Kent and Medway

Improving Vascular Services in East Kent, Medway and Maidstone

Communications and Engagement Strategy

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1 Contents

1 Introduction

This communications and engagement strategy outlines how NHS England and NHS Improvement Specialised Commissioning (South East) and Kent CCG, plan to inform and involve stakeholders, patients and local people in proposed medium-term changes to vascular services in East Kent, Medway and the Maidstone hospital catchment of West Kent in line with the National Vascular specification.

NHS England and NHS Improvement has been working since 2014 with partners, led by senior surgeons, in developing detailed proposals to provide these vital services.

An emergency temporary move of Aortic Aneurysm Repair (AAA) procedures from Medway Maritime Hospital to the Kent and Canterbury Hospital took place with effect from 6th January 2020 to ensure the service could remain safe and sustainable. This emergency move remains in place and therefore no AAA surgery is currently undertaken at Medway.

It is now proposed that all inpatient surgery moves to the Kent and Canterbury Hospital to create a single medium-term inpatient vascular centre for East Kent, Medway and Maidstone. Services in West Kent and the rest of West Kent will remain unchanged. The final permanent location for the vascular centre will be decided following consultation on wider plans to transform health and care services in East Kent.

However, it will take some time for these wider changes to take place. Meanwhile a sustainable vascular service for East Kent, Medway and Maidstone is needed in the medium-term. The change will also mean vascular hospital staff will work across multiple sites as one team as a network supporting both the medium-term inpatient vascular centre which will provide all 24/7 inpatient care and the other hospitals where outpatient treatment, diagnostic testing and some day-case surgery will still take place.

We are proposing to consult with the public and service users about making this temporary move a medium-term solution in accordance with our duties under section 13Q (see 3.1)

2 Background

Vascular services are for people with disorders of the arteries and veins. These include narrowing or widening of arteries, blocked vessels and veins, but not diseases of the

heart and vessels in the chest. These disorders can reduce the amount of blood reaching the limbs or brain or cause sudden blood loss if an over-stretched artery bursts. Vascular specialists also support other medical treatments, such as major trauma, kidney dialysis and chemotherapy.

Complex Vascular surgery covers:

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

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

In common with other specialties, there is strong national clinical consensus that patients who need vascular surgery receive better quality care when they are treated by specialists who deal with a high volume of patients and who, therefore, have significant expertise in this field. This means these services are not available at all hospitals.

3 Approach

3.1 Legal and policy context

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

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

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

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

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

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

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

Specialised services are generally provided in relatively few hospitals and accessed by small numbers of patients. They are usually for patients who have rare conditions or who need a specialised team working together in one place.

NHS England has set out its expectations around patient and public participation for all commissioners in its Patient and Public Participation Policy. This has been further enhanced and supported by the development of a bespoke specialised commissioning participation framework.

The framework sets out that formal consultation and other means of public involvement must be fair and proportionate. The table is used within specialised services commissioning to help consider, describe and decide on an appropriate level of public involvement in light of various relevant factors including the extent and anticipated impact of the changes.

Level	Description
1 Minor changes	– no formal consultation required. However, there may be some benefits to carrying out some engagement activity, if appropriate.
2 Intermediate changes that are broadly supported by stakeholders through prior engagement	– reduced length consultation, limited engagement activity during the live consultation period.
3 Significant changes that are broadly supported by stakeholders through prior engagement	– reduced length consultation, to include some proactive engagement activities during the live consultation period.
4 Significant changes with some contentious aspects	- 12 week consultation to include some proactive engagement activities during the live consultation period.
5 Highly contentious/high volume impact on numbers of stakeholders/ high levels of dissent/ high financial implications/ high media or political profile	- 12 week consultation period plus an extensive range of engagement activity, before during and after consultation.

In 2015 Health Overview and Scrutiny agreed the proposed changes amounted to significant variation. However, over the time the review has been running there has been broad support from stakeholders and from the public which means the 13Q assessment proposed the consultation is deemed level three – reduced length consultation.

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3.2 Working in partnership

The work has been co-ordinated through the Communications and Engagement workstream which reports to the Vascular Implementation Board and comprises CCG, NHS England and NHS Improvement and Trust communications. We also have representation from Healthwatch.

Throughout the pre-consultation period a strong relationship has developed with the Joint Health Overview and Scutiny (JHOSC) committee with regular updates on progress. The next meeting with JHOSC is planned for December 2 where these proposals will be discussed and a decision will be reached about the timing for the consultation.

3.3 Pre-consultation

Reviews of vascular services have been ongoing since 2014 and patients have been involved throughout. In 2019 over 200 letters were sent out via hospital trusts inviting patients and their families to attend one of three patient and public events, to be held in Maidstone, Medway and Canterbury.

3 people attended the event in Maidstone on 16th September 2019 (although 8 people had accepted the invitation) and 9 people attended the event in Rochester on 18th September 2019. Participants comprised people with vascular conditions and family members. Other attendees were from NHS England, the Kent and Medway Vascular Network, Vascular Consultant/Clinical Lead and the Executive Medical Director, Medway Foundation Trust. A member of the Kent and Medway NHS Joint Overview and Scrutiny Committee also attended the second event.

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

Appendix 1 sets out the detailed ongoing engagement from the start of the review programme.

3.3.1 How has pre-consultation engagement informed the proposals?

At each stage of the review patients have been involved including in developing the criteria for options and in selecting the final model of service. All participants in the 2019 engagement were extremely positive about their experiences as inpatients at both Medway and Canterbury, suggestions for improvement have been fed back to the Trusts via the clinicians who attended.

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

3.4 Phase two Live Consultation on medium-term move

Aims

- To communicate openly and widely about how the public views in phase one have helped influence the medium-term model.
- To communicate openly and widely that no change is not an option. Provide a clear explanation about how the medium-term option that has been developed, with a proactive campaign and direct engagement with patients, public and key stakeholders with the aims of:
  - ensuring understanding of the reasons for the change
  - ensuring understanding that this is a medium-term option for safety reasons pending consultation and engagement around wider Kent and Medway reconfiguration.
  - enabling commissioners and the service providers to understand issues for patients, public and key stakeholders ensuring the final model has taken these into account

  In both cases the objectives are:

  - To provide clear and consistent messages and information to all stakeholders
  - To explain the option and the benefits to patients
  - To allow patients and the public to voice any concerns/raise issues/ask questions about the chosen medium-term option
  - To gain views on associated services (for patients undergoing amputation for example)
  - To balance any negative perception and concerns

- To increase public confidence in NHS England as a listening and responsive commissioning organisation
- To seek a response from key audiences (past and current vascular patients, patients living with diabetes and renal patients) proportionate to the number of people who receive the service in a given year. Comparative responses to other vascular consultations range from 200 (Southern Hampshire) and 350 (West Yorkshire)
- Midway through the consultation we will report back to JHOSC with an assessment of the number, diversity and geographical spread of respondents with a proposal of how we will target groups and/or areas where there has been a low response.

Appendix II includes the draft consultation document.

3.5 Format

Due to the Covid-19 pandemic it was necessary to consider engagement activities in a different way to adhere to social distancing requirements and to help to keep people safe, particularly as existing AAA patients may be vulnerable and could be shielding. Although lockdown measures have been eased it is still unclear what the rules might be relating to gatherings of this nature as guidance frequently changes. It is also not understood whether there would be reticence from the public about attending a meeting in person.

