of tailored, user centered transport in any commissioned service
- Make quality criteria not just cost criteria important
- Build in enough tender time for partnership negotiation across East Kent;

Smart commissioning – the detail

- Set clear annual monitoring criteria at the outset;
- Pay costs monthly in arrears against actual trips invoiced
- Ensure contracts are three years or more with annual review
- Include transport that is not directly related to health visits but nevertheless supports healthy and independent lives
- Make sure all patients receive clear information about the rage of transport available

Volunteer Centre Transport in East Kent

Case Studies

Next stages

- Partnership working in identifying service need/service design
- Good VCS understanding of commissioning procedures and provider requirements
- Good partner understanding of VC transport work and its added value

NHS
Eastern and Coastal Kent

Adrian Fox
Principal Planning Officer
Dover District Council

Dover Transportation Study

- How did it come about?
- Who was involved in the Project? – DDC, KCC, HA, HCA, SEEDA, PCT, Dover Harbour Board, landowners, developers
- Started work in December 2006 and was substantially completed in December 2007

- Who was awarded the contract?
- How did we run the Project?
- What was involved? ATC, Roadside Interviews, Traffic counts, Camera counts & Existing data
- Developed a VISSUM Transport Model

- Transport Model signed off as being 'Fit for purpose' by both KCC and HA in record time!
- What does it do?
- How does it help us in the future?

- How did we shortlist the Dover Mid Town site?
- What did the Transportation Study and Accessibility mapping tell us?
- Mid Town came out as having the highest percentage of households in the District that could have access to the site within 30 minutes by foot and/or public transport

Conclusions

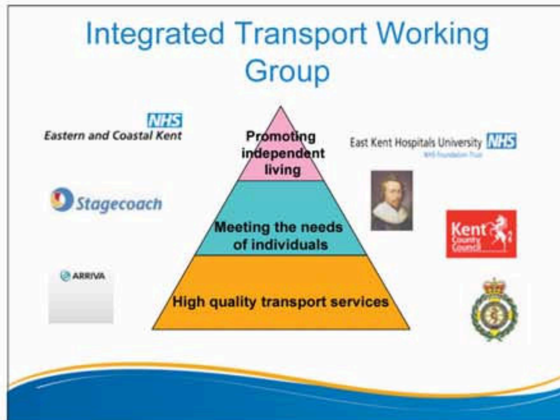
- Key requirement is that a Community Hospital should be easily accessible by foot and/or public transport
- All of the alternative sites were assessed against their access to deprived wards and access to public transport (health equity audit)

Conclusions

- Mid Town is located in the centre of Dover and the development of a Community Hospital will greatly assist with the regeneration of Dover and the Mid Town area
- Both the Dover Transportation Study and Accessibility Mapping are extremely useful tools that can assist with the decision making process

And Finally……

- What lessons have we learnt?
- What might we do differently in the future?



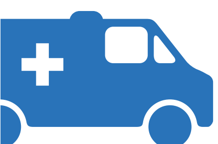
Key Objectives

- Implement effective commissioning models, maximising county and NHS resources
- Improve response to patient booking procedures
- Develop county-wide policies and efficient systems to monitor performance and budgetary control
- Greater use of sustainable transport
- Consulting with the residents of Kent, supporting an effective communication strategy
- To maximise potential funding streams and identify efficiencies for further integrated working

APPENDIX 3.3A

FLIP CHARTS FROM 3 DISCUSSION GROUPS

TOPIC:
"Key issues regarding transport for health care and three priority areas for further discussion"



APPENDIX 3.3A

FLIP CHARTS

SESSION 1

GROUP 1

FACILITATOR : MARTYN AYRE

1. GENERAL DISCUSSION:

- Medway PCT/Medway acute did not attend although invited, like W Kent & Maidstone Hospital Trust.
- Poorer people have higher levels of need
- West of Sittingbourne no transport to GP service. Taxi £10. attempted to run minibus but no help from PCT
- Proposals backed by patient group
- Problems getting to hospital at Medway Maritime.
- Voluntary services transport (eg Red Cross) does not have capacity in Swale and will not allow people to be accompanied;
- DNAs at hospital due to transport problems = wasted resources
- More community based/spec services and GPs as focus for elderly services good idea
- increase mobile services.

