

# Developing a Specialist Digestive Diseases Unit for West Kent at MTW NHS Trust

## Engaging on the next step: Gastroenterology Inpatient Centralisation

HOSC Briefing  
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# Background and link to previous engagement and consultation on services for patients with digestive disease at MTW

## Background

### **The paper on surgical centralisation presented to HOSC in January 2020**

The January 2020 paper was about co locating services for 'complex' patients with digestive disease if the patient needed **Planned Surgery or Emergency Surgery** .

(The data in it was only about **surgical** gastro patients – about 400 patients/year moved)

The result of that move was that all of the patients with complex digestive disease who need **surgery** now have it at the Tunbridge Wells Hospital

### **This paper on medical centralisation**

is about co locating services for 'complex' patients with digestive disease if the patient need **medical treatment**.

The result we are looking for is that for **all services for patients with 'complex' digestive disease, regardless of if they need surgical or medical treatment, are co-located**.

The data in this paper is only about **medical** gastroenterology patients – It is forecast to affect the location of service for 255 patients /year

The vast majority of patients with digestive disease when they need our services, whether managed by the surgical team or the medical team, are non-complex outpatients, day cases, or need endoscopy and they stayed local in the surgical change and they would stay local in the medical change . *The data in each case does not overlap.*

# Introduction

## Previous engagement with Kent HOSC in relation to developing Digestive Diseases Unit (DDU)

In spring 2020, following engagement and consultation with a variety of stakeholders including the Kent Commissioning Group and the Kent and Medway Health Oversight and Scrutiny Committee (HOSC), Maidstone and Tunbridge Wells Trust (MTW) centralised some complex gastrointestinal surgical services onto the Tunbridge Wells Hospital site.

An important part of the case for change for the surgical centralisation was that it was ...

**the first step towards formation of a Digestive Diseases Unit at MTW.**



## What is a Digestive Diseases Unit?

A DDU involves a dedicated combined medical and surgical ward where specialist surgeons and physicians and a specialist team of nurses, dieticians and other professional work together to provide joined up care. This is regarded as a highly beneficial **multidisciplinary** approach to the care of patients with gastroenterological conditions.

Many hospitals in England have organised their complex gastroenterology medical and gastrointestinal surgical services into one co-located Digestive Diseases Unit (DDU).

# Working towards the next step in the development of a DDU

The next step in developing a DDU for the population of West Kent

## Surgical and medical treatment together

Now the emergency and routine surgery for patients with digestive disease is successfully co located, the Hospital Trust is working towards the next step, which is for **the most specialist medical service for inpatients with Digestive Disease to co locate with the surgical services at TWH**



## The most specialised segment of the service - A small proportion of the entire gastroenterology service

It is important to note that it is only the most complex part of the medical gastroenterology specialist service that needs to be co located.

**Approximately 255 patients a year of the 28,000 patient contacts the service manages each year**



**255/28,000**

Less than 1% of annual patient contacts in Medical Gastroenterology are affected

# The current service

## The current service

### Patient contacts, hospital site and disease type

MTW provides a wide range of medical gastroenterological services with two centres of expertise, one at Tunbridge Wells Hospital at Pembury (TWH) and one at Maidstone Hospital (MH). Both sites provide around 4000 outpatient consultations a year and between 8000-10,000 patients for endoscopy per year. **Both sites admit 255-369 complex gastroenterology inpatients** to hospital beds per year with the higher volume at TWH.

The inpatient service manages complex inpatient care for patients with the following conditions - decompensating liver disease, acute colitis and Crohn's, acute GI bleeds and acute jaundice

## An audit of complex gastroenterology inpatients

A recent audit of complex gastroenterology inpatients:

### At Maidstone Hospital

- 255 patients/y
- 0.7 admissions/d
- 8 beds
- 5.5 days average stay

### At Tunbridge Wells Hospital

- 369 patients/y
- 1 admission/d
- 11 beds

# Link to Kent and Medway Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy (HWBS)

## JSNA

“For those people with more serious or life threatening emergency care needs, we should ensure they are treated in centres with the very best expertise and facilities in order to maximise the chances of survival and a good recovery”

[JSNA 2015](#)

