

**KENT AND MEDWAY NHS JOINT OVERVIEW AND  
SCRUTINY COMMITTEE**

**Wednesday, 17th March, 2021**

**2.00 pm**

**Online**



## AGENDA

### KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE

**Wednesday, 17th March, 2021, at 2.00 pm**  
**Online**

Ask for: **Kay Goldsmith**  
Telephone: **03000 416512**

#### **Membership**

Kent County Council Mr P Bartlett, Mr D Daley, Ms D Morton, and Mr K Pugh

Medway Council Cllr B Kemp, Cllr T Murray, Cllr W Purdy and Cllr D Wildey (Chair)

#### **UNRESTRICTED ITEMS**

*(During these items the meeting is likely to be open to the public)*

Item	Timings*
1. Membership	
2. Apologies and Substitutes	
3. Declarations of interests by Members in items on the Agenda for this meeting	
4. Minutes from the meeting held on 28 September 2020 (Pages 1 - 6)	
5. Provision of Mental Health Services - St Martin's Hospital (Pages 7 - 16)	
6. East Kent Transformation Programme (written update) (Pages 17 - 28)	
7. Specialist Vascular Services Review (written update) (Pages 29 - 54)	
8. Date of next meeting: to be confirmed	

## **EXEMPT ITEMS**

*(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)*

*\*Any timings shown are approximate*

Benjamin Watts  
General Counsel  
03000 416814

**9 March 2021**

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**KENT COUNTY COUNCIL**

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**KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY  
COMMITTEE**

MINUTES of a meeting of the Kent and Medway NHS Joint Overview and Scrutiny Committee held in the Online on Monday, 28 September 2020.

PRESENT: Cllr D Wildey (Vice-Chairman), Cllr B Kemp, Cllr T Murray, Cllr W Purdy, Mr P Bartlett (Chairman), Mr D S Daley, Mr K Pugh and Ms D Marsh

IN ATTENDANCE: Mrs K Goldsmith (Research Officer - Overview and Scrutiny) and Mr M Dentten (Democratic Services Officer)

**UNRESTRICTED ITEMS**

**26. Apologies and Substitutes**

*(Item 1)*

Apologies were received from Mr Bryan Sweetland who was substituted by Ms Diane Marsh.

**27. Election of Chair**

*(Item 2)*

1. Cllr Wildey proposed, and Mr Pugh seconded that Mr Bartlett be elected as Chair of the Committee. There were no further nominations.
2. It was RESOLVED that Mr Bartlett be elected as Chair.

**28. Election of Vice-Chair**

*(Item 3)*

1. Mr Bartlett proposed, and Cllr Purdy seconded that Cllr Wildey be elected as Vice-Chair of the Committee. There were no further nominations.
2. It was RESOLVED that Cllr Wildey be elected as Vice-Chair.

**29. Declaration of interests by Members in items on the Agenda for this meeting**

*(Item 4)*

There were no declarations of interest.

**30. Minutes from the meeting held on 6 February 2020**

*(Item 5)*

It was RESOLVED that the minutes of the meeting held on 6 February 2020 were a correct record and they be signed by the Chairman. There were no matters arising.

### **31. Dermatology Services update**

*(Item 6)*

*Mrs N Teesdale, Associate Director of Commissioning at the Kent and Medway CCG was in attendance for this item.*

1. The Kent and Medway CCG had provided a paper with an update on the suspension of DMC Healthcare's contract to provide dermatology services in Medway, Swale, Dartford, Gravesham and Swanley, the transfer of patients to a temporary service of Sussex Community Dermatology Service (SCDS) and the commission of an independent harm review.
2. Mrs N Teesdale provided a verbal update highlighting the state of dermatology services since the report was published. She confirmed that all patient information managed by DMC Healthcare had been transferred to Sussex Community Dermatology Service's (SCDS) patient information system. Triaging had taken place, all patients on the backlog had been seen or had appointments scheduled, a referral to assessment time of eight weeks was noted. The backlog of patients waiting had reduced from around 7,500 a month ago to 800 at the time of the meeting. New patients to the service were being seen within 8 weeks.
3. Mrs Teesdale confirmed that a deed of termination for the DMC Healthcare contract was to be signed the week commencing 28 September 2020. She explained that the formal process to award a new contract could not begin until the previous contract had been terminated. When asked to confirm when a timeline for the future services would be available, Mrs Teesdale confirmed that a long-term plan would be available following the termination of the contract and she offered to provide the committee with a briefing.
4. Mrs Teesdale responded to comments and questions from the committee, including the following:-
  - a) asked what progress had been made by the harm review, Mrs Teesdale confirmed that lower than expected numbers had been noted, this included 18 serious incidents and 5 patients who had waited significant periods for cancer services. She further noted that until patients had completed their treatment programmes it would not be possible to accurately determine the level of harm;
  - b) asked to what extent the telephone counselling helpline had been used by patients, Mrs Teesdale stated that initial usage had been high, at approximately 100 calls per day, which had been largely comprised of patients requesting status updates. Following the dissemination of status updates, helpline usage had reduced to near zero. She confirmed that the helpline would shut down on 4 October 2020 with SCDS operating a conventional service helpline for patients;
  - c) Mrs Teesdale was asked to reassure the committee that future dermatology service providers would meet service demand. She confirmed that SCDS had begun providing weekly live feed data and monthly full contract data to the CCG and that this monitoring policy would be used with future contracts. A contrast was made with the previous arrangement with DMC where service data had not been received for the first six months of the contract. Reasons given for this included a decision by the CCG to work collaboratively with the provider instead of seeking monitoring data (in light of an unexpected 8,000 patients waiting for treatment that had not been

declared by the previous provider) followed by delays in receiving data due to Covid-19. Mrs Teesdale highlighted the swift action taken by the CCG to suspend DMC's contract within 24 hours of receiving unsatisfactory data returns;

d) asked whether there had been a financial impact as a result of appointing an interim service provider, Mrs Teesdale confirmed that no negative financial impact had occurred and the SCDS service was operating at an identical tariff to the previous contract;

e) Mrs Teesdale was asked whether a transfer of equipment between service providers had been necessary and if so had occurred. She confirmed that SCDS were responsible for sourcing all equipment and consumables for their temporary contract;

f) it was requested that Mrs Teesdale confirm whether the data transfer had occurred between service providers and to outline the measures used to verify the information. She reassured the committee that the data transfer had taken place and that independent validators had been used to validate all data sets prior to the transfer; and

g) asked to confirm whether the data reporting requirements had been provided to the temporary service provider and had been written into future contracts, Mrs Teesdale confirmed that the reporting requirements had been written into the temporary service contract and would be included in future dermatology service contracts.

5. It was RESOLVED that the report be noted and that the CCG provide an update once the service had commissioned a new provider.

### **32. Provision of Mental Health Services - St Martin's Hospital** *(Item 7)*

*Mrs K Benbow, Director of System Commissioning at Kent & Medway CCG and Mr V Badu, Deputy Chief Executive at Kent and Medway NHS & Social Care Partnership Trust were in attendance for this item.*

1. The Kent and Medway CCG had provided the joint committee with a written report on the acute reconfiguration of mental health services at St Martin's Hospital, Canterbury.

2. Mrs K Benbow provided a verbal overview of the report. She emphasised that pre-consultation engagement, which had been planned following the joint committee's 6 February 2020 meeting had been delayed as a result of Covid-19. It was also noted that legal advice had been sought concerning the temporary reduction of inpatient beds across Kent and Medway by 15 and that the joint committee's comments were welcomed. Concerning the internal movement of patients at St Martin's Hospital, Canterbury, Mrs Benbow confirmed that a transfer from the Cranmer to Heather Ward had taken place, patient and family feedback had been positive.

3. Concerning service specifics Mr V Badu confirmed that the service's clinical patient flow team had remained in place to support patient admission and discharge.

He added that the service's support and signposting provision had been extended, to assist individuals that had previously been inpatients but no longer required acute admission.

4. Mrs Benbow and Mr Badu responded to comments and questions from the committee, including the following:-

a) asked what impact the Covid-19 pandemic had had on the level of service use, considering the additional social and economic pressures experienced by individuals, Mr Badu confirmed that the service had continued to monitor demand and cooperate with partners which marked a multi-agency response. He cited Safe Havens as an example of an additional service which had provided crisis support, utilising a virtual and physical service. Mrs Benbow agreed to circulate a written update regarding Thanet Safe Haven to members of the joint committee;

b) Mr Badu was asked whether there had been a change in the provision of beds for patients sectioned under Section 136 of the Mental Health Act. He confirmed that there had been no change in the volume of Section 136 suites;

c) in regard of the patient feedback detailed in the report, it was asked how individuals had noted significant wellbeing improvements in a short timeframe. Mr Badu confirmed that the feedback had been received in relation to the virtual signposting service rather than inpatient therapy; and

d) asked how residents could access the signposting service, Mr Badu confirmed that individuals required a triaged assessment in order to be given access to the service.

6. It was RESOLVED that the report be noted and the following action be taken:

i. Mrs Benbow to circulate a written update regarding Thanet Safe Haven.

ii. A report be provided concerning the impact of Covid-19 on Mental Health Services, including Section 136 Mental Health Services and inpatient bed demand, for the next meeting.

### **33. East Kent Transformation Programme**

*(Item 8)*

*Mrs R Jones, Executive Director of Strategy and Population Health at Kent and Medway CCG was in attendance for this item.*

1. The Kent and Medway CCG had provided a report which detailed the progress of the East Kent Transformation Programme including the status of the pre-consultation business case.

2. Mrs Jones provided a verbal overview of the report and confirmed that there had been no change in the business case since the previous meeting of the joint committee. She set out the possible timescale: the Pre-Consultation Business Plan (PCBC) was due to be sent to NHS England/ Improvement on 6 October 2020, and January 2021 was cited as the earliest opportunity to begin a public consultation. Mrs Jones noted that the consultation plan had changed greatly since February 2020, having been reworked to consider public engagement factoring in Covid-19 related social restrictions, the flexibility of the plan was stressed.



3. The Chair recommended that the CCG consider delaying formal public consultation until after the 6 May 2021 Local Elections to depoliticise public engagement.
4. Members requested that the geographical scope of the public consultation be extended to include Medway.
5. A Member raised concerns regarding the reliance of one of the two shortlisted options on a private developer (Quinn Estates). The Committee requested a report on the project viability and an analysis of the proposed developer at its next meeting.
6. It was RESOLVED that the report be noted and the following action be taken:
  - i. At its next meeting, a report be provided setting out the detail and financial viability of the Quinn Estates investment proposal for a new Canterbury hospital.
  - ii. The Kent and Medway CCG strongly consider commencing the public consultation for the East Kent Transformation Programme after the 6 May 2021 elections.
  - iii. It be recommended that Medway residents be included in the public consultation.
  - iv. Any feedback from JHOSC members regarding the revised public consultation plan (appendix A in the agenda) be sent to the CCG outside of the meeting via the clerk.

