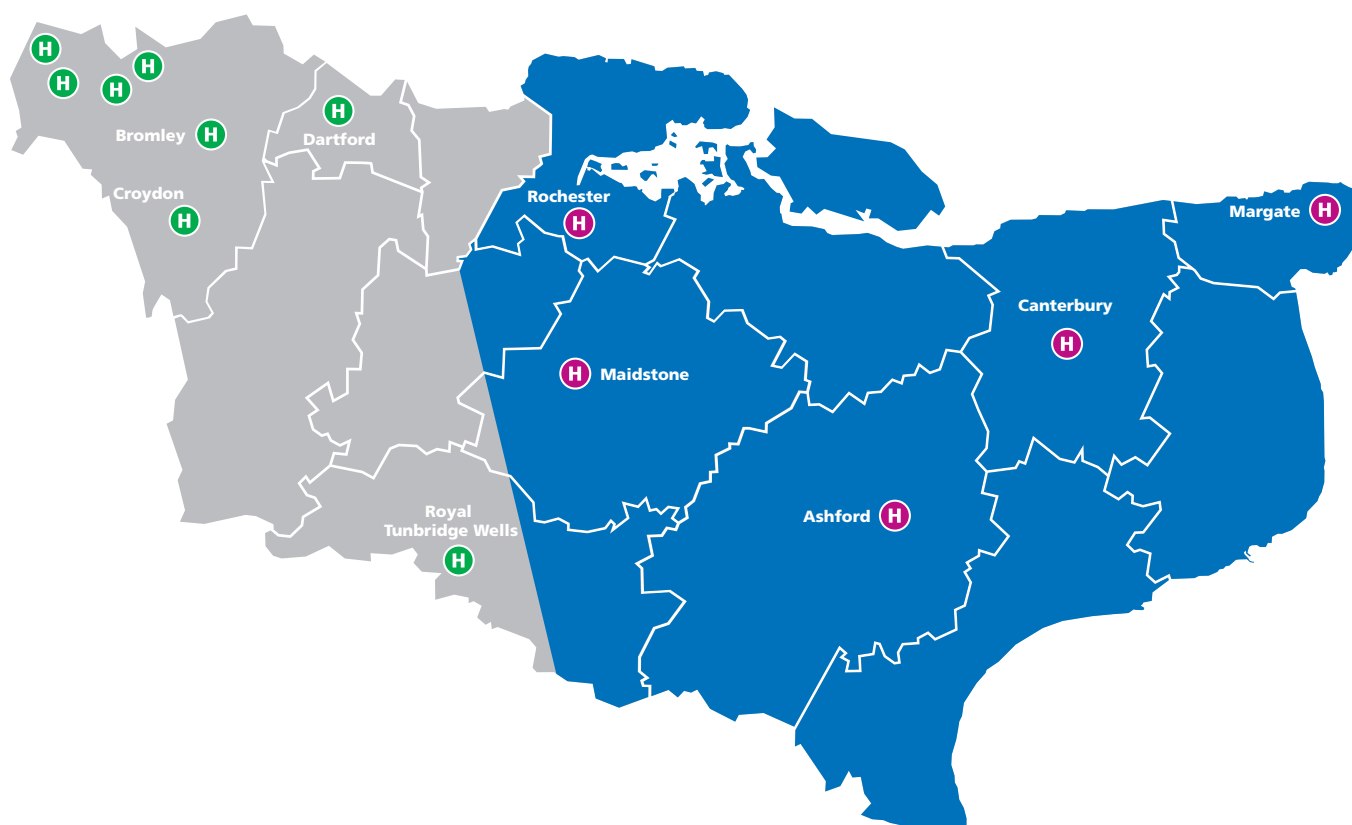


Improving vascular services across east Kent, Medway and Maidstone

A consultation by NHS England and NHS Improvement together with NHS Kent and Medway Clinical Commissioning Group (CCG)



Our ambition is to create a vascular centre of excellence for Kent and Medway that:

