MTW clinical strategy overview for HOSC

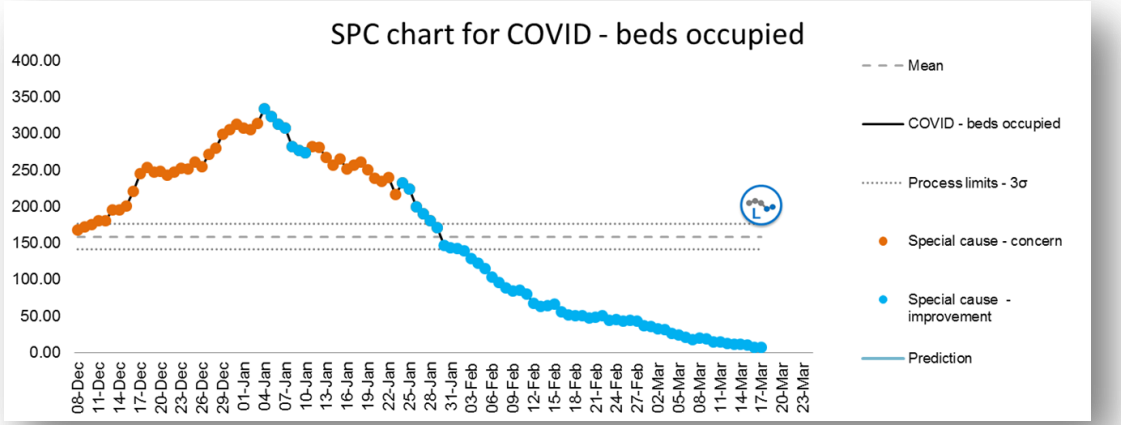
HOSC Briefing
21/07/2021

MTW
Exceptional people, outstanding care

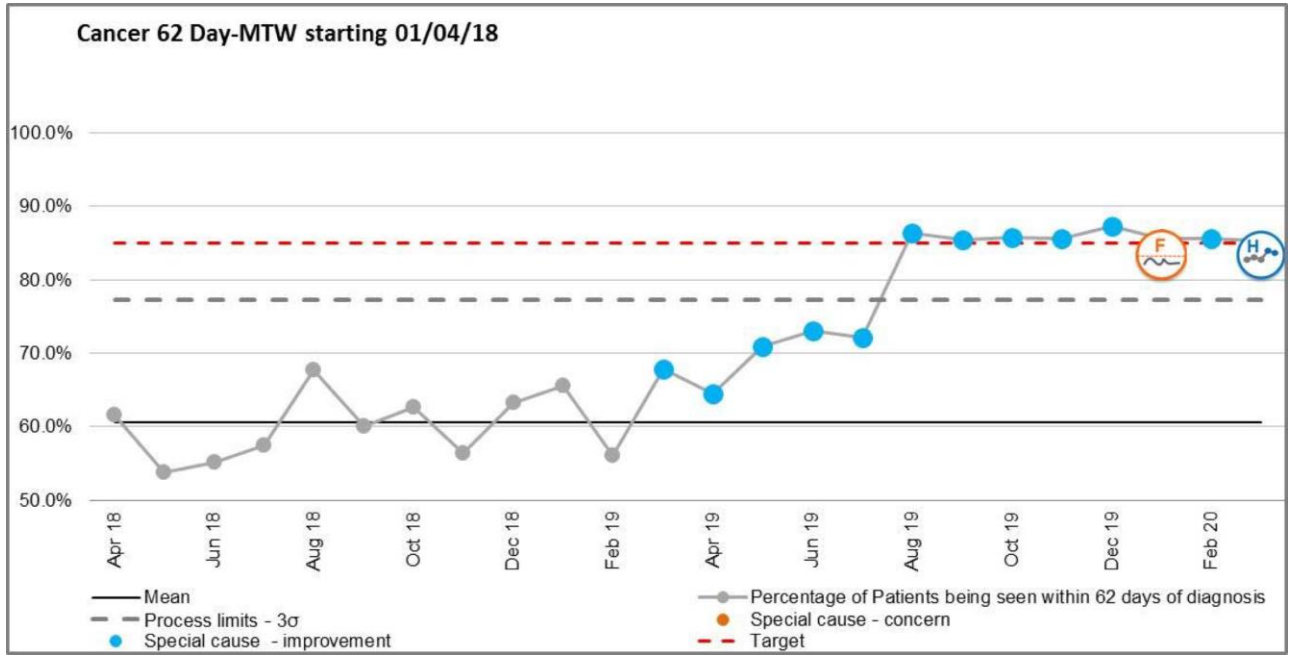
NHS
Maidstone and Tunbridge Wells NHS Trust