**34. Assistive Reproductive Technologies Policy Review - written update**  
(Item 9)

It was RESOLVED that the Committee agreed to suspend their scrutiny of Assistive Reproductive Technologies until the Kent and Medway CCG decide to restart their review.

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## Item 5: Provision of Mental Health Services - St Martin's Hospital

By: Kay Goldsmith, Scrutiny Research Officer

To: Kent and Medway Joint NHS Overview and Scrutiny Committee, 17  
March 2021

Subject: Provision of Mental Health Services - St Martin's Hospital

Summary: This report invites the Kent and Medway NHS Joint Overview and Scrutiny Committee to consider the information provided by the Kent and Medway CCG.

It provides background information which may prove useful to Members.

## 1) Introduction

- a) Kent and Medway NHS and Social Care Partnership Trust (KMPT) and the Kent and Medway CCG are working together to improve mental health services across Kent and Medway. The mental health unit at St Martin's (west site) in Canterbury is part of this review.
- b) St Martin's Hospital (east) houses the Heather Ward (formerly named Samphire Ward). The west site housed the Cranmer ward, but this facility was shut in February 2020 due its unsuitability. The site has been sold to Homes England, with money from its sale being invested in local mental health services.
- c) Moving the beds from Cranmer into Heather ward (essentially amalgamating two former wards into one) resulted in a temporary 15 bed reduction (around 6% of the total bed base of adult inpatient acute beds available across Kent and Medway). As of September 2020, there were 246 general acute mental health inpatient beds available across seven sites in Kent and Medway.

## 2) Joint scrutiny

- a) The Kent Health Overview and Scrutiny Committee (HOSC) considered the changes on 1 March and 23 July 2019. In discussion, it was clear to the Committee that the changes discussed represented more than just a site reconfiguration and formed part of a broader reconfiguration of mental health services across Kent and Medway. With regards the specific change brought before the Committee, it agreed "the proposed change to St. Martin's Hospital (west) to be a substantial variation of service."
- b) The Medway Health and Adult Social Care Scrutiny Committee (HASC) considered the "outline of proposed changes to the way acute adult mental health services were delivered across Kent and Medway with particular

## Item 5: Provision of Mental Health Services - St Martin's Hospital

potential impact on the St Martin's Hospital Site, Canterbury" on 20 August 2019. The Committee resolved that it "considered the proposed service change and determined that it constituted a substantial development of or variation in the provision of health services in the local authority's area."

- c) As both health scrutiny committees declared the St Martin's proposals to be a substantial variation, formal scrutiny passed to a joint committee. In line with Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC) may:
  - i) make comments on the proposal;
  - ii) require the provision of information about the proposal;
  - iii) require the relevant NHS bodies and health service providers to attend before it to answer questions in connection with the consultation.
- d) The legislation makes provision for local authorities to refer a substantial variation of service to the Secretary of State in certain circumstances. The JHOSC cannot itself refer a decision to the Secretary of State, but may recommend a course of action to the relevant Overview and Scrutiny Committees.
- e) The JHOSC commenced scrutiny of the St Martin's proposal in February 2020 and received a further update in September 2020. During those meetings, the following key points were raised:
  - i) No negative impact from the reduced bed number was reported.
  - ii) Bed modelling had been carried out. Data suggested that the reduced bed number was adequate for the immediate future, though may be 17 beds short by 2029 unless additional interventions were in place. That year fell to 2024 if planned service developments were not fully realised.
  - iii) A formal options appraisal for the "permanent relocation of services provided on Cranmer Ward" was expected in due course.
  - iv) Legal advice had been sought by the Programme Board over whether the reduction in beds for up to five years was "temporary", though there was not a definitive answer.
  - v) Additional community resources (such as community services, safe havens, and crisis support) were planned to be implemented.
  - vi) An evaluation of the 24/7 signposting service was expected in February 2021 when there would be 12 months of data available.
  - vii) As of September 2020, no formal public consultation/ engagement had taken place.
- f) At its last meeting on 28 September 2020, the JHOSC resolved that the report be noted, and the following action be taken:

## Item 5: Provision of Mental Health Services - St Martin's Hospital

- i) Mrs Benbow to circulate a written update regarding Thanet Safe Haven.
- ii) A report be provided concerning the impact of Covid-19 on Mental Health Services, including Section 136 Mental Health Services and inpatient bed demand, for the next meeting.

### 3) Next Steps

- a) When the CCG informed the HASC and HOSC about its proposed change to St Martin's Hospital in summer 2019, it became clear during the discussion that the proposal was just one part of a wider planned set of changes to acute adult mental health services across Kent and Medway. Those wider plans were in an early stage of development and the home authorities were unable to determine if they constituted a substantial variation of service.
- b) The home authorities decided the proposed closure of St Martin's (west) site was substantial due to the reduction in the bed base (albeit only temporary). At that point, scrutiny of this proposal passed to the JHOSC.
- c) This meeting will be the third opportunity for JHOSC to scrutinise the St Martin's ward closure. As the decision has already been taken, and the site sold, this would be an appropriate time for the Committee to report back to the home authorities about what has happened and ask that those individual scrutiny committees consider the wider mental health transformation programme when more detail is available.
- d) The JHOSC is unable to scrutinise the wider transformation until both home authorities scrutinise the plans and decide if they constitute a substantial variation of service.

#### 4. Recommendation

The Committee is asked to consider the decision of KMPT and KMCCG to close the St Martin's Hospital (West) site and temporarily reduce the acute adult mental health bed base by 15 and take one of the following actions:

- i. Recommend that the Medway HASC and Kent HOSC consider the closure in the broader context of the proposals to reconfigure mental health services more widely.
- ii. Note the decision and ask that the CCG and KMPT continue to update the JHOSC until a permanent decision is made on the St. Martin's (west) proposal.

## **Background Documents**

Kent County Council (2019) '*Health Overview and Scrutiny Committee (01/03/19)*',  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7926&Ver=4>

Kent County Council (2019) '*Health Overview and Scrutiny Committee (23/07/19)*',  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8282&Ver=4>

Medway Council (2019) '*Health and Adult Social Care Overview and Scrutiny Committee (20/08/2019)*',  
<https://democracy.medway.gov.uk/ieListDocuments.aspx?CId=131&MId=4522&Ver=4>

Kent County Council (2020) '*Kent and Medway Joint NHS Overview and Scrutiny Committee (06/02/20)*',  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=8624&Ver=4>

Kent County Council (2020) '*Kent and Medway Joint NHS Overview and Scrutiny Committee (28/09/20)*',  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=8675&Ver=4>

## **Contact Details**

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# **JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

**17<sup>TH</sup> MARCH 2021**

## **Changes to adult acute inpatient services at St Martins Hospital and Mental Health Transformation in Kent and Medway**

### **Update for the Kent and Medway Joint Health Overview and Scrutiny Committee (JHOSC)**

Report from: Karen Benbow, Director of System Commissioning  
Author: Andy Oldfield, Deputy Director Mental Health and  
Dementia Commissioning

#### **1. Introduction**

Kent and Medway NHS and Social Care Partnership Trust (KMPT) and the Kent and Medway Clinical Commissioning Group (KMCCG) have been working together to improve adult mental health services across Kent and Medway. This includes changes to adult acute inpatient services at St Martins Hospital in Canterbury.

Presentations on the St Martins programme were made to the Kent Health Overview and Scrutiny Committee (HOSC) in July 2019 and the Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC) in August 2019. Further updates were presented to the Kent and Medway Joint Health Overview and Scrutiny Committee (JHOSC) at its meetings on 6<sup>th</sup> February 2020 and 28<sup>th</sup> September 2020.

Since the September update, work has continued to respond to the pandemic and we have briefly described in this paper our response to the challenges posed. However, in recent months we have also had the opportunity to set out a comprehensive programme of mental health service transformation, with unprecedented levels of funding and investment available (£51m) over the next five years.

This provides a very real opportunity to change and improve the model of acute inpatient care and community mental health provision in Kent and Medway.

Therefore, whilst this paper provides a summary of the changes to adult acute inpatient services at St Martins Hospital in Canterbury with recommendations about the future of scrutiny in relation to this work, we ask that this service change be reviewed in the context of a broader transformation agenda.

## Transforming mental health services in Kent and Medway

Alongside the opportunities with new investment to develop services as set out in the NHS Long Term Plan, the Covid-19 pandemic has brought forward by necessity a number of new ways of working that will accelerate the improvements planned.

Key service changes that will continue post-Covid include:

- Development of a public facing crisis line; built onto the existing KMPT Single Point of Access, the number of calls into the service has doubled since May 2020. Investment will allow the service to fully develop into a single point crisis line working closely with 111 and third sector providers of crisis telephone services.
- Agile working for all mental health providers; large numbers of staff have been able to work from home with the digital technology to maintain clinical work. This has improved productivity and staff sickness rates, excepting Covid-19, have reduced.
- Psychology services have improved the therapeutic offer to people with complex emotional disorders via digital platforms and there is a significant element of new transformational monies being targeted at people with complex emotional disorders at primary care network (PCN) level.
- Use of digital technology and telephone for clinical contacts and team meetings expanded exponentially. The digital offer complements face to face therapeutic interventions, improved access to crisis support and a more flexible workforce able to work from home.

However, as predicted the impact of the pandemic has seen in the last few months increased acuity, delayed transfers of care and certain groups of people requiring psychiatric crisis or inpatient care. There has been a short term pressure on KMPT bed use but despite these challenges Kent and Medway continues to have one of the best national records for ensuring people who need a psychiatric admission are admitted to a Kent bed. The use of out of area beds has been very low despite some significant levels of increased complexity.

To facilitate closer working between all those involved in the commissioning and provision of mental health services, the Mental Health Learning Disability and Autism Improvement Board has been created as a system-wide initiative. The Board provides senior leadership from all partners across Kent and Medway to ensure oversight of, and drive forward, the improvement priorities.

The Board's focus on adult acute inpatient mental health services will include:

- Reducing the need for people to be admitted to an acute ward by improving community-based support
- Improving psychiatric intensive care for women



- Developing specialist dementia services for people with complex needs
- Eradicating outdated and unsafe dormitory wards
- Redesigning community mental health services.

Given this and with the investment and focus on mental health, we intend to push forward on an engagement programme with people in Kent and Medway to discuss these improvement priorities in the context of their own experiences, hopes and ambitions for mental health services over the next 5 years.