- Ensures the best outcomes and chances of survival for patients based on best practice agreed by experts
- Ensures we have more specialists available 24/7 with the right specialist skills, equipment and infrastructure
- Meets national standards for vascular surgery

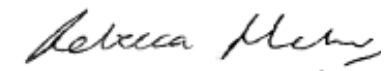
To achieve this, we need to change the way services are provided. We recommend doctors, nurses and other professionals from each of the hospitals should work together as one team across east Kent, Medway and Maidstone providing the majority of care such as clinics and investigations for patients at their nearest hospital but with specialist surgery requiring a hospital stay provided at one specialist centre rather than two. Currently neither hospital can meet the requirements set out above to become a centre of excellence.

The final location of this centre will be part of a wider consultation on the future of East Kent hospital services to be undertaken by Kent and Medway CCG. However, these wider changes are likely to take several years to implement. It would be wrong to wait for this work to be completed because this would slow down the essential decisions we need to make about vascular services now to improve standards for patients. We urgently need to make changes to ensure services meet the required standards. For example, last year we made an emergency move of some surgical services from Medway Maritime Hospital in Gillingham to Kent and Canterbury Hospital.

Our preferred option is an interim vascular inpatient centre to be created at the Kent and Canterbury Hospital in Canterbury where all vascular surgery requiring a stay in hospital will be provided.

Outpatient clinics and diagnostic investigations would be provided at the William Harvey Hospital in Ashford, the Kent and Canterbury Hospital, Medway Maritime Hospital in Gillingham, Maidstone Hospital and Queen Elizabeth the Queen Mother Hospital in Margate. Day surgery and rehabilitation would also be provided at the Medway Maritime Hospital in Gillingham.

We explain our interim proposals for vascular services in Kent and Medway in this document, and want to hear what you think so we can consider your views and experiences in our final decision making to ensure the services work well for patients.



Rebecca Martin Chief Medical Officer
East Kent Hospitals NHS Foundation Trust



David Sulch Chief Medical Officer
Medway NHS Foundation Trust



Chris Tibbs
Medical Director for Commissioning at NHSE/I



Rachel Jones
Executive Director Strategy and Population Health
Kent and Medway Clinical Commissioning Group

What are vascular services?

Every year around 1,200 patients are treated by specialist vascular teams in five Kent and Medway hospitals.

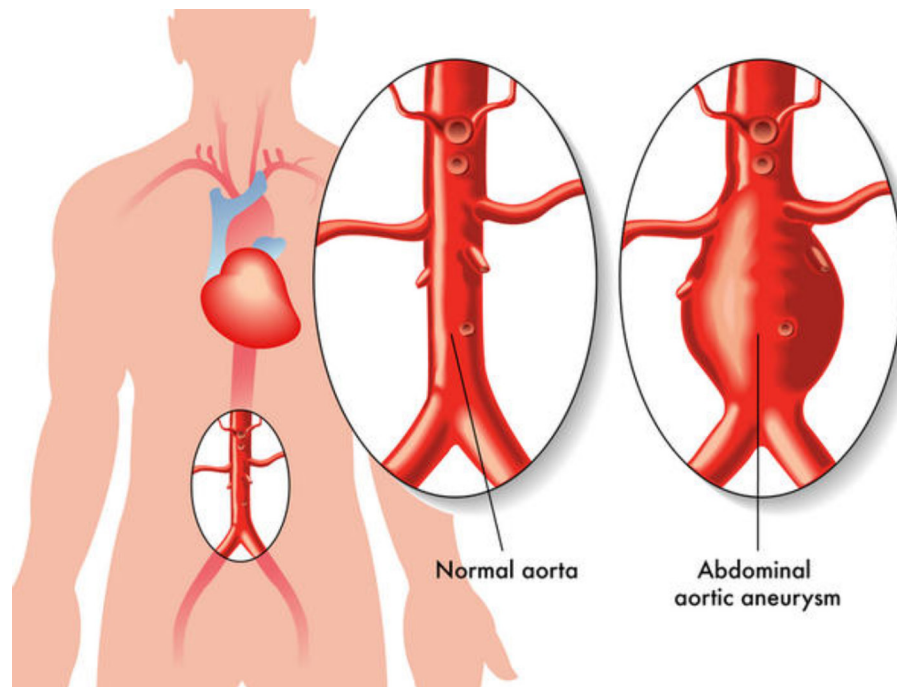
This involves unblocking, bypassing or reconstructing arteries (blood vessels) to restore blood flow to parts of the body mainly to reduce the risk of sudden death, prevent a stroke or reduce the risk of amputation. Vascular services also provide support to patients with other problems such as kidney disease.