3.5.1Channels

There will be a mix of channels

Events

- Four events on different dates and times of the day to allow the maximum number of people to participate. There will be a combination of two online events on Teams supported by the CSU and two face to face events to be held in Medway and Maidstone.

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

Working closely with the community and voluntary sector

- The community and voluntary sector have wide ranging communications networks. We are working with Healthwatch and the Community Voluntary Sector through events they host directly with their clients to get

their views – this often works well with hard to hear groups. We aim to set up a series of focus groups to listen to views of people with protected characteristics,

- We will also supply consultation information through their distribution channels. Many groups have continued to meet virtually but if any are meeting face-to-face then we will work with them to ask for the change to be discussed during these meetings.

Collaboration with CCGs/ICS, Trusts and Healthwatch to make use of existing engagement channels

- The workstream members will use existing partner communication channels and have reached out to the third sector
- Kent CCG's engagement arm will use existing networks to support the work with the community and voluntary sector

Online opportunities to respond to the consultation

- The consultation suite of documents and the survey questions will be made available through SWCSU's Join the Conversation Platform. It provides a mechanism for consultation documents to be uploaded and for people to provide their feedback. Participants will have the flexibility to share an audio/video recording of their feedback. Join the Conversation also supports translation into multiple languages at the touch of a button and meets or, wherever possible exceeds WCAG 2.1, the current global web accessibility standard.

- To ensure that any survey is accessible for a wide range of people we will also offer one-on-one phone conversations and a hard copy option to complete a survey. An Easy Read version of the document is also available

Printed copies of the consultation document

- The consultation document will be sent with a letter to 2,000 current and past vascular and renal patients
- The consultation document will distributed with a letter to 2,000 addresses on the Diabetes UK South East mailing list
- Copies will also be available in vascular clinics, renal services and maternity services

Engage with staff

- NHS staff will be engaged, with briefings organised at their place of work to include senior trust staff. Staff are key influencers of patient views and

also members of the public and use local health services themselves, so briefings will focus on the case for change as a whole, not just their role as employees. The aim will be to ensure staff have had the opportunity to understand the impact of the changes to the way they work and what the change means for patients. This will inform but not be part of any formal HR consultation.

- Staff will also have the opportunity to complete a survey

Stakeholder communications

- A targeted mail out with a briefing to a wide range of stakeholders including local authority partners, MPs, Healthwatch organisations and professional bodies with an interest in vascular services – issued both at the start of the consultation and as a reminder ahead of the consultation closing

Robust media approach

- There will be a responsive, agile and robust media handling plan including proactive briefing/news release about the proposals and promotion of the webinars and survey to encourage participation. The media briefing/news release will focus on the key proactive messages around meeting national standards, ensuring the right level of specialists are available 24/7 and ensuring the right outcomes for patients. A media sharing protocol has been agreed for reactive media.

Multi-channel communications

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

- A paid for Facebook advert has been developed together with social media adverts to raise awareness of the consultation which will be hosted on the Kent and Medway CCG website. The target audience is all adults living in the consultation area with a potential reach of 1.4 million people. Clicking on the advert will take the user to the consultation platform. Facebook predicts this will generate between 44 and 128 clicks to the landing page per day, every day throughout the consultation period. Partners and groups which represent target audiences (see pages 20-26) will be encouraged to support the social media activity. They will be provided with a social media pack and schedule to increase opportunities to see

- As the key clinical leaders are not always likely to be available we are developing a video communicating the engagement's key messages

which will be made available on the NHS England and NHS Improvement website with a link available for partners to promote through their own channels.

Materials in appropriate formats

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

- Our Equality Impact Assessment indicates a potential need for translations into languages other than English. The phrase 'If you or someone you know needs this document in an alternative format or language, please contact us on 01634 974040 or england.seconsultation@nhs.net' has been translated into French, Lithuanian, Slovak, Polish, Lithuanian and Romanian and appears on the rear cover of the consultation document.

  We can then arrange for translation or interpretation services as needed on a case by case basis.

  Translations are also available on the Join the Conversation site.

- An Easy Read version of the document is available and Large Print will also be available

3.6 Key messages

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

Overarching messages

We plan to develop services which are:

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

We are committed to:

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

- Being open and transparent throughout the consultation process.

Supporting messages

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

3.7 Timeline

Key dates:

Pre-consultation	Live-Consultation	Analysis and reporting	Decision	Implementation
2021	Jan	February	March	
Development of communications and engagement strategy	Consultation Dates tbc in agreement with JHOSC	Responses analysed	Decision taken	Implementation – communication and engagement to be done by the providers
Stakeholder analysis	Letter to patients who have used vascular services with printed consultation document inviting them to attend events	Consultation Report written and shared with stakeholders and JHOSC	Stakeholders updated on outcome	
	Diabetes UK SE mailing			
Liaison with Health Overview and Scrutiny	Email to staff and stakeholders with digital consultation document		Communicate decision to patients / public	
Plan and schedule consultation events x 4	Media briefing		Formal staff consultation to be done by the providers	
Develop consultation material including online survey and consultation document	Social media campaign including Facebook advertising			
Work with voluntary sector	Public consultation			

on reach and breadth	events x 4 (online and face-to-face)			
Stakeholder briefings	Focus groups with people with protected characteristics			
	Staff survey			
	Mid-consultation review and adjustments made in agreement with JHOSC if required			
	Activities logged for audit trail			
	All feedback stored in line with Data Protection			

3.8 Analysis and reporting

During this phase all feedback will be analysed. A report will be independently produced collating all of the responses we receive to the consultation with an analysis of what respondents have said. The analysis will include information about the number, type and other characteristics of the responses, giving us a good picture of the views expressed.

3.9 Decision making

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

In coming to a decision, NHS England will consider the responses to the consultation and will adjust its proposals if we consider it appropriate to do so. We will take into account and balance all the main factors, including affordability, impact on other services, access and patient choice. Our recommendations will then be considered

by the relevant committees before a final decision is taken by the NHS England Board and Kent and Medway CCG Board.

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

3.10 Implementation

Communications for this phase to be led by providers.

4 Risks and Issues

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

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

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

The level of public scrutiny applied to any public engagement or consultation should not be underestimated. Legal challenges could be made which relate to communications and engagement activities.

Challenge often comes from a programme's lack of involvement opportunities for the public at the earliest possible stage. It is important to demonstrate with clear evidence how this has been achieved.

