

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

Tuesday, 6th December, 2022

2.00 pm

**Council Chamber, Sessions House, County Hall,
Maidstone**



AGENDA

KENT AND MEDWAY NHS JOINT OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 6th December, 2022, at 2.00 pm Ask for: **Kay Goldsmith**
Council Chamber, Sessions House, County Telephone: **03000 416512**
Hall, Maidstone

Membership

Kent County Council Mr P Bartlett (Chair), Mr N Chard, Ms K Constantine, and Ms S
Hamilton
Medway Council Cllr B Kemp, Cllr T Murray, Cllr W Purdy and Cllr D Wildey (Vice-
Chair)

UNRESTRICTED ITEMS

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

Item

1. Apologies and Substitutes
2. Declaration of interests by Members in items on the Agenda for this meeting
3. Minutes from the meeting held on 26 April 2022 (Pages 1 - 6)
4. Specialist Vascular Services Review (Pages 7 - 18)
5. 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)

**Timings are approximate*

Benjamin Watts
General Counsel
03000 416814

28 November 2022

KENT COUNTY COUNCIL

**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 Council Chamber, Sessions House, County Hall, Maidstone on Tuesday, 26 April 2022.

PRESENT: Mr P Bartlett (Chairman), Cllr D Wildey (Vice-Chairman), Cllr T Murray, Cllr W Purdy, Mr N J D Chard, Ms K Constantine and Ms S Hamilton

ALSO PRESENT:

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

UNRESTRICTED ITEMS

50. Election of Chair

(Item 2)

Cllr Wildey proposed, and Mr Chard seconded, that Mr Bartlett be elected Chair of the Committee. There were no other nominations.

RESOLVED that Mr Bartlett be Chair of the Committee.

51. Election of Vice-Chair

(Item 3)

Mr Bartlett proposed, and Cllr Purdy seconded, that Cllr Wildey be elected Vice-Chair of the Committee. There were no other nominations.

RESOLVED that Cllr Wildey be Vice-Chair of the Committee.

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

(Item 4)

Mr Chard declared that he was a Director of Engaging Kent.

Mr Bartlett made a voluntary announcement that he was an Ashford Borough Council councillor and that Ashford Borough Council had responded to the Vascular Services consultation but he had taken no part in that response.

53. Minutes from the meeting held on 2 December 2021

(Item 5)

The Clerk noted that Ms Constantine had not been recorded as present virtually in the minutes from the previous meeting.

RESOLVED that, subject to the inclusion of Ms Constantine as a virtual attendee, the minutes from 2 December 2021 meeting were correctly recorded and that they be signed by the Chair.

54. Specialist Vascular Services Review

(Item 6)

In attendance for this item: Rachel Jones, Executive Director of Strategy and Population Health, K&M CCG, Su Woollard, Transformation Delivery Manager (Kent & Medway), NHS England, and Nicky Bentley, Director of Strategy and Business Development, EKHUFT.

In virtual attendance for this item: Janette Harper, Deputy Director of Transformation and Recovery, NHS England, Kierstan Lowe, Senior Communications and Engagement Manager, NHS England South, Central and West and Carol Wood, Head of Communications and Engagement, NHS England

1. Rachel Jones (Kent & Medway CCG lead on vascular reconfiguration) introduced the item and provided a brief overview of the agenda report. A virtual public consultation had run between 1 February and 15 March, which included 4 online events, additional events for staff, presentations to community groups, surveys and direct patient contact. They had also spoken on BBC South East and outreached to seldom heard group (including the gypsy, roma and traveller community who are known to suffer from vascular disease).
2. Responses were broadly in favour of the proposal, but key areas of concern were around travel and transport to the Kent & Canterbury Hospital, particularly for visitors of patients. The only treatments affected by this change were urgent treatment and planned overnight surgery. Day surgery would continue to be delivered in the same way.
3. Ms Jones recognised the importance of visits from family and friends and described some of the mitigations being put in place to make access easier.
 - a. There would be an initial clinical consultation over the phone to assess need. Vascular opinions would be possible at the patient's incumbent hospital.
 - b. The team were mapping what transport links were currently in existence and how long those journeys were. Once complete, a further piece of work would be undertaken to see how these journeys could be improved.
 - c. Journey routes and times would be available on the CCG's website to assist patients and visitors.
 - d. Patients would be offered treatment times that took into account their journey time.

