NHS England

Improving Vascular Services in Kent and Medway

Testing the evaluation criteria to be used in the next stage of the review

Report on patient and public engagement events - August 2017

Produced by

1. Executive Summary

1.1. Context

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 views inform the process.

Two patient and public events were held in August 2017, independently facilitated, to:

- update and involve participants in the plans for future vascular services
- test the criteria that will be used to decide where future vascular services are located
- outline what happens next

28 people took part across the two events, including patients, family members, members of the Joint Health Overview Scrutiny Committee (JHOSC) and lead clinicians and commissioners. The Trusts recruited participants for the sessions through their existing patient lists.

Each session involved facilitated table discussions to test each of the criteria in turn and consider whether there was anything that people didn't understand in the statements and questions and whether from their perspective, there was anything missing.

1.2. General feedback on the criteria

Overall, there was consensus amongst patients and family members, across both events, that the proposed network model made sense to them, as it was about building a sustainable model that allows patients to access 24/7 expert care.

However, whilst the Network was developing now and would cover what was required in the interim, this should not allow the final option to be determined 'by stealth'. The decision about the option should come first, with an interim plan being put in place second. Time-wise, this would present in three stages: what the Network could do from now; when the new structure would be in place; when other strategic planning issues have an impact.

There was also broad agreement that the evaluation criteria were the right criteria and that there was a significant level of inter-dependence between them.

Both groups said that **affordability and value for money** must be assessed in conjunction with other criteria, particularly **quality of care**, as '*the cheapest is not always the best'* and quality should be the main consideration. Value for money was identified as a more acceptable term than affordability.

The groups were keen to be assured that staff were involved in the discussions and would be supported through the changes, as they were key to successful quality delivery.

They also asked the leads to consider how they would promote the model to the public, as there was lack of awareness and understanding of the benefits of the proposed changes.

1.3. Feedback on the language used in the criteria

There was concern about the language used, as there were many words and phrases participants did not understand – for example, 'constitutional'; 'clinical effectiveness'; 'outcome'; 'deliverability' - or

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were ambiguous – ‘affordability’; ‘staff’; ‘excess mortality’. They asked that a lay person’s version be created, using plain language, showing the links to the existing terminology.

Evaluation criteria	Key themes

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1.4. Testing the criteria

The following key themes emerged against each of the criteria (reflecting both events).

Quality of care	Need to focus on ***patient experience*** elements: e.g. how quickly seen, treated with respect, family needs met, cleanliness, food and drink ***Blue light times*** need to be from first call to receiving treatment Availability of ***follow-up/rehabilitation services*** ***Continuity/consistency*** of care Robust ***communication systems/IT*** Robust ***referral systems***: GP onwards Quality of ***communication/information*** to patient/family ***Safest and best*** treatment
Access	***Travel times*** to/from each site ***Parking***: fees; arrangements for long periods; availability Explicit consideration of access issues for ***people with protected characteristics*** ***For relatives/carers*** ***24/7*** access to right services
Affordability/value for money	Has to be ***linked to quality*** criteria
Staffing	***Retaining*** staff (risk of losing to London/private sector) Assess each option from ***administrative staff*** through to clinicians ***Incentives*** Assess impact on ***whole family*****:** housing; environment Look at ***longer-term*** staffing issues/sustainability; retirement Evidence of ***future workforce*** planning Evidence of ***staff engagement; staff positivity***
Deliverability	***Quickest, feasible, option*** to deliver this model Impact of ***other dependencies*** – STP; time it will take for new build/adaptions Clear description of degree of ***structural changes; space for development*** Time not as critical as ***quality*** of services
Research and education	***Robust, sustainable*** access to ***training*** Evidence of ***potential for research***

1.5. Conclusion

The main areas of concern and key themes across the two sessions mirrored those expressed in previous engagement, namely:

- Being able to access a specialist 24/7 service **in** Kent and Medway
- Having the right specialist, quality staff with robust and speedy referral to the right services
- Access to good quality aftercare and rehabilitation
- Concerns about travel times, transport and parking for relatives
- Adequate communication with and support to relatives and carers
- Good information and communication - between services and between staff, patients and families

From the overall feedback from the two groups, it is recommended that:

- the key themes outlined above should be considered in developing the final version of the evaluation criteria.
- a summary of the evaluation questions be available in lay terms, as participants struggled with the language used
- this report is made available to people who attended the events, to include how their feedback was used in the next iteration of the evaluation criteria
- a core narrative be created and published, informing people of the outcomes and which option has been agreed. This should include information about the national standards and how the future model will meet the standards and improve health outcomes

2. Introduction

2.1. Review background

NHS England is leading a review of specialist vascular services in Kent and Medway. The review is looking at both emergencies and planned specialist vascular treatment and covers:

- patients treated in Kent and Medway hospitals (Medway Maritime and Kent & Canterbury) and people living in Kent and Medway who go to London for their treatment (Guys and St Thomas')
- outpatient care and treatment, day care treatment and inpatient treatment

Evidence has shown that these services will benefit from organisation into larger centres covering a population that is big enough for there to be significant numbers of patients, with a well-staffed workforce able to deliver services 24 hours a day, 365 days of the year.

2.2. Patient, carer and public input

NHS England has involved patients and the public throughout the review, which started December 2014, so that their views and experiences help to shape the future service.

Key themes from previous engagement included:

- A specialist 24/7 service is vitally important and must remain in Kent and Medway
- The right calibre of staff available 24/7, with speedy access in an emergency and smooth access to elective care
- Joined up working between services and disciplines, working within a clinical network
- Outpatient care must be close to home and timely
- Recognition that some patients would have to travel further for inpatient care but this was acceptable to get safe and high-quality care and the best outcomes
- Additional travel times for relatives were a concern
- Adequate support to relatives and carers is key particularly pre- and post-surgery
- Good information and communication - between services and between staff, patients and families - is critical

2.3. Building the model

Informed by the feedback, the Vascular Review Programme Board agreed that a dedicated specialist vascular service remain in Kent and Medway, based on an agreed model which adheres to national best practice. Patients who currently go to London for their vascular care can continue to do so.

The model of care and the feedback was presented to the Kent and Medway JHOSC in November 2016 and it was agreed that two further events would be held to update patients, carers and the public on the development of the proposed model.

3. Engagement Events August 2017

3.1. Event structure and content

The two engagement events were held on 24th and 27th August 2017, the first in Gillingham, the second in Ashford. The invitation to participate was sent to people who had previously been a patient of the service. The Medway Vascular nurses also invited a number of new patients that were not on the original list.

28 people took part in total and included patients and family members; clinicians and commissioners; JHOSC members, including the Chair.

At both events Lorraine Denoris, Director, Public Engagement Agency and independent event facilitator, welcomed participants and gave an overview of the event programme.

Oena Windibank, Programme Director, NHS England, gave an overview of the reasons why services need to change and the review process to date. In Gillingham, Virginia Bowbrick - Consultant Vascular Surgeon at Medway Foundation Trust - and, in Ashford, Noel Wilson - Vascular Consultant, East Kent Hospitals and Clinical Lead for the Kent and Medway Vascular Network – shared the plans for future vascular services, particularly focusing on the plans to create an arterial centre and an enhanced non-arterial centre.

The Programme Director talked through the six evaluation criteria which have been developed to test strategic plans across all health services and have been tailored specifically for vascular services. These will be used to measure and differentiate between the two shortlisted options:

Option A
Single Arterial Centre at a hospital in east Kent
Enhanced Non-Arterial Centre in Medway

Option B
Single Arterial Centre in Medway
Enhanced Non-Arterial Centre at a hospital in east Kent

The Ashford presentation is at ***Appendix 1***. (Medway presentation was the same, with different vascular consultant).

The Programme Director explained that these two events were an opportunity to test and add any additional issues that are important to people who have experience of the services – as a patient or family member.

This led on to facilitated table discussions to test the evaluation criteria. This comprised checking people's understanding of the evaluation criteria statement and questions and asking whether, from their perspective and experience, there was anything missing.

3.2. Feedback from the events

3.2.1. Medway event

20 people attended the Medway event, held in Gillingham, comprising patients and families; JHOSC members, including the Chair; commissioners and clinicians.

Following the presentation, participants were invited to ask questions – the questions and answers for both events can be found in ***Appendix 2***.

Checking participants understanding of the language used in the evaluation criteria

Comments about language used were made against the following criteria.

