

HOSC – 2nd March 2022

To update HOSC on the engagement activities relating to the proposed cardiology inpatient and cardiac catheter laboratory reconfiguration and to confirm the recommendation to MTW Trust Board on the preferred site

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1. Introduction and Background

In July 2021 MTW outlined to HOSC the proposed cardiology inpatient and cardiac catheter laboratory reconfiguration to enable the service to:

- develop to deliver the GIRFT recommendations where, of the 25 standards MTW currently fail to deliver in nine
- develop the service to improve recruitment and retention of critical cardiology specialist staff
- improve the quality of service for our patients and support the delivery of the Trust clinical strategy aspirations

To do this MTW was proposing that inpatient cardiology services and both cardiac catheter laboratories were based on one site, with outpatient services and outpatient diagnostics remaining unchanged. The centralisation options were either on the Maidstone or Tunbridge Wells site and on there was recognition that the choice either site could create a geographical challenge for some patients, members of the public and staff. However, MTW considered that the improvements and benefits would outweigh the challenges, and that those challenges could be mitigated with partnership working and clear and robust protocols for the management of the cardiology patient pathway.

HOSC were supportive of the approach and considered agreed to a 12 week period of engagement with the public and key stake holders to improve understanding and elicit the level of support.

The following report outlines the engagement process and the impact of the process on the overall options appraisal and recommendation to MTW Trust Board on 24th February 2022.

2. The Engagement Process and Outcome

The engagement process ran from 22nd October 2021 to 14th January 2022. Originally 12 weeks this was extended to 14 weeks due to the festive holidays. The engagement process used a variety of research, engagement, and involvement methodologies to elicit views, feedback, and ideas in response to the cardiology proposals as detailed below and also supported by the pre-engagement activities undertaken by Engage Kent during the summer of 2021. The engagement activities are detailed below:

1. Survey.
2. Targeted engagement
3. Online public listening events
4. Telephone interviews
5. Pop-up stands x5 across geographies
6. Direct stakeholder feedback and individual responses
7. Staff feedback

Analysis of the engagement responses demonstrates there is a clear understanding, and support for the clinical case for change and agreement that the consolidation of services on a single site will bring benefits to patient care and outcomes. The importance of improving cardiology services at MTW has widespread and unequivocal support from respondents with the majority favouring the consolidated service at the Maidstone hospital site. The engagement process was positively received by those who did respond in terms of the clarity of the case and raising awareness. The full report of the survey analysis is at **appendix 1**.

1. Survey

From the survey, of the 98 respondents 62 (63%) expressed preference for the Maidstone site, with 24 (24.5%) expressing preference for the Tunbridge Wells site and 8 (8%) preferring no change. There was a similar outcome in the targeted engagement with broad support for the case for change and with a total of 62% supporting either option 2 or 4 (consolidation on the Maidstone site), 14% supporting option 3 (consolidation on the Tunbridge Wells site), 10% supporting option 1 (do nothing) and 14% wanting another option.

2. Targeted engagement

An independent agency (EK360) recruited 52 individuals to ensure a representative mix of the general public and the following seldom heard groups totalling 28 responses with the remainder from the general public. The gender mix of the feedback was male – 23, female 28 and transgender 1. The seldom heard group mix is detailed below:

- people with a physical disability (8)
- people from ethnic minority backgrounds (8)
- people from the LGBTQIA+ community (6)
- people living in areas of multiple indices of deprivation (6)

This targeted engagement was undertaken through conversations and meetings where reactions to the case for change and the options were explored. Themes have been identified with a similar response to the survey on the options with 62% supporting options 2 or 4 (Maidstone site), 10% opting for options 1 (do nothing), 14% wanting option 3 (Tunbridge Wells site) and 14% another option.