Patients who receive vascular services may have:

- had a stroke or mini stroke and are at risk of having further strokes
- blocked arteries in the legs causing pain which may deteriorate and threaten the leg
- a bulge in the wall of the body's main artery which needs repair to prevent it bursting
- untreated or untreatable blocked arteries which means they need an amputation.

Vascular Services

- **Aortic aneurysm** – a bulge in the artery wall that can rupture
- **Carotid artery disease** – which can lead to a stroke
- **Blocked arteries** – which can put limbs at risk
- **Specialist vascular surgery** – bypass surgery, repairing blocked arteries and treating blood clots in limbs
- **Interventional radiology** – less invasive treatment using X-Ray, CT, MRI and ultrasound



Due to changes in lifestyle and thanks to changes in the way we provide services, fewer people need major surgery than in the past. This is because:

- fewer of us are smokers (80 per cent of vascular patients are current or ex-smokers)
- a screening programme for men detects damage to artery walls known as an Abdominal Aortic Aneurysm (AAA) so that a repair can be made. The programme has reduced the number of deaths from AAA by 50 per cent
- great strides have been made in the development of less invasive treatments (using x-ray type, CT and MRI guided images) to navigate a tiny tube or scaffold known as a stent into place to repair a damaged artery (known as an endovascular aneurysm repair or EVAR).

This means not everyone cared for by our vascular teams will need a complex operation. But the nature of vascular disease means that patients need to be assessed and cared for at a hospital with a vascular centre as diagnosing vascular disease early is key to successful treatment.

Not every local hospital has a vascular centre. These services should be delivered by specialist doctors, nurses and other healthcare professionals with the necessary skills and equipment, and with expertise of seeing lots of patients with vascular disease. Most healthcare is planned and arranged locally by NHS clinical commissioning groups (CCGs). Specialised services are planned nationally and regionally by NHS England and NHS Improvement.

Vascular health

Common vascular problems are caused by a slow and gradual thickening of the arteries, sometimes referred to as “furring up”; “hardening” or “clogging” up of the arteries. Arteries can also become less flexible and less able to withstand the pressure of the pulse generated by the heart. They can slowly stretch, like a worn out tyre / inner tube resulting in an aneurysm (dilated artery).

There are several things we can do to keep our arteries healthy:

- **Healthy eating**
- **Regular exercise**
- **Maintaining a healthy weight**
- **Keeping alcohol consumption within national guidelines**
- **Not smoking**

There are some conditions which create a higher risk of vascular disease including diabetes, high blood pressure and high cholesterol. These should be monitored and treated by your doctor but are also influenced by lifestyle so following the above measures can also assist. You can find out more information from:

The Vascular Society promotes vascular health and furthers education for health professionals: www.vascularsociety.org.uk/patients/vascular_health/lifestyle.aspx

The Circulation Foundation which is the UK Vascular Disease charity has a risk checker: www.circulationfoundation.org.uk/

The NHS website: www.nhs.uk/

What happens now?

Vascular services for Kent and Medway are provided at specialist inpatient centres – two of which are in Kent and Medway and one is in London at Guy’s and St. Thomas’ NHS Foundation Trust.

The London vascular centre currently provides treatment for patients from Tunbridge Wells Hospital and Dartford and Gravesham NHS Foundation Trust and will continue to do so. There are no proposed changes for these patients.