- e. An implementation group would be established – this had been well received during the consultation and a number of people had already shown interest.
4. A Decision Making Business Case (DMBC) was being written for submission to the Integrated Care Board (ICB) and Specialist Commissioning at NHS England, hopefully in June 2022.
5. The changing landscape of public transport was discussed, with one Member voicing concern at the deteriorating quality. Local changes included the introduction of on-demand buses and a KCC consultation on reducing certain public transport routes. Ms Jones confirmed these changes were being considered.
6. Ms Jones recognised the pressure the ambulance service was under and conceded there may be a need for additional private transport. She accepted a different approach may be required, to ensure visitors can access the site. If the pressure on ambulance services continued, the CCG would need to consider increased investment (though an investment in one area would likely require a dis-investment in another). A KCC Member was keen for the ambulance service to receive thorough scrutiny soon (it was a regular attendee to Medway's HASc) and the Chair offered to look into the best way of achieving this outside of the meeting (recognising that SECamb covered a number of regions).
7. Speaking about fuel poverty, Ms Jones recognised the rising cost of fuel and the impact additional travel may have on lower income families. This would be a matter for discussion within the implementation group.
8. A Member asked whether there was digital infrastructure in place to enable joint working. Ms Jones offered to look into this outside of the meeting.
9. Asked about the impact of the changes on staff, Ms Jones explained that the surgical teams had rotated for surgery only in the past year but that had worked well. Further radiologists had been recruited. In terms of additional travel, staff were entitled to claim expenses for travel beyond their designated base.
10. Members asked what lessons could be learnt from the virtual public consultation. Ms Jones said the virtual aspect had been well-received and recognised that some people were more comfortable in a digital setting. However, that wasn't right for everyone and in future she envisaged using a hybrid model for consultations, utilising both physical and virtual events. Ms Lowe agreed, and explained the pandemic had changed views on the use of digital methods to reach people.

11. In response to a question, Ms Jones acknowledged there was a backlog for vascular treatment, as there were for many specialties. The aim was to clear the vascular waiting list backlog within six months.
12. Asked about the extent of integrated working across health and social care, Ms Jones reflected that the pandemic had necessitated improvements in this area, and all involved were intent not to lose the benefits as business returned to normal. Both sectors were represented on the Integrated Care Board, and more joint sector roles were on offer. There was also increased input from research, academia, and the voluntary sector. All were driven to write an Integrated Care Strategy by December 2022.
13. Looking to page 13 of the agenda pack, a Member asked about the new Interventional Radiology (IR) suite that was to be completed in June 2022 at the Kent and Canterbury Hospital. Ms Jones explained that an upgrade to the IR suites was required regardless of the Vascular Services reconfiguration as it was used for a number of treatments. Ms Bentley explained there were three elements to the IR theatre work, representing an investment of £5m: a new IR suite, replaced and additional IR equipment, and refurbishing the existing theatre.
14. RESOLVED that the report be noted.

55. East Kent Transformation Programme

(Item 7)

In attendance for this item: Rachel Jones, Executive Director of Strategy and Population Health, K&M CCG, and Nicky Bentley, Director of Strategy and Business Development, EKHUFT.

1. Ms Jones provided a verbal overview of the report. An application for capital investment had been submitted to the Department of Health & Social Care (DHSC) but it was understood there were many applicants.
2. The project team had been permitted to undertake market testing around the two options. A soft marketing exercise was underway and would be followed by a more formal procurement exercise, but that would stop before the end of the process. Doing that work now would mean there was no delay once the outcome of the funding bid was known. Ms Jones explained the importance of ensuring both options were viable before public consultation began.
3. Asked about demographic modelling, Ms Jones explained that the current population model (signed off in October 2021) had a 10-year outlook but confirmed that modelling would be redone prior to public consultation to ensure it was still accurate. The regulators had agreed the use of external modellers.