3. Online public listening events

Two online public listening events took place during the engagement period on 9 and 15 December 2021. Although the listening events did not specifically ask for views on the options, the feedback received supported the direction of travel to consolidate the cardiology inpatient and cardiac catheter lab services on one site. While only two attendees came to the sessions, the quality of the feedback and the depth of understanding and engagement with the proposals, meant the sessions were highly useful in drawing out detailed responses to the proposals. Points and views raised by attendees at both meetings and in follow-up correspondence via email included:

- Broad support and understanding for the service consolidation ‘case for change’ – *‘this is the right approach’*
- Questions about the practicalities of implementation for patients and staff including the transfer of patients across sites.
- Support for the consolidation approach with one attendee supporting the Option 2 proposal: *‘I can see that better recruitment and retention, better training & support, and the general move towards a centre of excellence can only be positive news for the team, the hospital, and eventually, the patients.’*

- Feedback on the clarity of the case for change and engagement approach and materials: *‘...you are to be congratulated for pulling together an ambitious plan and for explaining it so clearly and rationally to all stakeholders’*

4. Telephone interviews

A specialist independent research agency (DJS Research) was commissioned to conduct a telephone survey that collected the views of a representative sample of 200 residents across the engagement catchment area. The fieldwork took place between 24 November and 15 December 2021 and the full complement of 200 interviews were completed. The full report and analysis from the telephone polling research is included as **appendix 4**.

Key findings were that the proposals are generally very well received; however, there are some concerns, mainly relating to the additional travel required to access a different facility.

- There is strong support for the idea of **consolidating some specialist care at one hospital**, agreeing that the plans would improve the care and experience of inpatients.
- There is also strong support for the idea of **bringing specialist and inpatient cardiology services together onto one hospital site**.
- When asked to think about the most important factors to consider when evaluating the options, the fact that it provides **the best clinical outcome for patients** far outweighs any other factor. Travel time is a concern for around half of the people interviewed
- Potential advantages of bringing services together focused on **receiving specialised services in a single location** and no changing between hospitals.
- Potential disadvantages of bringing services together focused by far on **the distance to each site** – this was an equal concern for both Maidstone and Tunbridge Wells postcodes.
- The hospitals/Trust could reduce the impact of the disadvantages of bringing the services together on one site by **improving transport offerings** (e.g. taxi, shuttle bus, etc).
- Other potential options that would address the need to change include **better access to GPs/quicker appointment times**.
- **Participants like to be consulted/listened to**, so this needs to continue throughout the process.

5. Pop-up stands x5 across geographies

Five pop-up stands with information on the proposals, manned by programme representatives, were held during December 2021. Royal Victoria Place in Tunbridge Wells on 26th November, Crowborough Town Centre on 3rd December, Bligh’s Walk Meadow in Sevenoaks on Friday 10 December, Fremlin Walk Maidstone, Wednesday 15 December and High Street, Uckfield on Thursday 16 December.

The nature of the engagement means that the primary function is to provide information and more than 300 A5 flyers were handed out. Ad hoc feedback from approximately 50 people who representatives spoke to on the days suggested:

- an understanding of the clinical case for change
- agreement that consolidation would lead to improved outcomes for patients
- concerns about the impact of additional travel times for patients and families in peripheral areas and the availability/cost of public transport within these areas

Programme representatives took the opportunity to visit community areas such as shops, pharmacies, and vaccination centres during these times to hand out leaflets and information to residents.

6. Direct stakeholder feedback and individual responses

Feedback was received via the dedicated email address from six key stakeholders and the programme team met with two Patient Participation Groups (PPG) as well as receiving a written response to the proposals from one PPG. The stakeholder feedback is summarised below with the key themes being consistent with the other engagement activities:

- five out of the six stakeholders understood the reasons behind the proposed change
- one stakeholder would prefer the service to be developed with compromise to the delivery of all standards but keep services across both sites
- there was support for the Maidstone site.

Concerns were raised about travel and accessibility for patients and visitors from the Weald and Sussex areas and emergency management of patients should they present to the non-inpatient site. These did not detract from the recognition of the need undertake the reconfiguration rather to ensure the Trust takes these issues into account and mitigating actions are in place to support patients from these areas. Suggestions made about travel improvement and the use of technology will be considered in development of the case.

