HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 11th November, 2021

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Thursday, 11th November, 2021, at 10.00 am	Ask for:	**Kay Goldsmith**
Council Chamber, Sessions House, County Hall, Maidstone	Telephone:	**03000 416512**

Membership

Conservative (10):	Mr P Bartlett (Chair), Mr P V Barrington-King, Mrs B Bruneau, Mr N J D Chard, Mr P Cole, Ms S Hamilton (Vice-Chairman), Mr A Kennedy, Mr J Meade, Mr D Watkins and Mr A R Hills
Labour (1):	Ms K Constantine
Liberal Democrat (1):	Mr D S Daley
Green and Independent (1):	Mr S R Campkin
District/Borough Representatives (4):	Councillor D Burton, Councillor J Howes, Councillor M Peters and Councillor P Rolfe

UNRESTRICTED ITEMS

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

Item		Timings*
1.	Substitutes	10:00
2.	Declarations of Interests by Members in items on the Agenda for this meeting.	
3.	Minutes from the meeting held on 16 September 2021 (Pages 1 - 8)	
4.	Covid-19 response and vaccination update (Pages 9 - 18)	10:05
5.	Provision of GP Services in Kent (Pages 19 - 54)	10:35
6.	Maidstone & Tunbridge Wells NHS Trust - Clinical Strategy Overview - Cardiology Reconfiguration (written update) (Pages 55 - 76)	11:20

7. Work Programme (Pages 77 - 80) 11:25

8. Date of next programmed meeting – Wednesday 26 January 2022 at 10am

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)

**Timings are approximate*

Benjamin Watts
General Counsel
03000 416814

3 November 2021

KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 16 September 2021.

PRESENT: Mr P Bartlett (Chair), Ms S Hamilton (Vice-Chairman), Mr P V Barrington-King, Mrs B Bruneau, Mr N J D Chard, Mr P Cole, Mr A R Hills, Mr J Meade, Mr D Watkins, Mr H Rayner, Mr S R Campkin, Ms K Constantine and Cllr D Burton

ALSO PRESENT:

IN ATTENDANCE: Mrs K Goldsmith (Research Officer - Overview and Scrutiny) and Mr M Dentten (Democratic Services Officer)

UNRESTRICTED ITEMS

28. Membership
(Item 1)

1. Members were asked to note the change in Borough and District representatives. Cllr Maskell and Cllr Mochrie-Cox had been replaced with Cllr Marilyn Peters and Cllr David Burton.

2. AGREED that the update be noted.

29. Declarations of Interests by Members in items on the Agenda for this meeting.
(Item 3)

Mr Chard declared that he was a Director of Engaging Kent.

30. Minutes from the meeting held on 21 July 2021
(Item 4)

RESOLVED that the minutes from the meeting held on 21 July 2021 were a correct record and they be signed by the Chairman.

31. Covid-19 response and vaccination update
(Item 5)

In virtual attendance: Paula Wilkins, Chief Nurse for the CCG and executive director lead of the vaccination programme, K&M CCG.

1. The Chair welcomed Ms Wilkins to the Committee and asked her to provide an overview of the report:

   a. Members were asked to note that the data included in the report was for July not August (as stated).

b. The Government had announced the inclusion of 12-15 year olds in the vaccination programme. Their vaccines would be administered as part of the school vaccination programme run by Public Health. Information would be made available to schools and families to ensure they have adequate information to make an informed decision.
c. Over 50% of 16-17 year olds in Kent and Medway had been vaccinated. The CCG were working closely with education settings to increase take-up.
d. 3rd doses of the vaccine for those eligible would begin from Monday 20 September. This would be co-administered with the flu jab where possible.
e. The number of patients in hospital with covid-19 was increasing, including 12 individuals being looked after in Intensive Care Units.
f. To reduce elective care waiting times, the health system across Kent and Medway was working together in a bid to ensure equity.
g. The CCG continued to work with GP surgeries to ensure a return to face-to-face appointments where appropriate.

2. Members were invited by the Chair to ask questions. Discussion included:

a. A Member questioned if GP surgeries were aware they would be offering a booster dose of the vaccine from the following Monday. Ms Wilkins confirmed a meeting had been held the day before to address this.

b. The 3rd booster dose would be the Pfizer vaccine and the 15 minute waiting time after injection was important. That time could be used to have the flu-jab, which would be a separate injection. Evidence from trials had indicated it was safe to co-administer the two vaccinations, though in individual cases where that may not be the case, clinical consent would be sought.

c. To encourage take-up of the second dose within cohort 12 (18 years +) of the vaccination rollout, Ms Wilkins explained that various methods had been used including targeted mobile delivery units visiting universities, colleges, festivals and suitable gatherings.

d. Asked what the plans were for reducing the elective care waiting list, Ms Wilkins explained that several approaches were underway, including making use of the private sector, staff working across multiple sites, and increasing the amount of routine care that could be undertaken within GP surgeries. There was also a new orthopaedic centre opening in Canterbury which would help treat appropriate patients. At the time of the meeting, no target dates had been set for reducing the waiting lists but Ms Wilkins offered to keep the Committee informed.

e. A Member asked for co-morbidity data but Ms Wilkins explained this information was not held within the NHS, rather Public Health.

f. A Member had concerns around the long-term health implications of giving 12-15 year olds the vaccine. The Chair responded that society must rely on the judgement of the 4 Chief Medical Officers of the UK nations who had taken the decision and declared it to be safe.

g. In answer to where a child aged 12-15 stands if they want the vaccine but their parent refuses, the Government had stated that children would be able to make the final decision subject to Gillick competency guidelines.

h. A concerned Member had heard instances of a GP practice refusing to offer face-to-face appointments to unvaccinated individuals. Ms Wilkins stated that that should not happen and offered to take the matter further outside of the meeting if she was provided the full details.

i. Responding to concerns of the retail and business sectors, a Member asked what strategies were in place to mitigate the risks of covid to employees and the public at large events and retail outlets. Ms Wilkins explained this was primarily a public health responsibility, though assured the Committee the CCG worked alongside that team. The NHS continued to spread the message "Hands. Face. Space." and encouraged lateral flow testing as well as isolating if required to do so. She explained that society needed to learn to live with virus transmission and that whilst the vaccine reduced the risk to individuals it did not entirely remove it. Nationally, vaccine passports were being considered. The Chair noted that more on the topic would be discussed that afternoon at a meeting of the Kent and Medway Health and Wellbeing Board.

3. The Chair encouraged members of the public not to phone their GP practice to enquire about the booster programme. Phonelines should be left free for those patients requiring medical care.

4. Following concerns about the large waiting lists accumulating for elective care, the Chair requested that the following information be presented to the Committee at its November meeting:

   a. Breakdown of waiting times by district
   b. Comparison with wider English counties
   c. Information about how Kent's share of the newly announced £12bn for health would be spent
   d. What capacity existed in the system to address the backlog, and what impact would the new funding have on this?
   e. Information about how the 4 acute Trusts would work together to reduce waiting times

5. RESOLVED that the report be noted.

32. Children and Young People's Mental Health Service - update
(Item 6)

In virtual attendance for this item: Caroline Selkirk, Executive Director for Health Improvement, K&M CCG, Jane O'Rourke Associate Director, Kent Children's & Maternity Commissioning Team, K&M CCG, Brid Johnson, Director of Operations, Essex and Kent NELFT, Gill Burns, Service Director Children, NELFT.

1. The Chair welcomed the virtual attendees and invited them to introduce the paper.

2. Ms O'Rourke outlined the position with the service, highlighting a 40-50% increase in referrals, covering areas including trauma, domestic abuse, depression and anxiety. Cases of eating disorders had risen from 156 a month pre-pandemic to 211 in March 2021.

3. To meet the increased demand, NELFT had increased their home-treatment and crisis offers, as well as expanding support teams placed in schools.

4. There was a large amount of work underway relating to neuro-developmental pathways, including providing additional services whilst patients were on the waiting list. A prototype model was in development, which aimed to increase the number of children on the pathway at one time.

5. NHS England had praised the work of a local multi-agency task and finish group to tackle mental health crisis issues in children and young people. Ms O'Rourke drew upon the system-wide approach that had developed between parents, public health, schools, the CCG and provider to improve the CYPMHS service. She paid tribute to NELFT, and the positive feedback received regarding the work of clinicians.

6. Ms O'Rourke explained that the (national) demand for Tier 4 beds was unsustainable and locally the high demand was forecast to continue for the next year but then start to reduce. NELFT would be opening an additional 6 beds at Kent and Medway Adolescent Hospital in Staplehurst. Members questioned if this was "new" or simply replacing the beds that had existed under the previous provider (SLAM) – Ms Johnson confirmed it was additional capacity.

7. A Member asked what the follow-up strategy would be for individuals referred under the ASC project mentioned in the agenda report (whereby over 2,000 families with children aged 13 to 16 years old would be contacted to conduct a Clinical Harm Review). It was explained that the Harm Review was a proactive way of keeping in touch with vulnerable families, and that they were always encouraged to make contact if they had concerns (though not all did). Ms Johnson explained the provider did their best to ensure the relevant services were available to offer support, and that they were working across the system to try to ensure that adequate capacity existed.

8. A Member asked if treatment was provided by student mental health therapists. Ms Johnson explained that a private provider was used for patients over 17 years old. She assured the Committee that pathways were being fully reviewed to ensure they provided adequate support for those who needed it.

9. Following a question about recruitment and retention, Ms Burns acknowledged that there were national shortages. NELFT's Inpatient Unit recently recruited to 14 vacant posts. Difficult posts to fill included those in the crisis team and those with shift work. There needed to be an emphasis on staff development, as well as attracting long term agency workers into full time roles. Over the next few years there would be 70-80 newly qualified mental health workers placed in schools.

10. Ms Burns confirmed that a young person would not return to the beginning of the ADHD pathway if they were incorrectly placed on the Autism pathway.

11. Throughout the discussion the virtual connection was intermittent. Members wishing to raise unanswered questions were invited to submit these via the Clerk.

12. RESOLVED that the report on Children & Young People's Emotional Wellbeing & Mental Health Service be noted and Kent & Medway CCG be invited to provide an update at the appropriate time.

33. NHS 111 service update

(Item 7)

In attendance from South East Coast Ambulance Service for this item: Scott Thowney, Senior Clinical Operations Manager, Matt Webb, Associate Director of Strategic Partnerships and System Engagement, Ray Savage, Strategic Partnerships Manager (Kent & Medway, East Sussex).

1. The Chair welcomed the guests and ask that they provide an overview of their report.

2. Mr Savage explained that the "111 Clinical Assessment Service" (CAS) commenced on 1 October 2020, six months later than planned due to the pandemic. CAS ran alongside "111 First". Call volumes (nationally) had been higher than forecast since early 2020, though SECAmb had recorded the highest number of direct appointments booked across England.

3. Mr Thowney explained the 111 process began with a triage phone call by a non-clinician, who would identify a suitable "end point". That could include an appointment with a GP or a visit to an Emergency Department. Each "end-point" was clinically reviewed.

4. The SECAmb call centre was to relocate from Ashford to Gillingham. The guests assured the Committee that a HR consultation was underway and that they were very mindful of staff welfare. The main benefit to the move was that 111 and 999 calls would be answered from one building which would allow for enhanced synergies and dually trained staff. Co-location was not possible at the Ashford site due to size.

5. In terms of agile working (working from home or another office), Mr Thowney explained that clinicians had been working that way since 2013, though its use had increased since the pandemic and over 70% were now working agilely. Agile working was more complex for non-clinicians because calls could escalate and require clinical support. There was always a physical clinical presence at call centres to support non-clinicians.

6. The safeguarding of agile working was questioned, to which Mr Thowney explained there were annual due diligence checks carried out as well as call auditing. Employees must work from an office if they were unable to work safely and securely from home.

7. A Member asked if enhancing technology had been considered to increase productivity. Mr Thowney explained the use of technology was regularly reviewed, though elements of the process were limited as they had to use the national NHS Pathways system. The ability to book appointments for patients had proven to be a big benefit and had reduced the churn in the system, with around 90% of patients attending their pre-booked appointments.

8. Mr Goatham offered thanks to SECAmb on behalf of Healthwatch Kent, saying the provider had been very responsive in replying to and resolving patient issues.

9. Members were keen to publicise the 111 First service, and the Chair asked that SECAmb colleagues share a side of A4 with the Committee that could then be circulated on social media.

10. It was confirmed that 111 First covered dentistry emergencies and dental nurses were part of the CAS team. However, the only end-point was a dentist surgery and if one was not available (for example, during the first lockdown in the pandemic dental surgeries were closed) there was no alternative. The situation was a national issue and one that had been escalated by SECAmb.

11. A Member mused if the future of primary care access was through a route such as 111 First, as opposed to an individual GP reception. Mr Thowney acknowledged that GP receptionists did not use the triage system, and that the use of appointment booking through 111 had required a lot of work, including building confidence with GPs that only clinically appropriate patients would receive appointments through the service.

12. Support for patients with mental health emergencies was discussed. Mr Webb explained that the purpose of the 111 service was to act as a single point of access (SPA). Appropriate and clear pathways needed to link across the system, a matter that was under discussion within strategic partnerships. There was also a need to understand what pathways a patient was already on when they phoned in, and the best way of doing this was being looked into. Mental Health practitioners were part of the 111 team.

13. The Chair thanked the guests for attending the Committee and Members offered their thanks for the service provided.

14. RESOLVED that the report be noted.

34. Provision of GP services in Kent - written item
(Item 8)

1. The Chair explained that the purpose of the item was for Members to have time to consider questions ahead of the substantive item at November's meeting.

2. A Member raised their disappointment that the substantive item was not on the agenda, as was originally planned. The Chair explained that the relevant senior CCG representatives were unfortunately scheduled to attend the CCG's Primary Care Commissioning Committee at the same time.

3. Some Members raised concerns about the request to submit questions ahead of a scrutiny meeting, and that it might limit debate on the day.

4. The Chair explained the intention behind the item was to give the CCG adequate notice of the types of area under question so that they may come to the meeting prepared.

5. A Member asked if the agenda paper could be released in advance, but the Chair felt it appropriate to keep with the five working day rule as the situation under review was constantly changing.

6. One Member asked that any data provided be broken down by area, for example the ratio of GPs to patients. They also referred to a BMA report that highlighted a shortage of 50,000 GPs – was this accurate?

7. RESOLVED that the Committee note the contents of the paper and submit questions to the Clerk ahead of the next meeting.

35. Eradication of mental health dormitory wards - written update
(Item 9)

1. Mr Goatham notified the Committee that Healthwatch Kent had scrutinised the consultation and would publish the findings on their website.

2. The Chair mentioned that he had attended a virtual consultation event and had been impressed with how it ran.

3. RESOLVED that the update on the eradication of mental health dormitory wards be noted and the Kent & Medway CCG be invited to provide an update at the appropriate time.

36. Work Programme
(Item 10)

RESOLVED that the report be noted.

37. Date of next programmed meeting – 11 November 2021
(Item 11)

(a) **FIELD**
(b) **FIELD_TITLE**

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Item 4: Covid-19 response and vaccination update

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 11 November 2021

Subject: Covid-19 response and vaccination update

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by Kent and Medway CCG.

It provides background information which may prove useful to Members.

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1) Introduction

a) The Committee has received updates on the local response to Covid-19 since their July 2020 meeting.

b) The Kent and Medway CCG has been invited to attend today's meeting to update the Committee on the response of local services to the continuing covid-19 pandemic as well as the progress of the vaccination rollout locally.

2) Previous monitoring by HOSC

a) HOSC received its most recent update in September 2021. The Committee expressed concern about the large waiting lists accumulating for elective care, and it was requested that the following information be presented at the November meeting:

- Breakdown of waiting times by district
- Comparison with wider English counties
- Information about how Kent's share of the newly announced £12bn for health would be spent
- What capacity existed in the system to address the backlog, and what impact would the new funding have on this?
- Information about how the 4 acute Trusts would work together to reduce waiting times

b) Following the discussion, the Committee resolved to note the report.

c) The CCG has been invited to attend today's meeting and provide an update.

3) Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2020) 'Health Overview and Scrutiny Committee (22/07/20)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8496&Ver=4

Kent County Council (2020) 'Health Overview and Scrutiny Committee (17/09/20)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8497&Ver=4

Kent County Council (2020) 'Health Overview and Scrutiny Committee (24/11/20)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8498&Ver=4

Kent County Council (2021) 'Health Overview and Scrutiny Committee (27/01/21)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8499&Ver=4

Kent County Council (2021) 'Health Overview and Scrutiny Committee (4/03/21)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8500&Ver=4

Kent County Council (2021) 'Health Overview and Scrutiny Committee (10/06/21)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8501&Ver=4

Kent County Council (2021) 'Health Overview and Scrutiny Committee (21/07/21)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8758&Ver=4

Kent County Council (2021) 'Health Overview and Scrutiny Committee (16/09/21)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8759&Ver=4

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Transforming health and social care in Kent and Medway

NHS Kent and Medway Clinical Commissioning Group

Covid-19 update for Kent Health Overview and Scrutiny Committee – November 2021

Content of this report is accurate for the deadline of paper submissions. Verbal updates will be provided at the committee meeting.

The report is provided by the Kent and Medway Clinical Commissioning Group (KMCCG) on behalf of the Integrated Care System. It is an overview to the NHS response to the pandemic and includes work being delivered by a wide range of NHS partners. Elements of the pandemic response, in particular testing, are led by councils and the KCC Director of Public Health will support with responding to relevant questions from HOSC.

1 Vaccination programme

Since the last HOSC update, key changes to the programme have been:

- **Booster vaccinations**
  Confirmation and roll out of the booster programme has begun, and from 1 November it has been expanded to offer walk-in options. Boosters are available to people who are six months past their second dose AND are over 50 or over 16 and at higher risk of Covid-19. Invitations and access through the national booking services will only be available once the six-month gap is reached.

  Initially, uptake has been slower than expected and this is reflected across the south east region. However, with the continued promotion, rising case numbers and colder weather, uptake has steadily increased.

  Some people have reported initial difficulties booking boosters and the national booking service has continued to update its process. The provision of walk-in options should also make getting a booster easier. We are reviewing national and local messaging to reinforce the point that boosters are only available from six months after a second dose – as there has been some confusion with people trying to book boosters earlier.

  There is dedicated work to provide boosters to care home residents and housebound patients who are eligible. NHS vaccination services continue to work closely with council colleagues to co-ordinate care home vaccinations.

- **Vaccination offers for 12 to 15-year-olds**
  Since the last HOSC report the vaccination offer to 12 to 15-year-olds has been made available through national booking service (from 22 October) and walk-in clinics are now also available. Parental consent processes are in place for these as they are for the vaccinations offered through the school immunisations service.

VACCINATION PROGRESS

Local vaccination services are currently delivering approximately 73,000 vaccinations per week. The booster programme is 53% complete (of those currently eligible). Uptake by 16 to 17-year-olds is currently 58% and for 12 to 15-year-olds it is 24%.

Official figures on vaccine progress are published nationally each Thursday. As of 28 October 2021, the position in Kent and Medway was:

- 2,589,283 vaccines in total
- 1,345,481 first doses
- 1,244,102 second doses completed

For Kent specific data uptake amongst all people aged 12+ is:

- 1st dose 1,162,075 (80.4%)
- 2nd dose 1,072,701 (74.2%)

VACCINATION CENTRES

Across Kent and Medway we continue to have over 20 vaccination sites available through the national bookings service and continue to run a range of walk-in clinics. All local options for vaccination sites are published on our vaccination pages of the KMCCG website and through national NHS websites for locating nearest clinics.

Two of the large vaccination centres (Saga in Thanet and Folca in Folkestone) established in the first phase of the programme have now transferred from the Kent Community Health NHS Trust to being run by the local GP-led vaccination service. The other large centres in Kent have now closed.