The two Kent and Medway vascular centres are at the Kent and Canterbury Hospital which is part of the East Kent Hospitals University NHS Foundation Trust and at Medway Maritime Hospital which is part of the Medway Maritime NHS Foundation Trust.

Maidstone Hospital, Maidstone	William Harvey Hospital, Ashford	Queen Elizabeth The Queen Mother Hospital, Margate	Kent and Canterbury Hospital, Canterbury Inpatient Vascular Centre	Medway Maritime Hospital, Medway Inpatient Vascular Centre
Patients seen in outpatient clinics Major more complex surgery provided at Medway Hospital	Patients seen in outpatient clinics Diagnostic tests Major more complex surgery provided at Kent and Canterbury Hospital	Patients seen in outpatient clinics Diagnostic tests Major more complex surgery provided at Kent and Canterbury Hospital	AAA screening Full range of services including: <ul style="list-style-type: none">• Patients seen in outpatient clinics• Diagnostic tests• Inpatient care and rehabilitation• Inpatient care and rehabilitation• Day surgery and inpatient operating including:• Surgery to remove plaque from the main artery in the neck and to improve blood flow to the brain• Surgery to bypass a blocked artery and improve blood flow• Interventional radiology – minimally invasive medical treatments to insert stents and balloons into blood vessels using X-rays, ultrasound and other types of imaging• Non urgent and emergency AAA repair• Renal access surgery for patients requiring dialysis	Patients seen in outpatient clinics Diagnostic tests Inpatient care and rehabilitation Day surgery and some inpatient surgery including: <ul style="list-style-type: none">• Surgery to remove plaque from the main artery in the neck and to improve blood flow to the brain• Surgery to bypass a blocked artery and improve blood flow• Interventional radiology – minimally invasive medical treatments to insert stents and balloons into blood vessels using x-rays, ultrasound and other types of imaging• Since January 2020 planned and emergency AAA surgery provided at Kent and Canterbury Hospital

Medway Maritime Hospital provides services for Medway and for patients in west Kent whose local hospital is Maidstone Hospital.

The Kent and Canterbury Hospital provides services for patients at the Trust’s other hospitals in east Kent. It also provides abdominal aortic screening (AAA) which detects abnormalities in the body’s main artery.

Vascular patients are also seen at other hospitals in Kent for outpatient appointments and diagnostic tests.

Across east Kent, Medway and the Maidstone catchment of west Kent, about 697 patients have inpatient vascular treatment each year at the two vascular centres.



Patient example 1 Jane Smith

- Jane is 61 years old and lives in Ramsgate
- She is an ex-smoker who has type two diabetes
- Recently she has been experiencing pain in her legs, which she puts down to “getting old”
- She hasn’t been to her GP
- On her last visit to the diabetic clinic the nurse noticed she had cold feet, brittle toe nails and shiny skin
- Jane is referred to the specialist vascular service to check out a suspicion that she may have Peripheral Arterial Disease (PAD)

How would Jane be cared for?

- Referred by local Diabetic Nurse
- Sees consultant at local hospital and undergoes tests to determine diagnosis and plan treatment
- Treated at either the Enhanced Non-Arterial Centre or Main Arterial Centre (Hub), depending on complexity



Why do services need to change?

The traditional way vascular services were provided is changing. Screening, prevention and improvements in technology mean that fewer patients who need vascular care need emergency life-saving surgery for an aortic aneurysm.

There is strong evidence that patients who need vascular treatment will receive better quality of care and have a better chance of survival when they are treated and cared for by specialists (including vascular surgeons, interventional radiologists, nurses and therapists) who see a large number of these patients. This helps specialists to develop and maintain expertise in their field of work. This view is supported by The Vascular Society for Great Britain and Ireland and our own local clinicians.

National standards say that a minimum catchment population of 800,000 will ensure doctors treat enough different types of vascular cases to remain expert in their field. The vascular service provided by East Kent Hospitals University NHS Foundation Trust (east Kent) serves a population of 720,000 people. Medway NHS Foundation Trust (Medway) serves a population of 420,000. These figures are based on the catchment population for the hospitals and not on local authority populations which means neither service is currently able to meet the minimum catchment standards.