Criteria	What don't understand
Quality of care	Language difficult to understand What does 'constitutional standards' mean
Affordability and value for money	What does value for money **actually** mean? Affordability – ambiguous
Staffing	Better definition of what's meant by 'staff'

Participants said they needed a summary of the evaluation questions in lay terms, as the language was difficult to understand from their perspective.

Some group members asked for clarity regarding what was meant be 'commissioner' and the role they played.

Under 'Quality of Care' some of the group thought that patient surveys should be removed as they are not a good reflection of the quality of vascular services specifically, tending to be broader measures of care, and do not necessarily take into account more recent service improvements.

Key themes

Key themes from the Medway session are below.

Criteria	What else should be considered
Quality of care	***Blue light*** times - from initial point of contact through to services ***Robust referral system***: GP onwards Availability of ***follow up services*** ***Continuity/quality*** of care ***Patient experience*** – consistency Quality of ***communication/information*** to patient and family Robust ***communication system***: information shared between all services ***Transparency*** of care pathway — what, when, where?
Access to care for all	***Parking***: fees, access/availability Ability to cover ***7days, 24-hours*** ***Public transport:*** timetables; access for each site ***Travelling times*** to each site
Affordability and value for money	Option ***costs reasonable***? Consistency, consolidate VFM has to be ***linked to quality*** criteria

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Staffing	***Retaining*** and ***relocation***: how to ***stop staff leaving*** Assess each option from ***administrative staff*** through to clinicians ***Expertise consistent*** throughout units Option that offers ***best continuity of care*** from staff ***Incentives*** Assess impact on ***whole family*** ***Travel*** issues for staff if not on their current site Look at ***longer-term*** staffing issues; ***forward planning***; ***sustainable*** Quality of ***management*** ***Communication with GP*** for **post hospital care** Check it's ***achievable, realistic***
Deliverability	***Quickest*** option to deliver this model ***Delivery time*** – needs to be ***feasible*** ***Impact of other dependencies*** – STP; time for new build/adaptions ***Structural changes*** and impact on time; implications of long wait How ***sustainable*** in 3-4 years
Research and education	***Robust, sustainable*** access to ***training***

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Other concerns and questions from participants included:

Quality:

- need better explanations about what procedures can be delivered/carried out
- there should be a point of contact within hospitals
- quality of services must be improved

Access:

- Parking needs to be considered for all stakeholders
- How real is patient choice?
- Concerns about working hours of staff to enable 24/7 service, if there aren't enough staff anyway

Affordability/value for money:

- Confidence in the surgeon is vital
- The group offered a definition: *'money in/money out. If there is a balance then it's value for money'*
- This criterion needs to be considered in conjunction with other criteria –cheapest is not always the best. Money should not be the main consideration, e.g. Grenfell Tower

Staffing:

- Crosses over to quality of care and access to service.
- Training is important to keep staff; impact of training on junior doctors
- Experience of need for improvement with administration
- What will happen to hospital patient notes if sites merge
- Team building to achieve smooth staff transition.
- Attracting staff – how to achieve? Uncertainty will not achieve this – get it done as soon as practicable

Deliverability:

- What will happen in the event of government change?

- Interim plan from Network must not be long-term; final plan not developed through stealth (back door)
- Is the timescale of 5 years achievable?
- Will transition arrangements be gradual?

The full transcript from the table discussions is in ***Appendix 3.***

Additional feedback on key themes included:

Robust referral systems: *"I went to see my GP because I knew the signs. The GP said he was going to refer me but he forgot. So having confidence in the GP is important".*

Proper aftercare and follow-up: *"My husband had three aneurysms and we were left to our own devices when he came home"*

Parking and public transport:

"the bus is every three hours where we live"

"my husband was in the operation stage for 9 ½ hours. I was local so could drive in and out but if I'd stayed it could have been 12 hours I'd have had to pay for"

"I had to queue to park and then that makes my heart rate go up – you can wait ¾ hour in a queue. You need to be able to park in a crisis"

Staff support: *"if people who deliver aren't happy you won't get the service/delivery you want"*

It was agreed that, whilst the Network was developing now and would cover what was required in the interim, this should not allow the final option to be determined 'by stealth'. The decision about the option should come first, with an interim plan being put in place second. Time-wise, this would present in three stages: what the Network could do from now; when new structure in place; when STP issues have an impact.