[NB it was noted that Swale Equitable access centre will address some of these issues]

2. PRIORITIES FOR FURTHER DISCUSSION IN PLENARY:

2.1 ensure transport is included in all commissioning plans;

2.2 ensure integrated working between transport planners and (NHS) commissioners

2.3 ensure greater emphasis on transport issues in primary care, not just acute/hospital services

APPENDIX 3.3 A

FLIP CHARTS

GROUP SESSION 1

GROUP 2

FACILITATOR: ANDREW COLE

1. INITIAL DISCUSSION

- Any project groups should include older people + other disadvantaged people eg disabilities, mental health problems, mobility issues, low income etc.
- New/old build – assess public transport needs.
- Disabled parking – too few; park anywhere at no charge if disabled;
- Expanded facilities but no expanded parking
- Sustainable solutions
- Educate appropriateness of treatment centre
- Incentivise use of public transport for those that can
- Gov limitations on vol services

2. KEY THEMES TO FEED BACK:

- Take service to the patient;
- Incentivise those who can use public transport – education, including appropriate treatment
- Recruit to volunteer transport and other social forms of transport ie capacity building
- Marry flexibility and personalisation to the agenda
- Assess suitability of transport size to task/demand

APPENDIX 3.3A

FLIP CHARTS

GROUP SESSION 1

GROUP 3

FACILITATOR : *LYNNE SELMAN*

1. KEY TRANSPORT ISSUES DISCUSSED:

- *Need more information about costs/routes for voluntary sector;*
- *Clearer information about eligibility criteria, especially for harder-to-reach groups;*
- *Make clearer info available on "Choice" menu*
- *Explore tension between "more" transport v need to reduce carbon/sustainable solutions; need to take account of workplace policies, patient transport and access for visitors*
- *Ensure service re-design incorporates related transport issues*
- *People don't expect free transport but do expect access to transport*
- *Make best use of existing transport - there are lost opportunities*
- *We need a "needs assessment" - Pensioners' forum doing a study, focussing on older people;*
- *Think about taking services to the individual rather than the reverse; use the voluntary sector to provide more services locally (eg social enterprise model)*
- *Affordability is a key issue*

2. GROUP'S PRIORITIES FOR FURTHER DEVELOPMENT (TO BE DEBATED/VOTED ON IN PLENARY SESSION):

Group 3's Priority One: Undertake full needs assessment (Commissioners) supported by existing providers (ie provision of information; performance information; prioritising the work and co-operation); This work would feed into the wider partnership working to be led by KCC

Group 3's Priority Two: Use of existing facilities for car parking, not used 24/7 which could support a more-convenient and sustainable model eg park and ride facilities/ leisure club facilities with shuttle service to hospitals/other main NHS facilities such as equitable access in primary care (action: commissioners); Providers to look at existing car parking facilities and provide information on costs/reinvestment of charges. Ensure all the above is linked to sustainable transport plans.

Group 3's Priority three: improve information to patients/clients. Expand the work already undertaken by Integrated Transport working group (eg website/leaflets); link to "choice".

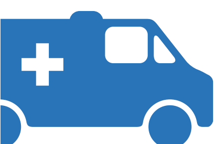
APPENDIX 3.3B

FLIP CHARTS FROM 3 DISCUSSION GROUPS (2)

TOPIC:
Scoping out the three most-popular projects, as voted on in the plenary session.

i.e.

- Undertaking a needs assessment on transport to healthcare;
- Use of existing and available, off-campus transport for patients, visitors and staff;
- Developing a "toolkit" to help commissioners include transport in all commissioning plans



APPENDIX 3.3B

FLIP CHARTS

SESSION 2

GROUP 1

FACILITATOR : MARTYN AYRE

PROJECT PROPOSAL: TRANSPORT COMMISSIONING TOOLKIT

Develop a "toolkit" to assist all commissioners to include transport arrangements in commissioning/de-commissioning services.

SUGGESTED LEAD/PROJECT SPONSOR:

PCT

OTHER KEY PLAYERS:

VCS; KCC; PBC; District/Borough Councils; patient groups

POTENTIAL FUNDING SOURCES:

PCT & KCC (in kind)

SUGGESTED PROJECT GOVERNANCE ARRANGEMENTS:

Integrated Transport Working Group to be project sponsor (whom does ITWG report to?)

SUGGESTED TIMESCALES:

Propose test out for developments in Swale as pilot; timescale to completion 6 months.

OTHER KEY POINTS MADE:

Suggested content of toolkit, to include:

- Standards;
- Provider development and support especially for vol sector.
- Clinical input to criteria setting essential
- Clear outcomes
- Checklist to be generic but allow for local variations
- Partner engagement link to clear strategy and plans;
- Transport planning skills required
- Knowledge of the market required (? training day)

APPENDIX 3.3 B

FLIP CHARTS

GROUP SESSION 2

GROUP 2

FACILITATOR: ANDREW COLE
(Dover/Thanet focus)

PROJECT PROPOSAL:

Transport needs assessment. Pilot in one area initially (suggest one of the more-deprived areas in Dover/Thanet).

SUGGESTED LEAD:

PCT (Transport Commissioner)

OTHER KEY PLAYERS:

- *Funding organisations*
- *Local government (all 3 tiers)*
- *Voluntary sector*
- *PCT/PBC Commissioners*
- *Patients and the public*
- *Providers of transport and services*

POTENTIAL FUNDING SOURCES:
PCT/SEEDA/KCC/GOSE/Private Sector (eg Pfizer)

SUGGESTED GOVERNANCE ARRANGEMENTS:

- *PCT transport lead/pilot study to define process*
- *Link to LSP's work*
- *Reporting lines for individuals to PCT, KCC, VCS, local government*
- *Potential for Integrated Transport working group to co-ordinate*

continued...

continued...

