

Review of Specialised Vascular Services in Kent and Medway Engagement Events Report February 2017

1. Executive Summary

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

In January 2017 over 200 invitations were sent to patients inviting them to attend one of two engagement events being held on 7th and 8th February 2017. The invites went out through the Abdominal Aortic Aneurysm (AAA) screening programme team and to patients receiving vascular services from the two Kent and Medway provider trusts - Medway Maritime Hospital and Kent and Canterbury Hospital. Each of the hospitals hosted one of the events.

50 people took part: 15 at Medway; 35 at Canterbury. Participants included patients; relatives and families; voluntary and provider organisations; clinicians and commissioners. Three JHOSC members attended the Medway session, as independent observers.

Lorraine Denoris, Director, Public Engagement Agency **independently** facilitated both events. Oena Windibank, Programme Director, NHS England, updated participants on the review and presented a broad outline of the proposed future model of care. Dr Noel Wilson, Clinical Lead for Kent and Medway Vascular Clinical Network, then described how the Network will take the proposed model of care forward.

Each event then held facilitated table discussions to address two key questions:

1. How do you think patients will respond to the new model of care?
2. What are the benefits and challenges of locating the single Arterial Centre in east Kent or Medway? This could be:
 - *Medway Maritime Hospital, Gillingham*
 - *Kent and Canterbury Hospital, Canterbury*
 - *William Harvey Hospital, Ashford*
 - *Queen Elizabeth the Queen Mother Hospital, Margate*

In response to Question 1, although participants at both events acknowledged they would prefer the main site to be local to them they welcomed the proposal for a centre of excellence in Kent and Medway. There was consensus that patients would respond

positively to the model and the clinical network and that people would be prepared to travel further if it took them to the best possible service.

Key issues/concerns that were common across both events were:

- Access
- Transport
- Capacity
- Patient/family information
- Recruitment

Again, in response to Question 2, there was consensus at both events that, although they would prefer the main arterial centre to be local to them, accessibility to the centre was more important than which site and there was general agreement that they would be willing to travel further for the best care possible, ***as long as it stayed in Kent and Medway.***

Both groups saw **access, travel and transport** as key challenges which needed to be considered when deciding where the one site would be located.

The key issues and concerns, reflected in both events, mirror those reflected in the previous patient and public engagement events, namely:

- To have good information and communication available for both patients and families
- To have specialist staff available 24/7, with speedy access in an emergency
- Travel and transport to be considered when deciding where the centre will be
- To provide high quality support services on the same site as the arterial centre
- All services, from GP to hospital, to collaborate and work together
- Willingness to travel further for high quality, best possible inpatient care, with best patient outcomes ***as long as it remains in Kent and Medway***
- Support for relatives and carers is vital to support best health outcomes
- Best possible follow up care, close to home



2. Introduction

2.1. Review background

NHS England is leading a review to look at 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

This review began in December 2014. Throughout the review, NHS England has involved patients and the public so that their views and experiences help to shape the future service.

A series of engagement events were held across Kent and Medway in 2015. Participants recognised the case for change and identified the most important priority as having good access to a specialist vascular team or centre in Kent and Medway.

Other priorities from the events were:

- The ability to make choices
- To have good information and communication available
- To have 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

A deliberative event was held in 2016 where a detailed conversation took place between patients, public and clinicians on the emerging model. The key messages were:

- A specialist 24/7 service is vitally important and must remain in Kent and Medway
- 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

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 was presented, alongside the public feedback, to the Kent and Medway Joint Health Overview and Scrutiny Committee 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 and provide an opportunity for them to test the plans. Feedback from these events will inform the final business case to be considered by the Vascular Programme Board and NHS England specialist commissioning.