### **Changes to acute adult inpatient services at St Martins Hospital, Canterbury**

In September, we updated members of the JHOSC on the work that had been ongoing to improve the facilities at St Martins Hospital in Canterbury. At the St Martins Hospital (west) site, the old asylum-style building contained one ward, Cranmer, a 15-bed inpatient ward for people aged 65 and over, for the assessment and treatment of acute mental health difficulties (such as severe dementia) and frailty. The building was of poor quality and its design and layout, did not meet the modern standards expected for patients and staff.

A planned upgrade to one of the wards on the St Martins (east) site, Heather Ward, was completed in early 2020 offering a much higher standard of facility for inpatients. Patients from Cranmer ward moved to Heather ward in February 2020 and Cranmer ward was closed and the St Martins (west) site sold. All changes were discussed with patients, families and staff who were fully supportive of the move, recognising the many benefits to both patients and staff as a result.

At the time of the closure and alongside the work to improve the inpatient environment, several community options have been developed to reduce reliance on bed based provision and to move care closer to home:

- i) Extension and improvement of the KMPT Patient Flow Team, which operates 24/7, supporting ward-based clinical teams in effective and clinically appropriate admission and discharge planning
- ii) Improved clinical advice to the police before the utilisation of Section 136 of the Mental Health Act through the KMPT phone line (the 836 number) specifically for police and SECAMB colleagues.
- iii) Development of a KMPT support and a signposting service offering short term 24 hour alternative to inpatient treatment where this is clinically appropriate. The service can be accessed 24/7, for up to a period of 24 hours.
- iv) Development and delivery of four safe havens across Kent and Medway as alternatives to hospital admission where this is clinically appropriate. These services are operated by Mental Health Matters, a third sector organisation.

These projects have all contributed towards a reduced reliance on inpatient beds with better patient flow overseen by senior clinical practitioners (i.e. timely supported planned discharge when patients are clinically ready to leave hospital). This improvement is ongoing, and is regularly monitored to identify and tackle issues that arise and to ensure that this approach to managing inpatient resources is sustainable.

The successful impact of these changes has also supported the management of inpatient capacity during the pandemic and the management of patients within Kent and Medway (as described above) with the main exception being beds for female psychiatric intensive care. As a very specialist service, there isn't currently provision of female psychiatric intensive care beds within Kent and Medway, but as stated above, with new investment and as part of our five-year programme of mental health service improvement, we aim to address this and establish some female intensive care provision within the county.

### **Bed numbers and legal opinion**

However, the JHOSC is aware that the closure and move of Cranmer ward into Heather ward necessitated a temporary reduction of 15 beds in the total number of adult inpatient acute beds available across Kent and Medway. This was in the context of developing a clinical model for adult mental health patients that would support current and predicted future demand.

We have always been clear that the size and shape of this programme would not be limited to the proposed reduction of inpatient beds in the short-term, but inform a longer-term clinical strategy, improve outcomes and patient experience and inform future commissioning decisions.

In September, we presented a bed modelling report to the Committee that predicted demand for inpatient services could be managed within a bed base reduced by 15 until 2024, but that by 2029 this would need to be increased unless there are further transformational changes in the way that acute mental health care is delivered and the benefits realised.

However, as the modelling was completed prior to us understanding the predicted impact of Covid-19 on demand and capacity forecasting we agreed to present a further update to the Committee once this work had been completed.

This additional modelling is underway and will be complete by the end of March. The timeline and scope for the project was extended, given the need to re-forecast predicted demand and capacity in light of the Covid-19 second wave.

However, as the work progresses there are some key messages that are evident:

- Each wave of Covid-19 has suppressed demand for mental health services, although the impact of the second wave of Covid-19 was not quite as significant as the first wave.

- There is still assumed to be some current expressed need from wave 1 Covid-19-generated, and that returning suppressed demand from wave 2 masks this position, such that current levels of demand are closer to that expected at this time of the year, but with greater complexity.
- An expectation that normal demand will resume at some point alongside Covid-19-generated and other returning demand, with peaks in demand expected between February and June 2021.
- Whilst there is an evident short-term impact of the Covid-19 pandemic, work progresses on predicting ongoing elevated levels of demand and where this will most impact in terms of service provision.

In the same September update, we outlined the legal advice we had received as to whether the removal of 15 beds from a Kent and Medway acute inpatient bed base on a four-to-five year basis can be considered 'temporary'. The advice we received suggested there is not a definitive answer to this question but supports the view that further discussion with JHOSC is required in light of the transformation programme and demand and capacity modelling to arrive at an agreed position.

### **Next steps**

We recommend that given all of the above, the temporary bed reduction and development of a new clinical model for adult acute inpatient care (including the changes to the St Martins site) is approached within the context of the wider transformation agenda and our understanding of the impact of Covid-19. We also recommend that stakeholder engagement and formal public consultation on the future shape and configuration of acute adult inpatient mental health beds continues within that wider context.

Given this we would like to review the scrutiny requirement for the changes at the St Martins site. We recognise that following previous presentations on the St Martins work, committee members were clear that they believed the temporary reduction of 15 beds constituted a significant variation in service and, as such, any final decisions about the future provision of beds lost as a result of the change should be subject to formal public consultation.

As the St Martins (west) site has been closed and the patients moved to an improved environment, we would like to ask members to consider whether the scrutiny of this specific move of inpatient provision should draw to end and that the consequent temporary bed reduction associated with the upgraded facilities be reviewed as part of our broader programme of inpatient and community transformation.

## Recommendations

The Kent and Medway JHOSC is asked to:

- note the update on and investment for the five-year Mental Health transformation programme;
- note the update on the changes to the St Martins Hospital site and that Cranmer ward (on St Martin's West) is now closed;
- note that the closure of Cranmer Ward and relocation to Heather ward on the St Martin's site has caused a temporary reduction of 15 inpatient beds across the total KMPT inpatient bed base; and,
- recommend to the Medway HASC and Kent HOSC that the temporary reduction in beds across Kent and Medway is considered as part of a broader programme to consult on our plans to reconfigure and improve acute inpatient care and community services more widely.

Going forward, the HASC/ HOSC will:

- receive an agenda item about the wider mental health transformation programme for Kent and Medway, including an update on the Mental Health Learning Disability and Autism Improvement Board. The CCG and KMPT will provide indicative timescales on this piece of work and commit to ongoing engagement with members as the programme develops.
- Once there is greater clarity about the proposals, each committee will determine if they constitute a substantial variation of service. The committees will need to decide whether to scrutinise the programme as a whole or broken down into smaller parts.
- If HOSC and HASC both declare substantial variations, then the JHOSC will begin formal scrutiny on the wider transformation programme.

**ENDS**

## Item 6: East Kent Transformation Programme

By: Kay Goldsmith, Scrutiny Research Officer to the Kent Health Overview and Scrutiny Committee

To: Kent and Medway NHS Joint Overview and Scrutiny Committee, 28 September 2020

Subject: East Kent Transformation Programme

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Summary: This report invites the Kent and Medway NHS Joint Overview and Scrutiny Committee to consider the information provided by the Kent and Medway CCGs.

It is a written briefing only and no guests will be present to speak on this item.

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## 1) Introduction

- a) The programme of work under consideration for this item has been in development for a number of years. In November 2017 the NHS announced a 'medium list' of two potential options and has been working since then on developing these options. The shortlist of options was announced on 16 January 2020.
- b) The two options are:
  - i. Two site emergency department model with William Harvey Hospital as the Major Emergency Centre
  - ii. One site emergency department model with Kent and Canterbury Hospital as the major Emergency Centre
- c) The Committee last received an update in September 2020, when a Pre-Consultation Business Case (PCBC) was due to be sent to NHS England/Improvement on 6 October 2020 and the earliest date for public consultation was cited as January 2021. The Committee resolved that the report be noted and the following action be taken:
  - i. At its next meeting, a report be provided setting out the detail and financial viability of the Quinn Estates investment proposal for a new Canterbury hospital.<sup>1</sup>
  - ii. The Kent and Medway CCG strongly consider commencing the public consultation for the East Kent Transformation Programme after the 6 May 2021 elections.

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<sup>1</sup> The financial aspects of both options will be set out in the Pre-Consultation Business Case. Once finalised, this will be shared with JHOSC for comment.

## Item 6: East Kent Transformation Programme

- iii. It be recommended that Medway residents be included in the public consultation.
  - iv. Any feedback from JHOSC members regarding the revised public consultation plan be sent to the CCG outside of the meeting via the clerk.
- d) The CCG has asked to provide the attached written update for JHOSC and will be happy to answer any questions via the clerk outside of the meeting.

### **2) Joint Scrutiny**

- a) Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers to consult a local authority about any proposal which they have under consideration for a substantial development or variation in the provision of health services in the local authority's area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment.
- b) The Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC) considered the proposals relating to Transforming Health and Care in East Kent on 16 October 2018. They determined that the reconfiguration constituted a substantial variation in the provision of health services in Medway.
- c) The Kent Health Overview and Scrutiny Committee (HOSC) most recently considered the item on 21 September 2018. The Committee has also deemed the changes to be a substantial variation in the provision of health services in Kent.
- d) In line with Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013<sup>2</sup> the Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC) is meeting for the first time of this issue. The JHOSC may:
- make comments on the proposal;
  - require the provision of information about the proposal;
  - require the relevant NHS bodies and health service providers to attend before it to answer questions in connection with the consultation.

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<sup>2</sup> When NHS bodies and health services consult more than one local authority on a proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authorities' areas, those local authorities must appoint a Joint Overview and Scrutiny Committee (JHOSC) for the purposes of the consultation.

## Item 6: East Kent Transformation Programme

- e) The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State. This only applies in certain circumstances and the local authority and relevant health body must take reasonable steps to resolve any disagreement in relation to the proposals.
- f) The JHOSC may consider whether the reconfiguration should be referred to the Secretary of State under regulation 23(9) of the 2013 Regulations. The Committee must recommend a course of action to the relevant Overview and Scrutiny Committees.
- g) The JHOSC cannot itself refer a decision to the Secretary of State. This responsibility lies with the Kent County Council HOSC and/or the Medway Council HASC.

### **3. Recommendation**

RECOMMENDED that the Committee note the update.