SUGGESTED TIMESCALES/INITIAL FEEDBACK:

Initial work:

- *Assess current plans and assets;*
- *Assess other national needs assessments undertaken eg Cornwall and Norfolk*

OTHER KEY POINTS MADE:

- *"Success will breed success"*
- *Link with LSP's*
- *There are a finite number of ways to access services;*
- *Personalised budgets and personalised approaches = organised market*
- *Local area agreement is a key driver for this*
- *Requires a strategy for user/PPE perspective to be produced and views integrated alongside those of commissioners*
- *Need to measure current usage levels*
- *Tricky to pool resources but logical to do so.*
- *"choose and book" has choice for first appointment but not for follow ups.*

APPENDIX 3.3B

FLIP CHARTS

GROUP SESSION 2

GROUP 3

FACILITATOR : *LYNNE SELMAN*

(Shepway/Canterbury/ashford focus)

PROJECT:

USE OF EXISTING PARKING FACILITIES TO INCREASE PARKING CAPACITY AND IMPROVE CARBON REDUCTION. 1ST PROJECT TO TAKE PLACE IN CANTERBURY LOCALITY eg use of non- NHS car parking capacity (Park and Ride/leisure/retail) and link to a shuttle service to key health facilities.

SCOPE OF PROJECT:

- *Establish a baseline, including review of travel plans from elsewhere - local, regional, national;*
- *Link to requirement to reduce carbon*
- *Look at the perspective of staff, visitors and patients;*
- *Ensure outcome is joined up between organisations and reflected in their sustainable transport plans (especially KCC, EKHT; Kent and Medway Partnership Trust and EKC PCT);*
- *Link to the work on needs assessment (separate project)*
- *Consider the real costs to the patient, commissioner, providers, and include "hidden" costs such as car parking*
- *Consider especially the needs of "harder to reach" groups of the population;*
- *Include information on services, including "real time" access to information*
- *Link to work on "personalised" care and health budgets*
- *Incorporate issues raised in another group regarding incentives/disincentives & the requirement to "personalise" services*

SUGGESTED LEAD:

A key PCT individual to be identified (eg existing or new project/commissioning post) to be given the work as a priority piece of work.

continued...

continued...

OTHER KEY PLAYERS:

- Kent and Medway Partnership NHS Trust
- Voluntary sector (EK KIG?)
- KCC
- Canterbury City Council
- Ad hoc input from others eg HR; Bus operators;

POTENTIAL FUNDING SOURCES>

A) PROJECT - PCT to lead and fund project costs;

B) IMPLEMENTATION: main funding issue required co-operation and participation from all parties, including time/staff resource

PROJECT GOVERNANCE ARRANGEMENTS & REPORTIING STRUCTURES:

- Potential to expand scope of ITWG to take account of this issue (currently reports to Urgent Care Board)
- Initial report & progress reports to PCT Commissioning Strategy group - which includes practice-based commissioning reps
- Performance reports to PCT Integrated Governance Committee as part of routine performance reporting which will be required on carbon reduction (as now an NHS "must do"); similarly for all NHS bodies within their own structures.

TIMESCALES

Identify initial goals and fully scope out project - 2 months from "go ahead"; initial feedback on progress 6 months; timescale for completion: 3 years, including proposals to widen out to other localities.

OTHER KEY POINTS DISCUSSED:

- Refocus ITWG to become a commissioning, rather than provider-led group?
- Ensure that the focus is to reduce the overall/collective number of miles travelled as well as improving access to patients/visitors.

APPENDIX 3.4

SUMMARY OF FEEDBACK

TOTAL RESPONSES: (33)

NB

- **some respondents ticked several statements;**
- **some respondents did not complete all statements.**

Outcome of evaluation is shown in ( )

Please indicate with a ✓ which of the following apply:

Q1. I found the session

a) useful **(19)**

b) interesting **(18)**

c) neither of the above **(1)**

Q2. The most useful part of the workshop for me was: (please ✓ all that apply)

a) the presentations	**(5)**
b) the discussion groups	**(20)**
c) networking	**(6)**
d) all of the above	**(9)**
e) other:	

Comments: "Feedback very useful"; "now know more about the complexities of the NHS/PCT process"

Q3. ***I am*** confident (27) ***/ am not confident*** (2) transport services will improve as a result of today's workshop ***(delete as applicable)***

Comments: (I need to know how the 3 priorities are to be progressed before commenting)

Q4. I feel the workshop gave a good foundation for the local NHS to go forward into the wider partnership arena, with some clear ideas on improvements

yes (31) /no (0)

continued...

continued...