4. For the NHS, the level of financial investment was the same with both options, but option 2 had additional private investment. The Chair voiced his concern at option 2s reliance on investment from a private developer, which he felt could be removed at any point. Ms Jones assured the Committee that the market itself was being tested, not just one developer. They were doing everything they could to ensure both options were credible and equally viable.
5. In terms of the revenue costs of each option, Ms Bentley explained that consolidating expertise onto one site generally resulted in financial benefits. Revenue implications were included in the decision-making matrix, along with capital funding requirements, and each factor had been given an equal weighting. A Member asked to see the decision-making matrix once it was available.
6. RESOLVED that the Committee note the report.

56. Date of next meeting: to be confirmed
(Item 8)

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Item 4: 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, 6 December 2022

Subject: Kent and Medway Specialist Vascular Services Review

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

1. Background

- (a) An NHS review of Vascular Services serving the East Kent and Medway populations commenced in 2014. 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.
- (b) 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. The only treatments affected by this change are urgent treatment and planned overnight surgery. Day surgery will continue to be delivered in the same way it is currently.
- (c) Due to staff shortages at Medway Maritime Hospital, the Abdominal Aortic Aneurism Repair (AAA) service moved to the Kent and Canterbury Hospital in February 2020. Patients continue to receive their assessment at Medway Maritime Hospital, with only AAA intervention and emergency surgery impacted.

2. Joint Scrutiny

- (a) In 2015, both the Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC) and Kent Health Overview and Scrutiny Committee (HOSC) determined that the proposed changes to East Kent and Medway Vascular Services constituted a substantial variation of service. In line with Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, formal scrutiny passed to the Kent and Medway NHS Joint Overview and Scrutiny Committee.

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- (b) The Joint Committee last received an update on 26 April 2022 in which it heard the outcome of a virtual public consultation which had run between 1 February and 15 March. Responses were broadly in favour of the proposal, but key areas of concern were around travel and transport to the Kent & Canterbury Hospital, particularly for visitors of patients.

3. Next Steps

- (a) Specialist Commissioning at NHS England and the Kent and Medway Integrated Care Board (ICB) considered the Decision-Making Business Case on 14 September 2022 and 1 November 2022 respectively and made their final decision. Boards at Medway Foundation Trust and East Kent Hospitals University NHS Foundation Trust also considered the decision during November.
- (b) Regulation 23 (9) makes provision for Local Authorities to refer proposals for substantial developments or variations to the Secretary of State in certain circumstances where a health scrutiny body has been consulted by a relevant NHS body or health service provider on a proposed substantial development or variation.
- (c) The circumstances in which a Local Authority may report to the Secretary of State are where
 - a. the authority is not satisfied that consultation on the proposal has been adequate in relation to content or time allowed, or
 - b. the authority considers that the proposal would not be in the interests of the health service in the area.
- (d) There is also provision to report to the Secretary of State where a decision to implement a substantial health service change or variation has been taken without allowing time for consultation because of a risk to safety or welfare of patients or staff and the local authority is not satisfied the reason given are adequate. This provision would not apply in relation to the Vascular Services review.
- (e) Medway Council and Kent County Council have not delegated the power to make a referral to the Secretary of State to the Joint Committee. This remains a matter for independent determination by each of the Councils. However, the Terms of Reference of the Joint Committee require it to consider whether the proposal for a substantial change to vascular services should be referred to the Secretary of State and if deemed appropriate to recommend this course of action to the two participating local authorities who may each agree to make a referral in line with their respective Constitutions.

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- (f) Current Local Authority health scrutiny guidance issued by The Department of Health states that when exercising the power to make a referral to the Secretary of State, Local Authorities should ensure they are in a position to satisfy the relevant requirements under Regulation 23 to include certain explanations and evidence with the referral and in particular a requirement to ensure that practicable steps have been taken to reach agreement if there is disagreement between the health scrutiny body and the NHS where the health scrutiny comments include a recommendation. This would be a matter for each Council to demonstrate prior to making a referral.
- (g) In determining whether or not to recommend that the two participating Councils consider referral of the proposed relocation of Vascular Services to the Secretary of State, the Joint HOSC should take into account the requirement to provide an explanation of the reasons for recommending the referral and the evidence in support of those reasons.