Websites for vaccine information and booking:

Kent and Medway vaccine information www.kentandmedwayccg.nhs.uk/covid19vaccine

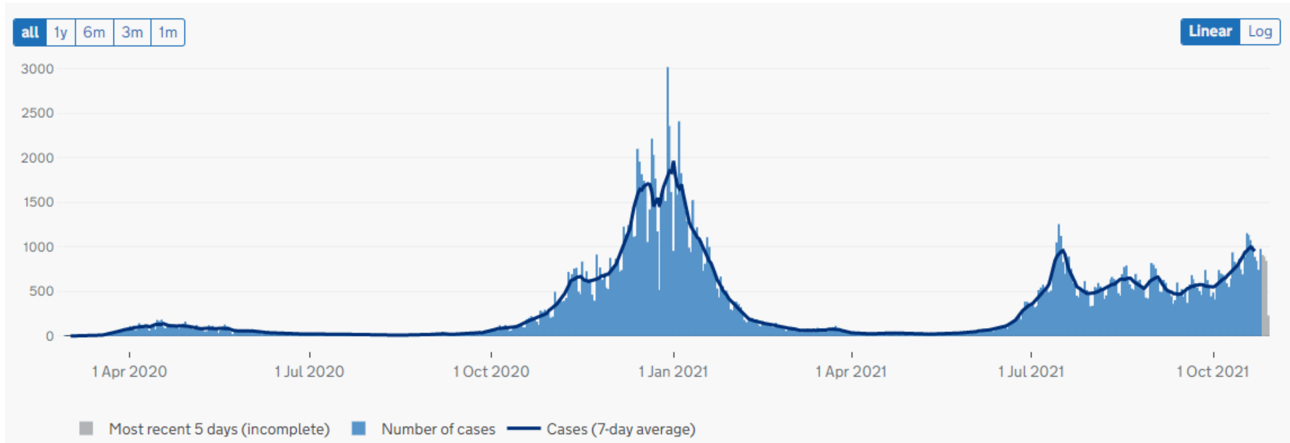
National websites for:

- Bookable clinics https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/book-coronavirus-vaccination/

- Walk-in clinics https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/find-a-walk-in-coronavirus-covid-19-vaccination-site/

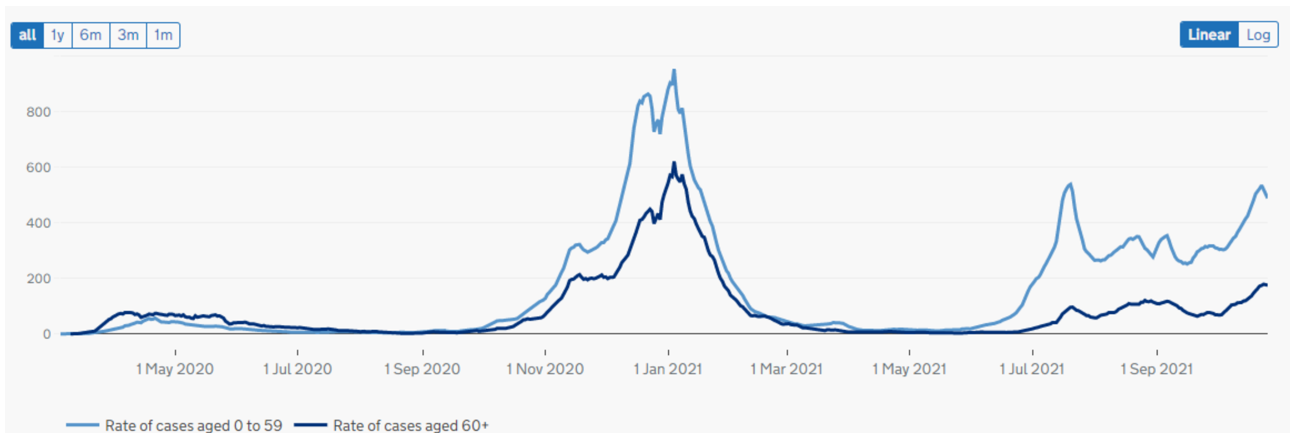
2 Covid-19 cases and deaths

Community infection rates for Kent as a whole are currently 406 per 100,000 (26 October 7 day rolling average). The graph below shows the trend in **daily confirmed cases** in Kent over the duration of the pandemic:



Source: 31 October 2021 https://coronavirus.data.gov.uk/details/cases?areaType=utla&areaName=Kent

Within the overall case numbers there is a significantly higher rate amongst those aged 0-59 years old, as shown in the graph below:

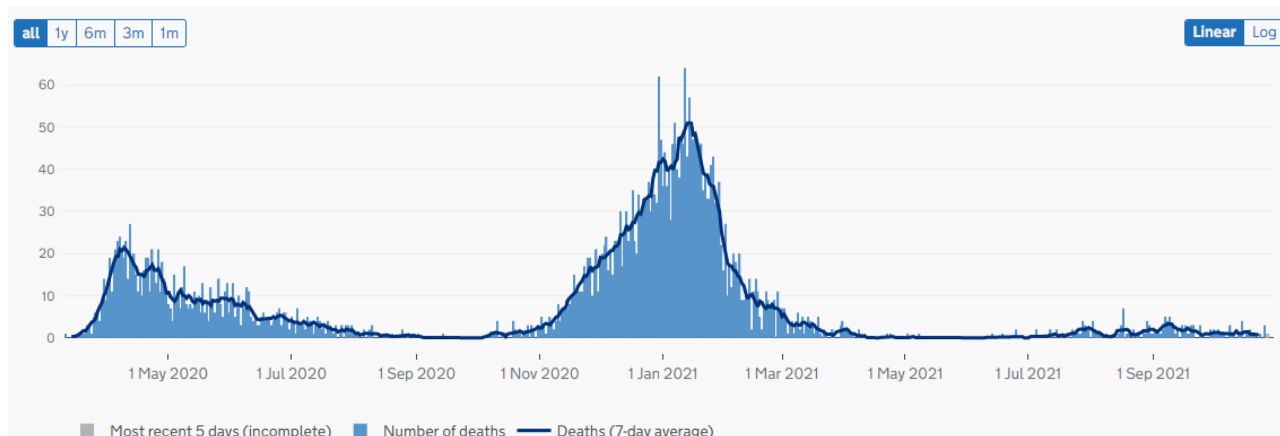


Source: 31 October 2021 https://coronavirus.data.gov.uk/details/cases?areaType=utla&areaName=Kent

Deaths from Covid-19 remain relatively low, however there are unfortunately still a number of deaths on a weekly basis. As of 31 October in Kent there have been:

- 4,147 deaths within 28 days of a positive test (+92 from Sept HOSC report)
- 4,744 deaths with Covid-19 recorded on the death certificate (+104 from Sept HOSC report)

The graph below shows the **daily confirmed deaths** in Kent over the duration of the pandemic:



Source: 31 October 2021 https://coronavirus.data.gov.uk/details/deaths?areaType=utla&areaName=Kent

3 Hospital pressures

The number of people in hospital beds with confirmed Covid-19 is currently around 164 (of which 15 are in intensive care/high dependency units). This represents approximately 4% of all hospital beds currently available.

Hospital services, like all parts of the NHS, are however very busy at present with significant pressure on both urgent care and in-patients as we move towards the winter months. There is regular cross-Kent and Medway operational planning underway involving all acute trusts, community trusts, ambulance services, mental health, social care and primary care in order to manage pressures; with active co-operation to try to ensure patients receive the care they need.

As noted in the General Practice paper on the HOSC agenda, it is a complex picture with covid and non-covid related pressure across all health and care services both in terms of high demand and workforce issues.

4 Elective care treatments

The NHS across Kent and Medway continues to work hard to reschedule routine treatments.

Latest figures for planned (elective) care waiting lists were published on 14 October, providing data for August 2021, and show the number of people waiting over 52 weeks continues to fall however the rate of reduction slowed during August. Figures in the table below are for Kent and Medway as a whole. The data is compiled and published by NHS England and is only given at the CCG/NHS system level of Kent and Medway combined.

In September HOSC members asked for comparative figures with other parts of the country. We have included the South East England NHS region's combined data for August as a comparator.

	April 2021	May 2021	June 2021	July 2021	August 2021	SE Eng Aug 2021
Total incomplete pathways	143,974	150,752	153,366	160,380	162,175	768,891
Total within 18 weeks	92,867	103,028	108,888	113,860	113,778	536,229
% within 18 weeks	64.5%	68.3%	71.0%	71%	70.2%	69.7%
Average waiting time in weeks	10.7	10.5	9.9	10.2	10.8	11.0
Total 52 plus weeks	7,963	6,815	6,010	5,765	5,757	27,758

Source: National Consultant-led Referral to Treatment Waiting Times Data 2021-22, 12 Aug 2021
https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2021-22/

The table below provides the Kent and Medway level data for August 2021 on the ten specialties with the highest number of 52+ week waits:

Treatment Function	**Total number of incomplete pathways**	**Total within 18 weeks**	**% within 18 weeks**	**Average (median) waiting time (weeks)**	**92nd percentile waiting time (weeks)**	**Total 52 plus weeks**
Trauma and Orthopaedic	21,941	13,132	59.9%	13.6	53.2	1,855
Ear Nose and Throat	14,671	7,583	51.7%	17.3	51.6	1,146
General Surgery	18,576	11,807	63.6%	12.1	47.7	1,083
Gynaecology	13,905	9,432	67.8%	11.7	40.8	587
Urology	9,439	6,508	68.9%	11.0	39.6	314
Ophthalmology	14,857	10,582	71.2%	11.2	32.9	193
Other - Surgical	8,745	6,525	74.6%	9.3	36.1	174
Plastic Surgery	1,816	1,271	70.0%	11.6	47.1	119
Cardiology	6,597	4,998	75.8%	10.2	28.0	54
Neurosurgical	941	648	68.9%	11.5	45.6	44

In September HOSC members asked for a breakdown of waiting times by district. The data is not collated/published based on patient location but the following table provides the headline data for our four acute trusts in Kent and Medway.

Provider	**Total number of incomplete pathways**	**Total within 18 weeks**	**% within 18 weeks**	**Average (median) waiting time (weeks)**	**92nd percentile waiting time (weeks)**	**Total 52 plus weeks**
Dartford And Gravesham NHS Trust	18,601	13,136	70.6%	9.7	40.0	458
Medway NHS Foundation Trust	26,430	17,918	67.8%	11.5	37.7	221
East Kent Hospitals University NHS Foundation Trust	61,128	38,871	63.6%	12.6	50.5	4,421
Maidstone And Tunbridge Wells NHS Trust	37,306	27,452	73.6%	11.1	29.1	49

The data by hospital trust in the table above will not total to the overall waiting numbers as some Kent and Medway patients are on waiting lists of trusts outside of the county and local trusts, particularly Dartford have patients on their waiting lists who live outside of Kent.

To reduce the difference in waiting times across the county a shared waiting list is now being managed across our four NHS trusts; this means more of the people who have waited longest can be seen as quickly as possible. A new orthopaedic surgery unit has also opened in Canterbury to treat more people in East Kent.

We also continue to work with private hospitals to provide capacity for elective treatments. We are working with 11 private sector providers of varying sizes. In August, across 8 of the providers (data not yet available for 3 providers), the number of patients seen was:

- Day cases **249**
- Ordinary elective **62**
- New outpatients **379**
- Follow-up outpatients **988**

The current urgent and emergency care pressure on hospitals means there have been some limited cancellations of planned care in the last month. NHS England routinely publishes data on cancelled elective operations on a quarterly basis, however this was paused during the pandemic and is not scheduled to restart until February 2022 with data for quarter three of 2021/22.

It remains a priority across the NHS to reduce the number of people waiting a significant time and people will continue to be prioritised based on both clinical urgency and length of wait.

Elective recovery funding

The South East of England's allocation of the additional national funding provided for the second half of 2021/22 to support the elective care recovery is approximately £100million, broken down into £35m 'Technology' Capital, £35m general capital and £30m revenue. This is the total available to all six NHS systems in the South East region. Funding is a one-off investment and must be spent by 31 March 2022 to deliver reductions in waiting times and backlogs. Any recurring costs linked to this investment will need to be met within our system budget.

Kent and Medway NHS providers and commissioners have worked together and in discussion with social care partners to develop priorities for the funding which have been submitted to NHS England for review and approval. Confirmation on which bids are accepted is expected shortly.

5 Conclusion

All parts of the NHS continue to work extremely hard to meet patients' needs which have built up through the period of lockdown restrictions. In recent weeks we have seen growing pressure across all NHS services with hospital urgent and emergency services very busy. The whole health and care system is working together to respond in the most effective ways possible to maximise the quality and timeliness of care.

Critical to the response is positive collaboration across different sectors including social care in order to support timely hospital discharge and maintain effective support in people's homes to prevent them needing hospital admission.

Delivering the Covid-19 vaccine programme remains a key priority and an essential part of managing demand on health and care services through the winter months.

Covid response / recovery lead:

Caroline Selkirk
Executive Director of Health Improvement
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Covid vaccine programme lead:

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Item 5: Provision of GP services in Kent

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 11 November 2021

Subject: Provision of GP services in Kent

Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the Kent and Medway CCG.

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1) Introduction

a) HOSC has raised concerns about the provision of GP services locally. Members have raised concerns about the quality of services, the use of virtual instead of face-to-face appointments, and access issues.

b) A background report was presented to HOSC at its September 2021 meeting, setting out how GPs work, what issues have been recognised nationally, and suggestions for lines of enquiry the Committee may wish to pursue.

c) Representatives from the Kent and Medway CCG and the Local Medical Committee have been invited to attend today's meeting and answer the Committee's questions.

2. Recommendation

RECOMMENDED that the Committee consider and note the report.

Background Documents

Kent County Council (2021) 'Health Overview and Scrutiny Committee (16/09/21)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8759&Ver=4

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General Practice update

Kent Health Overview and Scrutiny Committee, 11 November 2021

1 Overview of General Practice in Kent and Medway

From November 2021 there are 192 separate practices across Kent and Medway. Practices are now working together in 42 Primary Care Networks. Practices work in these networks on a range of issues; the Covid-19 vaccination programme being a clear. Specialist additional services are increasingly being offered in these networks with roles employed at the network level to support patients from all practices within the network.

Workforce data from June 2021 shows the number of staff across different clinical roles as set out below (more detail on this including data on trends since 2015 is given in section 5 and appendix 1 of this paper).

Role	Headcount	Full Time Equivalent (FTE)
GPs	1,180	879
Practice nurses	994	719
Advanced nurse practitioners	144	114
Paramedics	62	52
Clinical pharmacists	61	50

The latest appointment data for September 2021 shows 883,900 appointments of all types, of which 522,500 were face-to-face (including 9,000 home visits). See section 5 for more details.

The majority of practices, 151, are rated *Good* by the Care Quality Commission and 9 are rated *Outstanding*. Only 9 are rated *Requires Improvement* and none are rated *Inadequate*. Other practices are awaiting inspection updates. See section 8.3 for more information.

Like elsewhere in the country general practice in Kent and Medway is under intense pressure at the moment. With the pandemic continuing and winter approaching this pressure will intensify before it subsides. We recognise this pressure is frustrating patients who cannot get through to their practices. General practice, the Local Medical Committee, the Clinical Commissioning Group and many of our partners across the Kent and Medway integrated care system are working on a range of actions to address the pressures and improve access for patients.

2 The context of pressure across health and care

The pandemic and intensified workforce challenges across health and care services have put all parts of the system under pressure. It is a complex picture where challenges in one area increase pressure on other services. Whilst there have been some suggestions that lack of access to general practice is driving people to accident and emergency the reality is not as simplistic, for example:

- Increased waiting lists for surgery and other hospital treatment means more people are living with untreated conditions, some of which need on-going and increasingly complex support in primary care which would stop once they get the hospital treatment they need.

- Increased impact from seasonal viruses which lock-down suppressed is driving pressure on both general practice and urgent care services. A third wave of Covid-19 infections is also increasing pressure despite how effective the vaccine programme has been in limiting the most serious effects of the virus.

- Workforce shortages in social care and domiciliary care are making it harder to discharge people from acute and community hospitals; which is a critical factor in how busy A&E departments are and how soon ambulances can hand over their patients and get back on the road.

The current intense pressure on general practice must be seen as part of this complex picture but must not be singled out as the cause of pressures elsewhere.

3 How practices are working today

Given the continued presence of Covid-19 within the community and the high demand for general practice appointments it is right that practices triage appointment requests and other queries. This is both to limit potential spread of the virus and to ensure patients who need an appointment are seen by the right member of staff through the most appropriate type of appointment.

Most practices continue to require patients to phone or use the online system *e-Consult* to provide information about their condition/query.

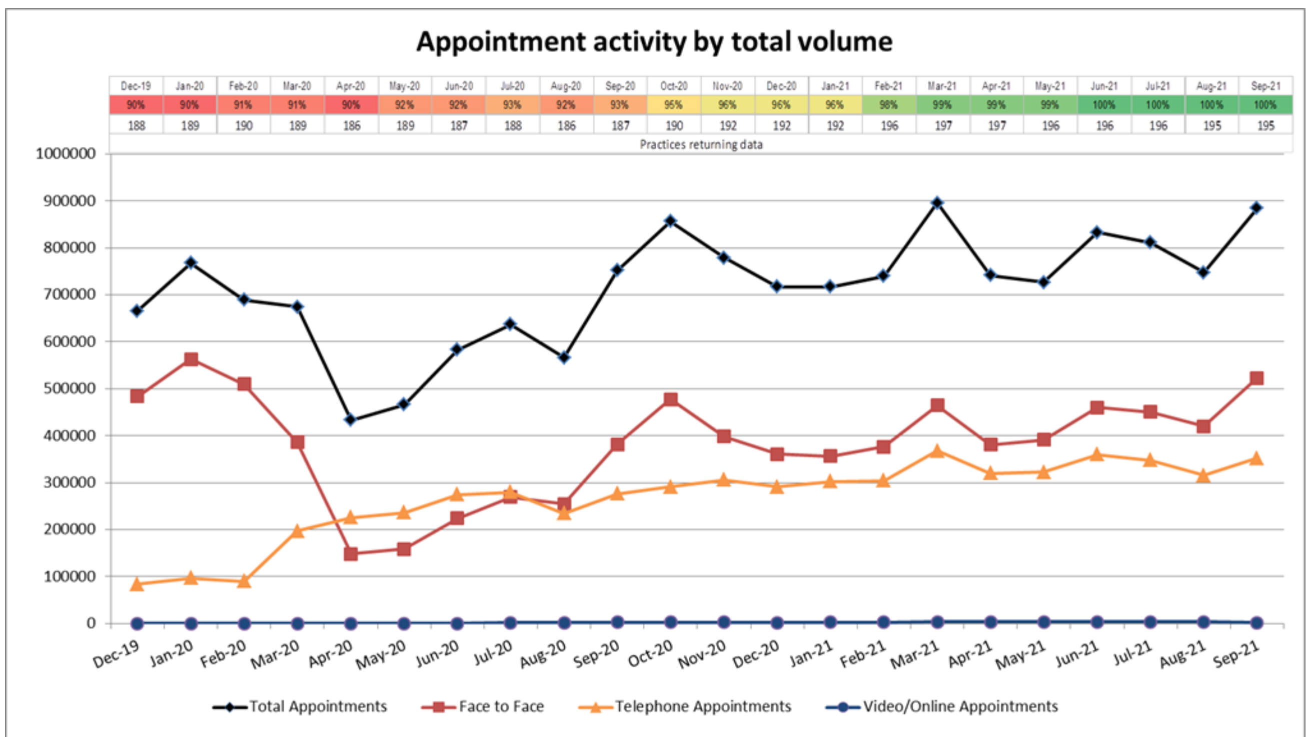
Practices continue to require people to wear face coverings when coming in. Social distancing and increased cleaning between patients remains in place. However, national guidance has recently been published (19 October) advising that primary care can reduce social distancing to one metre rather than two metres; provided risk assessments are carried out and other appropriate infection prevention measures are also in place.

4 Capacity in General Practice

It is recognised that one of the most significant challenges patients face at the moment is getting through on very busy general practice phone lines. Given the range of phone systems in use across 192 practices we are not able to quantify the level of unmet demand in terms of people who do not get through and seek alternative options. However nationally published data on the number of appointment slots recorded on GP systems does indicate the total capacity available.

4.1 Latest appointment data

The graph below shows how general practice appointments changed when the pandemic hit. The very latest data for September 2021 shows a considerable increase in face-to-face from the position in the last few months. Face to face appointments are now at their highest level since January 2020.



NB: the video/online appointments line shows as zero in the graph above due to the scale. Video/online appointments are a relatively small proportion with 1,800 in September. Prior to the first pandemic lockdown there were no online consultations being recorded.