Communications Risk	Mitigation
We are unable to secure effective clinical engagement, leading to lack of support for proposals	Local lead clinicians are fully involved in the review and are programme board members. External clinical expertise has been used to support the local clinicians using nationally agreed clinical guidance as the benchmark for the review. The clinical model has been developed by the local lead clinicians. Clinical case will be convincingly described and promoted Clinical leaders to provide visible, public support
Inaccurate information causes undue concern among patients/public/stakeholders	All communication to be open and transparent and shared at the earliest opportunity allowing for clarity and consistency of the message. All co-dependencies to be identified and any possible impacts to be discussed and shared with stakeholders. All communications from stakeholders to be coordinated to ensure consistent clear messages.
Inadequate information causes undue concern among patients/public/stakeholders	Work with Healthwatch and existing patient groups in place through system partners to ensure materials are clear, consistent and comprehensive. Ensure the issues most likely to excite local opinion – money, transport and emergency care are adequately covered within the case for change and the consultation document Ensure the consultation document addresses how sustainability and capacity are being addressed
The review causes anxiety which impacts on current services and/or ability to engage effectively	The process to be open and transparent. All concerns to be raised to the Programme Board at the earliest opportunity. Clear communications to be agreed and shared across key stakeholders. Risk and issues logs to be maintained and regularly reviewed through the process. Key stakeholders to be identified and communicated with as early as possible. Process is conducted across the whole of the area where the services are provided including those already operating in a network

	Equality impact assessment will identify groups with characteristics which are impacted by the service/service change A mix of approaches will be used to ensure a wide range of voices are heard
The public and/or local authorities contest service change either through judicial review or through referral to the Secretary of State by health overview and scrutiny committees.	Learning from the Independent Reconfiguration Panel to be adopted as best practice within the communications and engagement process: • community and stakeholder engagement in the planning process • equalities impact assessment and careful analysis of particularly affected groups to ensure the right methods are used to engage • adequate attention given to the responses during and after the engagement including maintaining a thorough evidence log of all communications and engagement activities

4.1 Section 1: Equality analysis

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

Disability

- Because a proportion of patients accessing vascular services have diabetes it is likely that some will have visual impairment beyond the usual age-related changes in vision. This means that the consultation will need to be available in alternative formats. These patients may be unable to drive and may have difficulties accessing public transport, so consideration needs to be given to whether they will be able to attend face-to-face meetings.
- Arterial disease in some patients requires lower limb amputation which will also affect accessibility to attend meetings
- Patients with chronic mental health problems and learning disability (particularly Down's syndrome) are at increased risk of diabetes and arterial disease. There will be a requirement for easy read versions of documentation

Gender reassignment (including transgender) People undergoing gender reassignment surgery will need vascular services and are at greater risk of vascular disease

Marriage and civil partnership No impact

Pregnancy and maternity Pregnancy can lead to the blood clotting more easily, which increases the risk of developing thrombosis and therefore a disproportionate need for vascular

Race

Diabetes is more common in people of South Asian origin with earlier onset of significant arterial complications. People of Afro-Caribbean origin are more prone to high blood pressure which may be more difficult to control than in other groups, hence increased incidence of renal disease and stroke. People of Black and Minority Ethnic origin have a 50% increased risk of heart disease and have much higher levels of kidney disorders (renal services require vascular support). Narrative content of the communications does not need to be adjusted but appropriate images this group can identify with have been used in any design. It will also be appropriate to make translations available for people whose first language is not English.

Religion or belief

Patients whose religion or belief does not allow blood transfusion or particular blood products will have complications relating to accessing vascular services.

Sex

Vascular disease is more likely to affect men than women. Narrative content of the communications does not need to be adjusted but appropriate images this group can identify with should be used in any design.

Sexual orientation People undergoing gender reassignment surgery will need vascular services. Those who take Oestrogen are at greater risk of vascular disease

Carers

As vascular patients tend to be older and may already have disabilities (or develop a disability as a result of vascular surgery/amputation) they may already have a carer or may need the support of a carer.

The consultation will seek to engage with carers to understand the impact of the proposals and possible solutions such as community transport for visitors.

Other identified groups.
Parts of Medway and Thanet have areas of socio economic deprivation. Smoking, obesity and low levels of activity are more common in areas that have socio economic deprivation. As these lifestyle risk factors are also linked to prevalence of diabetes (and therefore risk of vascular disease) the communications and engagement must consider the communications needs of this group. A review by Ofcom indicates that socio economic deprivation influences access to ICT which can itself be a form of social exclusion.

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

Engagement and involvement

How have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?

Sharing of this document with relevant groups including:

the Council for Voluntary Services via local authority colleagues;

Healthwatch;

Health Overview and Scrutiny;

Diabetes UK South East;

Maternity Services Liaison Committees;

Kent and Medway Wheelchair Services;

G4S Patient Transport Services;

South East Coast Ambulance Services;

Kent Community Foundation Trust;

Age UK; LGBTQ and Transgender groups in Kent; Kent and Medway LMS East Kent, Medway and MTW Maternity Voices Partnership British Chiropody and Podiatry Association South East Branch
How have you engaged stakeholders in testing the policy or programme proposals? Through each stage of the review Health Overview and Scrutiny has been kept updated and patients and the public have been involved in the development of the proposals. Sharing of this document with relevant groups such as the Council for Voluntary Services via local authorities; Healthwatch; Health Overview and Scrutiny; Healthwatch are actively involved in the communications workstream
For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs: Communications and Engagement Workstream involving the affected Trusts, CCGs and Healthwatch. Information also shared with voluntary sector Listening events held in Maidstone and Rochester Letters sent to Council CEOs and Chairs, to neighbouring HOSC areas, MPs, A full report on public engagement activity to date is at Appendix 1

Equality group	Summary of evidence presented in the EIA scoping report	How will this group be affected by the changes?	Representative body	How will we engage with this group	How will we make them aware of the consultation
Age: Older people	Over time the vascular system can deteriorate. This means that older people have a disproportionate need for vascular services.	Positive – improved service will enable better outcomes Majority of care will not change Negative - For Maidstone and Medway patients risk of increased stress and anxiety making an unfamiliar journey and increased travel costs. Patients can apply for patient transport	Age UK North West Kent Age UK South Kent Coast Age UK Maidstone Age UK Canterbury Age UK Thanet Age UK Sevenoaks & Tonbridge Age UK Faversham & Sittingbourne Age UK Sittingbourne Age UK Sheppey Age UK Tunbridge Wells Older People's forums	Focus groups Invitation to attend key online events Invitation to attend face-to-face event	E-mail with digital copy of the consultation document Request support to promote events through digital media channels and encourage attendance at events
Disabled people	Disabled people with mobility	Positive – improved	Kent and Medway Wheelchair Services Physical disability forum	Focus groups	E-mail with digital copy of

	problems are likely to have reduced levels of physical activity, which is a key factor that leads to the increased need of vascular services. Over half of all amputations each year are due to diabetes related complications	service will enable better outcomes Majority of care will not change Negative - For Maidstone and Medway patients risk of increased stress and anxiety making an unfamiliar journey and increased travel costs Patients can apply for patient transport	Diabetes UK South East Kent Community Foundation Trust (developing a new model for diabetes care) British Chiropody and Podiatry Association South East branch	Invitation to attend key online events Invitation to attend face-to-face event	the consultation document Request support to promote events through digital media channels and encourage attendance at events
People with learning disabilities		Positive – improved service will enable better outcomes Majority of care will not change	Kent Community Foundation Trust LD networks in NHSE/I	Focus groups Invitation to attend key online events	E-mail with digital copy of the consultation document Request support to promote events