The national standards also say there should be 24-hour access to specialist care, and this needs staffing that includes at least six full time vascular surgeons, six full time interventional radiologists and specialist nurses. Currently there are five full time surgeons at east Kent with an additional full time surgeon due to arrive in the summer and three full time and two part-time vascular surgeons at Medway. There is one part time and three full time interventional radiologists at east Kent and four part time at Medway.

Across the country there is only a small pool of the specialist surgeons and interventional radiologists available. Their first choice will be to work at a centre where there are enough different types of vascular cases to remain expert in their field. Because both east Kent and Medway do not meet the minimum catchment population they have also had difficulty in recruiting enough staff to meet the staffing standard.

There have been times when these two trusts have had to operate shared arrangements to ensure emergency vascular patients could be seen 24/7. In January 2020, all planned and emergency major Abdominal Aortic Aneurysm (AAA) surgery temporarily moved from Medway Maritime Hospital to Kent and Canterbury Hospital to ensure the service could remain safe and sustainable. No AAA surgery currently takes place at Medway Maritime Hospital (Medway).

We are now proposing that all inpatient vascular surgery for east Kent, Medway and Maidstone catchment patients move to Kent and Canterbury Hospital to create a single interim inpatient vascular centre supported by the other four hospitals as part of a network. This means the service would be able to meet the national standards with a combined catchment of 1.1m people. This would also help in making the centre more attractive to potential recruits to the service.

The main change would mean that patients who would have had inpatient surgery at Medway Maritime Hospital would now receive their surgery at Kent and Canterbury Hospital – all other services



Patient example 2 Frank Wooden

- Frank lives in Medway on his own
- He is very active. He does community work, goes to the gym regularly and has the occasional pint
- He feels fit and healthy but because he's over 65 has recently gone for his routine ultrasound screening
- Results show Frank has an abdominal aortic aneurysm (AAA) without even knowing it
- He is referred to the vascular service to discuss what treatment is required

How would Frank be cared for?

- Referred via routine AAA screening
- First appointment with consultant at local hospital (any centre) to determine treatment
- Aneurysm repaired at Main Arterial Centre (Hub).



at the hospital would continue. There would be no change to services at William Harvey Hospital or the Queen Elizabeth The Queen Mother Hospital where patients would continue to receive diagnostic tests and be seen at outpatient clinics. There would also be no change to the service at Maidstone where outpatient clinics are also provided. Longer term, the location of the vascular centre will be decided following a separate, future public consultation by Kent and Medway CCG on wider plans to transform health and care services in east Kent.

The change would also mean vascular hospital staff would work across multiple hospitals as one team, supporting the interim inpatient vascular centre which would provide all 24/7 inpatient care, the enhanced network hospital at Medway and the other hospitals in the network where outpatient treatment, diagnostic testing and some day-case surgery would still take place

What we have already considered when thinking about future services

NHS England and NHS Improvement has considered the options for the future of vascular services across east Kent, Medway and the Maidstone catchment of west Kent and has worked with clinicians to agree what is most important when planning the future of vascular services.

These are:

- the ability for hospitals to meet NHS standards of best practice
- ensuring the service has a stable workforce, with sufficient specialised vascular surgeons and interventional radiologists
- ensuring doctors see enough patients and carry out sufficient numbers of procedures to maintain their skills. The standard says that the service should cover a minimum catchment population of 800,000 to ensure doctors get to see enough different types of cases
- simplicity of process for South east Coast Ambulance service when transporting vascular patients to hospital out of hours in an emergency
- impact on patients and visitors travelling to the vascular centre by private car or public transport
- ease of implementing planned changes including both the cost and how quickly any change can happen (due to the significance of the current vascular workforce pressures, there is a need to act swiftly).