3. The Engagement Events

3.1. Preparing for the events

The two engagement events were held on 7th and 8th February 2017, at Medway Maritime Hospital and Kent and Canterbury Hospital. 150 invite letters were sent out to patients by the Abdominal Aortic Aneurysm (AAA) screening programme team and about 70 letters sent out to patients receiving vascular services from the two Kent and Medway provider trusts.. Members of the Joint Health Overview Scrutiny Committee (JHOSC) were also invited to attend, as independent observers, to observe the process. Letters were followed up by individual telephone calls to the 70 Medway and Canterbury patients and a further letter to the 150 through the screening programme, to ensure patients receiving the services heard about the events and had the opportunity to take part.

A briefing document was created, outlining the purpose of the review, the case for change and the process to date (**Appendix 1**). This was sent out to participants in advance of the sessions so they could familiarise themselves with the content and process of the review.

3.2. Event structure

50 people participated in the two events: 15 attended the session held at Medway; 35 attended the event held in Canterbury. Participants at each included patients; relatives and families; voluntary and provider organisations; clinicians and commissioners. Three JHOSC members attended the Medway session, as independent observers.

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



Oena Windibank, Programme Director, NHS England, gave a review update and a broad outline of the proposed future model of care. Dr Noel Wilson, Clinical Lead for Kent and Medway Vascular Clinical Network, then described how the Network will take the proposed model of care forward. Presentation is at **Appendix 2**.



The main part of the session consisted of facilitated table discussions to address two key questions:

1. How do you think patients will respond to the new model of care?
2. What are the benefits and challenges of locating the single Arterial Centre in east Kent or Medway? This could be:
 - *Medway Maritime Hospital, Gillingham*
 - *Kent and Canterbury Hospital, Canterbury*
 - *William Harvey Hospital, Ashford*
 - *Queen Elizabeth the Queen Mother Hospital, Margate*

Facilitators encouraged participants to think **primarily** about the benefits/challenges of **one arterial centre** for all potential vascular patients across Kent and Medway. They then considered each of the four possible hospital sites in turn.

3.3. Feedback from the events

Question 1: How do you think patients will respond to the new model of care?

Although participants at both events acknowledged they would prefer the main site to be local to them they welcomed the proposal for a centre of excellence in Kent and Medway. There was consensus that patients would respond positively to the model and the clinical network and that people who would be prepared to travel further if it took them to the best possible service.

I would drive to the end of the county to save my life
Canterbury participant

Brilliant to bring these hospitals together; need will and attitude to come together to share information; if you lead the way with this that would be wonderful
Medway participant

Willing to travel further for the best care possible
Medway participant

Most patients will welcome this change as it will be for the betterment of their health
Canterbury participant



Key issues/concerns that were common across both events were:

- Access
- Transport
- Capacity
- Patient/family information
- Recruitment

At the Medway event, one group stated that there was a smooth flow of both inpatient and outpatient care at Medway and the specialist surgeons and teams were highly praised, although there continued to be concerns around the above, as well as support services, service collaboration, shared systems, funding and waiting time.

At the Canterbury event, positive feedback was given about the vascular nurses - “made time for you” - the community nurses and wound clinic. One group saw the potential of the model for enhancing the quality of services, through combining the expertise from the two areas, and considered it an opportunity for research and development, although they were also concerned about the quality of aftercare and whether this would be improved.

One group asked how this review will fit with local council and other plans – such as the Sustainable and Transformation Plan and whether decisions about centres of excellence for other specialties would be affected by this decision. Another raised the fact that people don’t like change and, as people get older, they’re less likely to accept it. Information for patients and relatives about the changes and how the final decision is made was therefore deemed to be important.

Other key concerns for Canterbury participants were screening, population growth and the impact of the hospitals’ reputation.