		Negative - For Maidstone and Medway patients risk of increased stress and anxiety making an unfamiliar journey and increased travel costs Patients can apply for patient transport		Invitation to attend face-to-face event	through digital media channels and encourage attendance at events Easy read version of consultation document
Gender re-assignment	Individuals who are transitioning are at a greater risk of developing vascular diseases if they are taking hormone treatments with oestrogen. Patients have gender reassignment	Positive – improved service will enable better outcomes Majority of care will not change	Medway Gender Sexual Identity Centre Transgender Peer Associates Dover https://www.transunite.co.uk/ Thanet LGBT 50+ Group Paula Carr Trust Kent and Medway non binary forum	Focus groups Invitation to attend key online events Invitation to attend face-to-face event	E-mail with digital copy of the consultation document Request support to promote events through digital media channels and encourage attendance at events

	surgery in Brighton so no impact on this pathway				
Pregnancy and maternity	Pregnancy can lead to the blood clotting more easily, which increases the risk of developing thrombosis and therefore a disproportionate need for vascular services.		Maternity Services Liaison Committees at Trusts East Kent Maternity Voices Partnership Medway Maternity Voices Partnership MTW Maternity Voices Partnership	Focus groups Invitation to attend key online events Invitation to attend face-to-face event	E-mail with digital copy of the consultation document Request support to promote events through digital media channels and encourage attendance at events
Race and ethnicity	Certain cultural and hereditary factors, such as high blood pressure, are associated with an increased risk of developing vascular disease.		Diversity Forum Kent Equality Council Equalities centres in East Kent Faith Groups – Mosques, Gudwaras and Church groups – focus Medway and Maidstone Working through the District/ Local Council Equalities Officers Focus Ethnicity Groups including Nigerian Association, Medway Health Action, Diversity House	Focus groups Invitation to attend key online events Invitation to attend face-to-face event	E-mail with digital copy of the consultation document Request support to promote events through digital media channels and encourage attendance at events

					Provide translations in alternative languages
Deprivation	There are numerous lifestyle factors associated with an increased risk of vascular disease, such as smoking and physical inactivity; these lifestyle factors are more common amongst people from deprived backgrounds.		Community organisations focused in deprived areas: For instance: Medway Plus (Chatham) Arches Local, Chatham, Sunlight Centre, Gillingham Cliftonville Community Centre Red Zebra (East Kent)	We will commission groups to be run and interviews carried out through Involving Medway Community Health Researchers and trained focus group leaders Focus groups Invitation to attend key online events Invitation to attend face-to-face event in key areas of deprivation Thanet Deal/Dover	

				Medway	
Carers			Carers Support Ashford Carer's Support (Canterbury, Dover Thanet) Carers First Medway Letter to invite current and past patients will also invite carers to be involved/respond to the consultation Diabetes South East mailing will include a letter which will invite carers to be involved/respond to the consultation	Invitation to attend face-to-face and online event	

5 Associated documentation

NHS England Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning

ppp-policy-statement.pdf

Planning, assuring and delivering service change for patients

plan-ass-deliv-serv-chge.pdf

Accessible Information Standard

access-info-spec-fin.pdf

Independent Reconfiguration Panel (2010) *Learning from Reviews*

6 Appendix I Key Audiences

Key audiences have been assessed according to the level of interest they have in the issue and their influence on developments. This will enable the messages developed to be tailored to each specific audience and will also allow judgements to be made on the amount of effort to devote to each audience. Following are the key audiences we will need to engage with.

- **Patient and public representative groups** - this includes:
    - Active or recent vascular patients and their carers/relatives
    - Healthwatch
    - Patient panels or health networks run by CCGs/trusts
    - Hospital – patient experience groups
    - VCS organisations interested in diabetes, cardiovascular disease, stroke, amputees,
    - CCG patient reference groups
    - Patient support groups
    - Health and wellbeing boards
    - PPGs
    - Seldom heard groups including LD partnerships, MH service users, prisoner, BAME communities, veterans
    - Faith groups

- **Public**
  The communications group has developed a communications activity plan for the consultation

Vascular services interim solution reviev

Communications will include raising awareness of the consultation through advertising in social media, media relations and letters sent to patients and the public and to stakeholders.

Third sector groups including Diabetes UK have agreed to share materials together with services who have users with an interest including wheelchair service, Kent Community Health NHS Foundation Trust

There will be the following activities to engage people who want or need more information:

- four key events (both online and face-to-face) which the public will be able to attend
- specific focus groups for people with protected characteristics

- **GPs and GP commissioners** - this includes:
  - Kent and Medway CCG
  - Any GPs with a particular interest in vascular issues via the CCG

- **Council representatives** - these include:
  - council scrutiny committees
  - Directors of Public Health
  - Leaders
  - Health cabinet members
  - Chief executives

- **MPs** - comprising:
  - All members of parliament in the affected areas

- **Campaign groups** - comprising:
  - Any existing campaigns relating to health services in the affected areas

- **Media** - this includes:
  - Local and regional broadcast media, routinely
  - Local print and online media, routinely
  - A media protocol has been agreed to ensure consistency of messaging and no surprises

Any national or trade media that expresses an interest

6.1Report on patient and public engagement 2015 to 2019

6.1.1Introduction

NHS England, in collaboration with East Kent Hospitals University NHS Foundation Trust (EKHUFT) and Medway NHS Foundation Trust (MFT), have been reviewing the vascular services currently provided across Kent and Medway. The review includes emergency and planned specialist vascular treatment, outpatient care and day care treatment.

The review started in December 2014 and has involved patients, relatives and members of the public throughout in order to ensure that their experiences and views informed the development of future services.

This report provides an overview of the review to date, all related engagement activities, key feedback themes and how these have contributed to the emerging model.

6.1.2 Overview

In 2013, national specification and standards for vascular services were published, based on best practice guidance from the national Vascular Society[1]. This national specification set out a tried and tested network 'hub and spoke' model, serving a minimum population and providing 24-hour access to specialist care.

Evidence has shown that these services 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.

NHS England Specialist Commissioning, initiated a review of the vascular services provided by the current providers in Kent and Medway in December 2014, to address the requirements in the national specification and standards.

A series of patient, public and stakeholder events have taken place since 2015 to support the review and inform each stage of developing the future service:

- **July 2015:** 10 listening events across Kent and Medway to discuss and develop the Case for Change

[1] The Provision of Services for Patients with Vascular Disease 2012, The Vascular Society, https://www.vascularsociety.org.uk/_userfiles/pages/files/Document%20Library/Provision-of-Services-for-Patients-with-Vascular-Disease.pdf

- **February 2016:** A deliberative all-day workshop, during which clinicians, patients and public reviewed and discussed the developing clinical model in detail
- **February 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
- **August 2017:** two workshops to test and review the evaluation criteria for selecting the best future sites
- **September 2019:** two workshops and two interviews, to update on the detailed work conducted in 2018 and gain further feedback on patient experience, medium-term plans, clinical recommendations and outline next stages

6.1.3 Key findings

Overall, people reported very positive experiences of vascular inpatient services at both Medway and Canterbury hospitals. Many viewed this as an opportunity to improve care and ensure better patient outcomes, as well as an opportunity to attract more staff to the area. Whilst there were concerns about travel and transport links, there was generally a willingness to travel further for high quality in order to ensure best possible inpatient care and patient outcomes, ***as long as the services remain in Kent and Medway***

Engagement with stakeholders identified the following key areas for consideration when developing future vascular services:

- ***High quality service*** provision to attract and retain ***high calibre staff with specialist skills***
- The ***capacity to deliver the service 24/7***, safely and in a timely manner, particularly in an emergency
- ***Travel times, transport networks and parking*** to be taken into account when deciding the locality of the arterial hub
- ***Improved referral times and access*** with smoother access/appointment systems for elective care and consistency in following referral standards (for example, two weeks from diagnosis to consultant appointment)
- ***Waiting times reduced and standardised*** for test results and scans
- ***Local services*** that reflect local needs, demographics and population growth, to provide the ***right aftercare*** as close to home as possible
- ***Easier, more timely access*** to outpatient services, provided in a conducive environment, with appropriate resources
- ***Greater collaboration, coordination and communication*** between services and disciplines to ensure a streamlined, consistent care pathway
- ***Education for GPs and other professionals*** so they are more aware of and can more quickly detect vascular disease
- Provide a ***contact number*** and name for easier access into and advice from the service

- ***Increased use of technology***: to support better patient experience, avoid travel and keep people at home; so information is shared across all the relevant services
- ***Greater involvement*** of patients and their families in care decisions and patients supported to make choices; ***discharge plans*** agreed with patients and family carers, before discharge, with ***tailor-made, timely follow up***
- ***Easily accessible and understandable information*** – verbal, written and electronic - for patients, family and carers, including clear explanations about planned treatment, what is available in the community and other ongoing support
- Greater focus on ***prevention*** to highlight the risks of certain behaviours/conditions and ***early intervention*** to support better patient outcomes
- ***Advertise widely and provide general information and awareness raising*** of vascular conditions, screening and access to services, to ensure early diagnosis and equitable access to services
- Ensure the proposed vascular changes fit within local ***future NHS plans*** – take other service changes into account, for example hospitals providing different specialties and potential multiple transfers for different health care needs

6.1.4 Conclusion

The vascular review was established in response to the national specification and standards and has been driven by clinical reasoning throughout.