While 2020 was the most challenging year the NHS has ever faced MTW has come through it strongly thanks to our exceptional people

- We have worked with partners across the system to **implement new ways of working** e.g. the COVID virtual ward that have been adopted across Kent and Medway
- We have seen a **consistent decline in COVID patients** and now have 10 or less positive or suspected cases in our hospitals (from a high of over 300 in January)
- Our COVID vaccination service has served as a beacon of hope vaccinating both staff and vulnerable patients within West Kent
- We have **maintained our position as one of the best performing Trusts in the country for ED performance**
- We were also **shortlisted for the Acute Trust of the year at the recent HSJ awards** underlining the fantastic achievements of our staff during the pandemic



We continue to go from strength to strength on cancer performance and are now one of the top performing Trusts in the country



93.0%
2 week wait
Target 93%

85.9%
62d Treats
Target 85%

95.3%
31d Subs Rad
Target 94%

97.2%
31d First
Target 96%

96.7%
31d Subs Surg
Target 94%

94.9%
62d Screening
Target 90%

95.2%
Sympt. Breast
Target 93%

98.1%
31d Subs Drug
Target 98%

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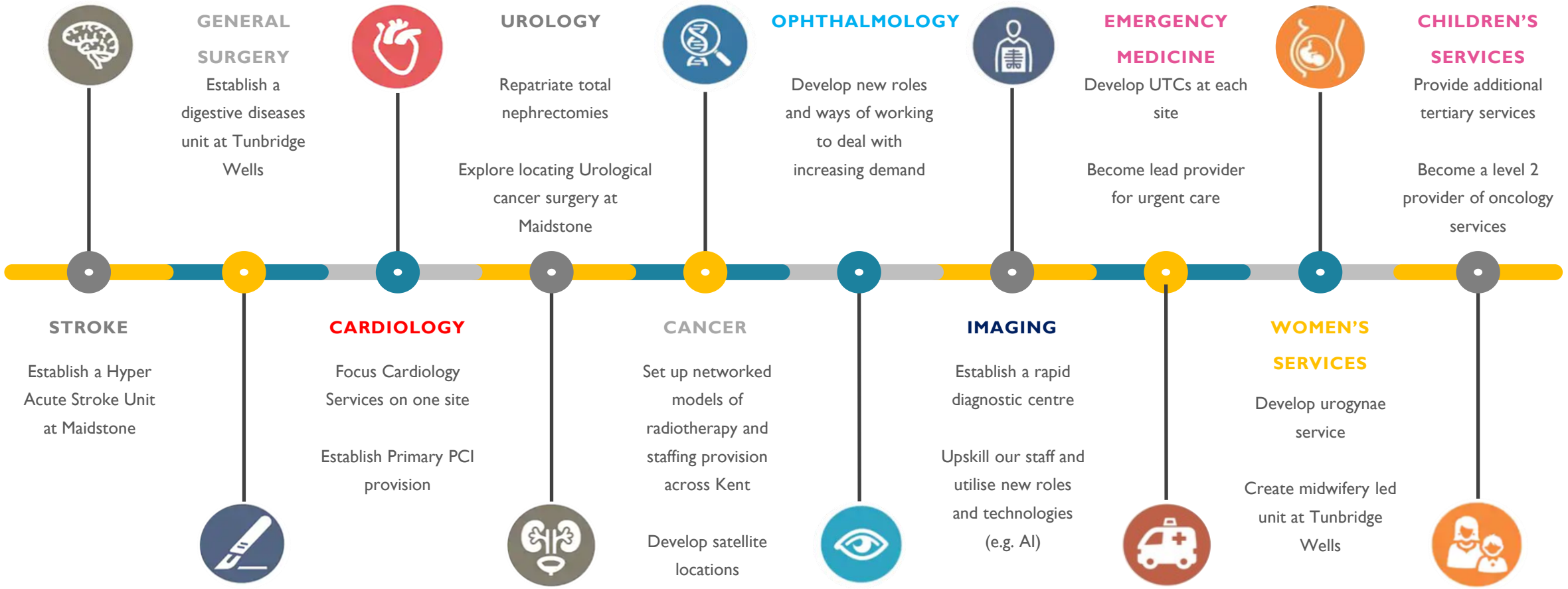
We are now looking to progress our ambitious clinical strategy that would see our hospitals develop deeper specialist services