September 2021 data in more detail shows 883,900 appointments of all types. Of which:

- 522,500 were face-to-face (including 9,000 home visits)
- 351,800 were telephone calls
- 1,800 were video/online
- 7,700 did not have the type of appointment recorded

It should be noted that these are appointment slots and include 42,600 recorded as Did Not Attend.

Covid vaccination appointments are removed from this published national data to give a more accurate indication of comparable activity to before the mass vaccination programme began in December 2020.

The graph shows that face-to-face appointments have been higher than telephone appointments since August 2020. The September 2021 data show a significant increase in face-to-face appointments from August 2021, taking face-to-face appointments to their highest level since the pandemic began.

Flu vaccination data will be recorded in this data and some early flu vaccinations may be included within September, but most flu clinics start from October so this is not likely to be a significant number.

This data is captured by NHS Digital directly from GP systems and is officially classified as “experimental statistics” due to limitations in data reporting across multiple GP clinical systems in use across the country.

4.2 Practice List sizes

Between April 2016 and April 2021 the total Kent and Medway practice list size increased by 5 % from 1,839,941 to 1,937,142 registered patients.

The number of practices has reduced from 249 practices in April 2016 to 192 in November 2021. This has meant the average list size of practices has grown. In many cases this is a positive step that makes practices more sustainable and enables them to offer a wider range of services to their patients. In 2016, there were 40 practices with a list size of fewer than 3,000 patients. In 2021, this has fallen to 11 practices.

4.3 Current additional vaccination activity

General practice run Covid-19 vaccination services continue to deliver the bulk of the vaccine programme. Practices are also now busy with seasonal flu vaccination clinics. Both of these vaccination programmes are critical to protecting patients from serious illness and as a result protecting the wider NHS from even greater pressure in the months ahead. These programmes are rightly priority activity for general practice, but that does mean capacity to do other work is reduced.

4.4 General practice activity beyond direct patient appointments

It is important to note that the appointment data only tells part of the story. The time when general practice clinicians are not seeing patients they are managing thousands of letters from other parts of the system, discharge summaries with medication changes, clinic letters with recommendations, referral rejection letters, diagnostic results – bloods and scans, safeguarding reports, patient requests for a range of reports from insurance to firearms certificates, multi-disciplinary team meetings. There are also a host of staff and administrative activities involved in running a practice from recruitment of new staff, sourcing locums for staff absences, staff appraisals, payroll, information reporting to the

CCG, and much more. Seeing patients is of course the priority, but giving patients effective care also involves these other activities.

5 The general practice workforce

Workforce shortages within primary care are one of the factors contributing to the current pressure and the challenges patients are facing. It is a long-term issue which the CCG is working with local practice and the LMC to tackle. Progress is being made, however, there remains much more to do and this will continue to be a challenge in the years ahead.

5.1 A multi-professional team

It is essential that everyone recognises that general practice teams include a range of clinical and non-clinical roles all of whom play a vital part in making sure as many people as possible are seen as quickly as possible by appropriately trained staff.

This has been a feature of how practices have worked for many years now. The range of roles working alongside GPs is growing and this is good for patients and the right thing to do. It is not a complete alternative to addressing GP shortages, but it is an essential element of providing a modern, effective and efficient general practice service.

The traditional image of the general practice team has been GPs, practice nurses and reception and administrative support. But the reality of general practice today is very different, with more and more practices having additional roles, either employed directly by a single practice or shared across several practices. Additional roles now common across general practice include:

- Advanced nurse practitioners
- Paramedics
- Clinical pharmacists
- Physiotherapists
- Mental health therapists and practitioners
- Health care assistants
- Physician associates
- Nursing associates and trainee nursing associates
- Social prescribers
- Advanced Clinical Practice Apprenticeships

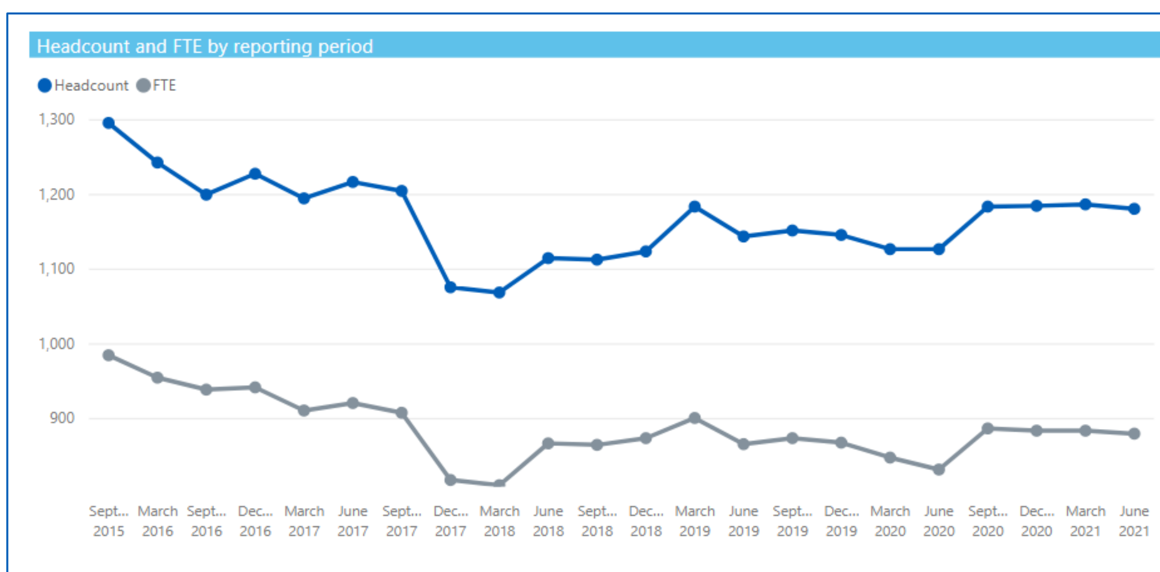
A number of these associate and trainee roles are offering skills progression and local career opportunities which never previously existed within general practice. Their increasing use will help to grow the future workforce of highly trained clinicians experienced and committed to primary care.

Patients come to general practice with a vast range of conditions and queries; many of these can and should be dealt with without people needing to wait for an appointment with a doctor.

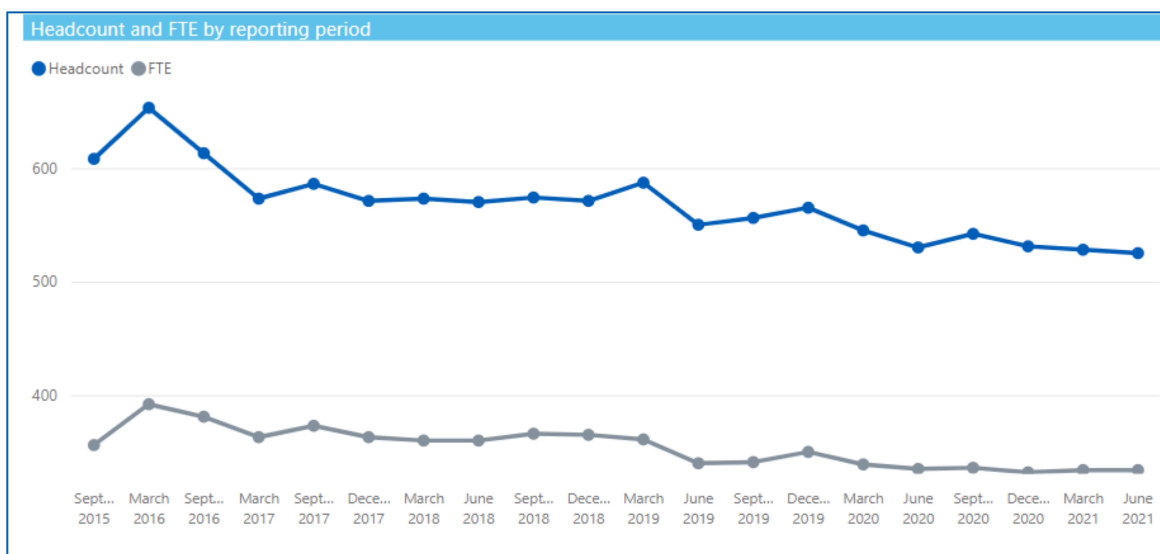
5.2 General practice workforce trends since 2015

The CCG's Primary Care Commissioning Committee meeting on 21 October 2021 received a report including the latest data on general practice workforce from June 2021. The report tracks changes since September 2015 a number of roles within primary care. A full copy of the paper is included as appendix 1 to this report. In summary, it shows:

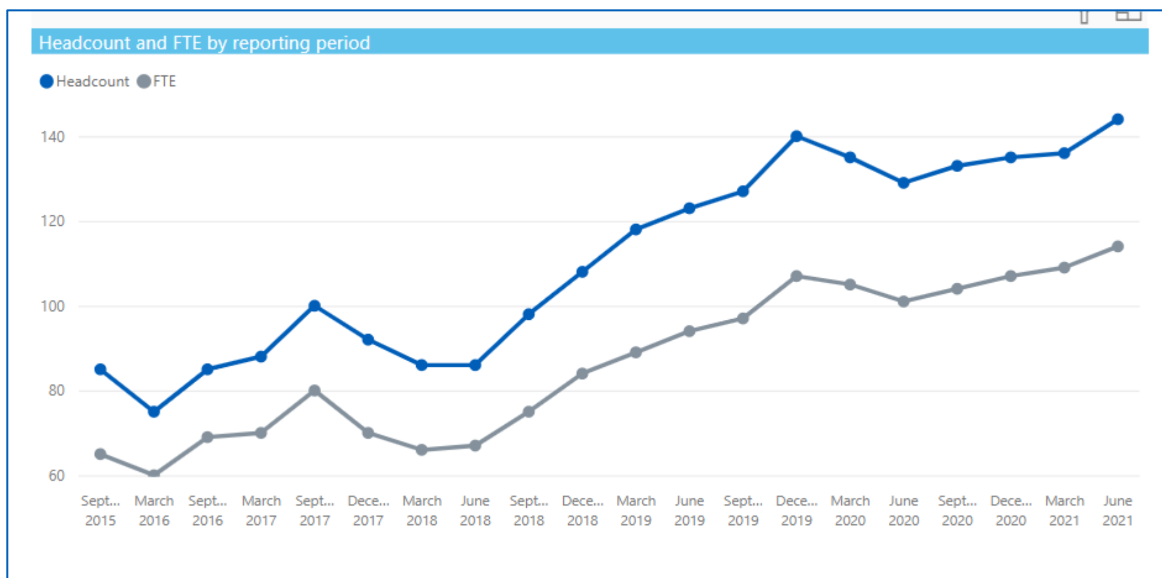
- **General practitioner** numbers (including locums and GP registrars) fell between 2015 and 2018. From 2018 the numbers have been recovering
  - Sept 2015 headcount 1,295 (FTE 984)
  - June 2021 headcount 1,180 (FTE 879)



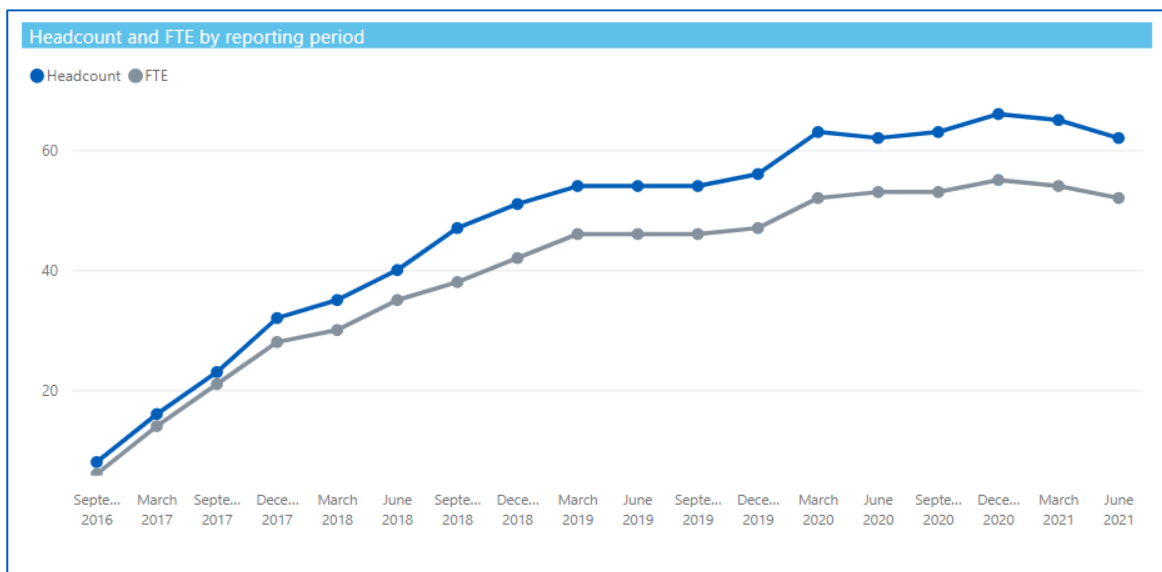
- **Practice nurse** numbers have fallen but by a smaller amount. The trend continues downward but the rate has slowed.
  - Sept 2015 headcount 608 (FTE 356)
  - June 2021 headcount 525 (FTE 334)



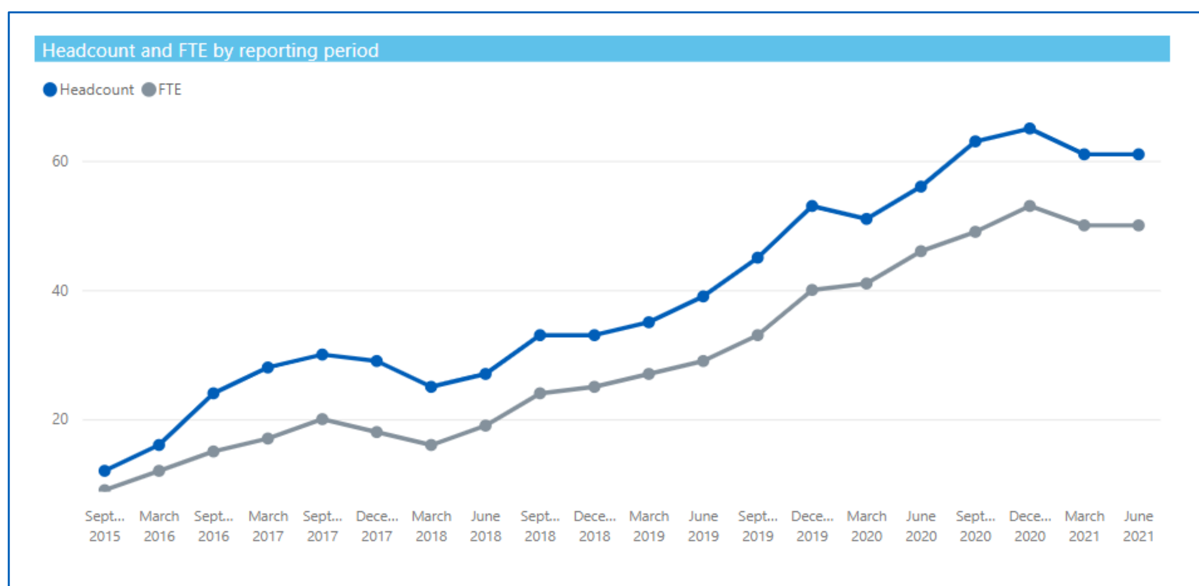
- **Advanced nurse practitioner** numbers are increasing.
  - Sept 2015 headcount 85 (FTE 65)
  - June 2021 headcount 144 (FTE 114)



- **Paramedic** numbers are increasing.
  - Sept 2015 headcount 8 (FTE 6)
  - June 2021 headcount 62 (FTE 52)



- **Clinical pharmacist** numbers are increasing.
  - Sept 2015 headcount 12 (FTE 9)
  - June 2021 headcount 61 (FTE 50)



Trends for further roles are included in the full workforce report in appendix 1.

5.3 Workforce shortages

The GP to patient ratio is often quoted as a marker of whether there is adequate capacity within general practice; but this data does not reflect the true capacity of the wider roles within general practice. In addition, the data does not capture how many vacancies are being regularly filled through locums. For these reasons we do not believe it is helpful data to present. The data is however used to target improvement actions in areas of greater need. Swale and Thanet for example have the lowest and third lowest GP ratio by registered population in England, and these areas are being prioritised within the wider work across Kent and Medway to increase the general practice workforce.

We do absolutely acknowledge that there are shortages in GPs within Kent and Medway. When compared to the national picture Kent and Medway has 39 GPs per 100,000 population compared to national average of 46 per 100,000 population. Kent and Medway is closer to the national average for practice nurses but there are also shortages.

As at March 2021, it was anticipated that in order to meet the future demand for primary medical care services we would need to increase the GP workforce (including GP trainees) by and additional 140 Full Time Equivalents (FTE) and the nursing workforce by an additional 22.5 FTE), by 2023/24. The total number of Direct Patient Care Staff (which includes all other non-medical clinical roles such as paramedics, pharmacists and health care assistants) was 486 FTE; this exceeds the national average by 25.8 FTE. We acknowledged that this modelling was done prior to the current peak in demand.

With an aging workforce significant numbers of the current primary care workforce are approaching retirement age. Across Kent and Medway, 28.8% of GPs are aged 55 or over

this compares to a national figure of 23.6%. For nurses the position is very close to the national average at 34%. For other Direct Patient Care staff and admin/non-clinical roles Kent and Medway also exceeds the national average.

5.4 Training the GP workforce of the future

The Kent and Medway Medical School was established in 2020 and aims to offer first-class medical education and research. It welcomed its first cohort of just over 100 students at the beginning of September 2020.

The Medical School has a Primary Care focus and as such is unique in that medical students are placed in Primary Care in their first year. Building interest and enthusiasm for general practice amongst medical students is key to addressing our long-term challenge to ensure we have enough GPs. To become a fully qualified GP involves a 5-year degree, 2 years of foundation training and then 3 years vocational GP training.

In the academic year 2021-2022 medical students have been working in practices across 24 of our 42 Primary Care Networks and the CCG and Medical School continue to support more PCNs to take on medical students. The medical school has had a positive response from students on Primary Care placements and the Dean of the GP School will be writing to GPs to express their thanks.

6 Improvement actions

This section summarises some of the work taking place to address the workforce challenges and other improvements to make access for patients easier and decrease pressure on general practice teams. The CCG is working with Kent LMC on actions which are being implemented in the short, medium and long term.

6.1 Additional funding to improve patient access and support general practice

On the 14 October NHS England and the Department of Health published plans, including additional investment, designed to help improve the current position; with a particular focus on the winter months and practices which data suggests are facing the hardest access challenges. Kent and Medway's indicative allocation of the extra funding is approximately £8.3million.

The CCG, LMC and local practices are working on our response and identifying specific additional actions which the funding will be used for. We have a range of projects already in progress or in planning stages which could be supported by this funding.

6.2 Short term actions

We are working to identify requests that people are calling practices about that could be dealt with by other parts of the NHS or, for those who can, using online options.

- **Hospital appointment queries** – prior to the pandemic it was normal process for patients on hospital waiting lists to seek updates via their GP surgery. With current waiting list pressure this is adding significant burden on practices. We now have agreement with all four acute hospitals in Kent and Medway that they will manage waiting list queries directly.

- **Repeat prescription extension** – Earlier in October our clinical cabinet approved a recommendation to allow practices to extend the period they can provide medication for. 28 days is the standard and still remains best practice, but as a temporary position we are asking practices to extend to 56 days where appropriate for individual patients. Will also be pushing for greater uptake of electronic repeat dispensing that means patients can get repeat prescriptions refilled by a pharmacy for up to 12 months before needing to be reviewed by the practice.

- **Productive General Practice Quickstart Programme** – A fast practical improvement programme putting extra support into practices to identify local ways to reduce pressure and release efficiencies within the practice. This is an established model that identifies high impact changes to be completed over a three month period.

- **Communications to ensure people understand alternative options** – as part of a wider NHS pressures communications campaign over the next six months we are promoting awareness of the range of services which can help people who may not need an appointment with their general practice, for example using 111, visiting a pharmacy or using one of the nine community based urgent treatment centres that are open 12 hours a day.

6.3 Medium term actions

- **eHub solution development** – we are developing plans to establish a number of eHubs across Kent and Medway which will support groups of general practices by managing the messages received through the *e-consult* system that all practices use. Dedicated teams in eHubs doing this work would free up other practice teams for other activity. We are also looking at how eHubs could create a centralised model for supporting the management of online consultations and home monitoring services.