## **Background Documents**

Kent County Council (2018) '*Health Overview and Scrutiny Committee (27/04/2018)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7846&Ver=4>

Kent County Council (2018) '*Health Overview and Scrutiny Committee (08/06/2018)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7918&Ver=4>

Kent County Council (2018) '*Health Overview and Scrutiny Committee (20/07/2018)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7919&Ver=4>

Kent County Council (2018) '*Health Overview and Scrutiny Committee (21/09/2018)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7921&Ver=4>

Medway Council (2018) '*Health and Adult Social Care Overview and Scrutiny Committee (16/10/2018)*', <https://democracy.medway.gov.uk/mgAi.aspx?ID=19800>

Kent County Council (2020) '*Kent and Medway Joint NHS Health Overview and Scrutiny Committee*' (06/02/2020), <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=8624&Ver=4>

Kent County Council (2020) '*Kent and Medway Joint NHS Health Overview and Scrutiny Committee*' (28/09/2020), <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=8675&Ver=4>

## Item 6: East Kent Transformation Programme

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**JOINT HEALTH  
OVERVIEW AND SCRUTINY COMMITTEE**

**17<sup>TH</sup> MARCH 2021**

**A SUMMARY OF PROGRESS FOR THE  
RECONFIGURATION OF ACUTE HOSPITAL SERVICES IN  
EAST KENT:**

Report from: **East Kent Transformation Programme**

Author: **Lorraine Goodsell**

Director of Strategy  
Strategy and Population Health Directorate, Kent and  
Medway Clinical Commissioning Group

## **Introduction**

The purpose of this document is to provide an update to the committee on the East Kent Transformation Programme, including:

- the status of the pre-consultation business case (PCBC);
- key factors affecting the programme's progress including the route through the national assurance process and the requirement for a capital allocation to support the work; and,
- the outcome of a workshop looking at mitigations for identified travel and access risks.

## **Background**

The NHS in Kent and Medway has been developing plans for major investment in east Kent's hospital-based services and to improve the way services are delivered at the three major hospitals in east Kent. Local doctors and other clinical leaders are working together to create proposals to modernise outdated hospital buildings and to change the way that services are organised, which, if implemented will deliver significant improvements in health and care and allow the system to respond to changes in the way in which we treat people with serious illness. This work, known as the East Kent (EK) Transformation Programme, outlines an ambitious and exciting plan for east Kent, based on the vision set out in the national *NHS Long Term Plan*.

Hospitals in East Kent have been struggling for many years to provide services in the current configurations and are also trying to provide services from hospital buildings that are not fit for delivering modern healthcare and have reached the end of their useful life. The plans have been discussed with a wide range of stakeholders and, whilst there are differing views, there is agreement that the current position is untenable and we must now invest in east Kent hospital services to make them fit for the future and make improvements. The proposals have been developed from a compelling evidence base and will provide certainty for the future. There has been a lack of strategic and capital investment in acute services in east Kent over many years, which this work seeks to address.

An integral part of this work is the development of a 'pre-consultation business case' or PCBC which contains all the evidence and data to support the options to be put forward for public consultation. Part of the process of getting to public consultation is through assurance where our regulators, NHS England and NHS Improvement (NHSEI), check whether the options for consultation meet key tests designed to make sure the options will deliver improvements for patients, and be a good use of public money.

Along with assuring the PCBC, securing a commitment of capital is a critical requirement for the progression of the east Kent transformation work, and we require an agreement of Treasury funding – around £400million - before we can

proceed to formal public consultation.

### **Progress to date**

JHOSC received an update on the east Kent programme at its meeting on 28<sup>th</sup> September 2020 which covered the ongoing development of the PCBC, an indicative timeline for the submission of the PCBC to NHSE/I as part of the NHS assurance process for major service change, and the presentation of the revised consultation plan which had been reviewed and re-developed to reflect the challenges and opportunities of formal public consultation in a COVID-19 world.

This update has been developed to give committee members an overview of:

- feedback from NHSE/I following our Stage 2 assurance meeting in November 2020 and next steps with regard to the completion of the PCBC;
- the situation regarding the identification of a capital allocation and accompanying process of securing this allocation to allow us to proceed to formal public consultation; and,
- the outcome of a workshop to look more closely at the travel and access impacts identified by the integrated impact assessment and to consider potential mitigations.

### **Recommendations:**

JHOSC members are asked to:

- note the status of the PCBC, assurance process and identification of a capital allocation to enable progress towards formal public consultation; and,
- note the outcome of the travel and access mitigation workshop and offer any additional comments or feedback on this issue.

## 1. Context

There is a compelling case for investment in and re-organisation of our hospital services within East Kent Hospitals University NHS Foundation Trust (EKHUFT). A&E waiting time targets have not been met for six years and planned care waiting targets not met for four years in east Kent. Almost 600 planned operations were cancelled in 2018/19 because emergency patients needed the theatres and beds and in A&E 55% of consultant jobs and 24% of nursing posts are vacant. The work on the East Kent Transformation Programme to date, led by doctors and other clinical leaders, has resulted in a shortlist of two potential options for investing in hospital services. Both options would improve outcomes and patient experience and make sure services are safe, high quality and sustainable for the long-term for the people of east Kent. Both options will deliver significant improvements to the current position and to patient care.

Not having this investment in east Kent will mean:

- our backlog maintenance requirements in east Kent hospitals will rise to £147m over the next five years as we continue to work out of buildings that have come to the end of their useful life;
- 78% of our buildings will continue to need significant investment to meet modern standards and it will cost at least £120m just to catch up with basic maintenance required on the buildings, now;
- the economic impact to east Kent's businesses of not making these improvements would be up to £600m; and,
- the opportunity to create up to 400 jobs (up to 7,800 'job years'<sup>1</sup>) across east Kent will be lost.

Most importantly, for patients:

- more than half our beds will still be provided in old fashioned 'nightingale' wards with less than 8% of beds (80- beds) being single rooms;
- East Kent Hospitals University NHS Trust will lose the opportunity of developing over 570 ensuite rooms and bays, directly impacting on its ability to manage infection effectively;
- more than 1,200 inpatients will continue to be transferred between our hospitals each year, to get access from more than one specialist team, currently working from different sites;
- just 15% of the communal areas in our hospitals will meet the requirements of frail and disabled people; and
- only 9 of the 36 'expected' national clinical standards would be met in east Kent.

Securing capital funding for these changes is critically important given the challenges the system faces and the considerable work now undertaken to develop exciting and

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<sup>1</sup> Job years turns different jobs into a single metric i.e. a construction job would only be available in east Kent for 9 years, whereas a job in the NHS would be available for 35 years.

vital options for the future of east Kent's hospital services. We must have national capital funding identified to be able to move forward to formal public consultation.

The pre-consultation business case for investment in east Kent hospitals and reconfiguration of some of our hospital services is the result of extensive work over the last five years by clinicians and leaders from across the NHS and social care in east Kent. All major providers and the local authority have contributed to its development with east Kent commissioners. Extensive engagement with colleagues, patients, carers, Healthwatch and other patient representative groups, the public and other stakeholders has guided and informed this work.

This PCBC is a comprehensive technical and analytical document that will provide the information and evidence to support NHS Kent and Medway Clinical Commissioning Group (CCG)<sup>2</sup> to assess and decide to consult on the options it presents for investing in and changing how acute hospital services are organised in east Kent. It sets out in detail the case for change; the proposed new clinical models of care that will help meet the challenges and opportunities described in the case for change; the robust process undertaken to develop options for how those clinical models may be delivered and to identify, assess and evaluate the proposals for change; the final set of proposals and the benefits we expect from them; and the assurance process, including the evidence for meeting the Government's 'five tests' for reconfiguration of health services. The PCBC also allows national regulators to assess and assure our proposals for service change, as per their established and rigorous process.

The scope of the pre-consultation business case covers investment in all three acute hospital sites in east Kent (the Kent and Canterbury Hospital, the William Harvey Hospital, and the Queen Elizabeth Queen Mother Hospital) and looks at better ways of organising and delivering the following hospital services in east Kent:

- urgent and emergency care services
- specialist inpatient services (including those provided for a wider population beyond east Kent)
- paediatrics
- maternity
- planned care.

*Services currently located at Royal Victoria Hospital and Buckland Hospital are outside of the scope of the PCBC.*

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<sup>2</sup> Modelling for our PCBC was undertaken before 1 April 2020 when the four east Kent clinical commissioning groups were replaced by a single clinical commissioning group (CCG) for Kent and Medway. Data is therefore broken down to show the picture for each of the four former clinical commissioning groups: NHS Ashford CCG, NHS Canterbury and Coastal CCG, NHS South Kent Coast CCG and NHS Thanet CCG.

## **2. Feedback from Stage 2 Assurance**

Since our last update to JHOSC, we have worked closely with NHS England/Improvement colleagues and submitted a comprehensive draft PCBC for Stage 2 Assurance in November 2020 as per pre-COVID agreed timelines. This submission took place following endorsement from our provider boards, STP/ICS Partnership Board and approval from Kent and Medway CCG Governing Body.

We met with NHS England's Phase 2 Assurance Panel on 12th November. Given current pressures at all levels of the NHS, formalising the feedback from this session took longer than anticipated. NHSEI colleagues acknowledged and appreciated the huge amount of work that has gone into the PCBC so far and consider that it is very well developed, sets out a clear case for change, well defined options for consultation and robust plans for delivering the consultation.

NHSEI also recognise that we have developed clear and realistic plans for how we will improve the quality of care and deliver better outcomes for patients, by investing in improved buildings and facilities, consolidating specialist services, implementing innovative ways of working, joining up services across the NHS and making the most of digital technology. They agree there is a compelling need to make changes to services because of the challenges currently facing our hospital teams, such as services being split across multiple sites which impacts on staffing numbers and quality of care, and the condition of our hospital buildings.

### **Ongoing work to finalise the PCBC**

As is common during the assurance process, NHSEI identified some areas of the pre-consultation business case that would benefit from further strengthening and/or detail. These areas include making sure we have clearly explained in detail our plans for three vibrant and thriving hospitals in east Kent that will provide a wide range of day-to-day care and services for local people and ensuring we have explored every opportunity to get the best possible value for public money. We are continuing to work closely with NHSEI colleagues to finalise the PCBC as quickly as possible.

### **Status of capital allocation**

In order to consult on these options, there must be confirmation that the £400m required for either option is included in any nationally allocated capital funding streams. Securing a commitment of capital is therefore a critical requirement for the progression of the East Kent transformation work. We and the NHSE/I regional team continue to work with national NHSEI colleagues and DHSC to secure funding for the East Kent Programme, but as things currently stand this is not yet in place, despite the high priority and obvious need for investment.

Once we have clarity about a national allocation of capital funding and a finalised and agreed PCBC, we will look carefully at the timing for public consultation, in discussion with our colleagues from East Kent Hospitals, members of this committee and groups representing patients and the public. While the government has outlined a roadmap out of lockdown, we believe that it would not be wise or appropriate to

launch a public consultation when the COVID-19 pandemic and vaccination programme is quite rightly the key priority for the NHS, and when our local communities are unlikely to be able to engage in consultation in a meaningful way.