KEY ISSUES/CONCERNS	
MEDWAY	CANTERBURY
Access Have emergency services at all sites Response time; ambulance Time getting to centre; specialists to patient? Impact on families	Access Willing to travel to get to specialist centre full of experts Concern re travel and keeping person alive Impact on family
Transport People who cannot drive; public transport; supportive infrastructure e.g. voluntary car scheme	Transport Problems with personal/public transport Issues for relatives/family
Capacity Lack of beds Impact of emergency care on planned care	Capacity Where will the beds come from? Number? Safety of patients re early discharge Operations already cancelled/delayed No room at Medway Space to expand Canterbury? New build?
Patient/family information	Patient/family information Explain condition and how to be treated



Awareness/advertising – family screening; self-referral	More user friendly, less medical ‘speak’ Awareness and prevention
Recruitment Specialists	Recruitment and retention Competence and expertise Will staff meet standard if moved to single centre? Could attract staff
Waiting time Improve referral time; moderate problem can become an emergency	Reputation Going to unknown hospital where perceived to be not so good/not have a good reputation Fear of unknown; trust local hospital
Service information/collaboration A&Es having knowledge/right protocols AAA screening – more collaboration; clinical teams need to talk to each other	Population growth People living longer + population growth Increase in vascular cases? Modelled on future projections?
Support services Right support/specialist services on same site	Screening Difference in local and national screening
Funding Must be financially viable/funded	
Systems IT/other systems ‘talking’ to each other	

Question 2:

2.a. What are the benefits and challenges of locating the single Arterial Centre in east Kent or Medway?

Doesn't matter where if you need treatment
Canterbury participant

I want to see the best possible outcome for the people of Kent, not just because we've got the theatres in x venue
Medway participant

Don't be restricted or influenced by where services currently are; go for the best outcomes
Medway participant

No one would care where as long as family could come and specialist service was there
Canterbury participant

There was consensus at both events that, although they would prefer the main arterial centre to be local to them, accessibility to the centre was more important than which site and there was general agreement that they would be willing to travel further for the best care possible, **as long as it stayed in Kent and Medway.**

Both groups saw access, travel and transport as key challenges which needed to be considered when deciding where the one site would be located.



Medway participants saw this as an opportunity to ensure better patient outcomes, as well as a positive move for recruiting staff to the area, however any decision also needed to consider: shared IT, bed capacity; timely access to the centre and tests.

Other key issues at the **Canterbury event** were: attracting and recruiting staff; support services of a high quality; room for expansion and development; infrastructure. There were mixed views as to whether families/relatives should be given overnight accommodation at the central site or whether the money should be invested in best services for patients. There were, however, other suggestions such as linking with local hotels to get discount rates for relatives, negotiating reduced public transport costs and introducing more shuttle buses.

SINGLE ARTERIAL CENTRE	
MEDWAY RESPONSES	CANTERBURY RESPONSES
<p>Benefits Keeping specialist service in Kent and Medway Better patient outcomes; standardisation Innovation Training and development More attractive place to work A benefit for all centres; rotate staff</p>	<p>Benefits Will help improve care for patients More local provision Education and expertise In Kent not London More efficient network Willing to travel further for best care</p>
<p>Challenges Accessibility/travel to arterial centre: for majority of patients requiring service Time element: Diagnostic tests to be done at local centre in one day! Software: one IT system</p>	<p>Challenges Access: by public transport; by motorway; for relatives including frail/elderly; Appointment times – realistic Referrals into unit lengthy and inefficient Quality support services at same location Cost of public transport Attracting/recruiting staff: cost of living; schools; outer London salary weighting; Experienced staff: clinical expertise Reputation of certain hospitals</p>
<p>Other issues/concerns Patient database Prevent repetition Communication Bed capacity? Build the best, don't just decide based on what's already there SITE ACCESSIBILITY IMPORTANT RATHER THAN PROXIMITY – for patients and families</p>	<p>Other issues concerns Family/carers: support; overnight accommodation or reduced hotel rates Transport: discount train rates; distance from station; more shuttle buses; Access: not central Future proofing: room for expansion and development; new build? Increased need? Site where all the standards can be best delivered from Funding? Ambulance routes; infrastructure? 'Educate' patients; new arrangements</p>

Each table then considered each of the four possible hospital sites in turn.