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## HWBS

“One of the key issues that we need to tackle is that of public awareness of the changes that will be taking place over the coming years, namely the move to more care being delivered in local communities and away from acute hospitals. **This will inevitably mean major changes to our big hospitals, with the creation of specialist hospitals where good quality care can be provided with specialist trained staff**, with general services provided in the community or at a local hospital as clinically appropriate. This may mean an increase in journey times to access specialist provision for some people, but conversely will allow people to access much more of the care they need in community settings”

[Kent Health and Wellbeing Strategy](#)

# The case for change

## The Challenges of current service

**Fragmented care** for the patient with digestive disease. Leading to barriers to multidisciplinary working

**Managing patients with emergency presentation of gastroenterological bleeding.** This service is based at The Tunbridge Wells Hospital, supported by on site emergency surgery.

**Challenges with recruitment** .Fragmented systems of working lead to challenges with recruitment

**Requirement for specialist Dietetics and other specialist support**



## The Benefits of new configuration

**Improve ability to provide a 7 day service and** an emergency service for the patient with digestive disease that has consolidated workforce, facilities and the support.

**The availability of a nursing and dietetics teams** skilled in complex surgical and medical treatments for digestive diseases has synergistic improvement on quality

**Improved continuity of clinical personnel** .Co-location of complex medical and surgical gastroenterology will reduce the number of handovers and avoid unnecessary changes of the team in charge of patient's care. These are issues which our clinicians recognise impact upon the quality of care.

**Continuity of clinical information.**

**Ability to provide more complex care.** Patients requiring the most complex care and/or with multiple conditions are not getting the quality of service that clinicians know is possible. It is often challenging because of the configuration of services to undertake combined diagnostic and therapeutic procedures leading to a need for patients to have 2 visits and potential for pathway delay in some cancer treatments.

# Our engagement plan

## Jointly developing an engagement plan

The gastroenterology service has worked with the Trust **Patient Experience Team** who have linked with **Healthwatch** to help design appropriate staged approach to engagement. A three stage process has been formulated .

## The three stage engagement plan

### **Stage one – June and July 2021**

General feedback on the current service from gastroenterology patients from existing documents and from collection via bespoke form. The service have also undertaken **stakeholder analysis** and **equality impact assessment**.

**Stage two – July – October 2021** Wider stakeholder engagement and patients invited to **help co- design elements of DDU**. Developing the plans in response to feedback following engagement activity and the review of feedback

**Stage three – September 2021** Level of need for further consultation assessed after **involvement of CCG and HOSC**

# Engagement activities currently underway

## Stakeholder engagement activities

- Ward Matrons and Gastroenterology Clinical Nurse Specialists included in Reconfiguration Project Work and cascade information to all staff levels
- Presentations at Departmental Speciality Meetings and Divisional Clinical Governance Meeting by Gastroenterology Clinical Lead
- Wide engagement with Trust Service Leads as required by business case form.
- Joint working with Dietetic and Diagnostics team
- The Project group reporting into a the Trust DDU Steering Group with attended by Chiefs of Service.
- CCG commissioner engagement
- Further work with primary care and ambulance service is planned

## Patient feedback collection

Patients are being asked to provide their feedback on their experience of the current service via a bespoke form with collection in person, by mail or online  
Form designed with input from Healthwatch  
Collection planned for 4 weeks starting 17<sup>th</sup> June 2021.

The cover page of the patient feedback form features the MTW logo (Maldstone and Tunbridge Wells NHS Trust) and the NHS logo. It includes the title 'Gastroenterology Department patient feedback form' and a QR code for online access. The text on the page reads: 'Dear patient, As part of our commitment to providing safe high quality care, we welcome and actively ask for feedback from patients to help us identify areas where we can improve our services to better meet patient needs. We would really appreciate feedback on your experience with our gastroenterology service. Your feedback is voluntary, confidential and anonymous. If you would prefer to take the survey online please visit [www.surveymonkey.co.uk/NV5K7ZV](http://www.surveymonkey.co.uk/NV5K7ZV) or scan the QR code to the right. Thank you'.

The questionnaire table consists of several sections:
 

- Part 3: Co-ordination**: Questions 9-12 regarding communication, treatment time, and doctor frequency.
- Part 4: Overall**: Question 13 regarding overall service experience.
- Part 5: Other questions**: Questions 14-21 regarding patient demographics, hospital visited, and interest in service improvements.