Following extensive public and patient engagement, a detailed options appraisal was undertaken to produce a recommended preferred option known as One Kent and Medway Hub with London pathway.

Under this option there is no proposed change for patients from north Kent whose local hospitals are at Dartford and Gravesham or for patients whose local hospital is Tunbridge Wells Hospital. These patients will continue to have vascular treatment in London.

For patients who would continue to have treatment in Kent and Medway this option would mean a single inpatient vascular centre could be located in either Medway or in east Kent.

Following engagement with patients and public at each stage of the review, and based on detailed consideration by clinical experts, NHS England and NHS Improvement together with Kent and

Medway CCG recommended that the inpatient vascular centre should be located at one of the east Kent hospitals with an enhanced vascular service at Medway Maritime Hospital to include patient rehabilitation.

A further review in 2018 acknowledged that the future permanent location of the inpatient vascular centre would be decided through future consultation by Kent and Medway CCG through the east Kent transformation programme. However, as it is likely to take several years to make the changes, NHS England and NHS Improvement together with Kent and Medway CCG has recommended that an interim inpatient vascular centre should be located at Kent and Canterbury Hospital.



The key reasons for this recommendation are:

- there is an urgent need to ensure the vascular service is meeting national standards
- almost twice as many vascular procedures take place at the Kent and Canterbury Hospital compared with Medway Maritime Hospital. In a full year there will be a total of 740 inpatient procedures undertaken at the Kent and Canterbury Hospital compared with 409 at Medway Maritime Hospital.
- thanet has a higher number of hospital admissions for vascular disease
- services at Medway Maritime Hospital would not be accessible within 60 minutes for patients on the south coast around Deal and Dover whilst all patients will be able to reach a service at Kent and Canterbury Hospital within 60 minutes.
- all patients needing AAA screening already travel to Kent and Canterbury Hospital
- there is already a dedicated ward for vascular inpatients at Kent and Canterbury Hospital.
- Medway Maritime Hospital does not have the space to take over the provision of all vascular inpatients for east Kent, Medway and Maidstone. Extra building would be needed and the site does not have space for this. Building work would also delay the implementation which is needed urgently.

More details on the longlist and shortlist of options and the decisions that were taken are available here: jointheconversation.scwcu.nhs.uk/vascular-services

What our patients have told us

Over the last seven years we have sought the views and opinions of our patients and their carers at each stage of the review.

Most frequently mentioned as valued by patients were: high quality service able to attract high quality staff; rapid and convenient access to treatment; personal nature of the service, collaboration, coordination and communication across services and teams; and involvement in shared decision making.



- 2015** 10 listening events held across Kent and Medway for both the wider public and where people who had used services were able to share their experiences
- 2016** Workshop held during which clinicians, patients and the public reviewed and discussed the developing clinical model
- 2017** Two workshop events held at the Canterbury and Medway hospital sites to further explore and develop the clinical model and review the range of possible sites for future vascular services
- Further workshops held to test and review the evaluation criteria for selecting the best future sites
- 2019** Two workshops and two interviews, to update on the detailed work conducted in 2018 and gain further feedback on patient experience, interim plans, clinical recommendations and outline next stages. During this phase the Kent and Canterbury Hospital option was tested with patients.

You can find out more detail about what patients and the public told us here: jointheconversation.scwcsu.nhs.uk/vascular-services

What does this mean for changes we want to make?

Under this option, emergency and planned major treatments that require an overnight stay, will be provided at a single inpatient vascular centre located at Kent and Canterbury Hospital, Canterbury. This will formalise an emergency move made due to a shortage of staff in 2020 where AAA surgery was transferred from the Medway Maritime Hospital to provide a safe service 24 hours a day 7 days a week. The remaining complex surgery which still takes place at Medway Maritime Hospital will also be located at Kent and Canterbury Hospital.

As an inpatient vascular centre, this hospital will have:

- a dedicated vascular ward with extra beds for emergency patients 24 hours a day
- vascular nurse specialists – able to support the transfer of patients back to their local hospital/home
- out of hours care which includes evenings and weekends, including on call vascular surgeons and interventional radiologists.