3. Recommendation

The Committee is asked to consider the decision of the Kent and Medway Integrated Care Board (ICB) and Specialist Commissioning at NHS England regarding the interim solution for the delivery of vascular services in East Kent and Medway, and take one of the following actions:

- a) Support the decision of the Kent and Medway Integrated Care Board (ICB) and Specialist Commissioning at NHS England and make any additional comments the Committee deems appropriate; or
- b) Specify concerns that the Committee has with the decision of the Kent and Medway Integrated Care Board (ICB) and Specialist Commissioning at NHS England and recommend that Medway Council's Health and Adult Social Care Overview and Scrutiny Committee and Kent County Council's Health Overview and Scrutiny Committee consider referral.
- c) 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>

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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>

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>

Kent County Council (2021) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (17/03/2021)*',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=8769&Ver=4>

Kent County Council (2022) '*Kent and Medway NHS Joint Overview and Scrutiny Committee (26/04/2022)*',

<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=757&MId=9001&Ver=4>

Contact Details

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

1. Purpose

- 1.1. The purpose of this paper is to update the Joint Health and Scrutiny Committee (JHOSC) members of the next steps on the plans to reconfigure Vascular services in Kent and Medway.

2. Introduction to Vascular Surgery services

- 2.1. Vascular disease affects veins and arteries. It may cause blood clots, artery blockages and bleeds which can lead to strokes, amputations of limbs and conditions that might threaten life if left untreated.
- 2.2. Vascular disorders can reduce the amount of blood reaching the limbs, brain or other organs, causing for example, severe pain on walking or strokes. Additionally, vascular abnormalities can cause sudden, life threatening blood loss if abnormally enlarged arteries burst.
- 2.3. Vascular services are a specialised area of healthcare and is predominantly an urgent service so patients can get timely access to effective care. Evidence shows they benefit from organisation into large centres covering a population large enough for there to be significant volumes of activity in all areas of service, with a full complement of staff able to deliver services 24 hours a day, 365 days of the year. In England this is achieved through integrated vascular networks.
- 2.4. Specialised vascular services are types of treatment for:
- aortic aneurysms – a bulge in the artery wall that can rupture (treatment may be planned or as an emergency)
 - carotid artery disease, which can lead to stroke
 - arterial blockages, which can put limbs at risk.
- 2.5. The types of treatment that might be required include:
- complex and potentially high-risk bypass surgery to the neck, abdomen or limbs
 - balloon or stent treatment to open narrowed or blocked arteries
 - blood clot dissolving treatments to the limbs
 - stent grafts of varying complexity to treat aneurysms (bulges in the artery wall).
- 2.6. Vascular surgeons also provide expert advice and care for patients of other specialties. For example, they provide advice to diabetic foot services, support vascular access (especially for renal patients), and surgical support to stem bleeding complications. In Kent and Medway, a broad range of vascular activity is currently commissioned by both NHS England Specialised Commissioning and NHS Kent and Medway.
- 2.7. In respect of inpatient vascular surgery, NHS England Specialised Commissioning is the lead commissioner supported formally by NHS Kent and Medway. The two organisations work closely together to support the delivery of safe vascular services for the population of Kent and Medway.

3. Background

- 3.1. Vascular inpatient surgical services in Kent and Medway are currently provided by two NHS Trusts: Medway NHS Foundation Trust (MFT) and East Kent Hospitals University NHS Foundation Trust (EKHUFT).
- 3.2. EKHUFT currently provides inpatient vascular surgical services at the Kent and Canterbury Hospital in Canterbury. Vascular surgical services for the whole of East Kent have been centralised at Canterbury since 2005. The inpatient service sits alongside outpatient vascular services, day surgery vascular services and comprehensive vascular diagnostic services. Kent and Canterbury Hospital is also the centre for the Kent Abdominal Aortic Aneurysm (AAA) screening service. EKHUFT also provides vascular outpatient services at the William Harvey Hospital in Ashford (WHH), Queen Elizabeth The Queen Mother Hospital in Margate (QEQM) and Buckland Hospital in Dover.
- 3.3. MFT provides inpatient vascular surgical services, day surgery vascular services, comprehensive vascular diagnostic services and outpatient vascular services at Medway Maritime Hospital. MFT also provides outpatient vascular services and some vascular diagnostic services at Maidstone Hospital, Maidstone, and Sheppey Hospital.