### **3. Next steps**

We are continuing to work with NHSE/I to finalise the pre-consultation business case as quickly as possible. This includes a clear and detailed explanation of our plans for three vibrant and thriving hospitals in east Kent, all providing a wide range of day-to-day care and services for local people (such as urgent care 24/7, outpatient appointments, tests and scans) as well as other services, and ensuring we have explored every opportunity to get the best possible value for public money.

We are hopeful that we will soon have clarity on the process for the allocation of capital investment as part of the Health Infrastructure Plan and will ensure that JHOSC are kept abreast of any developments relating to this in a timely manner.

We will continue to engage with key stakeholders including scrutiny committee members, our local members of parliament and councillors at county and district level to ensure awareness, understanding and support for this vital investment in local services. We will also continue to review and refresh our consultation plan in light of the route out of lockdown, the current COVID pressures alongside the demands of the restoration and recovery of services programme, and the status of the vaccination programme in Kent. We will continue to look at emerging research and evidence about effective engagement strategies and tactics as a result of the pandemic, to ensure that all consultation activity, once we are able to launch our consultation, is flexible, effective and appropriate, reflecting the changing nature of public and stakeholder engagement as a result of COVID-19.

### **Recommendations**

JHOSC members are asked to:

- note the status of the PCBC, assurance process and identification of a capital allocation to enable progress towards formal public consultation.

Lead officer contact:

#### **Lorraine Goodsell**

Director of Strategy

Strategy and Population Health Directorate, Kent and Medway Clinical Commissioning Group

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## Item 7: Kent and Medway Specialist Vascular Services Review

By: Kay Goldsmith, Scrutiny Research Officer to the Kent Health Overview and Scrutiny Committee

To: Kent and Medway NHS Joint Overview and Scrutiny Committee, 17 March 2021

Subject: Kent and Medway Specialist Vascular Services Review

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Summary: This report invites the Kent and Medway NHS Joint Overview and Scrutiny Committee to consider the information provided by NHS England & NHS Improvement Specialised Commissioning South East.

It provides background information which may prove useful to Members.

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## 1. Introduction

- (a) Vascular services manage the treatment and care of patients with vascular disease relating to disorders of the arteries, veins, and lymphatic system. The diseases can be managed by medical therapy, minimally invasive catheter procedures and surgical reconstruction.

## 2. Background

- (a) In 2014, an NHS review commenced into the Vascular Services serving the East Kent and Medway populations. The services provided in North and West Kent are not included in the review.
- (b) The case for change was agreed in 2016 and a review process identified a clinical “hub and spoke model” (i.e., a single inpatient hub in Kent & Medway supported by a number of spokes across the region).
- (c) The broad clinical agreement was that in the long term, an arterial centre (the inpatient hub) should be located in East Kent (subject to consultation). The exact location in East Kent will be determined by the outcome of the East Kent Transformation Programme which is still ongoing. There is therefore a need for an interim solution.
- (d) The proposed interim solution is for a single arterial centre to be housed on the Kent and Canterbury Hospital site, with a non-arterial centre on the Medway Maritime Hospital site.
- (e) At their meeting in February 2020, JHOSC were informed how pre-engagement events that had taken place during 2019 had seen a low attendance rate. Further engagement/ consultation was planned and NHSE would seek to involve relevant third sector organisations.

## Item 7: Kent and Medway Specialist Vascular Services Review

- (f) Also, in February 2020, the Committee were notified that there had been an emergency move of the Abdominal Aortic Aneurism Repair (AAA) service from Medway Maritime Hospital to the Kent and Canterbury Hospital. This was required following staff shortages in December at the Medway site which led to concerns over patient safety. Patients would still receive their assessment at Medway Maritime Hospital, it would only impact AAA intervention and emergency surgery.

### 3. Joint Scrutiny

- (a) Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers to consult a local authority about any proposal which they have under consideration for a substantial development or variation in the provision of health services in the local authority's area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment.
- (b) The Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC) considered the Kent and Medway Specialist Vascular Services Review on 11 August 2015. They determined that the reconfiguration constituted a substantial variation in the provision of health services in Medway.
- (c) The Kent Health Overview and Scrutiny Committee (HOSC) considered the item on 17 July and 9 October 2015. The Committee also deemed the changes to be a substantial variation in the provision of health services in Kent.

As both health scrutiny committees declared the St Martin's proposals to be a substantial variation, formal scrutiny passed to a joint committee. In line with Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Kent and Medway NHS Joint Overview and Scrutiny Committee (JHOSC) may:

- i. make comments on the proposal;
  - ii. require the provision of information about the proposal;
  - iii. require the relevant NHS bodies and health service providers to attend before it to answer questions in connection with the consultation.
- (d) The legislation makes provision for local authorities to refer a substantial variation of service to the Secretary of State in certain circumstances. The JHOSC cannot itself refer a decision to the Secretary of State but may

## Item 7: Kent and Medway Specialist Vascular Services Review

recommend a course of action to the relevant Overview and Scrutiny Committees.

- (e) The JHOSC most recently considered the Vascular Services reconfiguration at its meeting on 6 February 2020. The Committee resolved that the report be noted.
- (f) NHS England & NHSE Improvement Specialised Commissioning South East have provided the attached update paper for the Committee to inform them on progress since February 2020. They have also attached the more detailed report from February 2020 for Member's information.
- (g) This is a written briefing only with no guests present to speak.

### 4. Recommendation

The JHOSC is invited to note the report.

## Background Documents

Kent County Council (2015) '*Health Overview and Scrutiny Committee (17/07/2015)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5841&Ver=4>

Kent County Council (2015) '*Health Overview and Scrutiny Committee (04/09/2015)*', <https://democracy.kent.gov.uk/mgAi.aspx?ID=32939>

Medway Council (2015) '*Health and Adult Social Care Overview and Scrutiny Committee (11/08/2015)*', <http://democracy.medway.gov.uk/ieListDocuments.aspx?CId=131&MId=3255&Ver=4>

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (08/01/2016)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=6314&Ver=4>

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (29/04/2016)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=6357&Ver=4>

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (04/08/2016)*', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=7405&Ver=4>

Kent County Council (2016) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (28/11/2016)*', <https://democracy.kent.gov.uk/mgAi.aspx?ID=42591>

Kent County Council (2017) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (12/12/2017)*', <https://democracy.kent.gov.uk/mgAi.aspx?ID=46700>

## Item 7: Kent and Medway Specialist Vascular Services Review

Kent County Council (2018) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (12/10/2018)*',  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=8154&Ver=4>

Kent County Council (2019) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (10/09/2019)*',  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=8413&Ver=4>

Kent County Council (2020) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (04/02/2020)*',  
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=8624&Ver=4>

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# **Continuation of work to establish the Kent & Medway vascular network and interim arterial centre**

## **1. Purpose of Paper**

NHS England & Improvement, Specialised Commissioning South East, attended the Joint Overview and Scrutiny Committee on 6<sup>th</sup> February 2020 to report on the urgent need to move Abdominal Aortic Aneurysm repairs (AAA) (part of the vascular service) out of Medway Foundation Trust due to patient safety concerns. NHS England Specialised Commissioning SE also updated on the planned public and patient consultation work due in Summer 2020 on the recommended move to an interim Main Arterial Centre based at Kent & Canterbury Hospital for specialised inpatient vascular activity. This previous paper is attached as Annex A.

The proposed public and patient consultation and engagement on both the emergency move of AAA repairs and the recommended move to an Interim Main Arterial Centre based at Kent and Canterbury Hospital have been delayed due to the COVID-19 pandemic.

NHSE/I Specialised Commissioning SE have committed to updating the committee regarding progress. We are now in a position to progress the public and patient consultation and proceed with the proposed move to an interim arterial centre by Autumn 2021 and are therefore providing the following update on the work programme and the engagement activities.

## **2. Update on proposed public and patient engagement**

There have been a number of public and patient consultation periods and engagement events in relation to the move of inpatient vascular services to Kent & Canterbury Hospital over a number of years since the vascular services review began (set out in Annex A). However due to the time lapse since our last public engagement events, and the changed healthcare situation due to the COVID-19 pandemic, our plans are to hold a further six week public consultation period on both the emergency move of AAA repairs to Kent & Canterbury Hospital together with the proposed interim vascular main arterial centre at Kent & Canterbury Hospital. A staff consultation will also be run alongside the public consultation.

NHS England Specialised Commissioning are working with a specialist public engagement agency to ensure this process is carried out robustly, and reaches all target groups, including staff, patients and seldom heard groups.

Target groups include:

- patients of vascular services, and those with experience of relevant services, such as diabetic clinics and vascular screening programmes
- relevant third sector organisations with experience of these patient groups
- staff at all organisations, especially those in affected services

The intention is to run this consultation in April & May 2021. The earliest the proposed move could begin is Autumn 2021. The consultation exercise has been tailored to be thorough but compliant with COVID-19 restrictions. Multiple methods will be used to reach people, including surveys, written information and online focus groups and workshops. Provision will be made for those without online access, such as via telephone interviews. Seldom heard groups will also be specifically targeted via relevant third sector organisations. A final written

report on the consultation activities will be completed and made available to both NHS England Specialised Commissioning and Kent & Medway CCG.

The views, comments and concerns raised by patients, the public and staff will be used to inform the mobilisation plan for the proposed move to an interim arterial centre and action will be taken to mitigate substantial concerns raised. This will be laid out in a final decision paper.

We would intend to bring this final decision paper, with the outcome of the consultation work, to the JHOSC in Summer 2021, ahead of any move taking place in the Autumn.

If any individual Member of the JHOSC wishes to know more or has any comments, we would like to hear them. Please email Susan Woollard ([susan.woollard@nhs.net](mailto:susan.woollard@nhs.net)).

<b>Joint Health Overview &amp; Scrutiny</b>		
MEETING/ DECISION MAKER:	<b>Joint Health Overview and Scrutiny Panel</b>	
MEETING/ DECISION DATE:	<b>February 6<sup>th</sup> 2020</b>	
		<b>E 9999</b>
TITLE:	<b>Kent &amp; Medway Vascular Network Update</b>	
WARD:	All	
<b>List of attachments to this report:</b> No attachments		

## 1. Purpose

NHS England, Specialised Commissioning South East attended the Joint Overview and Scrutiny on 10th September 2019, to discuss a recommended move to an Interim Main Arterial Centre based at Kent and Canterbury Hospital for specialised inpatient vascular activity

Specialised Commissioning discussed our intention to engage with patients and return to the Overview and Scrutiny Committee with the outcome of the engagement as well as detail on patient activity numbers. However, before that was possible, an urgent need arose which required an immediate change to the Aortic Aneurism Repair (AAA) part of the service.