- **Expanding home monitoring services** – during the pandemic we developed a successful remote monitoring service for blood oxygen levels. A similar model has also been developed for blood pressure monitoring. Approximately 6,000 blood pressure monitors have been delivered to practices since May 2021. Supporting patients to self-monitor at home and submit readings by phone, text or app helps promote self-care, improves adherence to monitoring and reduces the need for face-to-face appointments.

- **Premises improvements** – some practice could improve access and potentially increase appointment capacity with relatively small changes to surgery layout and/or moving archived patient notes to off-site secure storage. All practices have been given an opportunity to submit proposals to make use of capital funding available this year. 21 projects have been supported in principle and practices are now developing plans for approval. These projects will need to deliver by March 2022.

  In addition, a number of larger extension or new build projects are being progressed; including three larger extensions supported in principle through NHS capital to deliver during 2022.

- **Phone systems –** Very aware that phones are a critical issue for the current situation. While there is lots of other work to reduce the number of people needing to call practices we are also looking at what can be done to improve the phone systems themselves. There are a variety of systems in use and some practices do have inadequate telephone systems for the level of demand now being experienced. We are working with NHS England and have been given some funding to pilot new systems and develop a national standard for primary care telephone systems.

- **Electronic prescribing in hospitals** – systems are being implemented in acute trusts which will enable consultants to issues prescriptions with ease, this will reduce the current transfer of work to general practice where consultants ask GPs to prescribe.

- **Community Pharmacy Consultation Service** – this is a community pharmacist-led clinical service that has been managing referrals from NHS111 since 2019. It is being rolled out to general practices who will be able to send referrals for minor illness conditions. When the referral is received, the pharmacist will carry out a consultation with the patient which can include advice or purchase of over-the-counter medicine. 70 practices across Kent and Medway are engaged as early adopters with 28 practices live (highest in the south east) and over 700 referrals already made.

6.4 Long-term actions

As highlighted in the previous section, workforce is a critical element of improving the position in general practice. No single action will solve what is a national challenge. But we are working on a spread of initiatives designed to recruit, support and retain our whole workforce. While we talk of workforce as a long-term action the work we have been doing is already bearing fruit, and will continue to do so over the next few years. Examples of progress made already are:

- We have 12 **GP Trainees** (8 in Thanet & 4 in Swale) through a Targeted Enhanced Recruitment Scheme. These are new doctors to the system, spending longer in GP than usual on the training scheme and we are supporting practices to give these trainees a good experience and get them to stay in Kent and Medway.

- Retaining and brining new doctors into the area with the **Fellowship scheme,** we have 20 on offer and are working to get more, with 70 interested applicants.

- Jointly appointed 3 **Educational Fellows** with the medical school to build the educational infrastructure of the area. We know this makes it more attractive to GPs to come and work with us.

- Successfully hosted over 100 **medical students in general practice** during the first year of their course with excellent evaluation.

- Focused on Swale & Thanet, learning from colleagues in Oldham who face similar challenges with workforce. The areas we are working on are:
    - Educational infrastructure
    - Creating portfolio careers
    - Promoting the area as a place to live
    - Providing supportive practice environments where people want to work
    - Building an estates strategy that provides space for more staff.

6.4.1 A new primary care strategy

The CCG is working to develop a new primary care strategy which will set out the challenges and proposed actions to improve general practice in the years ahead in more detail. Developing the strategy will include engagement with patients and a range of local stakeholders. Recognising the current operational pressure requires the focussed attention of general practice and the likelihood that pressure will grow over the winter months this is work we will be able to provide more information on at a later time.

6.4.2 General Practice estates strategy

A Kent and Medway CCG General Practice Estates Strategy has been recently approved by the CCG Primary Care Commissioning Committee in August 2021

The strategy is set within the national and local context including The NHS Long Term Plan, workforce, population health, digital first roadmap and sustainable development. The purpose and focus of the document is to strategically define the key areas of future population growth across Kent and Medway along with a set of key principles and requirements that will be used to inform the identification of premises development and improvement priorities to support sustainable and resilient general practice.

Analysis of council local plans and housing supply information has been undertaken at a point in time to inform the strategy and will change as council local plans are developed and the impact of additional housing developments (not in local plans) are assessed each year. The strategy provides an overview of estimated growth by area, linked to Primary Care Networks (PCNs), and also includes the details of premises schemes progressing through CCG governance in line with the CCG GP Premises Development Policy. A copy of the strategy is available in the August 2021 papers for the CCG's Primary Care Commissioning Committee.

7 Conclusion

General practice is open across Kent and Medway with doctors and their wider teams working extremely hard to provide as many appointments as possible to local people. But demand is currently exceeding supply and this understandably if frustrating patients who are trying to contact their practices.

General Practice teams are under immense pressure at the moment. This is a national issue. It is a combination of backlogs caused by the pandemic, the on-going impact of Covid-19 and wider seasonal viruses, coming on top of wider challenges in general practice that existed prior to the pandemic.

General practices, the Local Medical Committee, the Clinical Commissioning Group and wider partners in the integrated care system are working on a broad range of short, medium and long-term improvement actions. However, we expect the intense pressure on General Practice to continue throughout the winter of 2021/22 and there will continue to be more demand for general practice appointments than there is capacity. We will support general practice and patients as much as possible to make sure the appointments that are available are used in the most effective way.

A fundamental issue is retention and recruitment to all types of roles within general practice teams. To achieve this general practice must be a place people want to work. Unfortunately, when patient frustrations boil over into verbal and physical abuse and ill-informed accusations are hurled at general practice through social media and other channels for being somehow lazy or hiding behind closed doors this just compounds the problems and extends the time it will take for general practice to recover. There are

employment opportunities for local people in general practice and in wider health and social care roles and community and voluntary services that would help ease pressure on general practice. The NHS and councils are working together on these broader challenges and must continue to do so with a firm focus on collaboration and positive actions.

7.1 Keeping HOSC informed of progress

Monitoring progress against our key improvement actions for general practice happens through the Clinical Commissioning Group's Primary Care Commissioning Committee which meets in public on a monthly basis. We propose sharing the relevant public papers with HOSC members each month for information and providing a written update to HOSC (similar to this report) on a quarterly basis.

8 Background information

Information on the following pages is provided as general background to how General Practice is organised and regulated, including:

- Commissioning arrangements for general practice
- The two key contract types that general practices work under
- Current Care Quality Commission ratings of practices across Kent and Medway
- Latest official GP patient survey

8.1 Commissioning General Medical services

Kent and Medway Clinical Commissioning Group (CCG) took on delegated responsibility for commissioning primary medical care services when it was established from 1 April 2020. Prior to this all eight of the former Kent and Medway CCGs were delegated commissioners for primary medical care services. The CCG has a signed delegation agreement with NHS England and NHS Improvement (NHSEI) which sets out the delegated functions the CCG must provide. This includes decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts.

The CCG is required to establish a Primary Care Commissioning Committee (PCCC) to exercise its delegated functions and there are clear guidelines on how it must be constituted. The committee meet monthly as a meeting in public and committee papers are available on the CCG website https://www.kentandmedwayccg.nhs.uk/news-and-events/events

The PCCC has the responsibility for overseeing all changes proposed by GP practices; this may include applications to merge with one or more practices, permanently close a branch surgery and proposals to relocate to new premises.

8.1.1 Changes proposed with the 2021 Health and Care Bill

If the Health and Care Bill progresses through Parliament without amendment the Clinical Commissioning Group will be closed on 31 March 2022 and all of its responsibilities for primary care commissioning with transfer to a new NHS organisation called the Kent and

Medway Integrated Care Board. At the same time NHS England will transfer all remaining responsibilities for general practice commissioning to the Integrated Care Board. This will make the new Kent and Medway ICB fully responsible for commissioning general practice including managing the formal complaints process for general practice.

8.2 General Practice contract types

Most GPs are independent contractors, either running the business on their own or in partnership with others. As with all other independent NHS contractors, GPs are responsible for running the business affairs of the practice, providing adequate premises and infrastructure to provide safe patient services and they employ and train practice staff. The GP contractor holds a contract with the NHS. The contracts that GPs work under outline GP obligations and provide details of funding. There are two types of contracts for general practice in Kent and Medway:

8.2.1 General Medical Services (GMS) contract

This is nationally negotiated with the British Medical Association and underpinned by nationally agreed payment arrangements as set out in the statement of financial entitlements (SFE).

GMS Regulations state that except in certain circumstances a contract must provide for it to subsist until it is terminated in accordance with the terms of the contract or the general law. So a general rule is that GMS is a contract in perpetuity (no end date). Of the 192 practices in Kent and Medway 188 operate under a GMS contract.

The General Medical Services (GMS) contract does afford significant operational flexibilities to practices as independent contractors. The operational flexibility of the GMS contract has always allowed practices to determine their own delivery model. The regulations within the GMS contract do not specify the percentage of face-to-face consultations versus telephone or video consultations.

8.2.2 Alternative Provider Medical Services (APMS) contract

These are locally negotiated by the CCG and are fixed term contracts. APMS contracts tend to be for a fixed-term period of three to five years, often with an option to extend for a maximum of a further two years. There are four practices operating under APMS contracts in Kent and Medway.

8.3 Care Quality Commission ratings

The Care Quality Commission (CQC) is an independent regulator of health and adult social care services in England. Their job is to check whether services are meeting national government standards for quality and safety. All health services are inspected by CQC on a rolling basis. There are four ratings that CQC give to health and social care services.

Rating	Explanation
Outstanding	The service is performing exceptionally well
Good	The service is performing well and meeting our expectations
Requires Improvement	The service is not performing as well as it should and the CQC have told the service how it must improve
Inadequate	The service is performing badly and the CQC have taken action against the person or organisation what runs it

The inspection looks at the quality and safety of the care provided. It looks at whether the service is Safe, Effective, Caring, Responsive to people's needs, and Well-led. These five areas or domains are also individually rated.

During the pandemic the CQC prioritised those practices where they had received reports of patient safety concerns. There are a number of practices that are either awaiting inspection or have been inspected recently and are awaiting confirmation of the outcome.

Area	Total Practices	Outstanding	Good	Requires Improvement	Inadequate	Awaiting inspection/ inspection outcome
Kent and Medway	**192**	**9**	**151**	**9**	**0**	**23**
DGS ICP	24	0	21	0	0	3
East Kent ICP	65	7	51	2	0	5
Medway and Swale ICP	51	0	37	4	0	10
West Kent ICP	52	2	42	3	0	5

8.4 Annual GP patient survey

The fieldwork for the GP Patient Survey was undertaken between January and March 2021, which pre-dates the current pressures. A total of 64,230 survey forms were distributed across Kent and Medway and 26,156 forms were returned giving a response rate of 41%. This is close to the 2020 response rate of 37%.

Kent and Medway GP Patient Survey Results	2020	2021	National Average	Direction of Travel
Overall experience of their GP practice described as good	79%	80%	83%	↑
Easy to get through to their practice by phone	57%	59%	68%	↑
Overall experience of making and appointment described as good	60%	66%	70%	↑
Satisfied with the appointment offered	N/A	80%	82%	NEW
For last appointment - in person appointment offered	N/A	64%	64%	NEW
For last appointment - remote appointment offered	N/A	36%	36%	NEW
Last appointment – with a GP	68%	63%	64%	↓
Last appointment – with a nurse	25%	27%	28%	↓
Patients were very or fairly satisfied with the general practice appointment times	59%	63%	67%	↑
Had confidence and trust in the last healthcare professional they saw	94%	95%	96%	↑
Online services tried in past 12 months - Booking of online appointments	15%	14%	19%	↓
Online services tried in past 12 months - Ordering prescriptions online	18%	25%	26%	↑
Online services tried in past 12 months – access to medical record online	13%	4%	7%	↓
Easy to use GP practice's website	71%	73%	75%	↑
Over last 12 months avoided making a GP appointment as worried about the risk of catching covid	N/A	18%	17%	NEW

Appendix 1 follows (Kent and Medway CCG Primary Care Commissioning Committee October 2021 report on workforce)

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KM Training Hubs

Primary Care Commissioning Committee Report

21st Oct 2021

1. Introduction

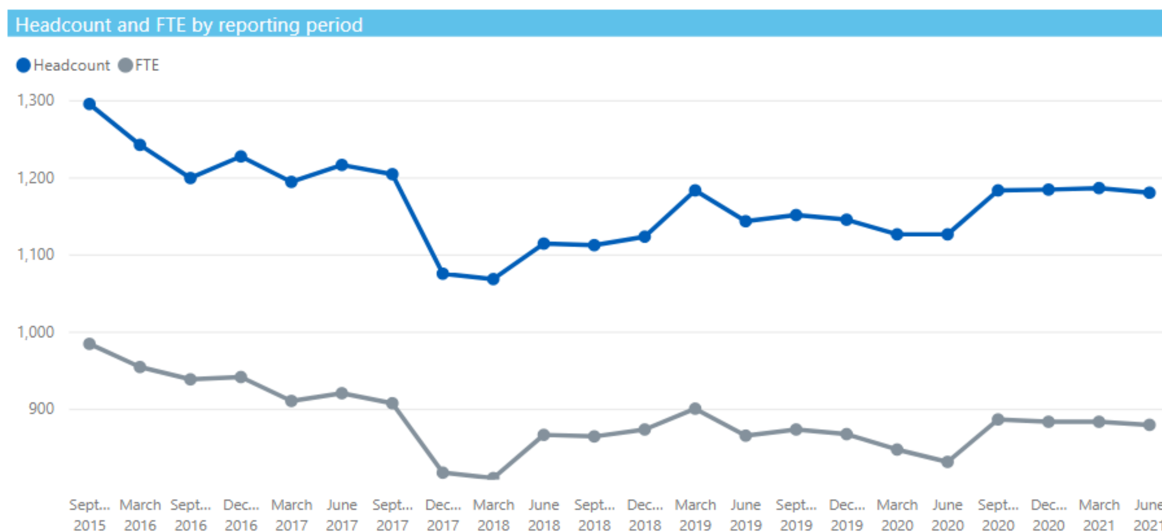
Previous reports have provided the Committee with a detailed overview of the Multi professional Primary Care Workforce along with details of the support provided to not only the existing, but also the future workforce across Kent and Medway workforce.

October's report provides the Primary Care Committee with a summary of most recent NHS Digital GP workforce data in June 2021 in order to focus on the trends since 2015 within the Multi- professional workforce and demonstrate the impact that many of the workforce initiatives are having within Kent and Medway.

2. Summary of Primary Care Workforce data Sept 2015 – June 2021

The data below is a detailed summary of the trend that has occurred with the multi-professional workforce within Primary Care

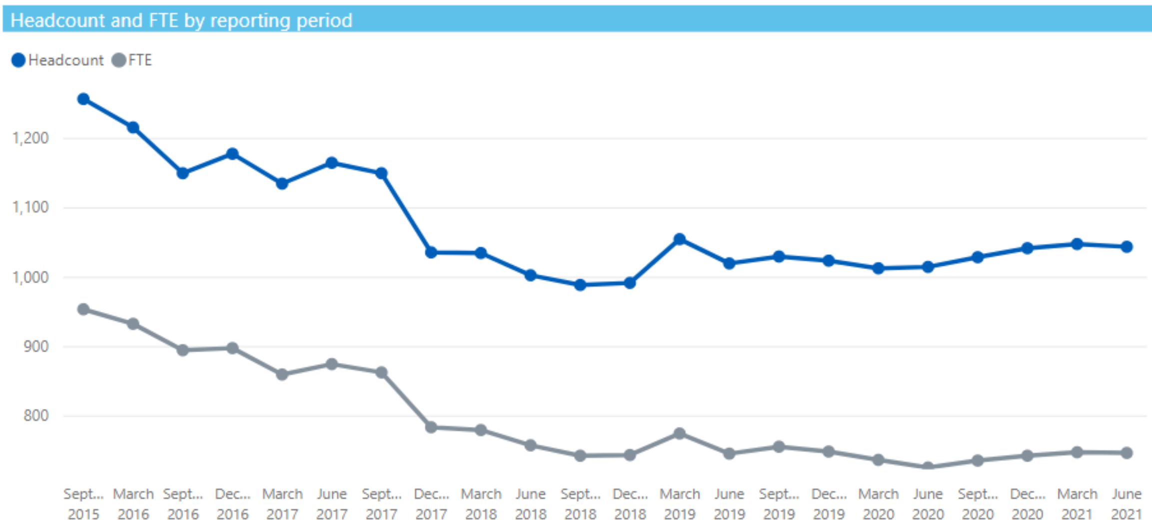
GP Headcount and FTE Sept 2015-June 2021 including Locums and GP Registrars



Sept 2015 Head Count 1,295 FTE 984

June 2021 Head Count 1,180 FTE 879

GP Headcount and FTE Sept 2015-June 2021 excluding Locums and GP Registrars

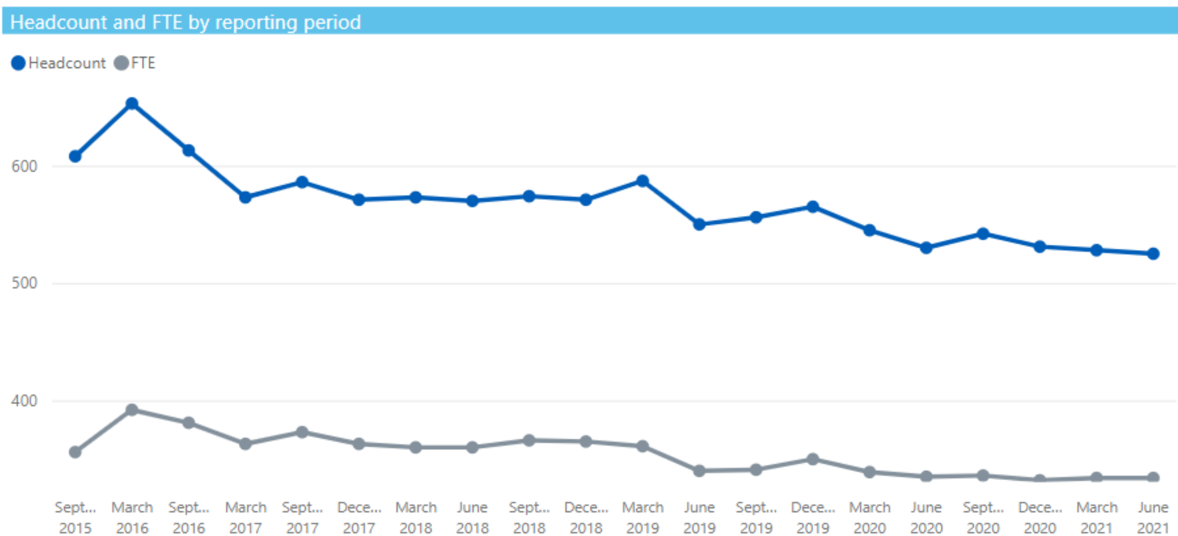


Sept 2015 Head Count 1,201 FTE 923

June 2021 Head Count 994 FTE 719

Whilst the overall GP numbers fell from 2015 they have since stabilised across Kent and Medway profile but there has been a year on year increase in the following roles to support Primary Care