4. Case for change

- 4.1. Evidence has been growing for more many years that specialist and dedicated vascular centres, undertaking higher volumes of specialised procedures, deliver better patient outcomes¹ than general hospitals that undertake low volumes of activity.
- 4.2. In line with this growing body of evidence, the Vascular Society of Great Britain and Ireland has recommended, since 2012 (updated 2018 and 2021), that vascular services should be organised into 'hub and spoke' networks. These ensure that patients have local access to a wide range of vascular specialists across the area covered by the network, but that emergency and arterial work is centralised into fewer vascular inpatient centres of excellence.
- 4.3. NHS England also requires specialised commissioned vascular services to be organised into networks with high volume, dedicated, vascular inpatient centres.
- 4.4. NHS Kent and Medway ICB (formerly Kent and Medway CCG) and NHS England Specialised Commissioning South East have been working together over a number of years to consider the optimal solution for Kent and Medway patients needing vascular care.
- 4.5. In 2015, a NHS England led review process developed The Case for Change paper, which described the challenges faced by Kent and Medway's vascular

¹ See for example Holt P, et al (a), Meta-analysis and systematic review of the relationship between volume and outcome in abdominal aortic aneurysm surgery. Br J Surg. 2007;94(4):395-403 or Phillips P et al, Systematic review of carotid artery procedures and the volume–outcome relationship in Europe. Br. J. Surg. 2017; 104: 1273-1283 or Moxey PW et al. Volume-Outcome Relationships in Lower Extremity Arterial Bypass Surgery, Ann Surg 2012;256:1102-7

service. The document articulated how neither MFT or EKHUFT's vascular surgical services were fully compliant with the NHS England Service Specification for Specialised Vascular Surgery or the Vascular Society of Great Britain and Ireland's Standards. The document also included an initial options appraisal, drawing on its engagement work. It recommended commissioning a single dedicated specialist vascular service for Kent and Medway comprising one arterial centre (the hub) and a number of non-arterial centres (the spokes).

- 4.6. Further work was then undertaken to consider the options for specialist vascular services in the future and consider how these options would address the issues identified in the case for change, looking to ensure the people of Kent and Medway were able to access high quality, safe and sustainable specialist vascular services.
- 4.7. In 2016, an options appraisal exercise was carried out by the local Kent and Medway Clinical Reference Group which started with a long list of seven potential options, of which only two were taken forward when considered against the standards outlined above and the case for change.
- 4.8. In 2016, this options appraisal was presented to the Kent and Medway Joint Health Overview and Scrutiny Committee. Further engagement was then undertaken to consider and discuss the recommended service model with stakeholders including clinicians, patients, carers and other interested parties.
- 4.9. It was subsequently agreed that the permanent location of the main hub for Kent and Medway should be determined through the East Kent Transformation programme. However, this major programme, which is designing changes to a wide range of acute NHS services in east Kent, is unlikely to be completed within the next 8 to 10 years.
- 4.10. A further options appraisal was therefore carried out in 2019 by NHS England and Improvement to consider how to provide a safe and sustainable vascular service in the medium-term until the service to be determined by the East Kent Transformation programme could be implemented.
- 4.11. The 2019 options appraisal recommended that the medium-term location for the single hub for specialised inpatient vascular surgery should be on the Kent and Canterbury site.
- 4.12. There have been a number of challenges around staffing and the sustainability of services at Medway Hospital which required commissioner intervention to ensure the ongoing viability of vascular services in the region and ensure patient outcomes were not affected.
- 4.13. In January 2020, MFT requested that Abdominal Aortic Aneurysm (AAA) elective and emergency services were temporarily moved to Kent and Canterbury Hospital because there were insufficient number of consultants with the necessary experience at Medway Hospital to deliver this service. This configuration remains in place today.
- 4.14. Day case vascular surgery, and other inpatient surgical services (such as limb revascularisation and carotid surgery) continue to be provided at Medway

Hospital along with diagnostics for vascular conditions and vascular outpatient services.

- 4.15. Currently a significant proportion of vascular surgery activity from north and west Kent goes to Guy's and St Thomas' NHS Foundation Trust. Patient flows to London have been driven by historic consultant relationships; however, there is now a formal pathway in place through a service level agreement between Guy's and St Thomas' NHS Foundation Trust, Darent Valley Hospital and Maidstone and Tunbridge Wells Hospital. The London providers also undertake fenestrated grafts for complex aneurysms for all Kent and Medway residents and provide clinical advice and support to the Kent and Medway units as required.
- 4.16. There are currently no proposals to change the patient pathways for patients from West or North Kent.