Each key stage of the review has involved discussion with clinicians, patients, public and other stakeholders, to ensure the clinical and patient/lay perspective have been considered when addressing the required standards.

A further review in 2018 acknowledged that the future permanent location of the main arterial centre would be determined through the east Kent transformation programme (part of the local Sustainability and Transformation Programme). However, as it is likely to take several years to deliver the changes, NHS England has recommended that a medium-term main arterial hub should be located at the Kent & Canterbury Hospital.

Despite the extensive engagement at each key stage of the review there is an ongoing commitment to continue engaging with patients, their families and other interested parties as the medium-term solution is put in place.

6.2 Background and review timeline

6.2.1 National standards

In 2013, national specification and standards for vascular services were published, based on best practice guidance published by the national Vascular Society. This

national specification set out a tried and tested network 'hub and spoke' model, serving a minimum population and providing 24-hour access to specialist care.

The minimum population is important, as it ensures that there is an adequate number of vascular patients to maintain the right mix of highly skilled specialist staff. The evidence shows that centres which treat the right numbers of patients get better results: fewer people die and fewer are left with long-term disability.

This model – already being implemented in a number of areas in the UK – ensures that the specialist teams carry out enough procedures to maintain and improve their skills, ensuring consistent, safe, quality care.

6.2.2 Kent and Medway vascular review

Developing the Case for Change – 2015

NHS England Specialist Commissioning initiated a review of the vascular service provided by the current providers in Kent and Medway in December 2014.

The Case for Change[2], published in 2015, set out why specialist vascular services for people in Kent and Medway were being reviewed, in line with the national specification and standards. The Case for Change was reviewed by the South East Clinical Senate in June 2015, to check the plans were clinically sound and would improve outcomes for patients. The Senate made a number of recommendations[3] which were taken into account in the next stage of development.

A series of 10 listening events were held across Kent and Medway in July and August 2015, to gain people's views on the developing Case for Change and proposals.

The findings, along with the Case for Change were presented to Medway Health and Adult Social Care Overview and Scrutiny Committee (HASC) in August 2015

APPENDIX 1 - 08.2015 Medway HAS

and to Kent Health Overview and Scrutiny Committee (HOSC) in October 2015

APPENDIX 2 -10.2015 Kent HOSC.pdf

Both Committees deemed the proposals to be a substantial variation of service and a Joint HOSC (JHOSC) was established. Regular presentations and discussions have

[2] The Case for Change https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2016/02/case-for-change-kent-medway-vascular-review.pdf
[3] SECS Report http://www.secsenate.nhs.uk/files/7214/4118/1211/SE_SECS_Kent_and_Medway_Vascular_Surgery_Services_Review_Report_June_2015.pdf

been undertaken with JHOSC throughout the review and members have been invited to the engagement events.

Option development and appraisal – 2016

A detailed option appraisal was conducted over the following months, in line with the specification, and the Clinical Reference Group (CRG) agreed two options needing further clinical development/review to establish whether they would address the issues in the case for change:

Option 1: a two centre arterial hub with spokes model working within a network
Option 2: a single Kent and Medway arterial hub with spokes working in a network across Kent and Medway

Having conducted further detailed assessment the CRG recommended to the programme board that a single Kent and Medway hub and spoke model working within a network was the only model that should be taken forward, as:

- **Option 1** would not deliver the required volumes without significant repatriation and would struggle to meet the required consultant numbers.
- **Option 2** reflected the national best practice model and would meet the requirements of the national specification and reflected the priorities noted in the Listening Events.

The findings were presented to the JHOSC in January 2016 APPENDIX 3 8.1.2016 Kent and Medway JHC.

The Clinical Reference Group continued to develop the clinical model, including assessment of the key indicators and impact areas and inclusion of the public priorities.

The emerging model was then presented at a deliberative, all day workshop in February 2016, attended by clinicians, patients, their families, carers, members of the JHOSC and other interested parties. The workshop was designed to consider and discuss the model in more detail.

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. The feedback, alongside a more detailed description of the proposed clinical model was presented to JHOSC in April 2016 APPENDIX 4 - JHOSC 04.2016.pdf

Subsequent work determined that East Kent Hospitals Foundation Trust and Medway Foundation Trust work collaboratively to create an Integrated Vascular Network. This would be developed on a model with a single arterial centre and a more diverse multi-site model for non-arterial centres. This was presented to JHOSC in August 2016.

APPENDIX 5 - JHOSC 8.2016.pdf

A further update and precis of engagement to date was presented to JHOSC in November 2016 alongside the intention to conduct further engagement in January/February 2017 across Kent and Medway, to describe the collaborative model and review with key stakeholders, including vascular patients and their families.

APPENDIX 6 - JHOSC 11.2016.pdf

Network creation, site options and evaluation criteria – 2017

The Kent and Medway Vascular network was formed and more work undertaken to develop the proposed model:

- A single Arterial Centre delivering all emergency care and inpatient care, as well as outpatients, diagnostics and same day surgery for its local population
- A single Enhanced Non-Arterial Centre delivering day surgery and looking at new and innovative procedures being developed for K&M residents, alongside outpatients and diagnostics for its local population
- A number of Non-Arterial Centres, providing outpatient and some diagnostic services for the local community

Two events were held in February 2017; one in Canterbury and one in Medway to update participants on review activity to date, present a broad outline of the recommended future model and the proposed network arrangement between East Kent Hospitals and Medway Foundation Trusts and gain participants' views on the proposed way forward. Participants were asked to provide their feedback on the perceived benefits and challenges of locating the single Arterial Centre in either one of three east Kent hospitals or Medway hospital.

The Vascular Network Board then identified two possible site options for delivering the clinical model:

Option A The single arterial centre in East Kent with the enhanced non arterial centre in Medway and the other non-arterial centres remain as they are currently across Kent and Medway

Option B The single arterial centre in Medway (MFT) with the enhanced non arterial centre in East Kent and the other non-arterial centres remain as they are currently across Kent and Medway

The options were to be evaluated against a set of criteria which were tested and developed with the vascular community. The key areas/domains included:

- ***Quality***: - will it improve patient care?
- ***Access***: - are patients and relatives able to get to the unit?
- ***Affordability***: - Is it affordable and value for money?
- ***Workforce***: - do we have the right number and level of staff?
- ***Deliverability***: - can it be implemented in the timeframe?
- ***Research and Education***: - will it support research and education/development?