Medway Maritime Hospital will be an enhanced network hospital providing all existing services except inpatient surgery. It will also provide rehabilitation services.

Medway Maritime Hospital, Queen Elizabeth the Queen Mother Hospital, William Harvey Hospital and Maidstone Hospital will still provide the majority of vascular treatment for local people as part of the network.

This includes:

- simpler procedures and minor surgery (such as the removal of unhealthy tissue or minor amputations)
- diagnostic tests and treatments which don't require an overnight stay
- continuing inpatient care following major surgery after treatment at Kent and Canterbury Hospital. Patients will usually return to their local hospital as soon as they are medically fit. Some patients will be discharged directly home from the inpatient vascular centre if no further inpatient care is required
- support services such as foot care for those who have had minor surgery or who require ongoing foot care as a result of diabetes
- treatment for varicose veins
- outpatient and follow up appointments.

Staff working in vascular services will work together as one team. The aim is to provide a single vascular service across the five hospitals with more doctors working together across a wider geography, who are able to work flexibly and collaboratively to meet patient needs. These changes will mean we will be able to meet the national standards for vascular services and will be able recruit staff who want to work in a centre of excellence.

How will the service work?



What will this mean for patients and families?

Unlike other health services, where there is a choice of treatment at your nearest local hospital, vascular services are highly specialised. Vascular surgery in east Kent, Medway and the Maidstone catchment of west Kent which needs a hospital stay is currently available in two hospitals Kent and Canterbury Hospital and Medway Maritime Hospital in Gillingham. Moving to one centre means some patients will have to travel further but evidence shows that being treated in a specialised unit which meets national standards improves outcomes.

Across this area there are approximately 1,200 patients who receive vascular treatment in one year. This includes outpatient appointments, planned lower risk day case surgery, such as varicose veins, and the more complex emergency and planned vascular treatments that require a stay in hospital. Across east Kent, Medway and the Maidstone catchment of west Kent, about 697 people need specialist inpatient vascular care each year.

This option would be a change for those patients who would currently go to Medway Maritime Hospital where they need an inpatient stay following more complex and higher risk planned and emergency vascular procedures. This will, therefore, affect approximately 265 patients a year.

There will be increased travel for patients from the Medway and Maidstone areas needing an inpatient stay for planned surgery at the Kent and Canterbury. These travel times are within the standards set by the Vascular Society. Patients can apply to use patient transport services run by G4S. Details of the eligibility criteria and how to apply can be found here <http://km-pts.co.uk/the-service/eligibility.aspx> or by calling 0800 096 0211

If you are not eligible for the service there are voluntary community transport services available in Kent: www.kent.gov.uk/roads-and-travel/travelling-around-kent/community-transport

and Medway (Page 6-7) of the following guide: www.abettermedway.co.uk/pdf/staying%20connected.pdf

Patients may also be eligible for the NHS Healthcare Travel Scheme. Please visit: www.nhs.uk/NHSEngland/Healthcosts

Following surgery patients will either be discharged or return to their local hospital for ongoing care or rehabilitation. Investment in new state-of-the-art equipment at Kent and Canterbury Hospital will also mean some procedures will be minimally invasive reducing stay in hospital and with a swifter recovery time.

Medway Maritime Hospital will be an enhanced network hospital providing all existing services apart from inpatient surgery. It will also provide rehabilitation services.

Most vascular patients do not require major surgery and will continue to receive care locally at their local network hospitals at Ashford, Margate and Maidstone. We will also hold outpatient appointments at other local hospitals including Dover and Sheppey to reduce the need to travel.

Some visitors will have increased travelling time either by public transport or by car, but patients who need a longer inpatient stay will be transferred to their local hospital for recovery as soon as practically possible. Changes during Covid-19 means patients and families can now remain in contact using tablet computers to make digital calls. Information that can help visiting relatives with planning public transport options can be found here: www.ekhuft.nhs.uk/patients-and-visitors/find-us/public-transport

Do the changes reflect what patients have told us?