2.b. Single Arterial Centre at Medway Maritime Hospital?

While in **Medway** there was a preference for Medway Maritime Hospital – local, better access and an established vascular centre - participants also recognised key challenges such as travel and access for this site.

Canterbury participants identified Medway as having some potential benefits for becoming the Centre, as it already has vascular and the relevant support services. There were however concerns about access, facilities, capacity and the Hospital’s reputation – although having the Centre here could enhance its reputation.

MEDWAY AS SINGLE ARTERIAL CENTRE	
MEDWAY RESPONSES	CANTERBURY RESPONSES
<p>Benefits Has an established vascular centre Better access for patients in Sheppey Taxi fare lowest from Sheppey to Medway “So long as we have it at Medway I don’t mind!”</p>	<p>Benefits Motorway access? Meets criteria NHS England Has vascular services + support services: critical care; A&E; cardiology; diabetes; stroke</p>
<p>Challenges Logistic/travel problems Access – difficult to get to Long way for people on the other side of the county, especially in rush hour</p>	<p>Challenges Access: parking and getting into the hospital; traffic heavy Facilities: too crowded already Reputation: public perception even if has the best vascular team and clinicians Capacity: Reduction in other operations to sustain the centre?</p>
<p>Other issues/concerns Bed capacity – how many on each site now? Emergency situation – someone who needs road transfer: roadworks etc. Volunteer drivers availability</p>	<p>Other issues concerns Opportunity to improve reputation by having a good team</p>

2.c. Single Arterial Centre at Kent and Canterbury Hospital?

Medway participants recognised the potential for Kent and Canterbury Hospital to be the centre – access, public transport and already has the service – but again there were concerns about transport and access for people in remote areas.

At the **Canterbury** event, Kent and Canterbury Hospital was seen as having a positive reputation, is central, with good transport links and support services but there were concerns about traffic, particularly in an emergency, and that there are no emergency services available on the site.



KENT AND CANTERBURY HOSPITAL AS SINGLE ARTERIAL CENTRE	
MEDWAY RESPONSES	CANTERBURY RESPONSES
Benefits Access: easy to get to Public transport links good Already has the service Best for all patients Could be an enhanced centre Opportunity to create a centre of excellence	Benefits Transport: good links, 2 stations Good personal experience Location: well-known Link to university + academic institutions Reputation: positive Central Has renal/specialist support
Challenges Transport; difficult to travel to Canterbury; Operation Stack Access for patients based in New Romney area, Sheppey, remote areas Would need additional investment in roads	Challenges Traffic: mixture of access issues, particularly in emergency; not very accessible by public transport No emergency services/A&E
Other issues/concerns What has the best facilities? Aim is to change to make it the best it can be	Other issues concerns Site: where there's critical care 24 hours diagnostic specialist areas Managing demand: staff/facility to manage demand in a single centre? Will this affect other operations/services

2.d. Single Arterial Centre at William Harvey Hospital?

At the **Medway** event, whilst people recognised that Ashford geographically central there were mixed views about access and travel and concerns that it does not have specialised vascular services now.

Canterbury participants identified that Ashford had several benefits, such as good reputation and travel links, its central location, its emergency and specialist services. However, there were concerns that it does not have specialist vascular services currently, traffic and transport issues and distance from Medway and North Kent.

WILLIAM HARVEY HOSPITAL AS SINGLE ARTERIAL CENTRE	
MEDWAY RESPONSES	CANTERBURY RESPONSES
Benefits Central Travel: good motoring network; good place to get to in an emergency; better service by public transport	Benefits Travel: motorway access; high speed train connection; good public transport Reputation: good Location: most central Attract/recruit staff: attractive for staff. Specialised areas present Critical care present Better infrastructure for emergency
Challenges Travel: the roads are difficult; Operation Stack; taxi needed from station to hospital Hasn't got specific vascular services	Challenges Travel: terrible to get to by public transport; Operation stack; long distance from Medway/North Kent



More car parking at WHH	Access: too far away from the main population of patients living in K&M No vascular services presently
Other issues/concerns ---	Other issues concerns Support services? Bed capacity/ number of operations Land to expand? Reduction in other operations to sustain the centre?