Q5. Please add below any ideas you have as to how the content of the workshop could have been improved:

Comments (summarised) were as follows:

- Would have liked to see current services/situation/providers mapped out;
- Longer discussion sessions would have been helpful, but appreciate time constraints;
- successful in covering/achieving a great deal in a short time
- pinning individuals down as to how going forward
- clearer process ref voting options
- PBC, commissioning and patient attendance/representation should have been greater
- Excellent facilitation
- Emphasis was on secondary/acute care; more attention on primary care would have been helpful; but it was good opportunity to put across Swale needs.

Comments on taking work forward in the future

- Include voluntary sector in the Integrated Transport working group in future
- All transport arrangements in future must be linked to carbon reduction and sustainability; should be used as basis for future planning.
- Personalisation – use of Kent Card or KASS id and market development
- West Kent PCT representative – felt helpful to scope out their own work.

Q6. Venue/Catering:

The venue was poor/adequate/***good (17) excellent (10)***

The catering was poor/adequate/***good (17) /excellent (8)***

Please add any additional comments you may have on venue/catering

Summary of comments recieved:

- Venue not easy to access without car/not a “sustainable” location (several comments received)
- More space to enable everyone to feel part of the group*
- Room too hot
- 9am start too early – not good for childcare/school run;
- Lack of cold water; no fruit juice as alternative to tea/coffee;
- Ran out of coffee on arrival*

**** NB more participants attended than had responded to the invitation!!***

APPENDIX 3.5

Handout at workshop – Transport access to NHS facilities:

1. According to recent studies*…

- 31% of people without a car have difficulties travelling to local hospital
- 17% of people with a car have difficulties travelling to local hospital
- Nationally 1.4m people have missed, turned down or not sought medical help in last 12 months because of transport problems;
- DH Guidance states NHS bodies should have arrangements for free or concessionary parking (well advertised) for patients /primary visitors using facilities frequently;
- In National Patient Choice Survey Sept 08 – "location/transport/easy to get to" was listed by over 50% of respondants – more than "reputation of consultant" as a factor in choosing a hospital.

2. Some good practice examples:

- Working with local council – bus service from "park and ride" to hospital sites at regular intervals (15 mins) (Oxford)
- NHS commissioned and managed bus service; improved cycle facilities and car-share for staff (Cambridge)
- Range of measures introduced to reduce car use by staff and ensure patients/visitors do not have to search longer than 10mins for a space (eg increased number of direct bus routes (doubled); reducing staff parking spaces by 10%) – (Plymouth)
- Planning new health and social care facilities (co-located with GP surgeries/multi-purpose clinics) to reduce the need for travel/close to population centre. (Leicester)and "Darzi" equitable access.

3. How do we promote local improvements and good practice in the national arena & to patient and the public? eg outcome/success of local work …

- William Harvey travel plan/showers for staff to encourage cycling;
- "pyjama run" – out of hours transport - urgent care programme;
- Medway FT – survey of FT Members ref transport

* Source: NHS Confederation 2009

NHS
Eastern and Coastal Kent

"Commissioning transport for Health"

Report of workshop held 18th May 2009
Ashford International Hotel, Ashford, Kent.

Available in large print on request
or other formats by ringing
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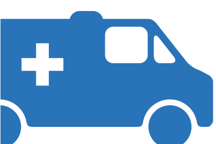
June 2009



Appendix 2 – Update on Health and Transport

Kent-Wide Health and Transport Day
Tuesday 22nd September, Maidstone Hilton Hotel

This event represented a unique opportunity to bring together for the first time the key players who affect both the health and transport agendas. The meeting provided the chance to develop multi-agency working between representatives from both the health and transport professions, with the common aim to further improve the services currently offered to the people of Kent.

A number of tasks were carried out on the day to facilitate discussion and shape actions to ultimately identify the gaps left by current provision and to potentially develop new innovative transport solutions. The outcomes of these tasks are summarised below:

1) The Key health/transport related issues in Kent

- Access- the rural nature of Kent is fundamental to transport issues
- There is a distinct need for high level agreement and buy in from the top level in order for innovative multi-agency approaches to succeed
- Issues and problems around patients who are travelling from East Kent to go to hospital and vice-versa
- The need to consider health issues when planning transport networks (e.g. air quality)
- The lack of an integrated public transport network
- The need to better inform patients on alternative ways of getting to hospital by using public transport

2) Enablers, Blockers, Accelerators and Brakes

Enablers	Blockers
• Free bus pass for over 60s • Integrated transport hub for KCC • Integrated transport policy • East Kent Integrated Transport Working Group • Holistic outlook • Leadership • Networking- know what each trust is doing • Cut across boundaries- voluntary sector • Joint resources/expertise pooled budgets • Voluntary resources • Economic development (local	• Safety/crime checks- harder for voluntary schemes • Staff attitudes • Number of organisations involved • Lack of resources • No central source for transport • Systems processes • Gathering public opinion • Public sector culture • Lack of awareness

authorities) and planning	
Accelerators • Financial squeeze • Total Place Initiative • Environmental pressures (carbon reduction) • Other legislative requirements (eg. LAA and CAA) • Incentives- reward people for not using car, e.g. Cheaper petrol, quicker appointments etc. • Utilise Kent Link- on the ground issues • Feedback information to community- decisions in planning- involvement.	**Brakes** • Finance • Political perspective (e.g.: Conservatives removing car parking charges for hospitals) • Board support • Personnel changes- people moving jobs • Two tier local government • Lack of trickle down of S.106.

