Maidstone and Tunbridge Wells NHS Trust

Tunbridge Wells Hospital - One Year On

Background report for Kent County Council Health Overview and Scrutiny Committee, 12th October 2012

1. Trust Profile

1.1 Maidstone and Tunbridge Wells NHS Trust (MTW) is a large acute hospitals trust providing a full range of high quality general hospital services to a population of 500,000 people living in the south of West Kent and parts of East Sussex.

1.2 Many of the people served by MTW live in the Maidstone, Tonbridge and Tunbridge Wells areas and are treated at Maidstone Hospital or the new all single room Tunbridge Wells Hospital. In addition, the Trust provides specialist cancer services, through its cancer centre at Maidstone and cancer unit at Kent & Canterbury Hospital, for the whole of Kent, Hastings and Rother, a population of some 1.8 million people.

1.3 The Trust provides services predominantly from its two main sites. Increasingly services are provided beyond these hospitals in a variety of additional care settings as the Trust provides more integrated 'end-to-end' healthcare in cottage hospitals and town centre locations.

1.4 The Trust is also at the forefront of developments in minimally invasive laparoscopic surgery in the NHS and continues to increase the range of other highly specialised services available locally to patients, with centres of expertise in trauma (emergency surgery and orthopaedics), maternity, paediatrics (children's inpatient care), planned orthopaedic surgery, planned complex surgery and cellular pathology. The Trust is also at the forefront of diagnostic care and imaging with the latest MRI scanners.

2. Our Patients

2.1 Each year the Trust's two main hospitals collectively see in the region of:

- 140,000 A&E attendances
- 50,000 emergency inpatients (patients who spend a night or longer in hospital)
• 9,400 planned inpatients
• 25,000 planned day cases (patients who go home the same day as their pre-arranged treatment)
• 11,000 regular admissions (patients who frequently come into hospital e.g. chemotherapy patients)
• 400,000 outpatient attendances
• Over 5,000 births

2.2 While MTW treats patients registered at over 400 different GP practices each year, around 90% of these patients are registered at one of just 60 practices.

2.3 The populations served by the Trust have a projected growth in the region of 8% between 2011 and 2020. It is expected the same areas will also see an increase in the over 65s, with almost 20% of the population of West Kent aged over 65 by 2017 and 30% by 2020.

2.4 Currently, 33% of patients in the over 65 age group have long term health conditions. 15% of the Trust’s population live with one or more of four long term conditions:

• COPD (chronic obstructive pulmonary disease)
• Chronic Heart Disease
• Diabetes
• Stroke

3. Trust Clinical Strategy

3.1 In 2011 the Trust successfully implemented a major clinical strategy to improve patient care and ensure core services could be provided and sustained to ensure the best possible patient outcomes. Central to this was the concept of ensuring clinical ‘critical mass’ for services.

3.2 The changes provided more consultant-led care, improved the safety of out of hours service provision and improved patient outcomes.

3.3 The key development within this strategy was the new Tunbridge Wells Hospital which enabled the Trust to reduce its main acute sites from three to two. This enabled the Trust to provide modern healthcare within a brand new state of the art 513-bedded hospital with single en-suite rooms and bespoke treatment areas. This provides unparalleled standards of privacy and dignity, and replaced old Nightingale-style wards at Kent & Sussex Hospital which had the largest number of mixed sex breaches in the country.

3.4 The Trust reconfigured a number of its frontline clinical services as part of the strategy, creating a Trauma Centre (for emergency surgery) at Tunbridge Wells Hospital and an Elective (planned) Surgery Centre at Maidstone. This
was achieved by reconfiguring Trauma and Orthopaedic services, and elective and emergency surgery.

3.5 Women and children’s services were also reconfigured to provide inpatient paediatric care and obstetric services at Tunbridge Wells Hospital and a short stay paediatric unit and midwifery-led birth centre at Maidstone. Day care surgery and outpatient services continue on both sites, keeping the majority of care local. This completed the first phase of the Trust’s clinical strategy.