Participants stated that they had real difficulty understanding the language, so it was agreed that there would be a version in plain language, that would explain the language in the evaluation criteria.

Feedback about the session was very positive and people said it was very informative, and that they liked looking at the specifics. One person said it was the first time they had been involved and they had learned a lot about the NHS.

3.2.2. Kent event

8 people attended the Kent event, held in Ashford, comprising vascular patients, commissioners, clinicians and a member of the JHOSC.

Checking participants understanding of the language used in the evaluation criteria

Comments about language used were made against the following criteria.

Criteria	What don't understand
Quality of care	Clinical effectiveness - not clear, needs explaining What does 'effectiveness/responsiveness' mean? What does 'outcome' mean?

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	'constitutional'? Don't know what NHS Constitution is
Access to care for all	What is excess mortality? Add relatives/carer to 'people'
Affordability and value for money	Profit/loss – right wording? Cost-effective; value for money better What does affordability mean?
Staffing	Clarify sustainability
Deliverability	What does deliverability mean?
Research and education	Education for whom?

The group thought that cost-effective or value for money were better terms than affordability. This group also said that tying costs to quality is really important and that this should not be seen as a money-saving or cost-cutting exercise.

Again, the group struggled with the language and terminology used in the criteria.

Key themes from the Ashford session are below.

Criteria	What else should be considered
Quality of care	How ***deliver standards*** Evidence that ***improves outcomes*** ***Safest and best treatment*** ***Organised care*** Really need to ***focus on patient experience*** - how quickly seen/ waiting times - getting there - how well organised the service felt - staff attitudes - cleanliness - food and drink
Access to care for all	Access for ***relatives/carers*** not just patients ***Accommodation*** for relatives ***Transfer route*** from hospital to hospital – staff and patients ***Parking***: Charges for parking/disabled parking; spaces; offsite parking/park and ride ***Patient transport*** – availability for out-patient/follow-up; specialist transport across vascular sites – shuttle services; enhanced service ***Public transport*** – costs etc. Be explicit about access for those with ***protected characteristics***
Affordability and value for money	Tying cost to ***quality***
Staffing	***Staff positivity/motivation*** – help patients to accept change Look at evidence of ***staff engagement; staff views*** ***Transport*** for staff ***Housing/environment*** in both localities – if need to move, attractive? (schooling etc.) Evaluate ***impact on travelling***
Deliverability	What each area already has on site in way of ***building/equipment*** ***Space*** available ***for development*** Displacement of other services at hospital? ***Realistic*** in 3-5 years

Research and education	Evidence of ***research potential*** Staff ***education/training;*** maintain and develop skills

Other concerns included:

Quality of care:

- Strong emphasis on the patient experience, from point of referral onwards, that was more important than the building or facilities.
- The group asked the leads to consider how they would promote this model to the public and how this will ensure better outcomes. They said it was important to raise awareness about the standards and how the new model of care would address these. They asked that there be a core narrative for the public that would demonstrate improvement and include outcomes.

Access to care for all:

- The group asked that consideration be given to the different needs of different groups of people. An example was given where there is £2 a day charge for disabled parking at one site and people don't realise and then they're fined.

Staffing:

- The group wanted to know how staff were being supported through the changes. They said that it was really important that there were discussions and consultation with staff, to keep them informed but also to get their views on the changes. There was discussion as to whether Brexit might have an impact – that there may be additional money via Brexit or that staff movement may change

Affordability and value for money:

- This group were also concerned that cost should be strongly tied to quality.

Deliverability:

- Again, the group said that time was not as critical as the quality of the services.

Research and education:

- The group considered that if there were research opportunities through the enhanced service, this may attract more staff.
- They were also keen that there was awareness- raising and health education for patients and public.

The full transcript of the Ashford event is in **Appendix 4.**

4. Conclusion and Recommendations

The main areas of concern (and key themes across the two sessions) mirrored those expressed in previous engagement namely:

- Being able to access a specialist 24/7 service **in** Kent and Medway
- Having the right specialist, quality staff with robust and speedy referral to the right services
- Access to good quality aftercare and rehabilitation
- Concerns about travel times, transport and parking for relatives

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- Adequate communication with and support to relatives and carers
- Good information and communication - between services and between staff, patients and families

From the overall feedback from the two groups, it is recommended that:

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Public Engagement Agency (PEA™)
31st August 2017