2.e. Single Arterial Centre at Queen Elizabeth the Queen Mother Hospital?

Medway participants identified travel as an issue for the Queen Elizabeth Hospital in Margate as well as its ability to take on the additional services, although expansion of the hospital could be a benefit.

Canterbury participants identified that, while the staff at Queen Elizabeth Hospital have a good reputation and there is good public transport, access issues were significant.

QUEEN ELIZABETH THE QUEEN MOTHER HOSPITAL AS SINGLE ARTERIAL CENTRE	
MEDWAY RESPONSES	CANTERBURY RESPONSES
Benefits Expansion of the hospital	Benefits Transport: public transport is good Reputation: of staff at QE good
Challenges Travel: It's a long way and hard to get to Impact of tourists in Summer	Challenges Access: bad parking; terrible traffic in Summer; limited public transport/hotels Trust in special measures Staff wouldn't want to relocate there Isolated area
Other issues/concerns Patients will travel if wanting good quality care	Other issues concerns Clinical can be anywhere, can't move Margate What is the housing like for staff? Cope with number of operations? Reduction in other operations?

A more detailed breakdown of the feedback, presented by event, is at **Appendix 3**.

4. Participants' Evaluations

36 evaluation forms were completed in total.

27 respondents stated that they felt the information sent out to them in advance was very useful, 9 said it was quite useful.



“Helped to understand the proposed new model of care”

“Gives a good insight to NHS Medway’s future”

“It gave me a fair understanding of what it was going to be about”

Participants were asked to identify how successfully the three goals for the sessions were met.

1. **To share the recommendations from the Kent and Medway review:** 31 said very successfully; 5 said quite successfully
2. **To test the recommendations and emerging clinical model:** 30 said very successfully; 4 said quite successfully; 1 said only partly
3. **To outline what happens after today:** 23 said very successfully; 1 said quite successfully; 1 said only partly

Comments included:

“Learned more about the decisions that need to be taken”

“Good to be involved in the planning process”; “Chance to have positive input to the decision-making process”

“Very comprehensive and well-presented and fun”

“The scale and dissemination of the plan unclear”

“Enjoyed meeting and listening to informed accounts”

“Recommendations are great but decisions, action and funding are the critical outcomes”

“I feel it does not go far enough into the future housing population, ‘Localism Act’, STP”

“Understanding the process going forward can only reduce stress and worry for patients and carers and this will have positive effects on recovery”

All comments can be found in **Appendix 4**.

Conclusion

Participants at both events supported the model of care presented to them and said they believed it would be positively welcomed by all vascular patients and families. Although participants expressed an interest in the single arterial site being local to them there was consensus that people would be prepared to travel to get the best possible care **as long as it stayed in Kent and Medway**.

The key issues and concerns, reflected in both events, mirror those reflected in the early patient and public engagement exercises, namely:

- To have good information and communication available for both patients and families



- To have specialist staff available 24/7, with speedy access in an emergency
- Travel and transport to be taken into account in deciding where the arterial centre will be
- To provide high quality support services on the same site as the arterial centre
- All services, from GP to hospital, to collaborate and work together
- Willingness to travel further for high quality, best possible inpatient care, with best patient outcomes ***as long as it remains in Kent and Medway***
- Support for relatives and carers is vital to support best health outcomes
- Best possible follow up care, after discharge, close to home

Feedback from these events will inform the final business case which will be considered by the Vascular Review Programme Board and NHS England during spring 2017. This will then inform the recommendation that will be made about future specialist vascular services in Kent and Medway.



Dr. Noel Wilson and some of his patients from the Canterbury Engagement Event 2017