Practice Nurse Head Count and FTE

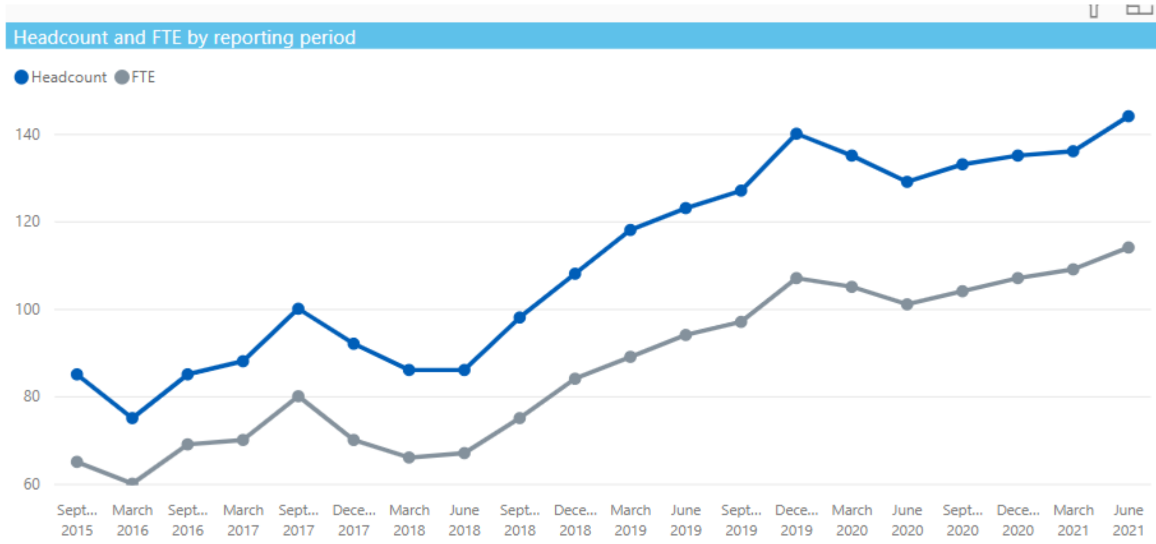


Sept 2015 Head Count 608 FTE 356

June 2021 Head Count 525 FTE 334

Whilst the overall trend has slowed Practice Nurse Numbers are still falling across Kent and Medway and with 34% of Nurses over the age of 50 it remains a concern and one which the Primary Care Workforce Implementation group are currently are surveying along with the wider Primary are Workforce to identify any areas of support that may be helpful to staff

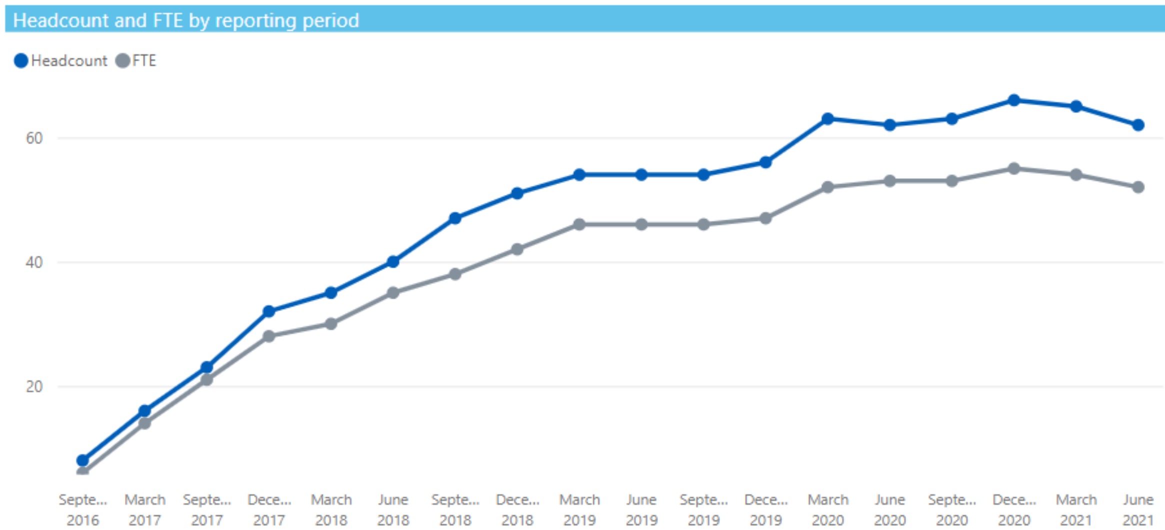
Advanced Nurse Practitioners Head Count and FTE



Sept 2015 Head Count 85 FTE 65

June 2021 Head Count 144 FTE 114

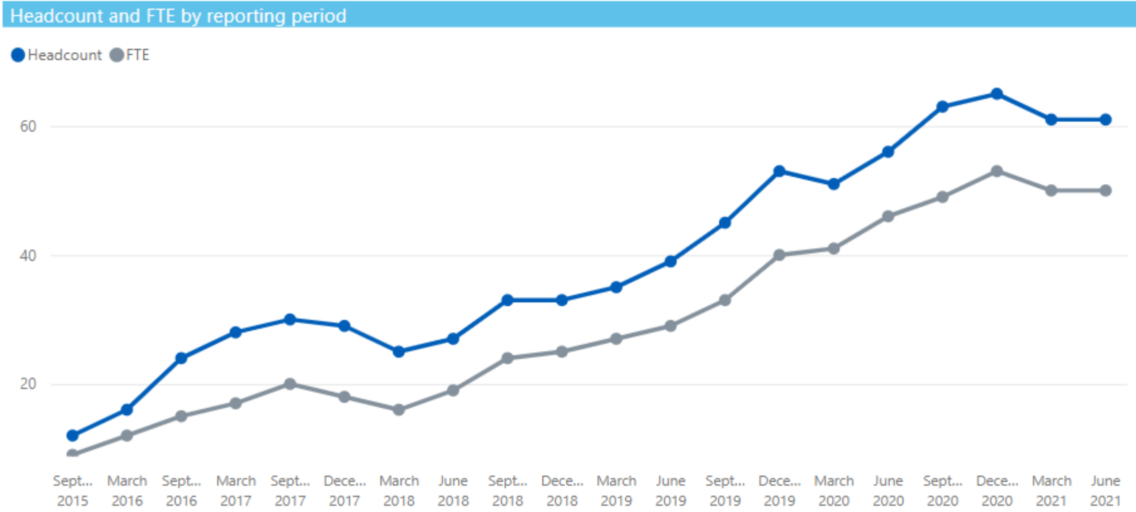
Paramedics Head Count and FTE



Sept 2015 Head Count 8 FTE 6

June 2021 Head Count 62 FTE 52

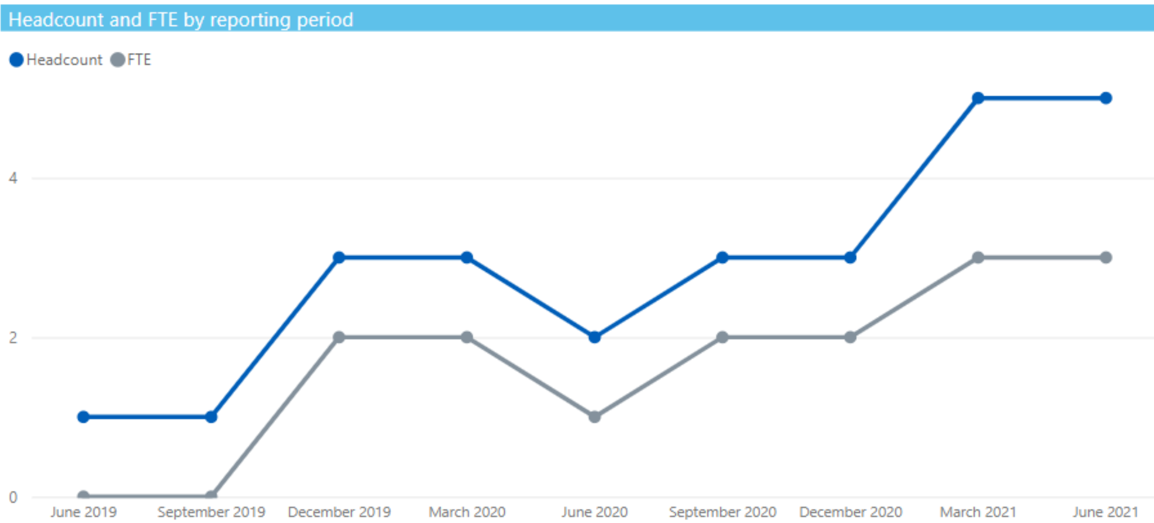
Clinical Pharmacists Head Count and FTE



Sept 2015 Head Count 12 FTE 9

June 2021 Head Count 61 FTE 50

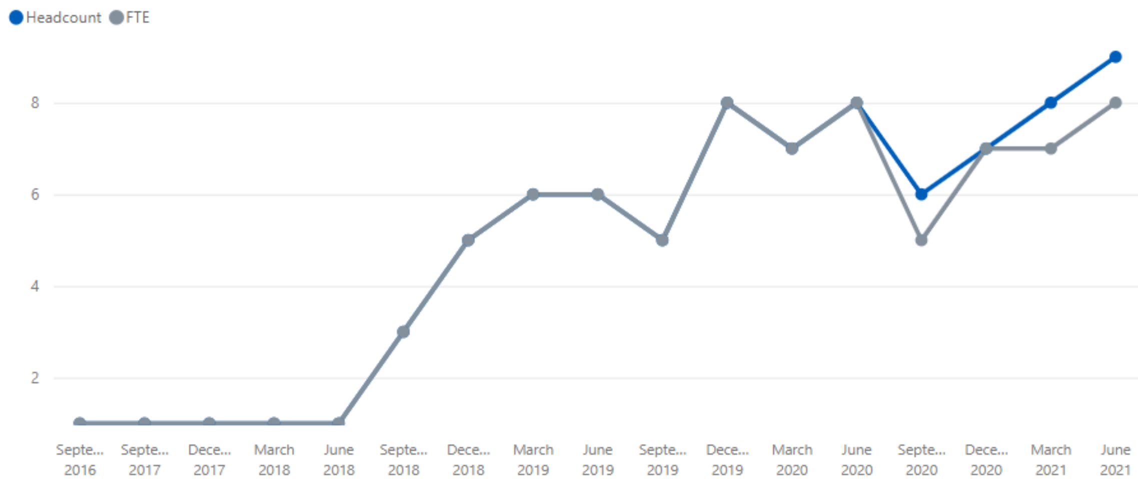
Physiotherapists Head Count and FTE



Sept 2015 Head Count 1 FTE 0

June 2021 Head Count 5 FTE 3

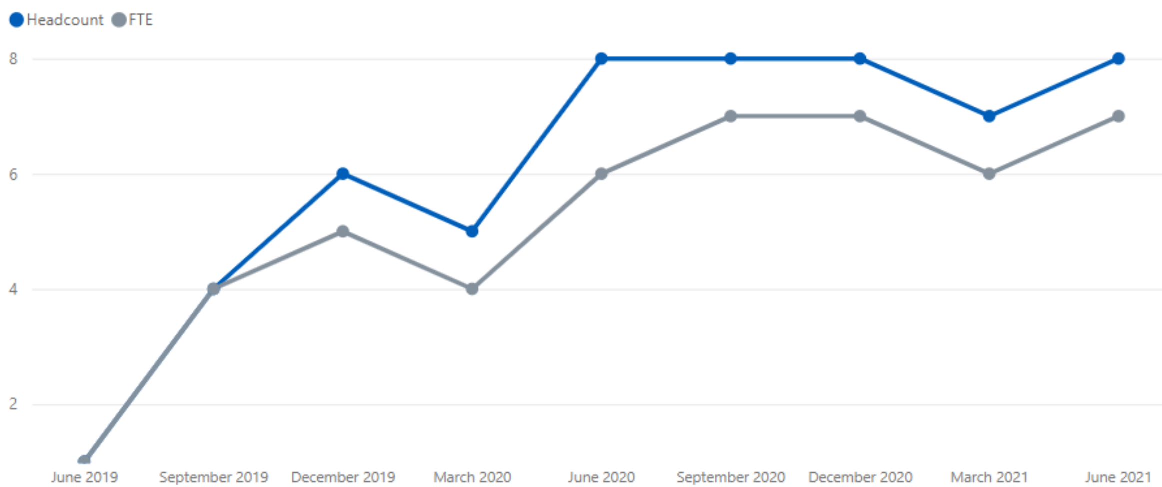
Physician Associates Head Count and FTE



Sept 2015 Head Count 1 FTE 1

June 2021 Head Count 9 FTE 8

Social Prescribers Head Count and FTE

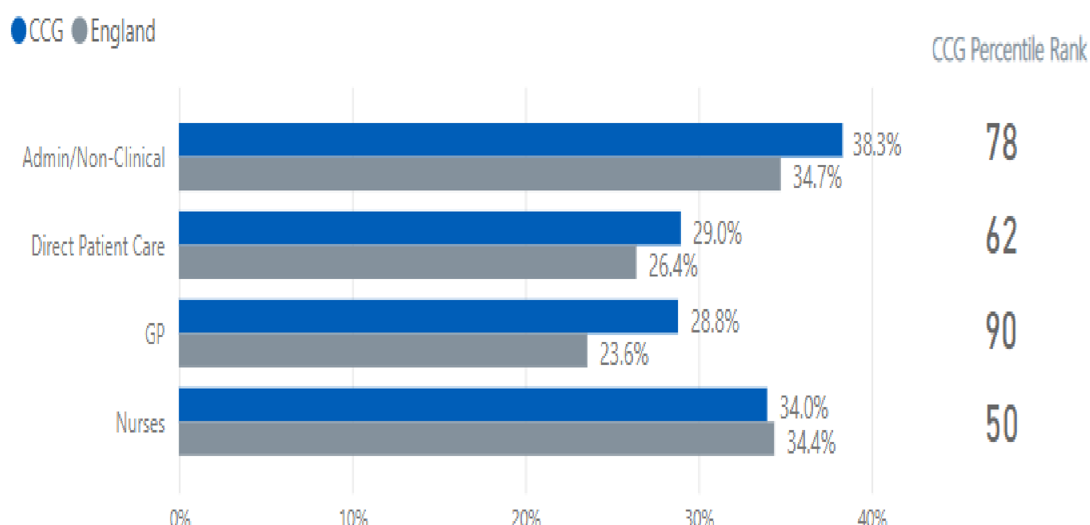


Sept 2015 Head Count 1 FTE 1

June 2021 Head Count 8 FTE 7

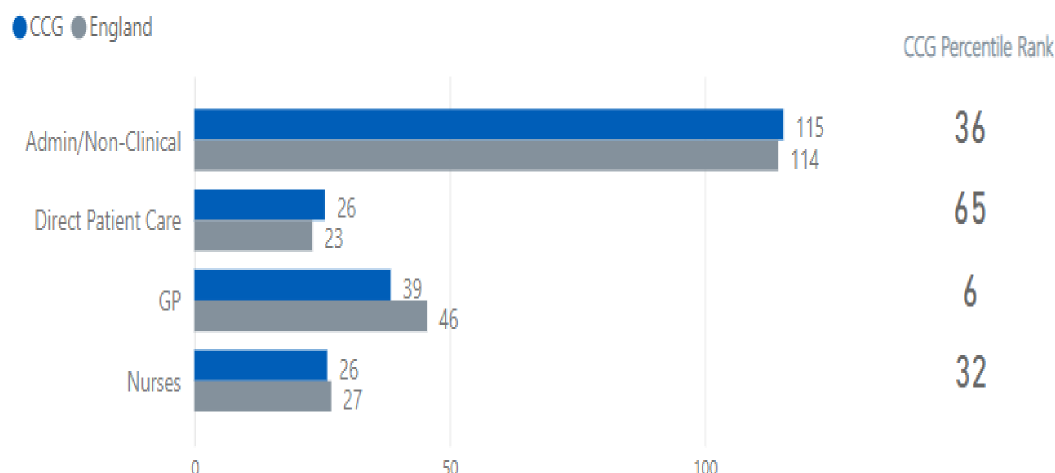
NB: The figures detailed above for Paramedics, Physiotherapist, Clinical Pharmacists, Physician Associates and Social Prescribers are for those employed directly by a practice and do not include those employed by the individual PCN's

Staff aged 55 and over



The above table details the percentage of Primary care workforce over the age of 55 within Kent and Medway and the percentage comparison within England,

Primary Care Staff per patients



In terms of staff per 100,000 population Kent and Medway fair slightly worse for GPs but compare similar results to other CCGs for other roles

3. Communicating the changing face of Primary Care

With the introduction of the many new roles in Primary Care, work is continuing to ensure that the public are notified of the variety of new roles that are available to them. More recently Health Education England have released a link to the playlist of videos describing some of the additional roles, with more roles to be added.

https://www.youtube.com/playlist?list=PLB5e9vV_9DU4nRanDm2Es2dXEe29Nj2U9

4. Fellowships and New to Practice

With the allocation of funding from NHSE and HEE the Training Hubs have been able to support a number of Fellowship opportunities across Kent and Medway as detailed below

Role	Speciality	Number
GP	GP Education Fellow Kent and Medway Medical School	3
GP	Frailty	1
GP	Urgent & Unscheduled Care	2
GP	Public Health	2
GP	End of Life/Palliative Care	1
GP	Education	4
GP	Cancer Alliance	1
GP	Sexual Health	1
TOTAL		**15**

The 2021-22 New to Practice programme launched on the 21st September 2021, with 28 newly qualified GPs and 13 newly qualified nurses enrolled on to this year's programme. The programme will run for 2 years and aims to bridge the gap between competency for Certificate of Completion of Training and being confident in the real-world of modern Primary Care. Individuals gain a sense of belonging and ownership of the system in which they work and are provided with peer support for appraisal and revalidation, and continue their professional development.

Cohort one of the programme will complete in April 2022, with 18 GPs and 8 Practice nurses completing this pilot cohort.

Additionally there is a short new to practice course run over nine months for nurses who are either newly qualified and or new to working in primary care. Numbers have yet to be confirmed by Greenwich University but are believed to be nine.

5. Workforce Planning support for Primary Care Networks (PCNs) and Practices

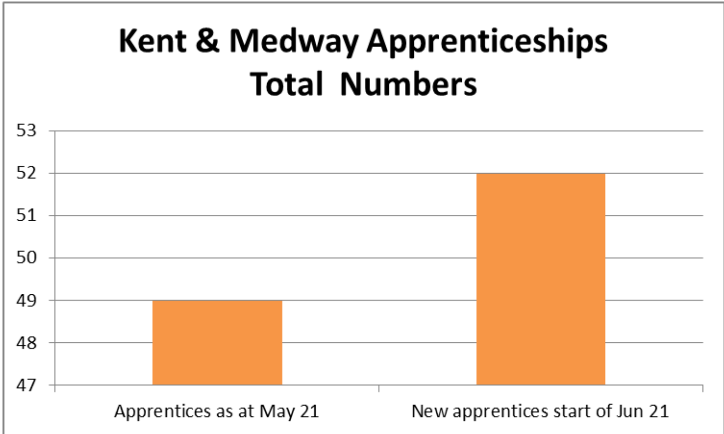
The Training hubs have an agreed roll out strategy across K&M with initial training done with Primary Care Workforce Programme Leads to cascade to Community Education Facilitators in each PCN

- Prioritisation will be given for Thanet & Swale in cascade process
- Agreed budget for practices to be paid by Training Hubs underspend from last financial year
- Communications flyer in process of being finalised
- NHSE South East region delayed roll out– awaiting final confirmation from NHSE to continue.

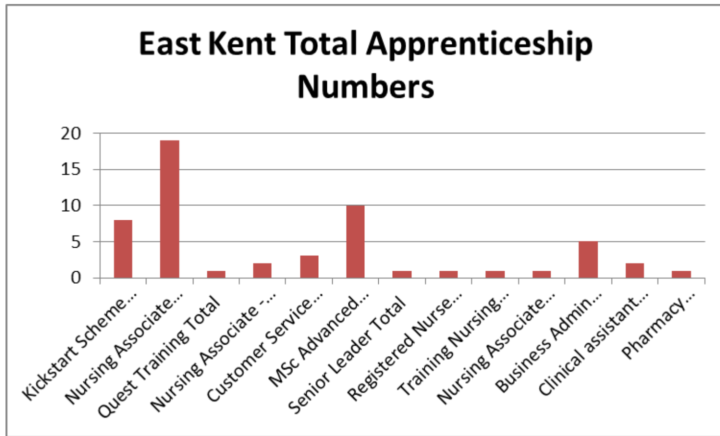
6. Recruitment and Retention Activities

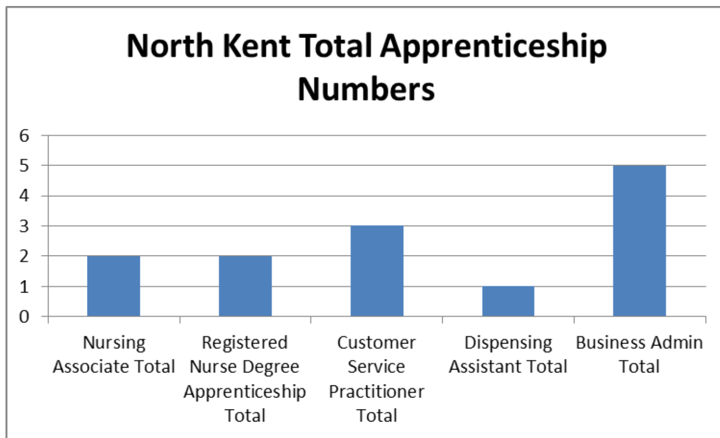
6.1 Apprenticeships

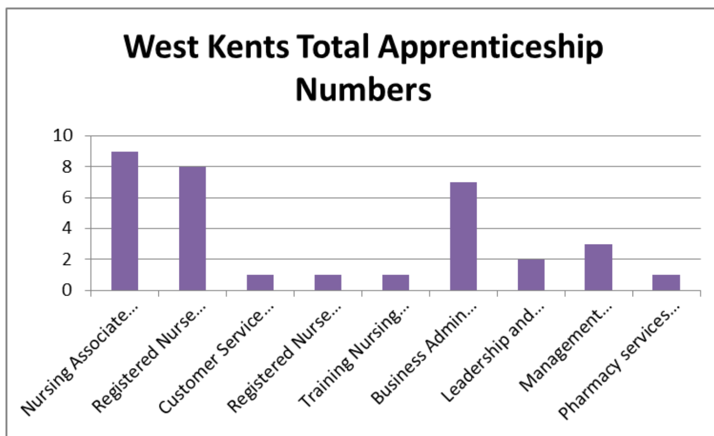
Currently there are 101 apprentices employed within Primary Care, Kent and Medway. In May 2021, Training Hubs were aware of 49 apprentices. A scoping exercise was undertaken to find apprentices, to date 67.69% of practices have responded. Additionally, recruitment onto new programmes such as Advanced Clinical Practice Apprenticeships and Nursing Trainee Associate programmes has resulted in the increased numbers.