You said – you want a high quality 24/7 service able to attract and retain high calibre staff with specialist skills, with greater collaboration and co-ordination to ensure a streamlined service with reduced waiting times.

You said – you want greater involvement of patients and their families, increased use of technology and a contact number and name for easier access into and advice from the service.

The creation of one team working across the interim inpatient vascular centre and the network hospitals is the best way of achieving these. This way we can meet national standards, invest in state-of-the-art technology and attract staff.

You said – you want easier, more timely access to outpatient services and local services that reflect local needs which provides the right aftercare.

Our preferred option means most care and treatment will happen at the local network hospital including outpatient appointments, minor treatments and aftercare. Patients will either return to their local hospital for recovery after surgery or be discharged home.

You said – you want travel times and transport networks to be taken into account when deciding the location of the interim inpatient vascular centre.

Moving from two vascular centres to one will mean some patients will have to travel further for treatment. Patient transport will be provided for eligible patients by G4S. Locating the service at the Kent and Canterbury in the interim will create no change in travel for the majority of patients.

You said – you want the change to fit with local future plans.

The final location of the inpatient vascular centre will be decided as part of a wider plan for the transformation of hospital services in east Kent.

You said – you want better education for GPs, a greater focus on prevention and easily accessible information.

You said – you want greater involvement of patients and their families in care decisions and patients supported to make choices.

We will set up a patient working group which will help co-produce these services. If you are interested in joining please provide your name and contact details when completing the survey.



Patient example 3 Dave Norman

- Dave, 40, sometimes sleeps on the streets, drinks dangerous amounts of alcohol and has smoked since he was a teenager
- Three years ago his Ashford GP referred him into the vascular service where he was diagnosed with PAD
- He's sleeping on a friend's sofa at the moment
- His friend took him to his GP because he was so wheezy
- His GP discovered his was discoloured and cold
- The GP sent Dave to A&E immediately

How would Jane be cared for?

- Assessed at local A&E as an emergency
- Transferred to Main Arterial Centre (Hub) for urgent specialist vascular surgery
- Follow up care at local hospital



Have your say: 2021

We are now consulting about our preferred option to create an interim vascular centre at Kent and Canterbury Hospital. To ensure we have taken into account the impact on patients and their families we are seeking views on:

- the advantages and disadvantages of our proposal to create a single vascular hub for inpatient surgery
- whether our proposals meet the needs set out in our case for change
- how we can ensure that patients have a good, high-quality experience of all the services required for their care, including:
 - inpatient vascular surgery at the proposed vascular inpatient centre (treatment requiring an overnight stay)
 - outpatient services available at local hospitals (clinic appointments or tests without an overnight stay)
 - advice and support from the patient's GP
 - aftercare as close to home as possible
 - any other support services required
- anything we need to consider in terms of travel and transport arrangements for both patients and visitors
- anything else we need to consider in our design and delivery of vascular services.

You can provide feedback in a number of ways as set out below:

Join one of our virtual listening events on:

10 June from 2.00pm to 4.00pm

14 June from 2.30pm to 4.30pm

17 June from 6.00pm to 8.00pm

21 June from 1.00pm to 3.00pm



To find out more about the consultation on the future of vascular services in east Kent, Medway and Maidstone, and to complete a survey on-line visit: ointheconversation.scwcsu.nhs.uk/vascular-services

To request a printed copy of the consultation document email england.seconsultation@nhs.net Please provide an address if you need a copy sent in the post. You can also call 01634 974040.

Please let us know if you need information in large print, braille, audio, easy read or in another language, including support with interpreters. You can ask someone to contact us on your behalf.

If you have a printed copy of the consultation document on the future of vascular services and have completed the feedback section, this can be returned to the following address:

Freepost: MEDWAY NHS FT MEMBERSHIP OFFICE

To request this document in an alternative format contact england.seconsultation@nhs.net

The consultation closes at midnight on Sunday July 4 2021