5. New model of care

- 5.1. The vision for vascular surgical services in Kent and Medway is to improve patient outcomes by developing a vascular network with a single inpatient arterial centre supported by an enhanced non-arterial centre and a number of supporting spokes.
- 5.2. The new model of care will see Kent and Canterbury Hospital become the single vascular inpatient centre (the single inpatient arterial centre) for Kent and Medway. Kent and Canterbury Hospital will also provide day surgery vascular services and comprehensive vascular diagnostic services. Kent and Canterbury Hospital will also continue to be the centre for the Kent Abdominal Aortic Aneurysm (AAA) screening service. EKHUFT will also continue to provide vascular outpatient services at the William Harvey Hospital in Ashford (WHH), Queen Elizabeth The Queen Mother Hospital in Margate (QEQQMH) and Buckland Hospital in Dover.
- 5.3. Day surgery vascular services and outpatient vascular services will continue to be provided at Medway Maritime Hospital, but these services will be delivered by the EKHUFT's Vascular network team. All patients who previously would have received inpatient vascular surgical care at Medway Hospital will in the future receive that care at Kent and Canterbury Hospital in Canterbury.
- 5.4. EKHUFT's Vascular network team will also provide outpatient vascular services and some vascular diagnostic services at Maidstone Hospital, Maidstone, and Sheppey Hospital.
- 5.5. The Kent and Medway vascular network will link with the South East Thames vascular network hosted by and centred on the vascular centre at Guy's and St Thomas' NHS Foundation Trust, London. The geographical patient pathway links that currently exist between Guy's and St Thomas' NHS Foundation Trust and patients in the Dartford and Tunbridge Wells localities will be preserved.
- 5.6. The Guy's and St Thomas' NHS Foundation Trust vascular centre will continue to be the tertiary referral centre that the Kent and Medway vascular network will link with, where required, for the delivery of the most complex specialised vascular care that is not provided by the Kent based vascular inpatient service.

6. Engagement

- 6.1. There has been ongoing engagement with the Kent and Medway Joint Health Overview and Scrutiny Committee since 2015 on the progress of the work.
- 6.2. NHS England Specialised Commissioning South East (NHSE SE) attended the Kent and Medway JHOSC on 6th February 2020 to report on the urgent need to move Abdominal Aortic Aneurysm repair (AAA) as part of the vascular service at Medway Hospital due to patient safety concerns. This move was agreed, and the service moved to the Kent and Canterbury site with immediate effect.
- 6.3. NHSE SE also updated Members of the JHOSC on the planned engagement due April / May 2020 on the recommended move to consolidate inpatient vascular activity into a Main Arterial Centre based at Kent and Canterbury Hospital.
- 6.4. However, before this could happen the Coronavirus pandemic hit and this delayed the proposed public and patient engagement on both the emergency move of AAA and the recommended move to a medium-term solution to base the main Arterial Centre at Kent and Canterbury Hospital for specialised vascular inpatient activity.
- 6.5. A significant amount of engagement work has been undertaken with a wide range of stakeholders as we have worked to develop the medium and longer-term solutions for vascular services across Kent and Medway. This consisted of:
- an engagement and listening event in July and August 2015
 - deliberative, testing the model event in February 2016
 - update events in February and August 2017 which also included testing the six evaluation criteria and,
 - a further public engagement event was held in September 2019, to gain further assurance of the proposal for a medium-term option at Kent & Canterbury.
- 6.6. A Pre-Consultation Business Case (PCBC) was completed by NHS England Specialised Commissioning in collaboration with Kent and Medway Clinical Commissioning Group for approval by NHS England and Improvement assurance in 2021, ahead of any formal public engagement or consultation on the proposals recommended. This document was signed off by all stakeholders as per the table below:

Assurance process for the Pre-Consultation Business Case	Date
NHS E Stage 2 Assurance panel dry run	June 2021
Kent & Medway CCG Executive Committee	Oct/ Nov 2021
NHS England Commissioning, Transformation & Recovery Committee - Specialised Commissioning	November 2021
NHS E Stage 2 Assurance panel	November 2021
South East Region NHS E sign off	November 2021
National NHS E sign off	December 2021