NHSE/I Specialised Commissioning SE have committed to updating the committee regarding progress.

This paper is in four parts.

**Part One.** Background

**Part Two.** Emergency Move of Aortic Aneurism Repair (AAA) Procedures from Medway Foundation Trust (MFT) to East Kent Hospitals University Foundation Trust (EKHUFT)

**Part Three.** Proposed Engagement for move of AAA

**Part Four.** Update on recommendation to move to an Interim Main Arterial Centre (MAC) based at Kent and Canterbury Hospital.

Please note:

The move of the AAA service does not pre-empt the existing process regarding the establishment of the interim Main Arterial Centre (MAC) on the Kent and Canterbury Hospital site, the progress on which is discussed in Part Four of this paper.

# Part One. Background

## Introduction

As previously presented, the requirement for the establishment of a Vascular Network for Kent & Medway is for clinical reasons in line with national initiatives rather than any business driven need.

The Case For Change, which JHOSC colleagues have already had sight of is based on the need to ensure appropriate standards of clinical care, and for information can be found here:

<https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2016/02/case-for-change-kent-medway-vascular-review.pdf>

## What is vascular disease?

Vascular disease affects veins and arteries. It may cause blood clots, arterial blockages and bleeds which can lead to strokes, amputation of limbs and conditions such as aneurysms that might threaten life if left untreated.

Specialised vascular services which are commissioned by NHSE/I Specialised Commissioning provide treatment for:

- **Aortic aneurysms** – where a bulge in the artery wall is caused by arterial disease that can rupture. Treatment for this may be planned before the bulge reaches a critical size, or as an emergency if it ruptures;
- **Carotid artery disease**, which can lead to stroke; and
- **Arterial blockages**, which can put limbs at risk.

All these treatments are clinically specialised and need a skilled team available 24 hours a day, every day of the year, to provide this service and support patients.

## What prompted the review of the current service?

In an effort to ensure specialised services are of the highest standards of quality and safety no matter where people live, NHS England worked with clinical and commissioning experts and patients across the country to develop a National Service Specification (NSS) detailing what services should provide.

After reviewing the evidence and conducting a national programme of patient and public engagement the Vascular Society of Great Britain and Ireland and the team of experts and patients that developed the service requirements recommended that in order to ensure safety and deliver best practice, specialised vascular services should have:

- A minimum population of at least 800,000 in a specified area to ensure an appropriate volume of patients are seen each year
- Twenty four hour, seven day a week vascular surgery and interventional radiology with on-call rotas staffed by a minimum of 6 vascular surgeons and 6 interventional radiologists



- All arterial surgery with a dedicated vascular ward provided at a vascular centre to ensure that highly experienced staff are treating sufficient patients to maintain their skills
- Access to cutting edge technology including a hybrid operating theatre for endovascular aortic procedures such as endovascular aortic aneurysm repair and combined open and interventional radiology procedures.
- Vascular surgeons who work closely with specialist nurses, interventional radiologists, vascular scientists, diabetes specialists, stroke physicians, cardiac surgeons, orthopaedic surgeons, and in emergency medicine amongst other specialities to provide a comprehensive multi-disciplinary service.

### **What did the review include?**

NHS England & Improvement (NHSE/I) in collaboration with East Kent Hospitals University NHS Foundation Trust and Medway NHS Foundation Trust reviewed both emergencies and planned specialist vascular treatment at hospitals in Kent and Medway.

This includes outpatient care (e.g. appointment with a specialist), day care treatment (e.g. an operation where you go home the same day) and inpatient treatment (an operation requiring you to stay in hospital), which we are describing here as specialist treatment.

The review did **not** include varicose vein surgery, heart disease, heart surgery or the management of the common types of stroke.

### **What happens now?**

Kent and Canterbury Hospital is treating above the minimum numbers of core index procedures for specialised services, whilst Medway is not.

Currently patients requiring an inpatient stay following vascular surgery attend the Kent and Canterbury Hospital in Canterbury or Medway Maritime Hospital in Medway either through an elective pathway (e.g. planned operation) or an emergency pathway (e.g. via A&E).

An elective pathway is where the patient is referred for non-urgent treatment by their GP.

An emergency (or non-elective) pathway is where the patient is admitted as an emergency.

For elective patients, the initial referral will normally be for an outpatient appointment. These currently take place at:

- Medway Maritime Hospital, Gillingham
- Maidstone Hospital
- Tunbridge Wells Hospital
- William Harvey Hospital, Ashford
- Queen Elizabeth The Queen Mother Hospital, Margate
- Kent and Canterbury Hospital, Canterbury.

Patients requiring emergency or elective inpatient vascular surgery are currently treated at Kent and Canterbury Hospital and Medway Maritime Hospital.

## **What needs to happen in the future?**

Establishing the interim Main Arterial Centre at Canterbury will ensure an ongoing high standard of care for all Kent and Medway patients and is driven by clinical need as outlined above.

To ensure patients get the highest standards of care in hospitals in Kent and Medway, that meets all the recommended criteria for specialist vascular services:

- Patients will continue to go to their local hospital (as listed above) to ensure that most care will be delivered as close as possible to people's homes. This includes outpatient appointments, tests, scans, and day procedures.
- Day surgery would continue to be provided in Medway and Canterbury, as it is now.
- Specialised Inpatient emergency or particularly complex operations will in future be delivered at the main arterial centre.
- Elective inpatient operations will in future be delivered at the main arterial centre.
- Non Elective (Emergency) Inpatient operations will in future be delivered at the main arterial centre.
- Bringing inpatient services together into a 'main arterial centre' will ensure that patients have access to a sustainable consultant-led vascular service 24/7, every day of the year in line with the National Specification.

## **2018 Activity**

In 2018, a further review of vascular service in Kent and Medway, acknowledged that the future permanent location of the 'main arterial centre' for Kent and Medway would be determined through the East Kent transformation programme (part of the local Sustainability and Transformation Programme).

The proposed options in the transformation programme are still in the evaluation stage and are yet to be finalised. It is likely to take several years to complete this process and deliver the changes within East Kent.

## **PART TWO      Emergency Move of Aortic Aneurism Repair (AAA) Procedures from Medway Foundation Trust (MFT) to East Kent Hospitals University Foundation Trust (EKHUFT)**

### **Introduction**

Following clinical advice from the Medical Director of Medway Foundation Trust, NHS England, Specialised Commissioning, South East temporarily moved AAA patients from Medway Maritime Hospital, Medway Foundation Trust to the Kent and Canterbury Hospital on 6 January 2020.

A patient safety concern arose due to staff shortages in the Vascular team at MFT in late December 2019 with the decision taken to move the AAA service to Medway as soon as was practically possible.

A briefing was sent to Overview & Scrutiny Colleagues ahead of the move which came into effect 6<sup>th</sup> January 2020.

There is ongoing and continuous review of the service.

### **Aortic Aneurysm Repair (AAA) – Improved resilience.**

East Kent Hospitals University Foundation Trust (EKHUFT), have sufficient clinical team members and infrastructure to continue to undertake local referrals for AAA surgery and assume management of those patients currently being cared for MFT. Patients from Maidstone currently treated at MFT will be now be transferred to Kent and Canterbury Hospital. Kent patients currently accessing services will be unaffected.

The collaboration of the two Vascular teams on a single site improves the robustness of the clinical on call arrangements for AAA repair.

### **Pathway change**

AAA procedures can be divided into planned (elective) procedures (the majority of the work) and unscheduled intervention in patients who present as an emergency.

The pathway change involves:

#### **Elective Surgery:**

Patients will undergo their assessment at MFT as they do now. Individual cases will be discussed in the Vascular network AAA multi-disciplinary team meeting (MDT) (as now), hosted by the MAC.

AAA intervention will be undertaken at Kent and Canterbury Hospital. The current Vascular team at MFT will support this treatment pathway.

#### **Emergency Surgery:**

All emergency AAA patients that present to MFT will be resuscitated and transferred to Kent and Canterbury Hospital where on-call consultant cover will be in place. These transfer arrangements are already well established from other sites.

Where the ambulance crew suspect a patient might require intervention for a AAA, South East Coast Ambulance Service (SECamb) will convey the patient directly to Kent and Canterbury Hospital.

SECamb were consulted on and approved this change in the emergency pathway.

## **How many patients will be affected by the move of AAA surgery from MFT to Canterbury?**

### **Potential**

The following information has been obtained using NHS England commissioning data and the National Vascular Registry as a projection of potential patient numbers.

<b>Approximate Patient Numbers Per Annum.</b>	<b>NVR Data</b>	<b>HESS IT analysis from Trusts and NHSE</b>
Elective AAA	15-24	
Unscheduled AAA	5-12	
Total	20-36	44

### **Analysis of Actual 2018/19 (Time/Distance)**

Of the 21 patients receiving AAA surgery in 2018/19, overall a move to Kent & Canterbury increases travel time and distance. 1 patient would have had a reduced travel time of 9 minutes had they gone to Kent & Canterbury for their treatment.

Of the 21 patients 5 were treated on an emergency basis (non elective) and 16 were treated on a planned basis (elective), which means they had a date for their procedure and attended hospital on that date.