7. Staff feedback

Staff feedback from three staff sessions held on 17th November (10 staff), 22 November (35 staff) and 1st December (two members of staff) and the proposals were welcomed with the key themes outlined below:

- There is a clear case for change and staff welcome being involved in the development of the proposals
- The location of non-clinical staff if Option 4 was to go ahead was raised.
- Maidstone was felt to be geographically well-placed for other cardiology services across the area and this may be the same for this proposal
- Consolidating services at a single site may help with ongoing workforce issues around recruitment and staff could see the benefits of this approach however the question was raised as to whether three rather than two cath labs had been considered
- Attendees requested reassurance that staff would continue to be involved and kept up to speed as plans developed
- Participants agreed with the 'case for change' and saw that in order to meet the 'gold standard' of patient care, that consolidation is necessary
- Questions were asked about the location of a new build at the Maidstone site under Option 4
- Ongoing challenges with recruitment and retention of staff were highlighted with questions asked as to how the proposals might help with these issues
- The importance of educating patients that this is happening so that they understand the benefits for their own care and treatment
- Feedback included the comment that it would be important to see the plans as '*an exciting opportunity and challenge as well as a change*'.

Overall analysis

The engagement process was, on the whole, received positively by those who did respond in terms of the clarity of the case and raising awareness. MTW is delighted to have been nominated for a Healthwatch award for the quality of the engagement we undertook on our proposals for the future of inpatient cardiology and cardiac catheter laboratory services.

Analysis of the engagement responses is summarised in the table below. Overall responses demonstrate there is a clear understanding of the clinical case for change and agreement on the whole that the consolidation of inpatient and cardiac catheter lab services on a single site will bring benefits to patient care and outcomes. The importance of improving cardiology services at MTW has widespread and unequivocal support from respondents with the majority favouring the consolidated service at the Maidstone hospital site. The engagement was focussed on the cardiology inpatient and cardiac catheter lab services although some responses assumed the changes affected outpatient services as well. Should the Board agree to go ahead with the proposal, we will ensure the post-decision communication is clear on this point.

The main challenges and concerns regarding the reconfiguration are:

- Travel times and access for patients and visitors from Sussex and the northwest of Kent. In this instance public transport is sporadic and travel times may be longer so increased costs of driving and parking are a concern
- Clinical safety of the site without the inpatient service
- Travel between sites if patients present to ED on the site without the inpatient service.

In mitigation of these concerns the Trust will be developing the business case with the following considerations:

- Travel plans which allow patients from these outlying areas to use Trust inter site transport
- Work with the bus services to extend the free bus travel with a Trust letter
- Consideration of visiting times to allow visitors to use public transport
- A review of car parking arrangements for specific patient and visitor groups
- A robust protocol with ambulance services to support decision making to take patients to the correct site. This may involve the use of telemedicine which has been successfully implemented in the stroke service
- Robust protocols for the management of patients who present on the non-inpatient site or those who become unwell with a cardiac condition while in hospital for another condition. These will be supported by staff development on a rolling basis on the non-inpatient site.

Media	Volume of Responses	Main themes	Mitigations
Survey	98	<p>Advantages:</p> <ul style="list-style-type: none"> • Improved staffing ratios • Improved staff retention • Improved quality of care for patients. • Efficient and cost effective use of resources • Reduced waiting times and a reduced need to travel between the two current sites <p>Disadvantages:</p> <ul style="list-style-type: none"> • Increased journey time • Increased distance for some patients and relatives • Lack of public transport • Impact on some staff and patients and relatives 	<ul style="list-style-type: none"> • Travel plans which allow patients from these outlying areas to use Trust inter site transport • Work with the bus services to extend the free bus travel with a Trust letter • Consideration of visiting times to allow visitors to use public transport • A robust protocol with ambulance services to support decision making to take patients to the correct site. This may involve the use of telemedicine which has been successfully implemented in the stroke service. • Robust protocols for the management of patients who present on the non-inpatient site or those who become unwell with a cardiac condition while in hospital for another condition. These will be supported by staff development on a rolling basis on the non-inpatient site.
Targeted Engagement	52	<p>Advantages:</p> <ul style="list-style-type: none"> • Improved quality of care for patients • Reduced need to travel between the two current sites. • Benefits to finance and staffing. <p>Disadvantages:</p> <ul style="list-style-type: none"> • Journey times and distance will increase for some, • Potential disadvantages for staff who live further away • Concerns about finance and disruption to services. 	As above
Online Public listening Events	2	<p>Advantages:</p> <ul style="list-style-type: none"> • Support for the clinical case for change and consolidation approach • Better recruitment and retention of staff <p>Disadvantages:</p> <ul style="list-style-type: none"> • Practicalities of implementation for staff and patients and patient transfers 	As above
Telephone interviews	200	<p>Advantages:</p> <ul style="list-style-type: none"> • The plans would improve the care and experience of inpatients and improve clinical outcomes • Receiving specialised services in a single location and no changing between hospitals <p>Disadvantages:</p>	As above