3.6 The reconfigurations were strongly resisted publicly in the Maidstone area and referred to the Independent Reconfiguration Panel. Both elements were ultimately approved and have led to planned improvements in patient care including:

I. The Trust having fully staffed paediatric teams with children being seen and treated by experienced senior doctors more of the time

II. Enhanced onsite obstetric presence, with consultant obstetricians on the labour ward for longer each day, improving the availability of specialist care for women

III. Women have more birth options following the opening of the new Maidstone (midwifery-led) Birth Centre.

IV. Patients are being operated on in an emergency sooner by senior highly skilled and experienced surgeons

V. Fewer cancelled operations on the day of surgery

VI. Increasing surgical sub-specialisation with surgeons able to specialise in specific areas of care, improving patient outcomes

VII. Major improvement in the patient environment in Tunbridge Wells with unparalleled patient privacy and dignity

VIII. Near total compliance with single sex accommodation standards across the Trust

IX. Continuing very low levels of avoidable hospital-acquired infections such as Clostridium difficile and MRSA

3.7 The opening of the (Tunbridge Wells) hospital created some challenges for the Trust as it sought to embed new ways of working. This was evident in A&E where changes were required to working practices. These changes were made to the benefit of patients.
3.8 The Trust is working closely with local healthcare commissioners and the Department of Health to ensure the cost of the patient improvements which have come about as a result of the development of the new Tunbridge Wells Hospital continue to be financially sustainable.

3.9 While the Trust does not intend to undertake further major changes at this time, developments in modern medicine and healthcare technology will mean that the way in which some patients have traditionally been seen and treated will change in the future. Additionally, the NHS and its partners are seeking to reduce emergency admissions, managing more patients as day cases (ambulatory care) and in community settings.

4. Integrated care pathways

4.1 The Trust’s Clinical Strategy included the provision of new community-based services, with patients benefiting from the Trust’s acute specialist skills and expertise closer to home.

4.2 New off-site services now being provided by the Trust include diabetes services (Abbey Court) in Tunbridge Wells and inpatient stroke rehabilitation (12 bed unit) at Tonbridge Cottage Hospital. The Trust also has specialist nurses caring for patients in the community.

4.3 The Trust is continuing to look at partnership opportunities to deliver more effective integrated care pathways for patients that include primary, community, secondary, and tertiary services.

4.4 The Trust is working closely with commissioners to manage the ongoing shift from unplanned to planned care and from acute to non-acute settings in a way that supports improved care for patients and the shared objectives of the local health economy.

5. Patient Survey Results

5.1 The Trust ended 2011-12 with high levels of positive patient experience, in spite of a year of massive change, as indicated through its daily patient satisfaction surveys and audits.

5.2 The Trust now surveys an average of over 450 patients a month (one in every 10 inpatients) to gauge levels of satisfaction in four key areas

- Patient Information and Treatment
- Staff Behaviour
- Ward Environment
- Satisfaction with Overall Care
5.3 Patient overall satisfaction has been consistently high following the opening of the new hospital, addition of the new Stroke Rehabilitation Unit at Tonbridge Cottage Hospital and changes to services offered at Maidstone.

6. Future Vision

6.1 The Trust’s new centres of expertise, together with other established services such as the Kent Oncology Centre, emergency services (A&E departments), ambulatory care and medical admissions at both hospitals, form the platform for a new phase in its clinical strategy.

6.2 The Trust will continue to develop its main centres of expertise, while acknowledging and responding to the changing balance point between acute hospital and community services.

6.3 The Trust is now focusing on the development of other acute services, and the patient environment and patient experience as a whole, at Maidstone Hospital. The Trust plans to invest heavily in both services and facilities at the hospital over the next six years. This will ensure the hospital remains fit to provide acute hospital care, is able to provide more care locally (repatriation of services from London) for its patients, and is positively positioned to meet the forthcoming opportunities in ambulatory and community care.

6.4 The Trust is also planning to achieve Foundation Trust Status by 1st April 2014. In preparation for this, the Trust will start to build its membership scheme from November 2012.