7. Public Consultation

- 7.1. A formal public consultation was undertaken from 1st February 2022 – 15th March 2022 to consult on the emergency move of Abdominal Aortic Aneurysm (AAA) from Medway Foundation Trust to Kent and Canterbury Hospital and on the proposed medium-term option to create a single inpatient vascular centre for Kent and Medway at the Kent and Canterbury Hospital in Canterbury. The consultation exercise was tailored to be thorough but compliant with COVID-19 restrictions.
- 7.2. NHSE SE commissioned an external agency to ensure this process was carried out independently, robustly, and reached all target groups, including staff, patients and seldom heard groups.
- 7.3. Multiple methods were used to reach people including surveys, written information and online focus groups and workshops. Provision was made for those without online access, such as via telephone interviews. Seldom heard groups were also specifically targeted via relevant third sector organisations.
- 7.4. Target groups included:
 - patients of vascular services, and those with experience of relevant services, such as diabetes, renal, podiatry and vascular screening programmes
 - relevant third sector organisations with experience of and contact with these patient groups
 - staff at all organisations, especially those in affected services.
- 7.5. Four online events were run which were well attended and a number of presentations to community groups took place.
- 7.6. A staff engagement exercise was also run alongside the public consultation which will be followed by a further full staff consultation dependent on the outcome of the consultation and the decision on the medium-term future of the service.
- 7.7. A final written report on the consultation activities was produced and presented to both NHS England Specialised Commissioning and Kent and Medway CCG. The views, comments and concerns raised by patients, the public and staff were used to inform the production of a Decision-Making Business Case (DMBC) and the detailed implementation plan.

8. Decision Making Business Case

- 8.1. The DMBC reviewed the outcomes from the consultation report and sought to ensure that progress to decision-making and implementation was fully informed by detailed analysis of consultation outcomes. It also demonstrated that the final medium-term proposal is sustainable in service, economic and financial terms.
- 8.2. The feedback from the public consultation showed a clear mandate for change and broad support for the establishment of a single vascular inpatient centre. There was also some challenge and criticism in regard to disinvestment in Medway Foundation Trust and the extra travel that some patients will experience as a result of the proposed move.