Media	Volume of Responses	Main themes	Mitigations
		<ul style="list-style-type: none"> Distance to each site and impact on patient and family travel and transport 	
Pop up stands	Approximately 50 interactions and 300 flyers distributed	<p>Advantages:</p> <ul style="list-style-type: none"> Agreement that consolidation would lead to improved outcomes for patients <p>Disadvantages:</p> <ul style="list-style-type: none"> Impact of additional travel times for patients and families in peripheral areas and the availability/cost of public transport within these areas 	As above
Stakeholder feedback	7 (KCHFT's response is counted under the survey response)	<p>Advantages:</p> <ul style="list-style-type: none"> Improvement to patient care, experience, and outcomes Opportunity for MTW to provide an enhanced range of interventions Reduction in length of stay Opportunity to further develop community-based services <p>Disadvantages:</p> <ul style="list-style-type: none"> Travel, transport and accessibility for patients and families, especially those coming from peripheral areas Impact on volunteer driver services Opposition to the proposal and a request to consider improving services at both sites Emergency transfers of patients arriving at the non-specialist site and potential confusion for both staff and patients 	<ul style="list-style-type: none"> As above, plus ongoing dialogue with clinical commissioning group colleagues across the catchment area, regular engagement with, and reporting to, council scrutiny colleagues and the offer of further meetings to explore specific issues with Wadhurst and Ticehurst PPG.
Individual responses	2	<p>Advantages:</p> <ul style="list-style-type: none"> Improved quality of care for patients. efficient and cost effective use of resources, staffing levels and staff retention Reduced waiting times and a reduced need to travel between the two current sites <p>Disadvantages:</p> <ul style="list-style-type: none"> Increased journey times, transport and distance to travel Impact on staff, use of resources and physical space within hospital sites internal transfers between sites Negative impact on patient care 	As above
Staff feedback	47	<p>Advantages:</p> <ul style="list-style-type: none"> Opportunity to meet 'gold standards' of patient care, experience and outcomes Help with staff recruitment and retention, making it a more attractive place to work <p>Disadvantages:</p> <ul style="list-style-type: none"> The need for three rather than two cath labs Impact on staff if changes are made and how will this be managed Lack of understanding by patients and carers as to the changes and how they will help improve patient care and outcomes 	<ul style="list-style-type: none"> As above plus ongoing engagement and dialogue with all staff, especially those affected by the proposals and the inclusion of staff concerns within implementation planning for the changes/transition should the proposal go ahead.

3. Recommendation

The cardiology reconfiguration is assessed against a number of criteria including the outcome of the engagement process. These are listed below.

- 1 Meet non-compliant GIRFT recommendations in full
- 2 Provide more efficient and integrated approach to patient care
- 3 Improve patient flow and patient experience.
- 4 Deliver value for money
- 5 Create capacity to support the Trust clinical strategy aspiration.
- 6 Travel for patients within catchment area to be accepted by public.
- 7 Clinical acceptability – must be accepted by the clinical team as a reasonable and safe adjustment to the service
- 8 Sustainability
- 9 Achievability
- 10 Outcome of the engagement feedback

MTW has reviewed each of the four options against all criteria and has recommended to the Trust Board on 24th February, that the Maidstone site (options 2 and 4) is the preferred site for the reconfigured services.