The charts below breakdown the type and number of apprentices per Training Hub locality.







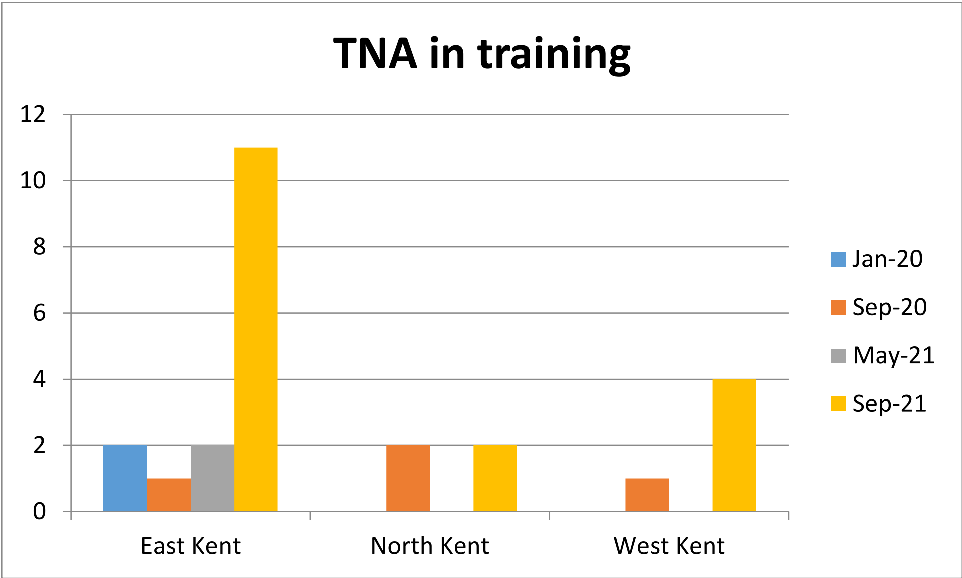
Documentation is currently being developed to support Practices to access apprenticeships and understand how to obtain a digital apprenticeship account and draw down funds from the government to support co-investment for the courses (non-levy paying organisations can access 95% of the course fees from the government).

Functional skills flyer updated; aimed at those wishing to undertake any apprenticeship course enabling trainees to have the required basic academic qualifications.

6.2 Nursing Associates

Continued progress has been made in the recruitment of Trainee Nurse Associates (TNA)

Currently there are 25 are TNAs undertaking their training across Kent and Medway Primary Care



Since September 2021 17 (11 EK, 2 NK and 4 EK) TNAs have commenced their 2 year training at Canterbury Christ Church University (CCCU). Due to an administration error 3 TNA`s have not been able to commence as planned this September due to non-completion and return of the mandatory Nursing and Midwifery Council (NMC) form. One EK practice successfully appealed to the NMC and the decision was overturned and their TNA has since commenced the programme. CCCU have since altered their processes to avoid this occurring again. The Primary Care Workforce Support is setting up a support group for the affected apprentices and will actively engage with them all until they commence the course in January 2022.

Two NAs qualified August 22 (1 EK and 1 WK) and have secured permanent roles within Primary Care.

6.3 Associate Practitioners to Nursing Associate Transition

Currently work is in progress to convert Associate Practitioners (AP) into Nurse Associates (NA) via a portfolio and 1 year transition programme; 1 EK trainee commenced her transition

training January 2020, 1 NK commenced September 2021 and 1 person in EK has completed her portfolio and is undertaking her Functional Skills prior to commencing 2022.

Additional funding is available for any APs to commence the programme January 2022 and work is ongoing to identify people who would like to undertake the training

6.4 Registered Nurse Degree Apprenticeships

Registered Nurse Degree Apprentices commenced training September 2021 (1 EK, 2 NK and 3 WK); 6 are undertaking their training at Canterbury Christ Church University and 1 via the Open University.

Conversations have commenced to support a self-funding Student Nurse who has moved into EK to transfer onto the RNDA from February 2022.

6. 5 Advancing Clinical Practice

6.5.1 Celebrating Advanced Clinical Practice

Kent and Medway Training Hubs are working collaboratively with Canterbury Christ Church University and East Kent Hospital University Foundation Trust to organise a system wide 'Celebrating Advanced Clinical Practice' conference, due to winter pressures this has been rescheduled to 18th March 2022 at the Ashford International Hotel.

6.5.2 West Kent - Advancing Practice Information event

West Kent is delivering an 'all you need to know' event to support recruitment and retention of Advanced Clinical Practitioners in October 2021.

6.5.3 Advanced Clinical Practice Development Groups

Supervision –ensure ACPs and Trainees have both work based and peer supervision

- Development groups and Train the Trainer programmes are continuing across East and North Kent.
    - To date 4 PCN localities across EK have implemented this programme following completing the training.

6.5.4 Leading Excellence in Advanced Practice

Kent and Medway Training Hubs have commissioned Manager to Leader programme specifically for Advancing Clinical Practitioners. Recruitment onto the programme is currently in progress.

6.5.5. Advanced Clinical Practice Trainees

Since the MSc in Advanced Practice Programme commenced in January 2018 49 trainees commenced the program prior to September 21; 45 funded by HEE KSS (25 EK, 12 NK and 8 WK) and 4 via the apprenticeship route (EK). To date 8 have passed the full MSc (7EK and 1NK). Out of the 49 trainees, 7 have successfully completed the MSC qualification.

23 Trainee ACPs are due to commence training 2021-22, 19 (13 EK, 2 NK and 4 WK) are receiving the full commission from HEE and 4 (EK) are undertaking the apprenticeship programme and receiving a supervision grant from HEE

Primary Care Workforce Programme Managers are working with Practices / PCNs to identify suitable candidates for ACP commission places for 2022-23 and request for applications will be going out beginning of September for interviews November 2022.

6.5.6. Primary Care Guidance

Primary Care Workforce Programme Managers are working across the HEE KSS system to develop an Advancing Clinical Practice Strategy for Primary Care that meets the expectations required by the Centre of Advancing Practice

6.6 Musculoskeletal Ultrasound

4 trainees are currently undertaking their PGCert in MSK Ultrasound at Canterbury Christ Church University (2EK, 1 NK and 1WK). Training hubs are recruiting for 3 funded places commencing January 22.

6.7 Mental Health Practitioners

Work is currently underway with the Programe Manager within KMPT to support the recruitment of Mental Health Practitioners for the Trailblazer PCNs across Kent and Medway. In addition the PCN resource booklet has been adapted to reflect benefits and skill set of Mental Health Practitioners.

Current discussions to facilitate the opportunities for pre registered mental health practitioner placement within primary care with the potential for recruitment opportunity

6.8 Supervision

Kent and Medway Training Hubs are currently recruiting to a 2 year 0.5 Fulltime Equivalent (FTE) Band 7 post to develop and implement Clinical Supervision across Primary Care. Interviews end of October 2021.

7 Additional Roles Reimbursement Scheme

Promotion of the value and variation of the ARRS roles, with advice and guidance on expansion, recruitment and ongoing support, supported by the Training Hub's AHP Advisor.

- Kent Surrey and Sussex wide AHPs in Primary Care event being held on 13th October 2021 to raise awareness of the benefits of the roles to Primary Care colleagues
- Current discussions to standardise roles, skills and competency levels and apply the HEE Roadmaps to Practice. Summary document on completing Stage 1 Roadmap accreditation.
- Collation of training hub roadmap database i.e. First Contact Practitioner stage 1 completers and accredited roadmap supervisors.
- Additional funding allocated by Primary Care Workforce Implementation Group to each PCN to support the recruitment of Locums for sessions to backfill GPs to provide Supervision / Action Learning groups for the multi professional roles.
- Recruitment underway to the Jan 2022 HEE fully funded commissions for Muscular Skeletal ultrasound training for Physios.
- Ongoing discussions with Head of Clinical Development (Primary and Urgent Care) College of Paramedics to ensure support for Paramedics in Primary Care

8. Professional Nurse Advocates

3 Nurses from East Kent have been onto the Professional Nurse Advocates Programme sponsored by NHS England and NHS Improvement - South East. 1 commenced the programme Sept 21 and 2 October 21.

9. Clinical Placements

The Training Hubs, supported by the Primary Care Workforce Programme Managers, continue to work with local Higher Education Institutions (HEIs) to develop core placement capacity, including identifying alternative settings in the community. Placement activity is returning to near pre-pandemic levels.

Initial conversations have started with Social Prescribers in one EK PCN to look at adapting WKs alternative placements into a 'Community Learning Opportunities Profile' for all trainees within the PCN.

Discussions are currently ongoing looking at unconventional placement opportunities: One practice in EK is supporting pre-registration Physiotherapy placements, students spend 3

days in Primary Care and 2 days with another provider. Similar models are currently being explored for pre-registration Occupational Therapists and Social work students.
3 return to practice 'nurses' commenced their placements within Kent & Medway practices September 21 (2 in EK and 1 WK).

10. Educational Events

Following on from July's Protected Learning Time event, where a few areas across Kent and Medway had these sessions cancelled at the last minute due to system pressures for 111, Kent and Medway Training Hubs and the CCG Senior Leadership team have been in discussion in order to support these Protected Learning Time events. The events are invaluable to the workforce not only for development and staying up to date but also to support wellbeing of staff, and therefore the teams are working closely to ensure staff have access to opportunities whilst ensuring the delivery of care continues.

11. Macmillan Primary Care development update

The Kent and Medway Primary Care Macmillan team consists of six Macmillan GPs and two Primary Care Nurse Facilitators. We have just recruited to a Macmillan Primary Care workforce support role to enable us to have a wider reach with engagement across Kent and Medway, in particular focusing on the PCNs with needs for education and support for their workforce regarding cancer. We are currently scoping the PCN data in regards of cancer prevalence, age of population, smoking prevalence and deprivation to help to identify where the need is greatest.
We are continuing to deliver a vibrant education scene and have outreach to many health care professionals working in Primary Care. The following is a summary of the work delivered over the past two months. The plan is to now evaluate the impact this training has had on patient care and experience.

11.1 Cancer Lunch and Learns

Acute oncology for Primary Care was delivered virtually to over 50 GPs, Nurses and other Health Care Professionals working in primary care in September. The evaluation from this event demonstrated the key points which practitioners took form the session and will embed into practice to make a positive impact on patient care. Breast cancer awareness for Primary Care will be delivered in October, in line with breast cancer awareness month.

11.2 Social prescribing module

This has continued to run over the summer and has dates booked up until the end of the year. Engagement has been wide across Kent and Medway and inclusive of Imago, Evolve,

Age UK, Community Wardens and Red Zebra, as well as PCN employed social prescribers. An evaluation of the impact of the training will be prepared for the next PCCC report.

11.3 PCN led PLTs

Over June and July the Macmillan Primary Care team delivered nine PCN led PLTs, collaborating with the CEF leads to ensure each session was bespoke and met the needs of the PCN. We were able to use data to demonstrate the needs of the communities and how PCNs could prepare themselves to address these needs. This also supports the PCN DES and the Kent and Medway Cancer Alliance priorities. These were well received with 85% of participants feeling as if the content in the PLT would have an impact on patient care and 95% recommending the training to other health care professionals. More PCNs have booked a cancer PLT for the November dates.

11.4 The Macmillan Practice Nurse Course

The fourth Practice Nurse course will be completed in October. The offer to primary care will now be revised to be inclusive of all health care professionals willing to be established to deliver this long term condition review. This will include Paramedic Practitioners, Clinical Pharmacists and to continue to embrace Advance Nurse Practitioners. This aims to meet the needs of the patients needing a cancer care review but adapting to the evolving workforce available in Primary Care. The course will also become a consecutive offer rather than an annual offer, making the training more accessible and flexible.

11.5 QoF Cancer Care Review update for Nurses

There have been recent changes regarding QoF and the cancer care review. Two short virtual meetings have been held to inform nurses who have previously completed the cancer care review training. This has ensured they have the available resources, links and support within their practices. We have also designed a survey for Primary Care to identify how each PCN has responded to the changes and if further education and training is required in this area.

11.6 Health Care Support Worker Cancer Awareness

The work force leads have supported us with this engagement and two lunch and learn dates (part one and two) have been arranged for October and November. The objective of the training will be to empower HCSWs with knowledge and resources regarding cancer prevention, screening, signs and symptoms and people receiving cancer treatment. These sessions were previously delivered face to face in East Kent prior to the pandemic and had good uptake.

11.7 Care Home Cancer Awareness

Ashford Medical Partnership PCN have requested cancer awareness training for the care homes they support. The PCN have engaged with the care homes on our behalf and we have two training events booked in for the end of September and early October. If these events are evaluated as useful and have an influence on Patient care then we will aim to roll out to all care homes across Kent and Medway with the support of PCNs and the CCG.

Item 6: Maidstone and Tunbridge Wells NHS Trust – Clinical Strategy – Cardiology Services

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 11 November 2021

Subject: Maidstone and Tunbridge Wells NHS Trust – Clinical Strategy – Cardiology Services

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Summary: This report falls under the clinical strategy reconfiguration at Maidstone and Tunbridge Wells NHS Trust.

The Committee has already decided these proposals do not constitute a substantial variation of service.

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1) Introduction

a) At its meeting on 21 July 2021, the Committee received a paper about the clinical strategy reconfiguration at Maidstone and Tunbridge Wells NHS Trust (MTW). It also received a paper about a workstream that fell under that reconfiguration, cardiology services.

b) Following discussion, the Committee believed that whilst the proposals were significant, they did not constitute a substantial variation of service.

c) The Trust has asked that the following update paper be presented to HOSC for their information. It is a written update only and no guests will be present to speak.

2) Recommendation

RECOMMENDED that the Committee note the report.

Background Documents

Kent County Council (2021) 'Health Overview and Scrutiny Committee (21/07/21)', https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8758&Ver=4

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KENT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

THURSDAY 11 NOVEMBER 2021

DEVELOPING CARDIOLOGY SERVICES AT MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

Report from:	Amanjit Jhund, Director of Strategy, Planning and Partnerships, Maidstone and Tunbridge Wells NHS Trust
Author:	Jo Cutting, Programme Director, Maidstone and Tunbridge Wells NHS Trust

Summary

At its meeting on 21 July 2021, Kent HOSC received an update on proposals to improve cardiology services at Maidstone and Tunbridge Wells NHS Trust (MTW), as part of the trust's overarching clinical strategy. Proposals have been developed to change the way specialist and inpatient cardiology services are organised and delivered across the trust. Outpatient services, including clinics and outpatient diagnostic services, would be unchanged and remain as now. HOSC members agreed that they did not deem the cardiology proposals to be a substantial variation of service, but they did think they represented potential significant change. HOSC therefore recommended the trust undertakes a 12-week period of patient and public engagement, but that formal consultation is not required.

The trust has now launched a 12-week engagement period which runs from 22 October 2021 to 14 January 2022. A range of information has been produced to outline the case for change, describe the proposals in more detail, and seek people's views. Activity to inform, engage and involve patients, the public, staff, and stakeholders over the 12 weeks has been planned. At the end of the engagement period a report will be produced analysing the feedback and describing the key themes that have emerged. Maidstone and Tunbridge Wells NHS Trust board will consider and review the feedback from the engagement period alongside other evidence and data (clinical, workforce, estates, financial etc) before making a decision about the way the trust organises its specialist and inpatient cardiology services in the future.

This report has been developed to give HOSC members an update on the progress of the programme and accompanying engagement activity. It covers:

- An update on the indicative programme timeline
- A brief summary of the initial, early engagement activity undertaken
- An overview of the 12-week engagement activity planned and being delivered on the proposals to improve cardiology services – the current phase of the programme's work.

Background

At its meeting on 21 July 2021, Kent HOSC received an update on a proposal from Maidstone and Tunbridge Wells NHS Trust to develop specialist and inpatient cardiology services and improve the quality of cardiology care. This is part of a wider programme of work to develop and implement the trust's clinical strategy which HOSC members also discussed.

At the moment the trust's cardiology outpatient clinics are provided in four locations: Maidstone Hospital; Tunbridge Wells Hospitals; Crowborough Hospital and Sevenoaks Hospital – and this would not change with the proposals being considered. Inpatient beds and cardiac catheter lab services for cardiac procedures are split across the two main hospital sites – Maidstone Hospital and Tunbridge Wells Hospital.

Having specialist inpatient and cardiac catheter lab services on two sites means staff and other resources are thinly stretched and, despite the hard work and expertise of MTW's cardiology team, meeting some of the national best practice recommendations is a challenge in some areas. This impacts on the quality of care that can be provided to patients requiring a procedure in the cardiac catheter labs and patients requiring an inpatient stay. The case for change is set out in more detail in papers discussed and considered with HOSC at the 21 July 2021 meeting (https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8758&Ver=4). It is also described in the engagement document that can be found on the MTW website at https://www.mtw.nhs.uk/cardiology-engagement/ .

After careful consideration of ways to improve care, the cardiology team has identified four potential options for improving the way services are delivered. The proposed changes would *not* affect the outpatient services MTW provides, which will stay as they are now.

The four options are:

1) Do nothing - leave services as they are and seek to make small incremental 'business as usual' improvements
2) Consolidate specialist and inpatient services at Maidstone Hospital by reconfiguring existing space
3) Consolidate specialist and inpatient services at Tunbridge Wells Hospital by reconfiguring existing space
4) Consolidate specialist and inpatient services at Maidstone Hospital by building a new space and reconfiguring existing space.

In July 2021, HOSC members determined that the proposals represented potential significant change but did not amount to 'substantial variation'. HOSC members confirmed therefore that consultation with HOSC (under section 244 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and under The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013), was not required.

However, in recognition of the potential significant change outlined in the proposals, members did support a 12-week engagement period with the public. This will build on some early patient and public engagement the trust has undertaken on cardiology services.

MTW has therefore now launched a 12-week engagement period, which runs from 22 October 2021 to midnight on 14 January 2022. The trust wants to know what patients, their loved ones, the public, staff, and stakeholders think about the case for change and the different options to address it.

Programme timeline

The diagram below shows where the programme currently is in the indicative overall programme timeline.