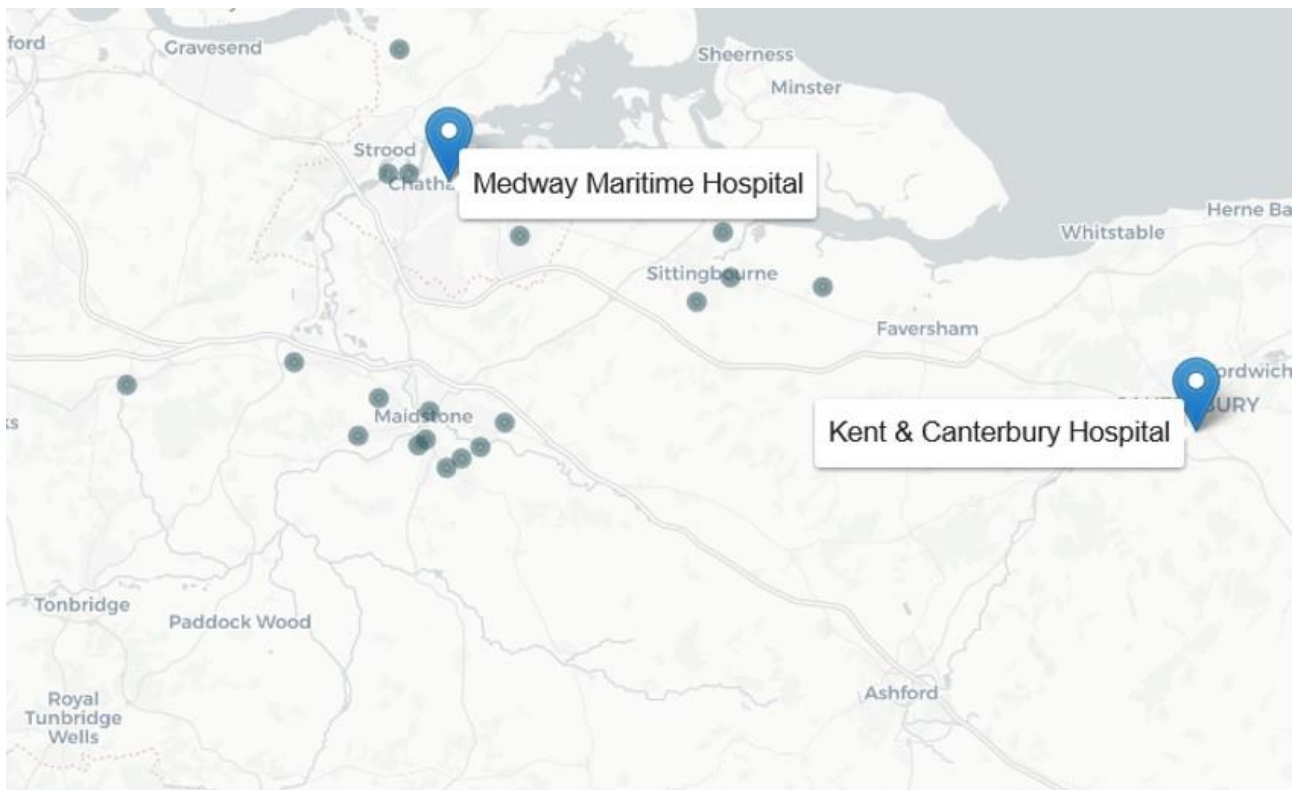
The total increase in distance travelled by all AAA patients in 2018/19 is 382 miles, giving an average increase by patient of 18 miles.

In terms of time travelled, the total time increase in hours is approximately 363 minutes (6 hours) which equates to approximately 17 minutes average increase per patient.

The maximum increase in travel time is 36 minutes, the minimum is a reduction of 9 minutes. The maximum increase in travel distance is 31.3 miles, the minimum is a reduction of 9.6 miles.

The map below shows patient location 2018/19 in relation to both Medway Foundation Trust and Kent & Canterbury Hospital.

## Location Map of AAA Patients 2018/19



### **Impact on other Inpatient Specialised Vascular Services at Medway Foundation Trust.**

All other specialised Vascular surgery services will continue to be performed at Medway Foundation Trust until the Interim MAC at Kent and Canterbury Hospital process has been completed. Assurances have been received from MFT regarding the stability of the remaining service and clinical teams from both Trusts continue to work together.

There are monthly meetings of the Clinical and Operational Group chaired by the MFT Medical Director, and with membership of a range of clinical and non-clinical staff from both EKHUFT and MFT (with invitations also sent to Maidstone and Tunbridge Wells NHS Trust).

There is a weekly Multi-disciplinary Team meeting (MDT) with all clinicians from both Trusts that includes representation from IR, vascular and anaesthetics to discuss case mix and patient conditions.

There is also a weekly M&M Meeting (mortality and morbidity meeting) with all clinicians above to review clinical performance.

## **Part Three. Draft Engagement for Interim Move of AAA**

### **Introduction**

The draft communications and engagement strategy below outlines how NHS England Specialised Commissioning, plans to inform and involve stakeholders, patients and local people in proposal to make the temporary move of AAA procedures from Medway to Kent & Canterbury (as outlined in Part Two of this paper), an interim move until such time as the permanent location of the Main Arterial Centre is decided upon, in line with the National Vascular specification.

### **Draft Communications and Engagement Strategy**

NHS England has been working with partners, led by senior surgeons, in developing detailed proposals to provide these vital services.

An emergency temporary move of Aortic Aneurism Repair (AAA) Procedures from Medway Foundation Trust (MFT) to East Kent Hospitals University Foundation Trust (EKHUFT) took place with effect from 6th January 2020 due to staffing shortages.

Transforming health and social care in Kent and Medway, a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council is looking at the future of services across the whole area.

However, it will take some time for these wider changes to take place. Meanwhile a sustainable vascular service for East Kent is needed in the interim. We continue to work with clinicians to develop a proposal that we think is the best temporary solution.

EKHUFT, have sufficient clinical team members and infrastructure to continue to undertake local referrals for AAA surgery and assume management of those patients currently being cared for at MFT. Patients from Maidstone currently treated at MFT will be now be transferred to Kent and Canterbury Hospital.

The collaboration of the two Vascular teams on a single site improves the robustness of the clinical on call arrangements for AAA repair.

We are proposing to engage with the public and service users about making this temporary move an interim solution in accordance with our duties under section 13Q.

### **Background**

Vascular services are for people with disorders of the arteries and veins. These include narrowing or widening of arteries, blocked vessels and veins, but not diseases of the heart and vessels in the chest. These disorders can reduce the amount of blood reaching the limbs or brain or cause sudden blood loss if an over-stretched artery bursts. Vascular specialists also support other medical treatments, such as major trauma, kidney dialysis and chemotherapy.

Complex Vascular surgery covers:

- Abdominal Aortic Aneurysms (AAA)
- Screening people for AAA
- Strokes (such as Carotid Endarterectomy (CEA) or Transient Ischaemic Attacks (TIAs or mini-strokes)
- Poor blood supply to the feet or legs

There are also roles for vascular surgery supporting other major specialities e.g. trauma, neurosurgery, cardiac surgery, dermatology, clinical laboratory services, nephrology, plastic surgery, and other disciplines. Vascular patients are often treated by other specialties including cardiology, renal, diabetology and podiatry.

In common with other specialties, there is strong national clinical consensus that patients who need vascular surgery receive better quality care when they are treated by specialists who deal with a high volume of patients and who, therefore, have significant expertise in this field.

## Approach

### Legal and policy context

The legal context for this document is the duty to involve the public (section 13Q) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), NHS England has a statutory duty to 'make arrangements' to involve the public in commissioning services for NHS patients.

The section 13Q duty is aimed at ensuring that NHS England acts fairly in making plans, proposals and decisions in relation to the health services it commissions, where there may be an impact on services. The duty requires NHS England to make arrangements for public involvement in commissioning.

Public involvement in commissioning is about offering people ways to voice their needs and wishes, and to influence plans, proposals and decisions about their NHS services. Patients and the public can often identify innovative, effective and efficient ways of designing and delivering services if given the opportunity to provide meaningful and constructive input.

There are four tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

In addition, NHS England's service change guidance states:

***Effective proposals should have on-going involvement with staff, patients and the public. Proposing organisations should avoid presenting a fully worked up set of service change options to the public unless there has been on-going dialogue.***

## **Working in partnership**

The work will be co-ordinated through the Communications and Engagement workstream which reports to the Kent & Medway Vascular Programme and which will comprise CCG, NHS England and Trust communications together with representation from Healthwatch.

## **Pre-consultation**

Reviews of vascular services have been ongoing since 2014 and patients have been involved throughout.

In 2019 over 200 letters were sent out inviting patients and their families to attend one of three patient and public events, to be held in Maidstone, Medway and Canterbury.

3 people attended the event in Maidstone on 16<sup>th</sup> September (although 8 people had accepted the invitation) and 9 people attended the event in Rochester on 18<sup>th</sup> September. Participants comprised people with vascular conditions and family members. Other attendees were from NHS England, the Kent and Medway Vascular Network, Vascular Consultant/Clinical Lead and the Executive Medical Director, Medway Foundation Trust.

A member of the Kent and Medway NHS Joint Overview and Scrutiny Committee also attended the second event.

Despite the wide invitation, only two people asked to attend the Canterbury session so, with their agreement, this was changed to individual telephone interviews which were conducted on 25<sup>th</sup> September.

## **How has pre-engagement informed the proposals?**

All participants in the 2019 engagement were extremely positive about their experiences as inpatients at both Medway and Canterbury, suggestions for improvement to the service in general have been fed back to the Trusts via the clinicians who attended.

There was agreement for the need to consolidate specialist resources. The clinical leads discussed the need to ensure that future vascular services meet the required standards, as specified in national guidelines and attendees welcomed this and understood that requirement.

## **Live Engagement on interim move of AAA surgery**

- To communicate openly and widely about how the public views in phase one have helped influence the interim model.
- To communicate openly and widely that no change is not an option. Provide a clear explanation about how the interim option that has been developed, with a proactive campaign and direct engagement with patients, public and key stakeholders with the aims of:



- ensuring understanding of the reasons for the change
- ensuring understanding that this is an interim option for safety reasons pending consultation and engagement around wider Kent and Medway reconfiguration.
- enabling commissioners and the service providers to understand issues for patients, public and key stakeholders ensuring the final model has taken these into account

In both cases the objectives are:

- To provide clear and consistent messages and information to all stakeholders
- To explain the option and the benefits to patients
- To allow patients and the public to voice any concerns/raise issues/ask questions about the chosen interim option
- To gain views on associated services (for patients undergoing amputation for example)
- To balance any negative perception and concerns
- To increase public confidence in NHS England as a listening and responsive commissioning organisation.

## **Informal Engagement**

If Overview and Scrutiny agrees that an informal engagement can be undertaken in this phase, the approach will be to inform of the chosen option and ask whether any concerns need to be taken into account in its implementation. This process will not ask for views on options. This will not constitute a statutory process and will be conducted over a much shorter time frame.

## **Specific drop in events**

Held in a range of locations across Kent and Medway (likely two), in accessible venues and at a variety of times to give people a range of choices.

These events will give people an opportunity to hear an update on the proposals, how their views have helped shape them and have the opportunity to talk with those involved in the programme – particularly, but not exclusively, clinical leaders.

## **Working closely with the community and voluntary sector**

The community and voluntary sector have wide ranging communications networks. We will aim to work with the CVS through events they host directly with their clients to get their views – this often works well with hard to reach groups. We will also supply information through their distribution channels.

## **Collaboration with CCGs Trusts and Healthwatch to make use of existing engagement channels**

The workstream members will aim to use all.

## **Online opportunities to respond to the engagement/consultation**

The engagement will be made available on the NHS England consultation hub. This is the central online resource for all NHS England consultation and engagement projects. It provides a mechanism for consultation documents to be uploaded and for people to provide their feedback.