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

- update and involve participants in the plans
- test the six evaluation criteria and consider whether anything needed to be added, from a patient/family carer perspective

An informal JOHSC committee meeting was held in August 2017 to advise the JOHSC of progress and a formal update was provided in December 2017 outlining the full review process to date and stating that the initial findings of the Kent and Medway network options appraisal indicated that the Arterial centre would be bestplaced in east Kent, with an enhanced non-arterial centre in Medway.

APPENDIX 7 - JHOSC 12.2017.pdf

Future vascular services and the wider transformation programme - 2018

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

A report was presented to JHOSC in October 2018 outlining the need for a medium-term solution for vascular services, due to the length of time it would take to put in the long-term timeline associated with the East Kent Transformation Programme.

APPENDIX 8 - JHOSC 10.2018.pdf

The medium-term solution for vascular services - 2019

In April 2019, to comply with the national clinical guidance, NHS England/Improvement recommended that the medium-term main arterial hub should be located at the Kent & Canterbury Hospital until the longer-term transformation programme is in place. An update was provided to JHOSC in September 2019

including the commitment to continue engaging with patients as the Vascular Network develops.

APPENDIX 9 - JHOSC 09.2019.pdf

In September 2019 patients and their families were invited to complete an online survey to share their experiences of current services and how these might be improved. Letters also went out to over 200 vascular patients inviting them and their families to three events planned to take place in Maidstone, Medway and Canterbury to share their experiences and provide feedback on plans to date. Both activities provided an opportunity to re-engage with patients and their families, update them on the current situation, re-assess patients' priorities and check whether these were reflected in the emerging model.

6.3. Feedback from Kent and Medway engagement 2015

Listening events - 2015

Ten public 'listening' events were held across Kent and Medway in July/August 2015, to share and develop the case for change with the public, patients and carers and elicit their views on the proposals and what they would want from the future service. 64 people took part in the discussions, including people who had used vascular services, family members, interested members of the public, clinicians, CCG lay representative and commissioners.

Overall, the participants reported a positive experience of vascular services, in Kent and Medway and in London. Concerns were raised regarding the speed of referral and diagnostic tests, the effectiveness of screening, the lack of co-ordination between locations, services and providers, population growth.

The attendees recognised the case for change. Participants felt that having access to a specialist vascular team or centre was most important and reassuring in a life-threatening situation and having good access to such a service in Kent and Medway was vital.

Their priorities for vascular inpatient services were:

- The ability to ***make choices*** and good information to help make the right choice
- ***Information and communication***, particularly for anxious family and carers
- The need for ***high calibre staff with specialist skills*** and capacity to deliver the service 24/7. A strong, consultant team with the relevant support staff
- The ***best treatment*** possible as ***quickly*** as possible
- ***Speedy access in an emergency*** situation
- ***Smooth access for elective care*** – improved appointment systems
- The need for ***support***, particularly following amputations, and to know what assistance is available including ***care in the wider community***

- ***More joined up working*** between services and disciplines, including ***improving the ability to recognise*** vascular disease.

When developing the options and recommendations for future vascular services, patients, carers and the public highlighted the importance of considering:

- ***Workforce*** and the possibility of attracting the best specialists to Kent
- Speed of ***access*** to and ***availability*** of specialist care
- The specific needs of ***local populations***
- Patient/clinical ***choice***
- Potential ***population growth*** in Kent and Medway, particularly in Dartford
- ***Transport*** networks
- ***Prevention*** – the need to highlight the risks of certain behaviours/conditions

Deliberative Event: testing the model – 23rd February 2016

A deliberative, all day workshop was held in Maidstone on 23rd February attended by 13 patients alongside partners and carers. This group had 'lived experiences' of existing services and were well placed to interrogate the proposed model and provide insight into how it might impact on patient experience. The event also involved members of the public, voluntary sector representatives, Kent's Health Overview and Scrutiny Committee, Kent and Medway vascular clinicians, the NHS England programme Lead and Medical Director and a leading vascular surgeon representing the vascular society.

A key message was that a specialists 24/7 service is vitally important and must remain in Kent and Medway.

Whilst there was some support in principle for the changes, concerns were expressed about:

- Outpatient facilities and delays in follow up
- Travel, transport and parking
- Keeping friends and family in the loop
- Primary and community care professionals' awareness of vascular symptoms
- GP referrals and early intervention
- Prevention

Participants provided the following key feedback points and recommendations:

- Improve ***dialogue and communication*** between vascular specialists, primary and community care
- Provide patients with ***clear information and explanation*** about what to expect, why things are happening and who they will be seeing
- ***Improve screening*** provision, preventative and early intervention to support better patient outcomes
- Establish ***minimum standards specifically for vascular referral*** such as two weeks from diagnosis to consultant appointment
- ***Better appointment booking system*** required along with clarity about what each appointment is for and which staff patients are seeing. Send appointment reminders
- Consultations should be in ***confidential environments*** at all times, but include family members if required

- ***Discharge arrangements*** need to be ***consistently clear with plans*** put in place that are explained to patients and their carers
- ***Tailor-made follow up*** arrangements that manage expectations, support patients seeking assurance and provide clinical input at the time patients need it
- A ***named specialist nurse with contact number*** should be provided
- ***Increased use of technology*** might support better patient experience, avoid travel and keep people at home more

APPENDIX 10 - 02.2016 K&M Vascula .

6.4 Engagement events: future model and possible sites – 2017

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, to update participants on review activity to date, present a broad outline of the recommended future model and the proposed network arrangement between East Kent Hospitals and Medway Foundation Trusts and gain participants' views. 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.

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

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.***

Medway participants saw this as an opportunity to ensure better patient outcomes, as well as being a more attractive and innovate place to work, so a positive move for recruiting staff to the area. *Canterbury* participants saw it as an opportunity to improve care for patients, attract and recruit staff and build on education and expertise.

Both groups saw access, travel, transport, capacity and recruitment 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 – friendly, understandable - ***information and communication*** available for both patients and families
- ***Capacity*** to ensure care is provided in a safe and timely manner
- To have ***specialist staff available 24/7***, with speedy access in an emergency; with high quality support staff; ***recruitment and retention*** essential
- ***Improve referral time***, to avoid emergencies
- ***Greater collaboration between all services;*** greater understanding of vascular conditions across services
- ***One IT system***/systems talking to each other
- ***Travel and transport*** to be considered when deciding where the centre will be
- 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***
- ***Awareness-raising*** and ***prevention***
- Needs to fit with the ***wider health and care plans***

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

A. Single Arterial Centre at Medway Maritime Hospital

Medway participants had a preference for Medway Maritime Hospital – local, better access for some and an established vascular centre – but they also recognised key challenges such as travel and access generally for this site, particularly in an emergency.

Canterbury participants identified Medway as having some potential benefits for becoming the Centre - already has vascular and the relevant support services - however there were concerns about access (transport, parking), facilities, capacity and the Hospital's reputation.

B. Single Arterial Centre at Kent and Canterbury Hospital

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

Canterbury participants saw Kent and Canterbury Hospital as a strong option - a positive reputation, central, good transport links and support services, links with university -but there were concerns about traffic, particularly in an emergency, no emergency services on the site and potentially increased pressure on staff and facilities.

C. Single Arterial Centre at William Harvey Hospital

Medway participants recognised that Ashford is geographically central and a good place to get to in an emergency but 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 - good reputation and travel links, central location, 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.