3) Solutions

Key blockers & brakes	**Together, how can we improve/solve?**
Staff attitudes	• Incentives needed (do together- people less aggrieved) • Video conferences • Travel plan (currently one for MTW- expand)
Patient attitudes	• Video patient consultations • Awareness raising
No new money for investment	• Disinvest to reinvest • Commissioning more strategically to get economies of scale • Learn from private sector (BUPA) • Use voluntary sector more
No clear direction	• Create more specific joint cross cutting positions to encourage partnership around transport
Feedback from the public customer	• Develop exit strategy- patient research • Consult patients/visitors- questionnaires?
How to measure success?	• Distinguish between satisfaction v level of complaint • Uptake of new services
	• Be more effective with what we

Lack of capital and revenue	already have • Encourage a multi-agency group- look into issues in detail together and encourage joint working.
Two tier local government (organisation complexity as seen by the public)	• Improve/simplify information flow to the public • Joined up communication and relationships
S.106 funding	• Greater transparency • Investigate alternatives

4) Agreed actions

After these discussions, it was clear that the group shared the same broad understanding of concerns. A number of important needs were recognised:

- Commitment for everyone to work in a more joined up way in commissioning and planning health and transport
- Identifying and using change agents within all organisations to look more creatively to solve the problems identified on the day.
- Recognising the potential of the personalisation agenda and individual health budgets, and how this can play a part in influencing this policy area.

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NHS
Eastern and Coastal Kent

Minutes of the Transport for Health Working Group
(formerly the Integrated Transport Working Group)

Held on Friday 23rd October 2009

2:00pm – 4:00pm

Boardroom, Brook House

Chair		
Zoe (ZF)	Fright	Senior Lead Commissioner, Urgent Care – ECK PCT
Attendees:		
Martyn (MA)	Ayre	Senior Corporate Policy Manager – KASS
Sally (SB)	Benge	Partnership Officer – Kent Highway Services
Stephen (SC)	Carey	PPE Representative
Andrew (ABC)	Cole	Head of Urgent & Continuing Care – ECK PCT (attended part meeting)
Sheila (SF)	Flynn	Senior Transport Planner – Canterbury City Council
Alex (AH)	Hine	Transport Manager – Maidstone & Tonbridge Wells Transport
Elizabeth (EI)	Insley	Finance Manager Commissioning – ECK PCT
Rowena (RL)	Landham	Commissioning Support Manager – ECK PCT
Dave (DL)	Laws	Chairman - East Kent Association of Older Citizens Forums
Chris (CL)	Lewis	Commissioning Assistant – NHS West Kent
Martine (MMc)	McCahon	Commissioning Manager – NHS West Kent
Ali (AOG)	O'Grady	Administrator (note taker)
Francis (FO)	Outrim	Head of Business Management Services – NHS ECK Community Services
Bridget (BO)	Owen	Dover District Volunteer Centre
Steve	Pay	Transport Integration - KCC

(SP)		
David (DP)	Plumstead	Transport Rep – East Kent Pensioner's Forum
Jill (JR)	Read	Regeneration Projects Officer – Swale Borough Council
John (JRod)	Rodriguez	Assistant Director of Public Health – ECK PCT
Sue (SueS)	Sawyer	Manager – Ashford Volunteer Centre
David (DS)	Short	Planning Policy & Ed Manager – Shepway District Council
Santosh (SS)	Springer	Graduate Trainee in Commissioning – NHS West Kent
Nigel (NW)	Whitburn	Action with Communities in Rural Kent
Tim (TW)	Woolmer	Corporate Policy Officer - KCC

Apologies:

Matthew Arnold	(MA)	Business Development Manager - Arriva
Diane Aslett	(DA)	Regional Adviser (Partners) – Age Concern, Help the Aged
Malcolm Barry	(MB)	
Kenneth Cobb	(KC)	Transport Integration Manager - KCC
David (DH)	Hall	KCC
Louise (LM)	Murrell	Link Development Worker – East Kent
Mick (MS)	Sutch	KCC