All of our proposals have been developed with the patient at the centre to ensure we provide the very best of clinical quality and patient experience (1/2)

James presenting at Maidstone with Ulcerative Colitis

Before surgical reconfiguration, without a Digestive Diseases Unit

James is a **48 year old man, with ulcerative colitis**, who has been under the long term care of a consultant gastroenterologists based at Maidstone Hospital. They have established a very good relationship over the years. He experiences a **flair up of his colitis and presents to the gastroenterology clinic.** James is **admitted to Maidstone hospital** and treatment with intravenous steroids and infliximab is started. On this occasion, James **does not respond well to the treatment** and becomes increasingly weak with his bowels opening up to 12 times a day and his albumin levels falling.

There are significant **delays in the gastroenterology team being able to obtain senior colorectal surgical opinion**. James is finally **seen on a Friday by a consultant colorectal surgeon, 10 days after his admission,** and needs to be **transferred to Tunbridge Wells Hospital for emergency surgery.**

On arrival at Tunbridge Wells Hospital the **surgical team on call, who are not colorectal specialists,** feel that James should wait for the colorectal team who will be taking over on Monday. However, on Sunday James becomes increasingly unwell with severe abdominal pain. He undergoes an **emergency laparotomy and colectomy.**

After surgery, James requires intensive care. Initially, he makes a good recovery and is returned to the ward. On the 5th post-operative day however, he **develops a wound infection requiring the wound to be opened**. He has a **large wound from the emergency surgery** and requires extensive wound management, intravenous antibiotics and the placement of a VAC dressing. He is eventually **discharged with the VAC in place which remains for a further 3 weeks**. **Throughout the admission at Tunbridge Wells he has not seen the gastroenterologist he knows or the surgical consultant who operated on him** on Sunday.

DISADVANTAGES OF CURRENT MODEL

- **Delay in referral from gastroenterologists to surgical team**
- **Extended stay in hospital**
- **Gaps in specialist cover**
- **The requirement for an emergency transfer from Maidstone to TWH**
- **Emergency operation required when condition worsens**
- **Unplanned surgery delays recovery**
- **Poor continuity of care**

All of our proposals have been developed with the patient at the centre to ensure we provide the very best of clinical quality and patient experience (2/2)

James presenting at Maidstone with Ulcerative Colitis

After surgical reconfiguration with a Digestive Diseases Unit

James is a **48 year old man, with ulcerative colitis**, who has been under the long term care of one of the consultant gastroenterologists based at Maidstone Hospital. They have established a very good relationship over the years. He experiences a **flair up of his colitis and presents to the gastroenterology clinic** and is **admitted to the digestive diseases unit at Tunbridge Wells Hospital.**

He remains under the care of the gastroenterologist that he knows , who commences treatment with intravenous steroids and infliximab. After 72 hours it is clear that James is **not responding as well as would be hoped**. The **gastroenterologist promptly involves one of the colorectal specialist consultant surgeons who visits James with the gastroenterologist**. They decide to closely watch and wait for another few days to see if things improve. They both keep him under close observation but by the 7th day of his admission it is **decided to perform surgery**. The consultant **surgeon re-arranges a case from his elective operating list** and is able to promptly perform an **"urgent" laparoscopic colectomy**.