D. Single Arterial Centre at Queen Elizabeth the Queen Mother Hospital

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

Canterbury participants identified that, while the staff have a good reputation and there is good public transport, access issues - parking, summer traffic -were significant and the hospital is in an isolated area and in special measures.

APPENDIX 11 - 02.2017 Draft Vascula

Engagement events: update and testing the criteria 2017

Two patient and public events were held in Gillingham and Ashford in August 2017, to update and involve participants in the plans for future vascular services and test the six evaluation criteria that had been developed to test which of the available options would have the best outcomes for patients

28 people took part across the two events, including vascular patients, family members, JHOSC members, the Programme Director and lead clinicians and commissioners.

A key element of each of the sessions was facilitated table discussions to test each of the criteria in turn and consider whether there was anything patients and their family members didn't understand in the statements and questions and whether there was anything missing, from their perspective.

Overall, there was consensus amongst patients and family members, across both events, that the proposed network model made sense to them. However, whilst the Network was developing now, it was stated that medium-term measures should not allow the final option to be determined 'by stealth'. The decision about the option should come first, with a medium-term plan being put in place second.

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. There was concern, however, about the language used, as there were many words and phrases participants did not understand or were ambiguous. They asked that a lay person's version be created, using plain language, showing the links to the existing terminology.

The following key themes emerged against each of the criteria (reflecting both events). APPENDIX 12 - 09.2017 Vascular Revi.

6.5. Engagement activity: clinical recommendations and delivering the model of care – September 2019

An online survey was created, available on the NHSE/I Specialised Commissioning South East website for patient and family feedback on their most recent experiences of vascular services and their views on the proposed model of care.

The survey closed on 30th September 2019 and despite it being advertised widely across there were no responses.

Over 200 letters were sent out, inviting patients and their families to three events being held in Maidstone, Medway and Canterbury in September 2019. Twelve patients and family members attended two sessions in Maidstone and Medway. Due to the low uptake for the event in Canterbury (two people) this was changed to individual interviews.

Participants were presented with the reasons for the review (the case for change), the new model of care and how this would be delivered. The key change from the review is that inpatient surgery will only take place at one hospital - the Arterial Centre – not two separate locations, as is currently the case.

All participants were extremely positive about their experiences as inpatients at both Medway and Canterbury. A small number reported having excellent aftercare but more people recounted negative experiences, including difficulty getting aftercare; long waits in outpatients, in a very poor environment; lack of aftercare support, leaving someone having to provide stoma care for her husband.

Other negative experiences included:

- difficulty getting referred into the vascular team
- lack of or no information about decisions made about care
- poor patient information
- waits for scan results
- lack of communication between services and with patient
- no contact number for patient to link with the team

In relation to the specific proposals, whist there was some agreement for the need to consolidate specialist resources, concerns included:

- the impact on travel, traffic, transport and parking
- increased pressure on existing beds
- the impact of the increase in housing, population and subsequent demand

- the impact of hospitals providing different specialties and the potential for multiple transfers between hospitals for someone with several conditions
- the impact on workforce and potential loss of expertise

The following areas were suggested for consideration in the next stage of developing the future model:

- ***Improve the referral process***, so referrals take place and are more timely
- ***Provide 24/7 care*** and access to specialists
- Deliver the ***right aftercare***, as ***close to home as possible,*** including transfer to local hospital if further inpatient care needed and professional support in the person's home
- Provide the ***right support and infrastructure*** at each of the key localities, to ensure equity of care
- ***Improve outpatient care*** facilities and timings
- Create a ***full discharge plan*** before discharge and shared with GP and patient
- Build ***stronger communication and links*** between all care providers
- ***Clear, understandable information*** should be given to the patient
- Provide ***a specific contact number*** for easier access into and advice from the service
- Develop ***one common IT system***, so all services can share information
- ***Advertise widely and provide general information and awareness raising*** of vascular conditions, screening and access to services, to ensure early diagnosis and equitable access to services
- Focus on ***prevention:*** raise awareness of risk factors***,*** such as smoking/obesity, to reduce demand
- ***Educate GPs*** so they are more aware of vascular conditions
- ***Signpost*** to other relevant services, such as exercise classes
- Ensure the proposed vascular changes fit within local ***future NHS plans***

6.6 Engagement September 2019

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

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

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

- outline what happens next

6.6.1. Overview

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

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

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

Participants were presented with the reasons for the review (the case for change), the new model of care and how this would be delivered. The key change from the review is that inpatient surgery will only take place at one hospital - the Arterial Centre – not two separate locations, as is currently the case.
Participants at the events and in the telephone discussions then had the opportunity to provide feedback on their experiences and their views on the proposed changes.

6.6.2. Key findings

All participants were extremely positive about their experiences as inpatients at both Medway and Canterbury. A small number reported having excellent aftercare but more people recounted bad experiences, including difficulty getting aftercare; long waits in bad conditions in outpatients; lack of support, meaning that a family member had to provide stoma care for her husband.

Other negative experiences included:

- difficulty getting referred into the vascular team
- lack of or no information about decisions made about care
- poor patient information
- waits for scan results
- lack of communication between services and with patient
- no contact number for patient to link with the team

Regarding the proposals, there was some agreement for the need to consolidate specialist resources, however concerns included:

- the impact on travel, traffic, transport and parking
- increased pressure on existing beds
- the impact of the increase in housing, population and subsequent demand

- the impact of hospitals providing different specialties and the potential for multiple transfers between hospitals for someone with several conditions
- the impact on workforce
- potential loss of resources – facilities and expertise

6.6.3. Conclusion and recommendations

The programme leads advised that there was a clinical need to ensure that future vascular services are up to the required standards, as specified in national guidelines. Highly specialised care delivers better health outcomes when delivered in the way being proposed through the review. This includes consideration of areas to be addressed across the whole care pathway, from screening and referral through to comprehensive and equitable aftercare. They explained that their aim was to implement the changes by April 2020.

It is suggested that the following areas are considered in the next stage of developing the future model:

- ***Improve the referral process***, so referrals take place and are more timely
- ***Provide 24/7 care*** and access to specialists
- Deliver the ***right aftercare***, as ***close to home as possible,*** including transfer to local hospital if further inpatient care needed and professional support in the person's home
- Provide the ***right support and infrastructure*** at each of the key localities, to ensure equity of care
- ***Improve outpatient care*** facilities and timings
- Create a ***full discharge plan*** before discharge and shared with GP and patient
- Build ***stronger communication and links*** between all care providers
- ***Clear, understandable information*** should be given to the patient
- Provide ***a specific contact number*** for easier access into and advice from the service
- Develop ***one common IT system***, so all services can share information
- ***Advertise widely and provide general information and awareness raising*** of vascular conditions, screening and access to services, to ensure early diagnosis and equitable access to services
- Focus on ***prevention:*** raise awareness of risk factors***,*** such as smoking/obesity, to reduce demand
- ***Educate GPs*** so they are more aware of vascular conditions
- ***Signpost*** to other relevant services, such as exercise classes
- Ensure the proposed vascular changes fit within local ***future NHS plans***

6.7. Vascular events –Maidstone and Rochester

6.7.1. Positive feedback about the current services

All participants agreed that inpatient care in Medway Hospital was excellent, with particular mention of the facilities, the vascular team, the nurses and the food.

Two people at the Rochester event stated that their aftercare has also been excellent.