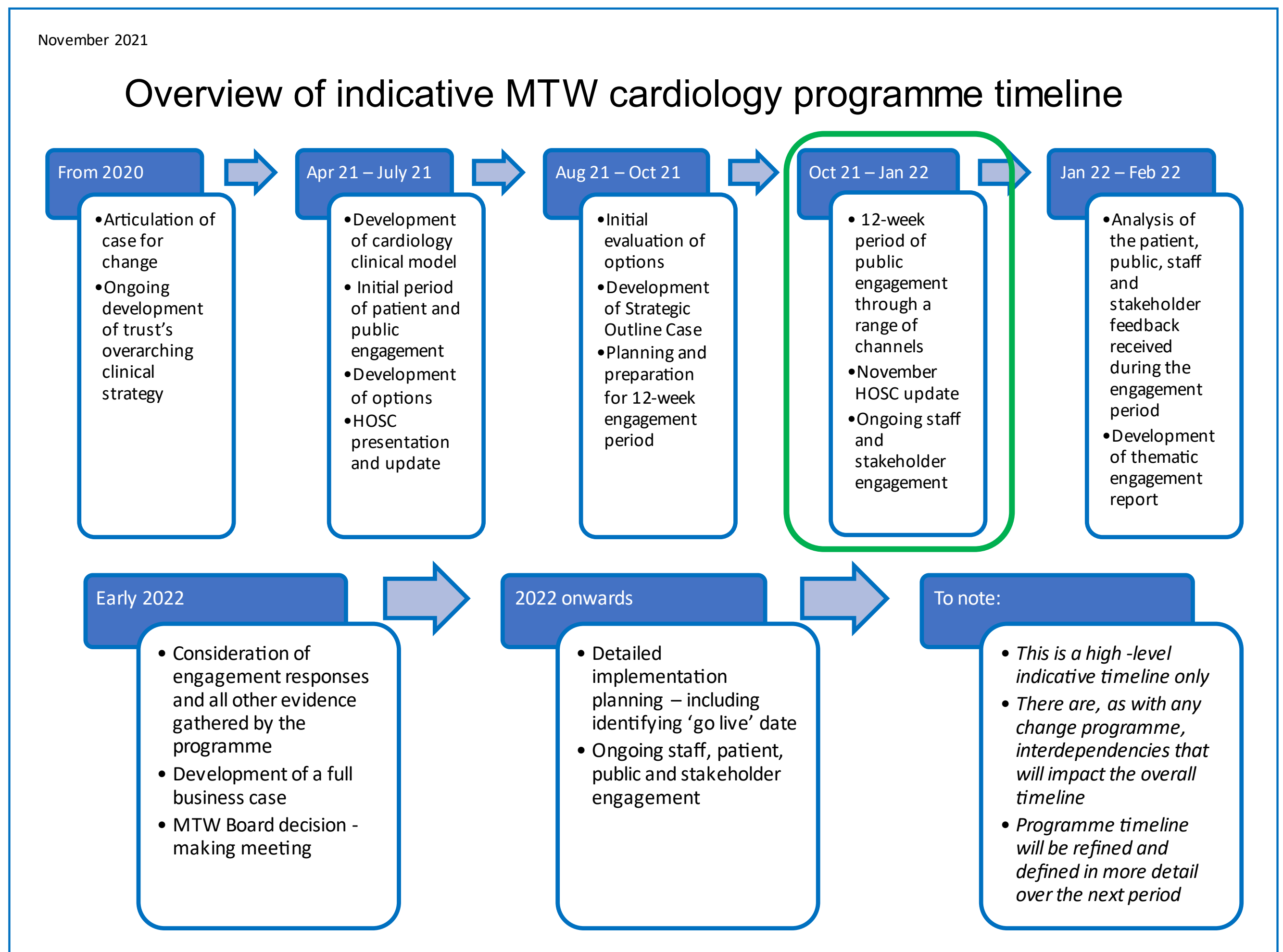

Fig 1: A high-level overview of MTW's Developing Cardiology Services programme timeline

Findings from an early phase of staff, patient, and public engagement

A communications and engagement group and workstream has been established as part of the Developing Cardiology Services programme and its governance infrastructure.

The trust's patient experience team, working with external support from EK360 (formerly Engage Kent), undertook an initial phase of staff, stakeholder, patient, and public engagement in the summer of 2021.

They delivered a number of staff discussions/workshops, a staff survey, a public survey, some face-to-face patient interviews on both the Maidstone Hospital and Tunbridge Wells Hospital sites (with inpatients and with those attending outpatient appointments), and four focus groups. They also raised awareness of the need for change with community and voluntary organisations. Feedback from 220 people was gathered during this phase of work.

Programme leaders continued ongoing stakeholder engagement – for example, discussing the case for change and emerging proposals with commissioners in Kent and Medway Clinical Commissioning Group, with system partners such as SECAmb, with MPs in west Kent, and with HOSC.

Experience on the whole was positive but some of the key themes we have heard about current services include:

- Staff feel facilities could be better and the service is disjointed because it is on two sites. They would like to see a 'centre of excellence' developed
- Patients feel staff are rushed and they don't get enough information about their care or feel listened to
- People feel there are not enough staff available; both staff and patients are concerned about not having 24/7 services and about waiting times for treatments
- Patients are concerned about waiting over a weekend for a cardiac procedure.

This feedback has been taken into account by the MTW cardiology team as they have worked to develop the model of care and potential options that would deliver that model of care. The model of care and the options that could deliver it are outlined in more detail in papers discussed and considered with HOSC at the 21 July 2021 meeting (https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8758&Ver=4). They are also described in the engagement document that can be found on the MTW website at https://www.mtw.nhs.uk/cardiology-engagement/ .

An overview of the 12-week engagement period agreed with HOSC (22 October 2021 – 14 January 2022)

Work is underway to build on this initial engagement phase, and to deliver the HOSC recommended 12-week further engagement period with staff, patients, stakeholders, and the public.

Principles:
The following principles underpin our engagement plan and have shaped its content and activity, as well as the approach to evaluating the results. We will:

- Engage with people who may be impacted by our proposals

- Engage in an accessible and flexible way
- Engage well through a robust process
- Engage collaboratively
- Engage cost-effectively
- Independently evaluate feedback.

Geographic focus:
We will focus our engagement activity in the following geographic areas:
- The catchment area served by our cardiology service - Maidstone, Tonbridge, Tunbridge Wells, Crowborough, Sevenoaks, and Paddock Wood, as well as patients from the East Sussex border
- In the top 20 postcode areas with the highest admissions to the service between 2017-2019
- We also welcome and will seek views from people across Kent and East Sussex.

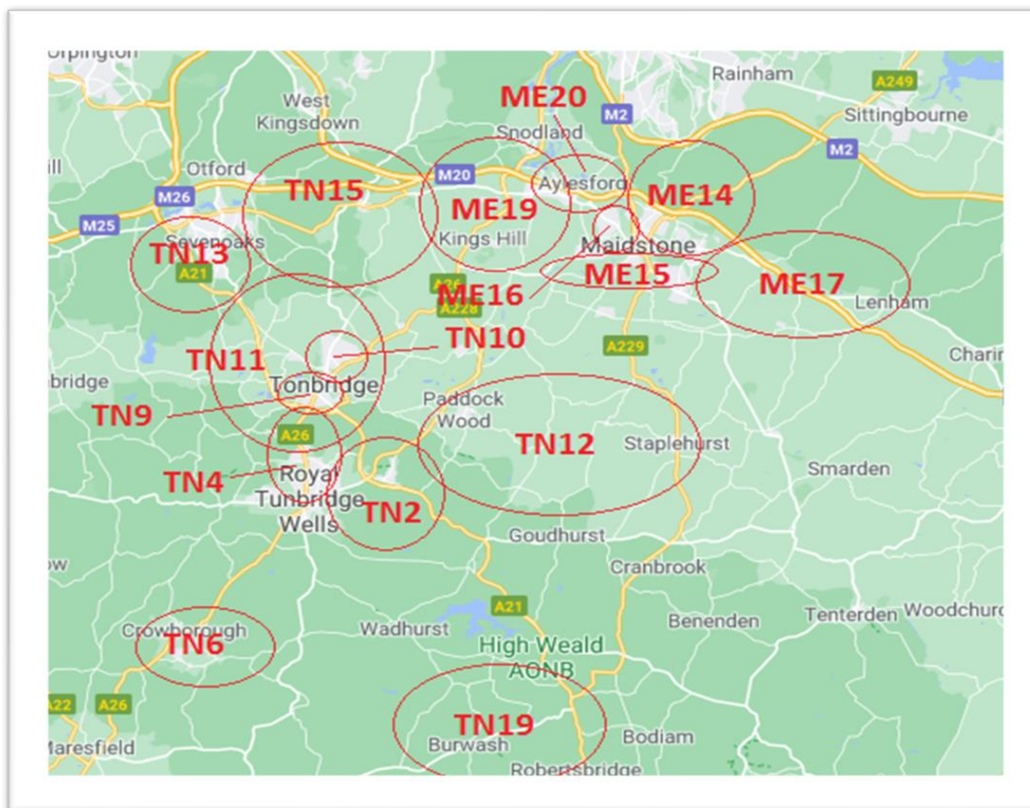

Fig 2: Map of patient population using MTW cardiology services

Engagement aims:
We will undertake a 12-week engagement programme that will meet best practice principles, the legal duty to engage and involve under Section 242 of the Health and Social Care Act (2006), and recognise that for some groups, engagement preferences may have permanently changed due to Covid-19. Our aims for the engagement period are to:
- Raise awareness of the engagement period and make sure appropriate information about it is available and accessible in different formats/places

- Build on the engagement already undertaken to close any gaps and/or further target people most impacted by the proposals
- Provide opportunities to explore more deeply the themes and issues that have arisen, and identify appropriate mitigations
- Engage with staff and professional groups, those with protected characteristics under the equalities' legislation, and those who are seldom heard
- Ensure the MTW board considers the engagement feedback and responses and takes them into account in its decision-making.

Our engagement audiences:

Patients, public, community	MTW and system workforce	Elected representatives
• Cardiology patients, former patients, families, carers • Kent residents • Patient and carer support and voluntary groups – high blood pressure, high cholesterol, diabetes, overweight, smokers, sedentary lifestyles/inactive • Healthwatch Kent • League of Friends TWH, MH • Those who are seldom heard • Protected characteristic groups • CCG's local health/community engagement networks • GP patient participation groups • Via local, regional. print, broadcast, and online media •	• MTW staff - particularly cardiology staff, including staffside and trade unions • South East Coast Ambulance Service NHS Foundation Trust • Kent and Medway Integrated Care System • West Kent ICP • Provider Alliance • General Practice (including GPs and primary care teams) • Kent County Council (including social care and public health teams) • Via trade media	• MPs – Tunbridge Wells, Chatham and Aylesford, Tonbridge and Malling, Maidstone and the Weald, Faversham, and Mid Kent, Sevenoaks, Wealden • Kent councillors
Regulators, Scrutiny	**System leaders and partners**	**Clinical experts and professional bodies**
• NHS England and NHS Improvement • Care Quality Commission • Kent Health Overview and Scrutiny Committee (HOSC) • Kent and Medway Joint Health and Wellbeing Board	• Kent and Medway CCG governing body • Kent and Medway Integrated Care System Partnership Board • ICPs in Kent and Medway • West Kent primary care • KCHFT • KMPT • PCNs – Malling, Sevenoaks, Tunbridge Wells, Tonbridge, South Maidstone • Provider alliance	• Kent LMC • West Kent LMC • KSS Academic Health Science Network • Royal College of Surgeons • Royal College of Physicians • Cardiology network

	• Council officials – Kent County Council; Tunbridge Wells, Maidstone, Tonbridge and Malling, Sevenoaks, Wealdon Councils	

Engagement activities and materials:
Engagement activity is a mix of online and face-to-face engagement (working in a covid-safe way and within government guidelines), exploiting digital means to reach people, but also recognising that not everyone can or wants to engage digitally. Anyone who does not have access to the internet can write to or telephone MTW and information can be sent to them.

At the core of our engagement activity is a document (Appendix A) which clearly lays out the basis on which we are engaging, the background, a summary of the data upon which our proposals have been developed and signposting for more detailed technical information if needed. This document is in plain English and designed in an engaging style, seeks feedback, and promotes the various methods by which people can engage with and respond to our proposals.

The engagement document, associated materials and questionnaire are published on a dedicated section of the MTW website at https://www.mtw.nhs.uk/cardiology-engagement/ .

As well as the **engagement document** there are **Frequently Asked Questions** (and answers) and an **online questionnaire** on the website. Materials can be sent in printed form to those who don't have internet access. Different formats and translations for those who don't have English as a first language are available on request.

In addition to this, other planned activity includes a series of **focus groups** particularly targeting those who are most impacted by the proposals, the seldom heard, and those with protected characteristics; **online public listening events**; **staff meetings and discussions**; **some public 'pop-up' information stalls in shopping centres**; and some **telephone polling research** with a representative sample of the Maidstone and Tunbridge Wells catchment population. It also includes **outreach to existing patient and community groups and forums**.

There is an additional strand of work to **publicise and raise awareness** of the engagement period through **advertising in printed media** for those who don't want to or can't engage online, through **social media advertising** and through a widespread **cascade to patient and community networks**. Details of public listening events and pop-up information sessions will be posted on the **MTW website**.

Throughout the engagement period we will monitor responses to identify any demographic trends which may indicate a need to adapt our approach regarding engagement activity. An example would be under representation from a particular

demographic group or geographic area, particularly where there is a demonstrable disproportionate impact upon individuals within that group.

Current focus

The programme team's current focus is on delivering the 12-week engagement period, finalising the strategic outline case and beginning to scope the planning and preparation required for the business case for MTW board's decision-making meeting, anticipated in early 2022. At that point, the MTW board will review all the evidence available, including the responses and feedback received in the engagement period, and decide the future shape of cardiology services within the trust.

The trust will continue to keep HOSC updated as this work progresses over the coming months.

Recommendations

Members are asked to:

- Note the indicative programme timeline provided in this report
- Note the feedback from the early phase of staff and patient engagement and that it has supported the work to develop potential options for improving cardiology services at MTW
- Note the 12-week engagement period that is underway and consider any additional engagement or briefing opportunities that may be required by HOSC members.

Lead officer contacts

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Appendices

Appendix A – MTW Developing Cardiology Services engagement document

Background Papers
None

MTW

NHS
Maidstone and Tunbridge Wells
NHS Trust

Developing cardiology services at Maidstone and Tunbridge Wells NHS Trust

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1. How to find out more and get in touch

You can find lots more information about the proposals set out here, the process we have followed so far and next steps on our website at www.mtw.nhs.uk/cardiology-engagement.

Translation/alternative format information

If you would like this document in an alternative format or language, please contact us by telephone 01622 225771 or email: mtw-tr.cardioreconfig@nhs.net.

Contact us

If you would like to get in touch you can:

- **Email: mtw-tr.cardioreconfig@nhs.net**
- **Call: 01622 225771**
- **Write: MTW Developing Cardiology Services programme, c/o Communications Team, Maidstone Hospital, Hermitage Lane, Maidstone, Kent, ME16 9QQ**

GLOSSARY

We have included a glossary at the end of this document to explain the medical and technical terms we use.

2. Introduction

At Maidstone and Tunbridge Wells NHS Trust (MTW for short) we have been looking at ways to improve the quality of our cardiology care. Cardiology is the care of people with heart problems. At the moment our cardiology outpatient clinics are provided in four locations: Maidstone hospital; Tunbridge Wells hospital; Crowborough hospital; and Sevenoaks hospital. Inpatient beds and cardiac catheter lab services for cardiac procedures (see our glossary for further explanation) are split across our two main hospital sites - Maidstone hospital and Tunbridge Wells hospital.

Having our inpatient and cardiac catheter lab services on two sites means our staff and other resources are thinly stretched and, despite the hard work of our fantastic cardiology team, meeting some of the national best practice recommendations is a challenge in some areas. This impacts on the quality of care we can provide to patients requiring a procedure in our cardiac catheter labs and patients requiring an inpatient stay.

After careful consideration of ways we could improve care, our cardiology team has identified four potential options that we set out in this document. The proposed changes will not affect the outpatient services we provide, which will stay the same.

We want to know what patients, the public, staff and stakeholders think about these options. We are holding a 12-week engagement to gather views that we will use to inform our decision making.

To help you form your views and give feedback this document explains more about why we need to make changes to services, the process we followed to identify potential options, the options we're considering and their potential advantages and disadvantages.

We also set out how you can find out more about the proposals, how to give your views and what the next steps in the process will be.

Our engagement period closes at midnight on 14 January 2022. We hope you will take the opportunity to let us know what you think.

The questions we are asking you as part of this engagement

We have five key questions we are looking to hear your views on, these are:

- Do you think there are clear reasons to change cardiology services at MTW?
- What are your views on our proposal to centralise specialist care at one hospital?
- What do you think are the advantages and disadvantages of the potential options?
- How could we reduce the impact of any disadvantages?
- Are there any other options, evidence or information we should consider before making our final decision?

3. Why do we want to change cardiology services?

Our current services

At the moment MTW provides a range of inpatient and outpatient cardiology care at both Maidstone and Tunbridge Wells hospitals, and cardiology outpatient clinics at Sevenoaks and Crowborough hospitals. We provide some specialist cardiology services at both Maidstone and Tunbridge Wells hospitals and some at just one of them. The table below sets out what services are where at the moment.

Service*	Maidstone Hospital	Tunbridge Wells Hospital
Emergency care (A&E) for heart problems (e.g. heart attacks)	✓	✓
Cardiac critical care unit	✓	✓
General inpatient cardiology care	✓	✓
Dedicated cardiology ward	✗	✗
Cardiology patients cared for on general medical wards	✓	✓
Weekend consultant ward rounds for all cardiology patients	✗	✗
Monday to Friday consultant ward rounds	✓	✓
24/7 on-call consultant	✓	✓
Catheter lab for PCI (angioplasty)	✗	✓
Catheter lab for simple pacing procedures	✓	✓
Catheter lab for complex pacing procedures	✓	✗
Catheter lab for electrophysiological intervention	✓	✗
Non-invasive tests such as ECGs	✓	✓
Outpatient appointments (also provided at Sevenoaks and Crowborough hospitals)	✓	✓

*Please see our glossary on page 18 for descriptions of these services

The challenges we face

The way our services are currently organised presents some key challenges, for example:

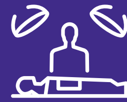
- patients who are admitted to hospital with heart problems often need to be transferred to a different hospital to get the care they need as the catheter labs on each site specialise in different elements of cardiac care
- our specialist cardiology staff are spread across two sites, making it difficult to provide 7-day a week services
- not having the right number of staff in one place also means we sometimes have to cancel planned cardiology care because of peaks in emergency care
- we have to ask our consultant cardiologists to be on-call (for out-of-hours cover overnight and at weekends) very frequently. This makes our hospitals less attractive places to work than hospitals with less demanding on-call rotas
- we can't work as efficiently across two sites meaning we aren't able to see as many patients or make the best use of our resources.

Facts and figures

PATIENTS PER YEAR

- **3731** inpatient stays
- Almost **20,000** outpatient appointments
- Over **500** cath lab procedures and over **3700** diagnostic tests

NATIONAL STANDARDS



- There are **25** national best practice recommendations for cardiac care
- MTW is providing care in line with **12** recommendations and partially in line with **four** recommendations

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To help us meet all the best practice recommendations we need to provide

- **Dedicated** (ring-fenced) cardiology inpatient beds
- **7-day** a week cardiology consultant ward rounds for **all** cardiology inpatients
- **24/7** cardiac catheter lab for emergencies
- **Weekend access** to elective/urgent echocardiography
- **More sustainable** on-call rotas for the cardiology team (on-call no more than once every six weeks)
- **Weekend access** to coronary angiography and pacing for inpatients

IMPACT ON PATIENTS

- **5%** of planned heart procedures cancelled because of winter pressures in 2019
- **28%** of 'NSTEMI' patients (see our glossary on p18) at Maidstone and **66%** at Tunbridge Wells admitted to a specialist cardiac ward, against a best practice target of **80%**
- Around **three** patients are transferred between the two hospital sites each week after being admitted, to get the treatment they need

Our ambition for the future

We want our cardiology services to meet all the best practice standards and recommendations for care. We want to make the best use of our resources and run services efficiently so that we can treat as many patients as possible.

The way our services are currently organised makes it difficult to achieve this ambition and we know we need to make changes to improve care. The next section of this document explains how we identified what changes are most likely to help us deliver good quality services.

Engagement so far and what we've heard

As part of the process of considering how we could improve cardiology services, we have already been speaking to staff, stakeholders and past patients about their views. We have carried out a staff survey, met with local councillors and carried out research with local people. Full details of the engagement so far is available on our website at **www.mtw.nhs.uk/cardiology-engagement**. Some of the key themes we have heard about current services include:

- Staff feel facilities could be better and the service is disjointed because it is on two sites. They would like to see a 'centre of excellence' developed
- Patients feel staff are rushed and they don't get enough information about their care or feel listened to
- People feel there are not enough staff available, both staff and patients are concerned about not having 24/7 services and about waiting times for treatments
- Patients are concerned about waiting over a weekend for a cardiac procedure.