James is returned to ITU. Initially, he makes a good recovery and is returned to the ward. **On the 5th post-operative day he develops a wound infection**. As the **operation was laparoscopic the wound is small** and management is relatively simple. James is able to go **home with antibiotics the following day**.

Throughout his admission the gastroenterologist and surgical consultant that James knows have been involved in his care every day.

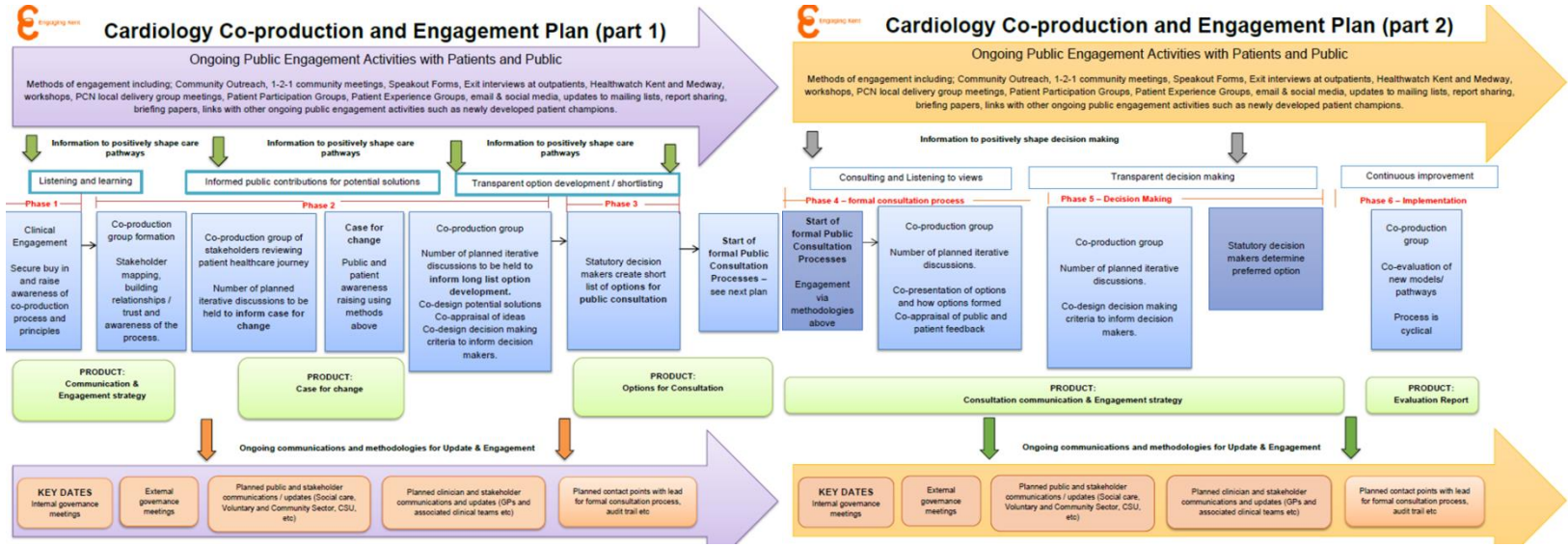
ADVANTAGES OF DIGESTIVE DISEASES UNIT

- **Continuity of care under specialist**
- **Prompt care plan**
- **Good multidisciplinary specialist cover**
- **Urgent but planned elective operation pathway available to manage urgent conditions**
- **Laparoscopic planned surgery enhances recovery**
- **Reduced stay in hospital**

Central to our plans is co-production and engagement with the public

We are **working with EK 360 (formerly Engage Kent) on the patient and public engagement for our clinical strategy**

Our Teams are working hard to ensure that we put **co-production at the heart of our plans** weaving this in from day 1



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