6.7.2. Negative feedback

- ***Difficulty getting referred*** to the vascular team in the first place

  "I went to casualty and was put on code red. Then they referred me to the vascular team and that's how I got to the team. I went to five doctors and no one referred me. They apologised but they need to be more educated."

- One person described how he had had an operation at Medway but was then sent to St Thomas but it was not explained why and ***no information was given***
- ***Patient information*** (on diet, for example) was complicated and not easy to understand
- Time taken to receive ***scan results*** – one person was still waiting two months later
- ***Aftercare*** very bad or non-existent in Medway

"I spent 5 months trying to get into the department for aftercare"

"After discharge I had to go in for follow up but had to go in at 8 or 9 in the morning, to be seen by a Doctor at about 3 pm. No food was available, only water, but if I went to get food downstairs I could miss seeing the Doctor. It's a small room, overcrowded, uncomfortable chairs. Everyone was complaining."

- ***Lack of communication*** between the hospital and community
- ***No contact number*** given
- ***Family having to provide clinical care***. A family member described how she was assured help with dressings and aftercare would be provided in their home but the nurse came to the house once and wouldn't provide support, so the family member had to provide the stoma care for two months.

  "No clinical background but I had to take responsibility for taking on a nursing role. A big bag of bandages etc were left but with no proper instructions about what and how to use."

6.7.3. Concerns

- ***Travel times***, if services move to Canterbury, particularly in an emergency
- The ***increase in traffic***, lack of ***transport***, ***parking*** issues
- ***Pressure on existing beds*** if only one inpatient service
- The amount of ***housing*** being developed and Canterbury's ability to cope with the ***increase in population*** and potential ***increase in demand***
- The risk of ***being moved around hospitals***, for different conditions, if hospitals each provide different specialties

- ***Workforce*** issues, particularly availability of specialist nurses
- Potential ***loss of facilities and expertise*** in Medway and Maidstone, if all operations are carried out in Canterbury

6.7.4. Areas to be considered in developing the future model

- ***Improve the referral process***; referrals should be more timely
  "If you don't get referred in quickly enough then outcomes could be worse"
- ***24/7 care*** – to ensure there's cover and access to specialists
- Patients needing longer inpatient stay should be ***transferred*** to local hospital ***as soon as it's safe***
- ***A full discharge plan*** should be created before discharge and shared with GP and patient
- ***Clear, understandable information*** should be given to the patient pre and post hospital care, about the decisions made and follow-up
- ***A specific contact number*** should be provided, to access the team quickly
- ***Improve communication and links*** between community, primary care (GPs) and the hospital vascular service (including St Thomas')
- There needs to be ***one common IT system***, so all services can share information
- The ***right aftercare*** needs to be provided, as close to home or in the home where possible
  "If you don't get the right aftercare then all the good work is undone"
- ***More local*** post-operative care needs to be provided
- ***Professional support in the person's home*** should be available and routinely provided, to manage wound and other care – district nurses, supported by the vascular team
- ***Outpatients*** need to improve the waiting area, provide refreshments and offer timings that are more acceptable to patients
- Need the ***right support and infrastructure*** at each of the key localities, so everyone has equitable care and experience across the care pathway
- ***Raise people's awareness of vascular conditions,*** to encourage earlier diagnosis
- ***Information about the Kent and Medway aortic screening programme*** – what it is, who can access it, where it's provided – ***should be widely advertised***
- ***Prevention:*** raise awareness of risk factors***,*** such as smoking/obesity, to reduce demand
- ***Educate GPs*** so they are more aware of vascular conditions
- ***Link closely with GP practices***, particularly as they move to more collaborative working
- ***Signpost*** to other services, such as exercise classes
- Look at ***future plans overall,*** to fit vascular changes into the larger picture
- Make sure the ***service gets to everyone*** – information, communication, advertising (including the self-referral NHS link)

There was discussion about the importance of timely screening, who can access this, where and how to find out information about it. The links provided are below [i]

6.8. Telephone Interviews

Each person interviewed was given an overview of the reasons for the review and the proposed future model. They were then asked questions from a semi-structured discussion guide created for the interviews.

6.8.1. Positive experiences

Both stated that the ***care*** at Kent and Canterbury Hospital ***was very good***.

"The operation went smoothly. I was kept fully informed and knew exactly what was going to happen."

"I was very pleased with the way I was treated and the way the nurses looked after me. I was pleased with the surgery and the surgeon."

One person said their ***aftercare was excellent***. The other interviewee was also pleased with the follow up from their GP.

"Checks BP, weight etc. Keeps an eye on me."

Both highlighted the ***importance of exercise*** for people with vascular conditions and one spoke about his exercise referral from the vascular consultant.

"T*hat helped stop me going downhill. I did some exercises at the hospital and then found I could do it at the gym."*

6.8.2. Areas that could be improved

Both were happy with the service generally, however one person thought that ***exercise referrals*** should happen for everyone.

"They check your weight, blood pressure and pulse and tailor your exercises and show you what to do and you get a professional training record. I go to the one at Whitstable. It has a dedicated one-hour slot and they shut the gym exclusively for that. For all sorts of conditions. 'Active for Life'"

6.8.3. Views on the proposals: positive comments

One person thought it would be better if the inpatient service was ***all in one place***.

"All working together, all doing the same work, all patients getting the same treatment."

6.8.4. Concerns regarding the proposals

- Centralising the service will put ***more pressure on one hospital***: impact on space, equipment, nurses

- ***Travelling*** time for some, who will have further to travel
- Will put a strain on the ***transport*** system and not all people have their own transport
- Could be putting more ***pressure on the ambulance service***

One person said he would like more information, to understand more about the proposed changes.

6.9 Conclusion and recommendations

The programme leads advised that there was a clinical need to ensure the future services meet all required standards in line with national guidelines. Providing services in the way being suggested would provide better health outcomes by ensuring specialist teams were available to deliver services. This approach would allow consideration of areas to be addressed across the whole care pathway, from screening and referral through to comprehensive and equitable aftercare. The aim was to implement the changes by April 2020.

It is suggested that the following areas are considered in the next stage of developing the future model:

- ***Improve the referral process***, so referrals take place and are more timely
- ***Provide 24/7 care*** and access to specialists
- Deliver the ***right aftercare***, as ***close to home as possible,*** including transfer to local hospital if further inpatient care needed and professional support in the person's home
- Provide the ***right support and infrastructure*** at each of the key localities, to ensure equity of care
- ***Improve outpatient care*** facilities and timings
- Create a ***full discharge plan*** before discharge and shared with GP and patient
- Build ***stronger communication and links*** between all care providers
- ***Clear, understandable information*** should be given to the patient
- Provide ***a specific contact number*** for easier access into and advice from the service
- Develop ***one common IT system***, so all services can share information
- ***Advertise widely and provide general information and awareness raising*** of vascular conditions, screening and access to services, to ensure early diagnosis and equitable access to services
- Focus on ***prevention:*** raise awareness of risk factors***,*** such as smoking/obesity, to reduce demand
- ***Educate GPs*** so they are more aware of vascular conditions
- ***Signpost*** to other relevant services, such as exercise classes
- Ensure the proposed vascular changes fit within local ***future NHS plans***

[i] Information about abdominal aortic aneurysm screening programme:

https://www.nhs.uk/conditions/abdominal-aortic-aneurysm-screening

https://www.ekhuft.nhs.uk/patients-and-visitors/services/abdominal-aortic-aneurysm-screening/

7 Appendix II Key Audiences