Item		Action
1	**Apologies and Introductions** Apologies were noted and introductions made.	
2	Firstly the group agreed that this particular meeting will now be known as 'Transport for Health Working Group'. ZF informed the group there had previously been an integrated transport working group in place which bought together a number of stakeholders to collaborate on certain service improvement initiatives. Following various changes in management this group has not met for some while. As the PCT sees patient transport as an important commissioning area, in particular the need for a partnership approach it was agreed that the group should be re-established with a different focus and jointly led with colleagues from KCC. ZF confirmed that this was the first meeting of this re-established multi-agency patient transport group. ZF confirmed the purpose of this group is to facilitate effective communication between transport for health stakeholders across Kent and Medway. The group will be commissioning led and work towards the intensions stated in the 'Commissioning Transport for Health' summary report of the NHS lead transport event which took place on 18th May 2009, and the 'Kent wide health and transport day' hosted by KCC which took place on 22nd September 2009. The main priorities as agreed by the attendees as these events were: • Undertaking a Needs Assessment for health transport services • Developing a toolkit/checklist for transport in NHS/LA commissioning plans • Better use of existing, available, off-campus transport/facilities for patients, visitors and staff (e.g park and ride schemes) • The need to market current transport options and services to patients, professionals, and public. ZF reported that we recognise the importance of ensuring patients get to where they need to go and we need ensure these barriers are moved. This is a priority for us as a PCT. We want to make sure this is a working group and key actions are taken forward.	

	ZF went through the Terms of Reference in detail. A number of changes were made and will be sent out with the notes of this meeting. The group were asked to review the Terms of Reference for the group once received and send any in any additional comments before they were finalised. Suggested frequency of this meeting was agreed as bi-monthly to start with and eventually may move to quarterly. A discussion took place around whether we are focusing on Eastern and Coastal Kent area or whether it be Kent and Medway. It was agreed it would be Eastern and Coastal Kent area with liaison to other areas.	**ZF** **ALL**
3	**Feedback and Outputs from recent Transport Events** Commissioning Transport of Health – 18th May 09. There were a number of group discussions at the event and ZF went through the appendices which detailed the flip charts discussions at the back of the summary, priorities for further development, key themes, governance arrangements, funding sources, scope of projects and timescales. Kent Wide Health & Transport Day – 22nd Sept 09. MA reported the meeting provided the chance to develop multi-agency working between representatives from both health and transport professions, with the common aim to further improve the services currently offered. A number of tasks were carried out to facilitate discussion and shape actions to ultimately identify the gaps left by current provision and to potentially develop new innovative transport solutions. The draft notes need to be signed off and will go out with the notes of this meeting. MA to forward notes to AOG for circulation.	**MA**
4	**Taking forward workshop outputs and developing and integrated Action Plan** ZF confirmed she is happy to take on board any comments to help us construct our priorities and action plan. DL reported the bus pass usage. He feels a lot of outpatient appointments are made too early in morning for pensioners to use their bus pass. EKHUFT have introduced an evening PTS	

	service but feels people are not aware of this. In Health News transport section, only one drop off point in Folkestone is mentioned. It was reported in the new revamped Health News, reference information regarding transport is not mentioned at all. Information should be readily available to the public. DL mentioned he had written to the PCT and Shepway District Council but had not received a response from either. SC suggested this group needed to examine the groups we are trying to help. There are issues with parking, especially if disabled bays are full which appears to be frequent. ZF asked JRod if he is aware of a needs assessment for transport. He is not. SC suggested Health Matters Reference Group (HMRG) is always keen to be involved with this type of work. JRod reported it would be good to define what core transport is with district councils, county councils etc so we have a framework that people can understand. He suggested sub-groups could look at local areas. It was suggested an operational group to help focus on the running of these services is required which will have an overview of all the services. Financial Framework – JRod made suggestion there should be some incentive for people to help themselves to get to an outpatient appointment. BO suggests it would be helpful if Dover District Volunteer Centre advert were to appear in EKHUFT leaflet. JRod would like to see the development of an ethical framework. We would need to link through the financial aspects and link it to the ethical aspects. DP suggests a sensible point of contact would be beneficial and a questionnaire put in GP practices. SP commented that many things fall under the district council, all of which demands the presence of other people to attend the group. Another suggestion was perhaps there should be an analysis of an outpatient list. TW reported a mapping of assets that are out	

	there would be advisable. FO reported that community services have links around east Kent around diverse therapy. Information could be collected fairly easily but not likely for outpatient appointments. NW reported there are parish planning databases. We also need to remember that some patients need to have somebody to accompany them to appointments. DS asked members what the core skills are from the districts that need representation on this group. MA thinks this will differ on different occasions depending on what is being discussed. ZF commented we will consider whether we have groups at a local level. It was agreed there certainly needs to be focus groups. AH confirmed the Travel Planner for PFI at West Kent will attend the next meeting. AH to invite him. RL suggested promoting mobile clinics. SB is interested in aspirations of this group so she can build into her development of strategies. ZF reported she would take on board all comments and start to put a plan together on some of the top proprieties that were mentioned today. By December ZF would like to see a lot of workstreams up and running by then. ABC reported there are a number of key themes to take away from this. He would urge the group to consider the transport issues for Medway because of the population of Swale. We need to understand how we are going to move forward. We need to establish quickly what we are working on and who is going to champion them, then use this meeting to feed back to the wider group. He is very keen we are progressing these actions. ABC suggests three activities per locality are looked at. MA also pointed out it is two way traffic so it would be good to inform the PCT and KCC if you require representation at one of your meetings from time to time.	 **AH**

	There is a whole array of things to look at with regard to communication, especially around leaflets etc. Out of date material is not acceptable.	
5	**Confirm Next Steps** ZF thanked everyone for their contributions; we have gained lots of ideas and thoughts to draw together. The next meeting will be in December to see what we are delivering and who is involved in this.	
6	**Any Other Business** None	
7	**Date of next meeting** To be arranged but will be in December.	