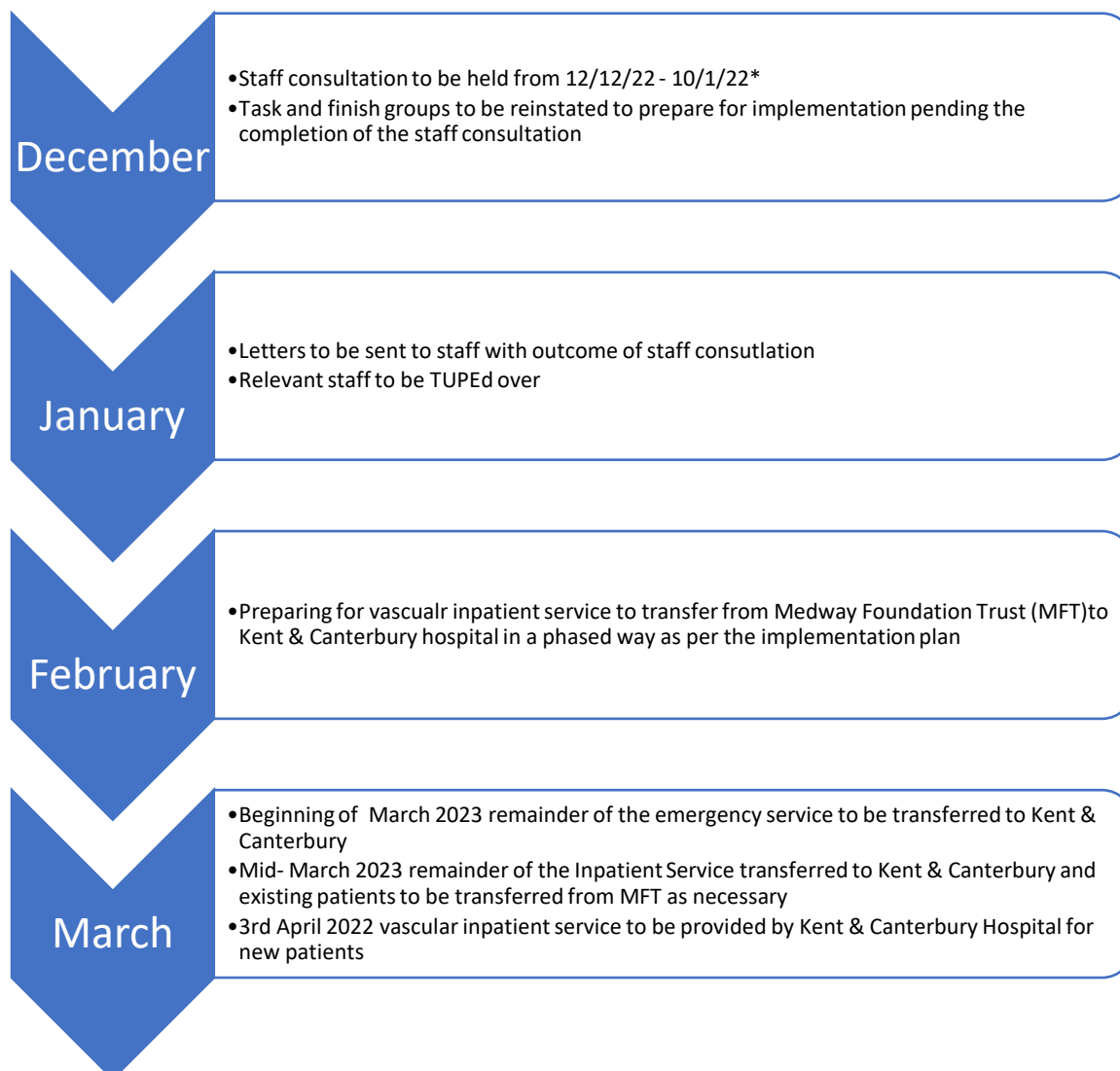
- 8.3. Following the public consultation and during the development of the DMBC, a meeting was held with patients and the public to discuss transport and travel, and look at ways to mitigate the concerns that had arisen from the public consultation. A number of additional mitigating actions aimed at alleviating some of the travel concerns were set out in the DMBC.
- 8.4. Some workforce changes will be required to support delivery of the new model of care. The Vascular Team at Medway Hospital will be formally consulted about these changes and will be offered the opportunity to transfer their employment to East Kent Hospitals University NHS Foundation Trust.
- 8.5. The proposals will mean that some people must travel further to access acute vascular inpatient services, but this will be more than offset by the improvement in clinical quality from the introduction of a single vascular inpatient centre. The benefits include improvements to patient outcomes and patient experience, as well as improved experiences for staff through advanced patient care, improved ways of working and opportunities to enhance skills.
- 8.6. Throughout the development of the DMBC, we have been through a process to:
- Collate and review the findings from consultation
 - Scrutinise the findings from consultation and,
 - Identify any new areas from previous engagement for further evidence development:
- 8.7. These will be considered and addressed during the implementation phase.
- 8.8. Any decision to proceed with the preferred medium-term option has been dependent on the DMBC securing approval by NHS England, NHS Kent and Medway Integrated Care Board and the three acute hospitals' Boards. The DMBC was approved by the various organisations as per the table below

Assurance process for the Decision Making Business Case	Date
NHS England Clinical Recovery and Transformation Committee	September 2022
Maidstone and Tunbridge Wells NHS Trust	October 2022
NHS Kent and Medway ICB	November 2022
Medway NHS Foundation Trust Board	November 2022
East Kent Hospitals University NHS Foundation Trust	November 2022

9. Next Steps

- 9.1. A detailed implementation plan has been developed for a phased approach to implement the new service model as quickly as possible whilst ensuring that quality and patient safety are not compromised. NHS England Specialised Commissioning will work in partnership with NHS Kent and Medway to oversee the benefits realisation of the new model of care to ensure the new service model delivers the expected improved clinical outcomes for the patients of Kent and Medway.

9.2. The timeline below shows the milestones to transfer the vascular inpatient service from Medway Foundation Trust to Kent & Canterbury Hospital.



9.3. Members of the JHOSC are asked to note:

- the work undertaken to date and
- the proposed next steps.

*subject to the consultation plan being signed off internally by MFT