4. How the proposals were developed

We considered a range of evidence and information to identify the best way to improve care for patients. The process we followed to identify possible options for change is set out in more detail in a factsheet which is available on our website at www.mtw.nhs.uk/cardiology-engagement or by contacting us using the details shown on page 1. A summary is set out below.

Evidence and information

We looked at evidence and information about our current services to understand more about:

- numbers of patients, what areas they come from, the treatments they have and how long they stay in hospital
- our performance against current national best practice recommendations and how our services would need to change to meet all the recommendations
- the number of staff we have and how many we would need to deliver care in line with national recommendations
- the cost of current services and the cost of providing services in line with best practice recommendations
- how to make our cardiology service attractive to potential new members of staff to help us recruit and retain the best people
- the likely availability of funding to reconfigure existing hospital space and/or build new hospital space.

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Developing cardiology services at Maidstone and Tunbridge Wells NHS Trust

Identifying a 'model of care'

The term 'model of care' is used to describe what types of services and treatments are provided, what type of setting they are provided in (in a hospital, in local communities etc) and which health professionals are involved in providing care.

We believe that the information and evidence we considered shows that the best model of care for cardiology services at MTW is to consolidate some specialist care at one hospital while continuing to provide more day-to-day and routine care at the other hospital.

HOSPITAL 1

For patients with serious and/or complex conditions:

- 24 bedded dedicated specialist cardiology ward
- 12 bedded coronary care unit (CCU)
- acute cardiology assessment unit (ACAU)
- 2 co-located cardiac catheter labs (one specialising in coronary artery intervention procedures and one for electrophysiology studies and pacing/complex devices), for both elective and emergency procedures
- recovery ward for up to 12 patients, separate to the ward area

HOSPITAL 2

For patients with less complex cardiac conditions:

- Monday – Friday morning ward rounds by a designated consultant cardiologist
- access to advice from the specialist site available 24/7

BOTH HOSPITALS

- A&E able to treat people with potential cardiac emergency
- outpatient cardiology clinics with doctors and nurses (as well as at Sevenoaks and Crowborough hospitals)
- non-invasive cardiology diagnostic tests (as well as at Sevenoaks and Crowborough hospitals)
- 24/7 on call telephone service provided by consultant cardiologist (based at hospital 1)

Identifying possible options

Having identified the model of care we looked at how it could be applied to our existing hospitals and services. We came up with four possible options:

1. Do nothing: leave services as they are
2. Consolidate specialist services at Maidstone Hospital by reconfiguring existing space
3. Consolidate specialist services at Tunbridge Wells Hospital by reconfiguring existing space
4. Consolidate specialist services at Maidstone Hospital by building a new space and reconfiguring existing space

Developing cardiology services at Maidstone and Tunbridge Wells NHS Trust

Services at each site under each option

The services available at each site under the different options would vary. The table below shows an overview of what would be where. Our glossary on page 18 gives a description of the different services.

Service	Option 1: Do nothing		Option 2 and Option 4: Consolidate specialist services at Maidstone Hospital		Option 3: Consolidate specialist services at Tunbridge Wells Hospital	
Hospital site	**MH**	**TWH**	**MH**	**TWH**	**MH**	**TWH**
Emergency care (A&E) for heart problems (e.g. heart attacks)	✓	✓	✓	✓	✓	✓
Acute cardiac assessment unit	✗	✗	✓	✗	✗	✓
Coronary care unit	✓	✓	✓	✗	✗	✓
General inpatient cardiology care	✓	✓	✓	✓	✓	✓
Dedicated cardiology ward	✗	✗	✓	✗	✗	✓
Weekend ward rounds for all patients	✗	✗	✓	✗	✗	✓
Monday to Friday consultant ward rounds	✓	✓	✓	✓	✓	✓
24/7 on-call consultant	✓	✓	✓	✓	✓	✓
Catheter lab for angioplasty	✗	✓	✓	✗	✗	✓
Catheter lab for simple pacing procedures	✓	✗	✓	✗	✗	✓
Catheter lab for complex pacing procedures	✓	✗	✓	✗	✗	✓
Catheter lab for electrophysiological intervention	✓	✗	✓	✗	✗	✓
Non-invasive tests such as ECGs	✓	✓	✓	✓	✓	✓
Outpatient appointments	✓	✓	✓	✓	✓	✓
Potential to develop PPCI centre	✗	✗	✓	✗	✗	✓
On-call rota maximum of 1 week in 6	✗	✗	✓	✓	✓	✓

Evaluating the options

We assessed each option against a set of criteria to evaluate its strengths and weaknesses. A summary is shown below, and more detail is available in our factsheet at www.mtw.nhs.uk/cardiology-engagement. We scored how well each option met the criteria out of five, with one being the lowest score and five the highest. All the criteria were considered to be equally important.

The scoring is shown in the table below.

Will the option…	Option 1: Do nothing	Option 2: Consolidate at Maidstone	Option 3: Consolidate at Tunbridge Wells	Option 4: Consolidate at Maidstone with new build
Help achieve national best practice recommendations	2	5	4	5
Deliver efficient and joined-up care	2	5	4	5
Improve patient experience (including reducing transfers between hospitals)	2	5	4	5
Offer value for money	2	4	1	2
Support our longer-term aspirations to provide PPCI	1	5	5	5
Offer acceptable travel times to patients and visitors	5	3	3	3
Be acceptable to our clinical team	2	4	4	4
Make the service sustainable for the long term	1	4	3	4
Be achievable in a reasonable time and for an affordable cost	4	3	1	2
TOTAL	**21**	**38**	**29**	**35**

Developing cardiology services at Maidstone and Tunbridge Wells NHS Trust

Why doesn't Tunbridge Wells evaluate as positively as Maidstone?

There are two key reasons why the score for Option 3 is not as good as Options 2 and 4:

- Due to space constraints at Tunbridge Wells Hospital it will be challenging to develop and maintain a dedicated cardiology ward, meaning we will not be able to meet all national best practice recommendations. Not having dedicated cardiology beds will in turn impact on our ability to provide efficient, joined up care, improve patient experience and have a sustainable service that can attract and retain staff.
- Tunbridge Wells Hospital is a NHS hospital, but its construction was funded through a private finance initiative (PFI). This means that changes to the building require special legal approval which is costly and time consuming. This impacts on value for money and achievability within a reasonable time frame.

5. The options we are engaging on

In this section we explain more about the four options and their strengths and weaknesses to help you respond to this engagement.

Strengths of the options

Option 1: Do nothing	Option 2: Consolidate at Maidstone	Option 3: Consolidate at Tunbridge Wells	Option 4: Consolidate at Maidstone with new build
Potentially less worrying and disruptive for patients, visitors and staff than making changes to services	Able to meet key clinical standards of care such as 7-day a week ward rounds and 24/7 on-call consultant cover		
	Patients with chest pain continue to be seen at both A&Es		
	Both hospitals continue to provide cardiology outpatient appointments and non-invasive tests such as ECGs		
	Fewer transfers between hospitals for inpatient cardiology treatment		
	Cardiac critical care unit and dedicated general cardiology beds/wards		
	Likely to be fewer cancellations of planned procedures at short notice		
	Two cath labs on one site providing full range of procedures		
	Adequately sized recovery area for cath lab to allow more patients to be treated		
	Likely to be more attractive to staff due to best practice care and better on-call rota		
	Fastest to implement no need for planning permission due to internal reconfiguration		More likely to guarantee ring fenced beds for cardiology
	Likely to require the least amount of capital investment		
	More likely to guarantee ring fenced beds for cardiology		

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Developing cardiology services at Maidstone and Tunbridge Wells NHS Trust

Weaknesses of the options

Option 1: Do nothing	Option 2: Consolidate at Maidstone	Option 3: Consolidate at Tunbridge Wells	Option 4: Consolidate at Maidstone with new build
Not possible to consistently meet all best practice recommendations	Change can be worrying for patients and visitors, and disruptive to staff		
	Some patients and visitors may need to travel further for care		
Patients continue to be transferred between hospitals	Some staff may need to travel further for work, or stay where they are now but with a different role (in agreement with individual staff)		
	Some disruption to services while changes are implemented		
No dedicated cardiology beds/ward Significant gap in staffing		Most expensive to deliver as will involve legal and PFI costs	Will require planning permission because of new build element
Not possible to deliver 7-day consultant cover or 24/7 on-call cover		Will take longer to implement than other options	Will require more funding than Option 2 because of new build element
Planned care and number of cancelled planned procedures continues to be impacted by peaks in emergency care		There is less suitable ward space available at Tunbridge Wells, and no space to expand, so ringfencing beds for cardiology patients may be a challenge	
Not possible to develop a highly specialist PPCI service (currently provided for the whole of Kent and Medway in Ashford)		Not as close to road network for access for emergency cardiology services including PPCI	

Additional staff needed

In order to meet the best practice recommendations we will need the following additional staff:

- 4 consultants
- 34 nurses working across cardiology ward, coronary care unit, acute coronary assessment unit and cath lab (including recovery)
- 10 cardiac physiologists (staff who carry out investigations to diagnose heart problems using specialist equipment)
- 2 radiographers.

Travel times

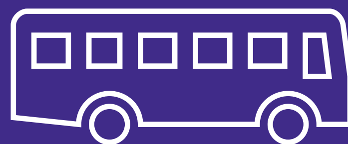
We know that the time it will take patients to reach services in an emergency is often a concern when the NHS proposes changes to care. We also understand that longer and more complex journeys impact on people visiting loved ones in hospital. For these reasons we have looked carefully at the travel times for each of the options.

It is important to note that for all the options, there will not be any changes to A&E services at either Maidstone or Tunbridge Wells hospitals. People who have chest pain or a suspected heart attack will still be able to go to either A&E. The ambulance service would continue to take emergency patients to the nearest appropriate A&E department (including to Ashford for the most severe cases – as now).

The main impact on travel times will be for visitors or for patients who, after attending A&E, need to be transferred to the hospital site with the consolidated cardiology services.

To work out this impact, we looked at which postcodes our cardiology inpatients came from for the three-year period from 2017 to 2019 for each hospital. We looked at the current journey times for these postcodes by car and public transport and at future journey times if services were to move to the other hospital. The tables below show the impact of the options on travel times for the ten most common postcodes for both Maidstone Hospital and Tunbridge Wells Hospital.

Travel times if services moved from Maidstone Hospital to Tunbridge Wells Hospital



Postcode	% of inpatients from this postcode admitted to Maidstone Hospital (2017-2019 inclusive)	Journey time by car (minutes)		Journey time by public transport (minutes)	
		To Maidstone	To Tunbridge Wells	To Maidstone	To Tunbridge Wells
ME15	15.75%	14	42	68	117
ME14	10.77%	12	36	73	124
ME16	10.60%	3	30	16	53
ME17	9.69%	17	41	63	102
ME20	7.86%	10	35	60	72
ME19	6.92%	15	26	29	82
TN12	4.29%	25	13	62	36
TN15	3.37%	23	24	57	66
ME6	3.34%	15	34	45	62
ME18	2.92%	12	22	27	38

Travel times if services moved from Tunbridge Wells Hospital to Maidstone Hospital

Postcode	% of inpatients from this postcode admitted to Maidstone Hospital (2017-2019 inclusive)	Journey time by car (minutes)		Journey time by public transport (minutes)	
		To Tunbridge Wells	To Maidstone	To Tunbridge Wells	To Maidstone
TN2	10.04%	4	26	8	43
TN6	9.47%	26	48	96	125
TN4	8.83%	11	35	31	62
TN12	7.98%	13	25	36	62
TN10	6.68%	14	24	30	69
TN13	5.01%	20	34	46	88
TN11	4.93%	17	28	46	65
TN9	4.93%	10	27	19	73
TN3	4.29%	21	44	27	93
TN8	4.11%	32	49	55	129

You can find out more detail about travel times, including for a wider range of postcodes on our website at www.mtw.nhs.uk/cardiology-engagement.

Transfers between hospitals

If we do centralise services on to one site, some cardiology patients will still need to be transferred between hospitals by ambulance. Patients who go to A&E at the hospital without specialist cardiology services who need to be admitted for cardiology care will be stabilised in A&E and then taken to the specialist site to be admitted. However, unlike now, once they are admitted, they will remain in the same hospital for their care and treatment until they are well enough to go home.

Our preferred option

While our current inpatient cardiology services provide good care to patients, we believe that we need to make changes in order to improve further. We think that the evidence and information we have considered shows that centralising specialist cardiology services at Tunbridge Wells is less likely to achieve best-practice recommendations or be a cost-effective solution.

Although both the options for consolidating services at Maidstone evaluated well, building a new space for cardiology services would be more expensive and take longer than reconfiguring existing space. Our preferred way forward, therefore, is Option 2: consolidating specialist cardiology services at Maidstone Hospital by reconfiguring existing space.

However, we remain open minded while we engage with patients, the public, staff and stakeholders on the potential options. Before deciding how to proceed, we want to know what you think about our proposal to centralise specialist cardiology services at one hospital, what you think are the pros and cons of each option and how we could reduce the impact of any disadvantages. The next section of this document tells you more about how you can share your views with us.

6. Sharing your views

You can find lots more information about the proposal and complete the engagement questionnaire on our website at www.mtw.nhs.uk/cardiology-engagement. Our website also has information about opportunities to meet with us virtually and face to face to hear more about the proposal and ask questions.

If you don't have access to the internet, you can also contact us by email at mtw-tr.cardioreconfig@nhs.net, by phone on **01622 225771** or by writing to us at **MTW Developing Cardiology Services programme, c/o Communications Team, Maidstone Hospital, Hermitage Lane, Maidstone, Kent, ME16 9QQ** to find out more.

The questions we are asking you as part of this engagement

We have five key questions we are looking to hear your views on, these are:

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- Do you think there are clear reasons to change cardiology services at MTW?
- What are your views on our proposal to centralise specialist care at one hospital?
- What do you think are the advantages and disadvantages of the potential options?
- How could we reduce the impact of any disadvantages?
- Are there any other options, evidence or information we should consider before making our final decision?

Please spend a couple of minutes letting us know your views. Your feedback is important to us and will help us make the best decisions as we plan healthcare for people who use our services. We need to hear from you by midnight on 14 January 2022.

7. Next steps

After our engagement period ends, we will review the feedback we have received and carefully consider it alongside the other evidence and information we have. We expect to make a decision about how to proceed later in 2022. We will keep our website updated on the decision-making timeline, and will also share updates with staff, stakeholders, local patient groups and the local media.

8. Glossary

Acute cardiology assessment unit (ACAU)
A dedicated assessment area, alongside or in A&E for people who are experiencing irregular heartbeats or chest pain which could be related to the heart.

Catheter laboratory or cath lab
An examination room with specialist equipment used to look at how well the heart is working, diagnose problems and to provide certain types of treatment (see below).

Coronary care unit
A ward providing highly specialised care for patients with acute or serious heart conditions such as heart attacks and heart failure.

Echocardiogram or echo
A type of ultrasound scan used to look at the heart and nearby blood vessels to detect heart problems.

Electrocardiogram (ECG)
A test used to check heart rhythm and electrical activity. Sensors attached to the skin are used to detect electrical signals produced by the heart each time it beats. These signals are recorded by a machine and are looked at by a doctor to see if they're unusual.

Electrophysiology (EP) study
A test to look at the heart's electrical activity in more detail. It is carried out in the cath lab where electrodes are inserted into a vein and up to the heart. It is used to diagnose and treat a wide variety of abnormal heart rhythms.

Heart attack
A serious medical emergency in which the supply of blood to the heart is suddenly blocked, usually by a blood clot. Also known as a myocardial infarction or MI.

Non-ST segment elevation myocardial infarction (NSTEMI)
A type of heart attack. It can be less serious than a STEMI (see below) because the supply of blood to the heart may be only partially, rather than completely, blocked. As a result, a smaller section of the heart may be damaged. However, an NSTEMI is still regarded as a serious medical emergency. Without treatment, it can progress to serious heart damage or STEMI.

Pacing and implanted device procedures
Procedures to fit devices that correct irregular heart rhythms, such as pacemakers or implantable cardioverter defibrillators. These procedures are carried out in the cath lab.

Percutaneous coronary intervention (PCI) and primary PCI (PPCI)
Also known as angioplasty or coronary angioplasty. A procedure used to treat narrowed heart arteries. A balloon is inserted into the artery to open it and a stent – a small wire mesh tube – is placed in the artery to keep it open. A primary PCI or PPCI is a PCI carried out in an emergency to treat STEMI (see below) type heart attack.

PPCI centre
A hospital that can provide PPCI to heart attack patients. To be a PPCI centre a hospital needs a 24/7 cath lab service, with at least two cath labs, and to carry out at least 400 PCI procedures a year. In Kent and Medway there is currently one PPCI centre, at William Harvey Hospital in Ashford.

ST segment elevation myocardial infarction (STEMI)
The most serious type of heart attack where there is a long interruption to the blood supply. This is caused by a total blockage of the coronary artery, which can cause extensive damage to a large area of the heart.

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Item 7: Work Programme 2021

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 11 November 2021

Subject: Work Programme 2021

Summary: This report gives details of the proposed work programme for the Health Overview and Scrutiny Committee.

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1. Introduction

a) The proposed Work Programme has been compiled from actions arising from previous meetings and from topics identified by Committee Members and the NHS.

b) HOSC is responsible for setting its own work programme, giving due regard to the requests of commissioners and providers of health services, as well as the referral of issues by Healthwatch and other third parties.

c) The HOSC will not consider individual complaints relating to health services. All individual complaints about a service provided by the NHS should be directed to the NHS body concerned.

d) The HOSC is requested to consider and note the items within the proposed Work Programme and to suggest any additional topics to be considered for inclusion on the agenda of future meetings.

2. Recommendation

The Health Overview and Scrutiny Committee is asked to consider and note the report.

Background Documents

None

Contact Details

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Work Programme - Health Overview and Scrutiny Committee

1. Items scheduled for upcoming meetings

26 January 2022		
Item	**Item background**	**Substantial Variation?**
Covid-19 response and vaccination update	To receive an update on the response of local health services to the ongoing pandemic.	No
Provision of Child and Adolescent Mental Health Services at the Cygnet Hospital in Godden Green	Postponed item from 16 September. To receive an update on the closure of the Tier 4 CAMHS service following the internal investigation by NHS England.	-
Dental provision	Members requested an update once 5 new services had bedded in during their meeting on 21 July 2021.	-

2. Items yet to be scheduled

Item	Item Background	Substantial Variation?
Single Pathology Service in Kent and Medway	Members requested an update at the “appropriate time” during their meeting on 22 July 2020.	No
Urgent Care review programme - Swale	Members requested an update at the “appropriate time” during their meeting on 10 June 2021.	TBC
East Kent Maternity Services	Following the discussion on 17 September 2020, Members requested the item return once the Kirkup report has been published (expected 2022).	-

Provision of Ophthalmology Services (Dartford, Gravesham and Swanley)	During their meeting on 21 July 2021, Members asked for an update on the effectiveness of the service changes be received at the appropriate time.	
Maidstone & Tunbridge Wells NHS Trust - Clinical Strategy Overview	To receive updates on the Trust's clinical strategy and determine on an individual basis if the workstreams constitute a substantial variation of service. The following items have been to the Committee and not deemed to be substantial: Cardiology Services, Digestive Diseases Unit.	TBC
Orthotic Services and Neurological Rehabilitation	To receive information on the provision of these services in Kent for adolescents.	-
Transforming Mental Health and Dementia Services in Kent and Medway	To receive information about the various workstreams under this strategy.	TBC
Provider updates	To receive general performance updates from each of the main local providers.	-
Update on the implementation of hyper-acute stroke units	Following a discussion at their meeting on 22 September 2020, HOSC asked for an update "at the appropriate time". Currently waiting on decision from Secretary of State following a referral from Medway Council on the CCG's final decision.	-

3. Items that have been declared a substantial variation of service and are under consideration by a joint committee

Kent and Medway Joint Health Overview and Scrutiny Committee **NEXT MEETING: 2 December at 2pm**		
Item	**Item Background**	**Substantial Variation?**
Transforming Health and Care in East Kent	Re-configuration of acute services in the East Kent area	Yes
Specialist vascular services	A new service for East Kent and Medway residents	Yes