

**Kent & Medway Joint Overview and Scrutiny Committee
Briefing on Kent & Medway Vascular Reconfiguration Programme
April 2022**

1. Purpose

1.1. The purpose of this paper is to update the Joint Health and Scrutiny Committee (JHOSC) members on the following:

- The public consultation and to present the consultation report to the JHOSC following the public consultation from 1st February – 15th March 2022
- To briefly outline the key themes from the report; and
- To outline next steps

2. Background

2.1. Kent and Medway CCG and NHS England Specialised Commissioning South East have been working together over a number of years to consider the optimal solution for Kent and Medway patients needing vascular care. The current service provision (specialist inpatient work being delivered from Medway Hospital, part of Medway Foundation NHS Trust (MFT), and Kent and Canterbury Hospital, part of the East Kent Hospitals University NHS Foundation Trust (EKHUFT)) is not compliant with the NHS England Service Specification for Specialised Vascular Surgery, nor the Vascular Society of Great Britain and Ireland Standards.

2.2. Additionally, there have been a number of challenges around staffing and therefore the sustainability of services at Medway Hospital, which required commissioning intervention to ensure the ongoing sustainability of some vascular services in the region and ensure patient outcomes were not affected.

2.3. There has been regular and ongoing engagement with the Kent and Medway Joint Health Overview and Scrutiny Committee since 2015 on the progress of the work.

2.4. NHS England - Specialised Commissioning South East (NHSE SE) attended the Kent and Medway JHOSC on 6th February 2020 to report on the urgent need to move Abdominal Aortic Aneurysm repair (AAA) part of the vascular service at Medway Hospital due to patient safety concerns. This move was agreed, and the service subsequently moved to the Kent and Canterbury site with immediate effect.

2.5. NHS England South East also updated on the planned engagement due April / May 2020 on both the emergency move of AAA surgery and the proposed move to consolidate inpatient vascular activity into a Main Arterial Centre based at Kent and Canterbury Hospital.

2.6. However, before this could happen the Coronavirus pandemic hit. Due to this it was recommended that a public and patient consultation take place on both the emergency move of AAA surgery and the proposed move to create a Main Arterial Centre at Kent and Canterbury Hospital for specialised vascular inpatient surgery for the medium term until the East Kent reconfiguration programme has been completed where the final site will be determined

2.7. In the development of the medium and longer term solutions for vascular services across Kent and Medway a significant amount of engagement work has been undertaken with a wide range of stakeholders. This consisted of:

- An engagement and listening event in July and August 2015
- Deliberative, testing the model event in February 2016
- Update events in February and August 2017 which included testing six evaluation criteria
- Further public engagement event in September 2019
- Further assurance of the proposal undertaken by NHS England & Improvement November 2021

3. The public consultation for the emergency move of Abdominal Aortic Aneurysm (AAA) from Medway Foundation Trust to Kent & Canterbury Hospital and the proposed medium term proposal for inpatient vascular services in Kent & Medway

3.1. The consultation ran from 1st February 2022 – 15th March 2022. The consultation exercise was tailored to be thorough but compliant with COVID-19 restrictions.

3.2. NHSE SE commissioned an external agency to ensure this process was carried out independently, robustly, and reached all target groups, including staff, patients and seldom heard groups.

3.3. Target groups included:

- patients of vascular services, and those with experience of relevant services, such as diabetes, renal, podiatry and vascular screening programmes.
- relevant third sector organisations with experience of and contact with these patient groups; and
- staff at all organisations, especially those in affected services.

3.4. Four online events were run, which were well attended, and a number of presentations to community groups took place.

3.5. Multiple methods were used to reach people including surveys, written information and online focus groups and workshops. Provision was made for those without online access, such as telephone interviews. Seldom heard groups were also specifically targeted via relevant third sector organisations.

3.6. A staff engagement exercise was also run alongside the public consultation.

3.7. The consultation report has been made available to both NHS England Specialised Commissioning and Kent and Medway CCG. The feedback received during the public consultation will also be analysed by the implementation team and where appropriate mitigations will be considered to address the concerns raised.