## **Engage with staff**

NHS staff will be engaged, with briefings organised at their place of work and including senior trust staff. Staff are key influencers of patient views and also members of the public and use local health services themselves, so briefings will focus on the case for change as a whole, not just their role as employees. The aim will be to ensure staff have had the opportunity to understand the impact of the changes to the way they work

## **Robust media approach**

There will be a responsive, agile and robust media handling plan including proactive briefing about the proposals. A media sharing protocols will be created.

## **Multi-channel communications**

People get their information from a variety of different sources. Social media and websites together with other existing communications mechanisms such as newsletters will be used.

As the key clinical leaders are not always likely to be available. We propose to produce a video communicating the engagement's key messages which will be made available on websites and presented at events.

## **Materials in appropriate formats**

NHS England has an Accessible Information Standard which sets out expectations for communications for those with disabilities (see Section 5).

Our Equality Impact Assessment also indicates a potential need for translations into languages other than English.

## **Key messages**

There will be a core narrative and a set of key messages around the proposals themselves, using terms that will be applied consistently across all materials.

## **Overarching messages**

We will develop services which are:

- High quality with excellent outcomes for patients;
- Developed in line with the best available evidence to increase the chance of survival for patients;
- Can be sustained, despite future challenges; and
- Offer a good patient experience.

We are committed to:

- Engaging and involving stakeholders, partners and the public to find out what matters most to people;
- Making sure all the feedback received is considered as part of the decision making process;
- Being open and transparent throughout the consultation process.

### **Supporting messages**

- Surgeons at all of the hospitals have worked together to develop this option.
- We want to end uncertainty for patients and for staff
- We want to provide safe, high quality services in line with the recommendations of the experts (Vascular Society of Great Britain and Ireland)
- The need for vascular surgery is reducing due to improving health of the population.
- The impact of a reducing number of smokers and better care for people with diabetes means the demand for vascular surgery will continue to reduce.
- The way vascular services are provided has also changed from major surgical procedures to less invasive techniques which require specialist training and the introduction of preventative surgery which reduces the risk of stroke.
- To ensure services remain safe and high quality it is important that surgeons remain practiced in these specialist techniques which means they should undertake a minimum number of procedures to maintain their expertise
- The number of surgeons available to provide these services is limited and hospitals may experience difficulty in recruiting enough to provide sufficient cover for existing rotas.
- No change is not an option

**Target dates:**

<b>Pre-consultation</b>	<b>Live-engagement</b>	<b>Analysis and reporting</b>	<b>Decision</b>	<b>Implementation</b>
<b>Feb – March</b>	<b>March/April</b>	<b>April-May</b>		
Development of communications and engagement strategy	Engagement launch	Responses analysed	Decision taken	Implementation – communication and engagement to be done by the providers
Stakeholder analysis	Activities logged for audit trail	Report written	Stakeholders updated on outcome	
Approval of business case by EKHFT, MTW, MFT Boards	All feedback stored in line with Data Protection		Communicate decision to patients / public	
Establishment of Patient Reference Group				
Plan and schedule engagement events x 2				
Develop engagement material				
Work with voluntary sector on reach and breadth				
Stakeholder briefings				
Media briefing				

**Analysis and reporting**

During this phase all feedback will be analysed. A report will also be written following agreed approvals process and signed off.

**Decision making**

The report will be available for the public and for overview and scrutiny and will also be presented at the relevant CCG and provider board meetings.

A media and communications plan will be required for the decision.

## Implementation

Communications for this phase to be led by providers.

### 1 Risks and Issues

All proposals to change hospital services inevitably face some challenges that are not specific to the proposals in question or the area in which they are taking place. These include:

- Emphasis among local people and opinion-formers on importance of hospital, sometimes to the exclusion of other services
- Fear of loss of local services
- Fear that local hospital will become unsustainable
- Concern about travel to get to appointments or visit loved ones
- Fear of longer distances or poor roads leading to safety risks
- Local people and politicians equating services in local hospital with status of the area

NHS England's responsibility is to put forward a service proposal which will give the best possible outcomes to patients across the whole geography. Any engagement will inevitably generate noise and interest, and this is to be expected. What is important is the approach that is applied to engagement/consultation and making sure it is as robust as possible, following due process.

## Equality analysis

Evidence
<p><b>What evidence have you considered?</b></p> <p>People with diabetes are at a higher risk of vascular disease. Prevalence of diabetes is caused by a number of factors such as an ageing population, obesity and low levels of activity.</p> <p>Another important factor for diabetes is the changing ethnic mix of the population.</p> <p>People from black and minority ethnic communities are six times more likely to develop the disease, suffer from a 50% increased risk of heart disease and have much higher levels of kidney disorders. The care of people with diabetes can also be complex with 25% of people suffering from three or more other long-term conditions.</p> <p>NHS England now has an accessible information standard which needs to be considered/adhered to in the engagement <a href="https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-upd-er-july-15.pdf">https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-upd-er-july-15.pdf</a></p>
<p><b>Age</b></p> <p>Patients using vascular services tend to be older. Although there is an increasing prevalence of older people using online services it will be important for the communications and engagement process to consider the needs of older people by producing some documentation in print/large print to allow for age-related changes in vision.</p>

<p><b>Disability</b></p> <ul style="list-style-type: none"> <li>• Because a proportion of patients accessing vascular services have diabetes it is likely that some will have visual impairment beyond the usual age-related changes in vision. This means that the consultation will need to be available in alternative formats. These patients may be unable to drive and may have difficulties accessing public transport, consideration needs to be given to whether they will be able to attend meetings.</li> <li>• Arterial disease in some patients requires lower limb amputation which will also affect accessibility to attend meetings</li> <li>• Patients with chronic mental health problems and learning disability (particularly Down's syndrome) are at increased risk of diabetes and arterial disease. There will be a requirement for easy read versions of documentation</li> </ul>
<p><b>Gender reassignment (including transgender)</b> No impact</p>
<p><b>Marriage and civil partnership</b> No impact</p>
<p><b>Pregnancy and maternity</b> No impact</p>
<p><b>Race</b></p> <p>Diabetes is more common in people of South Asian origin with earlier onset of significant arterial complications. People of Afro-Caribbean origin are more prone to high blood pressure which may be more difficult to control than in other groups, hence increased incidence of renal disease and stroke. Narrative content of the communications does not need to be adjusted but appropriate images this group can identify with should be used in any design. It will also be appropriate to make translations available for people whose first language is not English.</p>
<p><b>Religion or belief</b></p> <p>Patients whose religion or belief does not allow blood transfusion or particular blood products will have complications relating to accessing vascular services.</p>
<p><b>Sex</b></p> <p>Vascular disease is more likely to affect men than women. Narrative content of the communications does not need to be adjusted but appropriate images this group can identify with should be used in any design.</p>
<p><b>Sexual orientation</b> No impact</p>
<p><b>Carers</b></p> <p>As vascular patients tend to be older and may already have disabilities (or develop a disability as a result of vascular surgery/amputation) they may already have a carer or may need the support of a carer.</p> <p>The consultation will seek to engage with carers to understand the impact of the proposals and possible solutions such as community transport for visitors.</p>
<p><b>Other identified groups.</b></p> <p>Parts of Medway CCG have areas of socio economic deprivation. Smoking, obesity and low levels of activity are more common in areas that have socio economic deprivation. As these lifestyle risk factors are also linked to prevalence of diabetes (and therefore risk of vascular disease) the communications and engagement must consider the</p>

communications needs of this group. A review by [Ofcom](#) indicates that socio economic deprivation influences access to information technology, which can itself be a form of social exclusion.

However, more recent research by Public Health England for the One You campaign shows people aged 40-60 in lower socio economic groups are heavy users of mobile communications including text messaging and digital social media such as Facebook. The mix for the campaign needs to take these preferences into account.

## **Part Four. Update on Recommendation to move to an Interim Main Arterial Centre (MAC) based at Kent and Canterbury Hospital**

### **Introduction**

In April 2019, to comply with the national clinical guidance, NHS England/Improvement recommended that an interim main arterial hub should be located at the Kent & Canterbury Hospital until such time as the longer-term transformation programme happens.

Whilst the temporary AAA move has stabilised the service, all Trusts involved are clinically in agreement with this recommendation and are committed to working together to further develop the vascular network and ensure the very best care for patients in Kent and Medway, and to this end regular meetings are now held between the Trusts.

As per Part Two of this paper, there are monthly meetings of the Clinical and Operational Group chaired by the MFT medical director, and with membership of a range of clinical and non-clinical staff from both EKHUFT and MFT (with invitations also sent to MTW)

There is also a weekly Multi-disciplinary Team meeting (MDT) with all clinicians from both Trusts that includes IR, vascular and anaesthetics to discuss case mix and patient conditions

There is also a weekly M&M Meeting (mortality and morbidity meeting) with all clinicians above to review clinical performance

### **Ongoing Engagement**

NHS England South (South East) has been leading a review of specialised vascular services in Kent and Medway. The review started in December 2014 and has involved patients, relatives and members of the public throughout, to ensure that their experiences and views inform the development of future services.

In September 2019 patients and their families attended one of two patient and public events, held in Maidstone and Medway. Two people with vascular conditions took part in guided telephone discussions. The events and discussions were designed to:

- outline the clinical recommendations from the Kent and Medway review of specialist vascular services
- outline the clinical model, obtain participants' views and consider any issues/questions they may have;
- understand what people think works well and what could be improved in developing future services
- outline what happens next

The Public Engagement Agency (PEA™) was commissioned to support the delivery of the events and telephone interviews and write-up the findings from these activities. This report provided an overview of the content and key findings.



## Overview

Over 200 letters were sent out inviting patients and their families to attend one of three patient and public events, to be held in Maidstone, Medway and Canterbury.

## Key findings

All participants were extremely positive about their experiences as inpatients at both Medway and Canterbury, suggestions for improvement to the service in general have been fed back to the Trusts via the clinicians who attended.

Regarding the proposals, there was agreement for the need to consolidate specialist resources, understandable concerns were discussed with attendees at length.

The clinical leads discussed the need to ensure that future vascular services meet the required standards, as specified in national guidelines and attendees welcomed this and understood the requirement.

## Specialised Inpatient Vascular Procedure Review - November 2019

A detailed review of procedures highlighted CCG commissioned activity which may need to move.

## Next Steps

This detail is currently being worked through with CCGs and the STP as to how the interim Main Arterial Centre will be taken forward.

Once this is worked through, we would expect to update Overview and Scrutiny colleagues.

Should a need for engagement/consultation emerge from this, we will discuss with JHOSC at that time and may seek to include alongside the engagement for AAA as outlined in Part Three of this document, if appropriate.

<b>Contact</b>	<a href="mailto:england.speccomm-southeast@nhs.net">england.speccomm-southeast@nhs.net</a>
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