 The table uses a 5-point Likert scale (1-5) and includes 'N/A' for non-applicable items. A legend at the top indicates the scale: 1 (Unsatisfactory), 2, 3, 4, 5 (Satisfactory), 6 (Better than expected), and N/A.

# Equality impact assessment and travel time

## Equality impact assessment

Data on patient group characteristics has been collected to help inform planning

This includes data on:

- Ethnicity
- Age
- Sex
- Religion

The co located service will mean **patients from across West Kent, regardless of their characteristics, will have the same level of service.**

## Travel time

The project group have defined that 255 patients a year will have their inpatient stay at TWH rather than at Maidstone Hospital. Approximately half of these will be admitted directly to TWH. Half are expected to be transferred after presenting to Maidstone

The proposed configuration will reduce the requirement for emergency transfers for surgery from Maidstone to TWH.

**SECAMB will be given a clearer pathway** to work with as all complex gastroenterology can be directed to TWH rather than the current situation where the ambulance service need to assess if the complex gastroenterology patient needs surgery or not.

# The level of engagement and consultation required

## Level of engagement required

The MTW project group have assessed the level of engagement for the change in light of engagement guidance. (See next slide)

However, decisions about the level of changes need to be confirmed with the support of the CCG and HOSC

## The project group consider this a '**Minor Change**' because:

- The change is part of an ongoing development of a new Digestive Disease Unit service as shared with HOSC as part of the centralisation of surgery at the Trust in 2020
- Relatively small numbers of patients are affected in terms of site of service (255 patients a year) with 99% of patient contacts unaffected by the change
- There is good evidence that the change will improve or enhance service provision
- Good information about the effect of the change
- Very unlikely to be controversial with local people or key stakeholders as is intended to develop an improved specialist service
- Affects an extremely small percentage of the population

# Levels of engagement – guidance

## **Level 1 – Ongoing development**

A small scale change or a new service  
Affecting small numbers and/or having low impact  
There is good evidence that the change will improve or enhance service provision  
Often requires an information-giving exercise (2-4 weeks)  
May require some low level engagement

## **Level 2 – Minor Change**

A small/medium scale change or a new service  
Affecting low numbers of people  
Often requires a small engagement (4-6 weeks)

## **Level 3 – Significant change**

A significant service change  
Affecting large numbers of people and/or having a significant impact on patient experience  
A significant change from the way services are currently provided  
Potentially controversial with local people or key stakeholders  
A service closure  
Limited information about the impact of the change  
Requires a significant engagement (3 months)

## **Level 4 – Major change**

A major change that requires formal consultation and follows NHS England guidance  
Affects majority of the local population and or having a significant impact on patient experience  
A substantial change from the way services are currently provided  
High risk of controversy with local people or key stakeholders  
A service closure  
Limited information about the impact of the change  
Requires a significant engagement (3 months+)

# The proposed way forward

**Admissions.** Half of (255/y) admissions would be directed via GP or ambulance service straight to TWH before arriving at Maidstone. One patient every three days will require a transfer to TWH via established processes.

**Medical staff.** A gastroenterologist of the week rota has been planned to manage the new configuration

**Nursing Staff.** No change in overall nursing numbers is expected from this proposed service change .

**Dietetics.** Currently, there is no dedicated dietetic service to gastroenterology but an audit of requirements has been done and the service are planning the development of dietetic support

**The impact on other Trusts.** MTW Trust anticipates no change in overall patient flow to the Trust and no impact on neighbouring Trusts. MTW will link with SECAMB to co design emergency pathways

## Vision for the Digestive Diseases Unit

### The Clinical Team

Specialists in surgical and medical diagnosis and treatment of patients with Digestive Disease are developing the joint pathways and processes to improve the management of the patients on a shared unit at TWH

### Patient and Clinical Co-design

As part of the engagement processes underway **patients are being invited to take part in collaborative co design the new DDU unit**



# Timeline

Patient feedback collated (Potential to extend depending on response rate)	17 <sup>th</sup> June – 17 <sup>th</sup> July
Patient co design input into DDU	July 21- onwards
Gastroenterology Directorate board	July 21
Medicine Divisional Board	July 21
CCG	Jun – Oct 21
MTW Trust Board	29 <sup>th</sup> July 21
Kent HOSC (TBC)	16 <sup>th</sup> Sep 21
Go live	1 <sup>st</sup> Oct 21