3.8. During the public consultation a number of consultees were keen to contribute towards shaping the proposed service changes and in particular to help the NHS to mitigate some of the travel issues that were raised. NHS England Specialised

Commissioning and NHS Kent and Medway CCG will ensure these consultees are invited to join a patient and public group which will feed into the implementation planning. Further details will be laid out in the decision making business case.

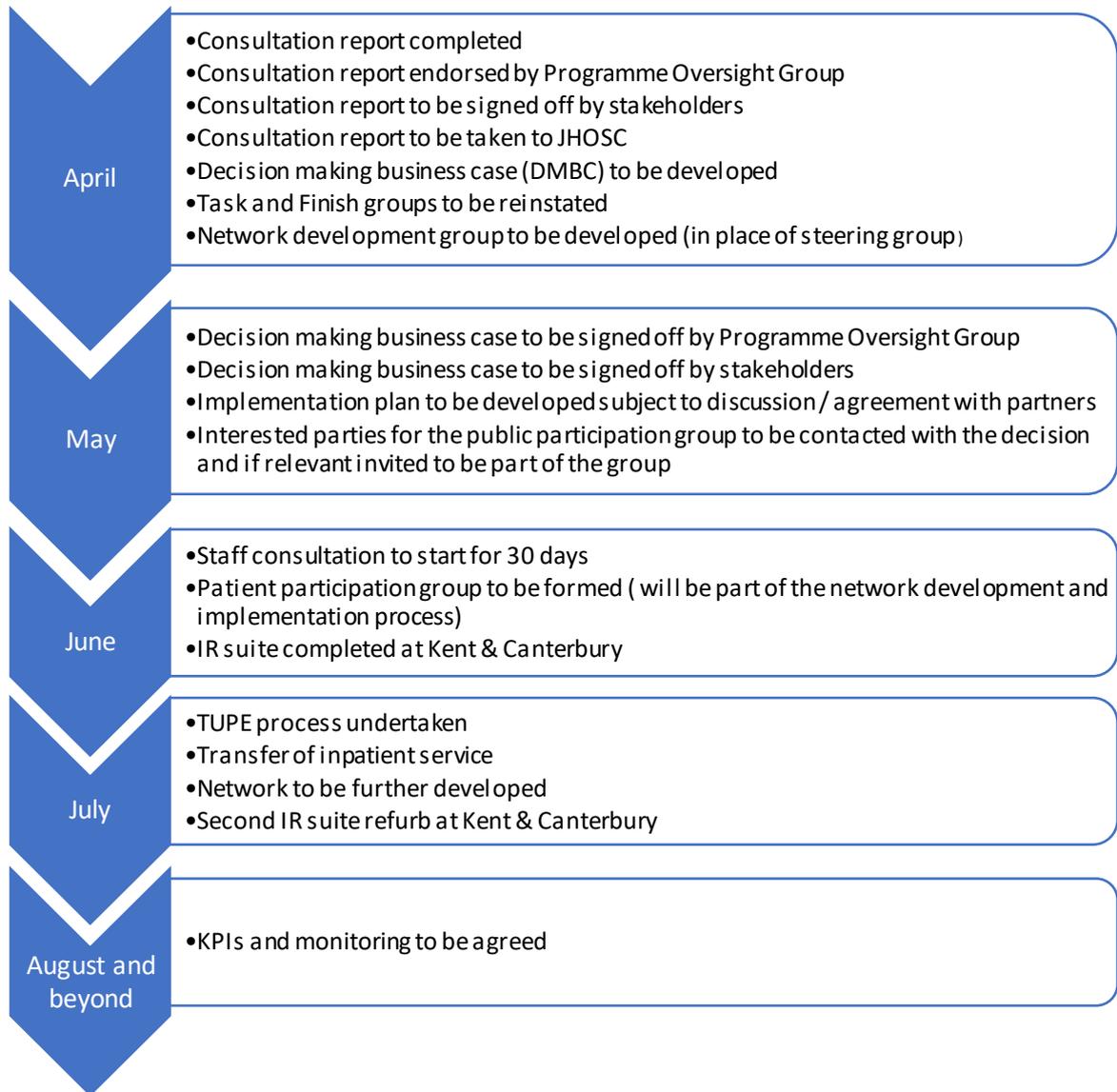
4. Key themes from the consultation report