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NHS
Eastern and Coastal Kent

Appendix 4 – Update on Health and Transport

Transport for Health Working Group Terms of Reference - October 2009

Introduction

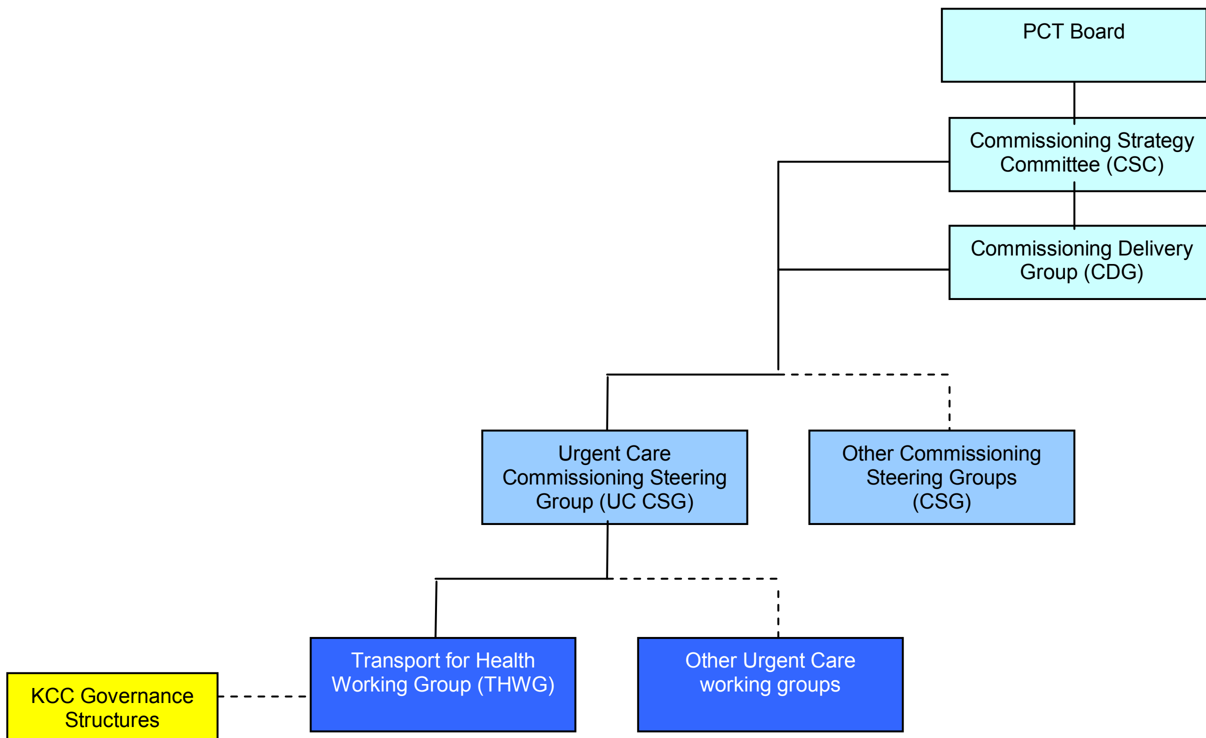
This paper details the Terms of Reference (TOR) for the Transport for Health Working Group (THWG), joint chaired by NHS Eastern and Coastal Kent and Kent County Council (KCC).

Purpose of Transport for Health Work Group

The main purpose of the THWG will be to facilitate effective communication between 'transport for health' stakeholders across the NHS Eastern and Coastal Kent area, including specific links with Medway and West Kent.

The focus for the group will be all patient transport services, community transport schemes, and public transport, with service improvement being the cornerstone of the partnership work.

The group will be commissioning lead and work towards the intentions stated in the "Commissioning Transport for Health" summary report of the NHS lead transport event on 18/05/09, and the Kent wide health and transport day, hosted by KCC on 22/09/09.
The commissioning governance structure for NHS Eastern and Coastal Kent is as follows:



The main objectives of the group are to:

- Improve partnership working between the voluntary sector, the NHS, KCC, district councils, transport providers and all other appropriate stakeholders;
- Establish a document that links health and social transport provision in Kent, that is patient/public facing and which describes all available options and processes;
- Act on any existing service modifications/improvements required to meet the needs of the differing localities;
- Support a Joint Strategic Needs Assessment that advises on a set strategic direction for the PCT and partner organisations to improve Patient and Community Transport Services;

Membership

The core membership for the group will be as follows:

Name	Title & Role
Andrew Cole	Head of Urgent and Continuing Care, NHS ECK • Joint Chair • Ensures alignment with Urgent Care Commissioning Strategy.
David Hall	Head of Transport and Development, KCC • Joint Chair • Ensures alignment with KCC policy objectives
Elizabeth Insley	Finance Manager (Commissioning), NHS ECK • Provides financial expertise and background knowledge
Kenneth Cobb	Transport Integration Manager, KCC Commercial Services • Provides regional public transport expertise
Tony Kinnear	Head of Healthcare Transport, EKHUFT • Provides East Kent Patient Transport expertise
Paul Barratt	Head of PTS, SECAmb • Provides PTS expertise for SECAmb and SEC region
Zoe Fright	Senior Lead Commissioner (Urgent Care), NHS ECK • Interim lead on PTS for NHS ECK
Frances Outrim	Head of Business Management, ECK Community Services • Provides link to Community Services in ECK
Tim Woolmer	Corporate Policy Manager, KCC • Ensure culmination of work streams across Kent
Sue Sawyer/ Bridget Owen	Transport Manager, Ashford/Dover Volunteer Centres • Provides links to voluntary/community organisations
Diane Aslett	South East Regional Lead, Age Concern • Provides expertise to inform service development
Robert Miller	Commercial Manager, Stagecoach Bus • Links to main bus operator
Stephen Carey	Public Representative • Provides critique and scrutiny

John Fletcher	Public Representative • Provides critique and scrutiny
Anne Mcilroy	PbC Support Manager, NHS ECK • Links to GP surgeries across East Kent
Louise Murrell	Development Worker, Kent LINk • Provides critique and scrutiny
Colin Evans	Local Bus Planner (East Kent), KCC • Provides bus planning and route expertise
Nigel Whitburn	Community Development Manager, Rural Kent • Provides Voluntary/Community representation
Martin Ayre	Senior Corporate Policy Manager, KCC
Sally Benge	Partnership Officer – Kent Highway Services
Sheila Flynn	Senior Transport Planner, Canterbury City Council
Alex Hine	Transport Manager, Maidstone & Tonbridge Wells Transport
Dave Laws	Chairman, East Kent Association of Older Citizens Forums
Chris Lewis	Commissioning Assistant, NHS West Kent
Martine McCahon	Commissioning Manager, NHS West Kent
Steve Pay	Transport Integration, KCC
David Plumstead	Transport Rep, East Kent Pensioner's Forum
Jill Read	Regeneration Projects Officer, Swale Borough Council
John Rodrguez	Assistant Director of Public Health, NHS ECK
David Short	Planning Policy & Ed Manager, Shepway District Council
Santosh Springer	Graduate Trainee in Commissioning, NHS West Kent
Matthew Arnold	Business Development Manager, Arriva
Malcolm Barry	
Mick Sutch	KCC

Frequency of Meetings and TOR Review

The group will initially bi-monthly and eventually quarterly once the work plan is developed and underway.

A review of the TOR should occur every 3 months.

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By: Paul Wickenden, Overview, Scrutiny and Localism Manager

To: Health Overview and Scrutiny Committee – Friday 27 November 2009

Subject: Item 6 - HOSC Work Programme for January to July 2010

Introduction

1. (1) The Committee will recall that, at its meeting on 30 October, it had before it a Draft Work Programme for the period November 2009 to July 2010. Several Members of the Committee made suggestions as to amendments to the work programme. It had also been decided in that meeting to revisit the issue of healthcare in Dover at the meeting on 5 February.

(2) The updated work programme is attached to this report.

(3) A draft work programme covering the whole of 2010 will be presented to the Committee for comment and approval early next year.

Recommendations

3. The Committee is asked to note the Work Programme for January to July 2010.

Item 6 Appendix - Forward Work Programme for the Health Overview and Scrutiny Committee, January to July 2010

Meeting date	Topic(s)	Witness(es)
8 January 2009	Dentistry	• NHS Eastern and Coastal Kent • NHS West Kent • LINKs • Dental representative.
5 February 2010	Dover Healthcare	• NHS Eastern and Coastal Kent • East Kent Hospitals University Foundation Trust • Dover District Council • Environment Agency • LINks
	Emergency Care Pathways (cardiac, stroke, trauma)	• TBC
26 March 2010	Use of Community Hospitals	• NHS Eastern and Coastal Kent • NHS West • LINk
	Diagnostics – Waiting Times	• NHS Eastern and Coastal Kent • NHS West • LINk
7 May 2010	Reporting back to the Committee of any rapporteurs/select committee reports.	• TBC
	Update of PCTs' Strategic Commissioning Plans/Operational Plans	• NHS Eastern and Coastal Kent • NHS West Kent
11 June 2010	Reporting back to the Committee of any rapporteurs/select committee reports.	• TBC
	Update on the Future of PCT Provider Services	• NHS Eastern and Coastal Kent • NHS West Kent • LINks
23 July 2010	Accessing Mental Health Services	• NHS Medway

Meeting date	Topic(s)	Witness(es)
		• Kent and Medway NHS and Social Care Partnership Trust • LINk