- 4.1. The consultation was on the preferred option to create a medium-term inpatient vascular centre at Kent and Canterbury Hospital.
- 4.2. The purpose of the consultation was to ensure the impact on patients and their families is fully understood and considered. Views were therefore sought on:
 - the advantages and disadvantages of the proposal to create a single vascular centre for inpatient surgery
 - whether the proposals will make the improvements required to meet national standards; and
 - how to ensure that patients have a good, high-quality experience of all the services required for their care.
- 4.3. Views on people's current experiences of the service were also sought through a consultation questionnaire. This data has been captured and will be fed into existing service improvement processes and does not form part of the formal consultation process.
- 4.4. In total 2,800 people accessed the online consultation portal, of those:
 - 697 people are considered aware of the consultation, because they actively engaged with the consultation site, either downloading or viewing information, of these:
 - 410 people downloaded the consultation document
 - 30 people downloaded the easy read documents and
 - 25 people downloaded the paper version of the survey.
- 4.5. Overall, 255 people responded to the consultation through the survey, of those:
 - 174 responses were through the online, and
 - 81 paper responses were returned in the post.
- 4.6. In addition, meetings were held that involved community groups across Kent and community health researchers carried out 11 one-to-one interviews and 2 focus groups targeting less listened to communities.
- 4.7. Overall people broadly agreed with the proposals made within the consultation.
- 4.8. 174 people (68%) that responded to the survey agreed with the proposal that all vascular surgery requiring a stay in hospital will be provided as a medium-term measure at Kent and Canterbury Hospital in Canterbury. There were 60 people (24%) that did not agree with this proposal.
- 4.9. Comments received through the consultation showed that whilst people agreed with having a centre of excellence and understood the benefits of having specialist care

concentrated in one location, they remained concerned about the accessibility of Kent and Canterbury Hospital.

- 4.10. Concerns were raised repeatedly throughout the consultation about the travel options to get to Kent and Canterbury Hospital from across the whole geography of Kent. People felt that there was insufficient information provided about travel options, such as bus timetables/routes, volunteer car driver services and non-emergency patient transport services available to patients to get to appointments at Kent and Canterbury Hospital.
- 4.11. For some respondents this impacted on their ability to provide an informed response to the consultation and led to them being unable to agree to the proposals or being unsure about the proposals.
- 4.12. For staff that responded to the consultation there was clear recognition of the value of having a centre of excellence, and the potential benefits that this might bring to staff retention, recruitment, training and expertise. There were comments about improving team working and ensuring the resilience of services at other hospitals across the county. Overall staff agreed with the proposals.
- 4.13. People valued keeping outpatient appointments and diagnostics in their current locations and responses showed support for ensuring that the other local hospitals remained as accessible local options for patients to get to. There were comments that challenged why inpatient surgery had to move from Medway Hospital to Kent and Canterbury Hospital, suggesting that an alternative option could be to invest in Medway Hospital instead, and to retain inpatient surgery there. People clearly value having services close to home, reducing travel requirements.
- 4.14. The consultation proposals did not include any proposals to change services at the Queen Elizabeth The Queen Mother Hospital (QEQM); despite this some comments suggested that the consultation was reducing services and options to patients there. Some people likened the consultation to a disinvestment of services and cited a recent consultation in the area about stroke services.
- 4.15. Whilst people recognised that the proposals would continue to provide day surgery and rehabilitation services at Medway Maritime Hospital, there was concern that there would be a negative impact on the hospital if inpatient services were moved to Kent and Canterbury Hospital. People were also concerned about how patients would be transferred back to their local hospital for after care following any inpatient surgery.
- 4.16. Of the 255 responses received to the survey, 195 people (76%) understood the need for change, however 56 people (22%) remained concerned about the proposal highlighting transport and travel times as their main concern. Further comments were also received from community groups and direct interviews and that feedback is incorporated in the full analysis in the report.

5. Next Steps



6. Members of the JHOSC are asked to note:

- **the consultation report and its contents**
- **the next steps.**