

# Improving Vascular services across east Kent, Medway and Maidstone Consultation Report



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# Executive Summary

## Introduction

NHS England and NHS Improvement Specialised Commissioning (NHSEI) together with NHS Kent and Medway Clinical Commissioning Group (CCG), consulted on improving vascular services across east Kent, Medway and Maidstone.

The consultation ran for a six-week period (1 February to 15 March 2022).

## The proposal

The consultation was on the preferred option to create a medium-term inpatient vascular centre at Kent and Canterbury Hospital.

## What does that mean for patients?

- In East Kent out of a total of 740 elective and non-elective inpatient procedures performed, 339 were non-elective / emergency.
- For Medway, there were a total of 409 elective and non-elective inpatient procedures performed, 257 of which were non-elective / emergency. The 409 procedures were done on a total of 265 patients (some patients had more than one procedure).

This means that around 65% of inpatient procedures are non-elective / emergency. As such, almost all those patients would be transported from the Medway area to Kent and Canterbury Hospital by emergency ambulance / blue light.

The remaining 35% of patients would need to make their own way to Kent and Canterbury Hospital for their inpatient procedure. This equates to around 65 or 70 patients per year (fewer than 2 patients per week).

## The consultation

The purpose of the consultation was to ensure the impact on patients and their families is fully understood and considered. Views were therefore sought on:

- the advantages and disadvantages of the proposal to create a single vascular centre for inpatient surgery

- whether the proposals will make the improvements required to meet national standards
- how to ensure that patients have a good, high-quality experience of all the services required for their care, including:
  - inpatient vascular surgery at the proposed vascular inpatient centre (treatment requiring an overnight stay)
  - outpatient services available at local hospitals (clinic appointments or tests without an overnight stay)
  - advice and support from the patient's GP
  - aftercare as close to home as possible
  - any other support services required
  - any additional considerations required in terms of travel and transport arrangements for both patients and visitors
  - any other considerations required for the effective design and delivery of vascular services.

Views on people's current experiences of the service were also sought through the consultation questionnaire. This data has been captured and will be fed into existing service improvement processes and does not form part of the formal consultation process.

The full details of the proposal are outlined in the electronic and printed consultation document which was available at <https://jointheconversation.scwcsu.nhs.uk/vascular-services> and was distributed in paper format through a range of venues and clinics.

Paper copies of the survey and an easy read version were also available. (See Appendices 1, 2 and 3).

This consultation report will be published on both NHSEI and Kent and Medway CCG's website.

## Number of responses

In total 2,800 people accessed the online consultation portal, of those:

697 people are considered aware of the consultation, because they actively engaged with the consultation site, either downloading or viewing information, of these;



- 410 people downloaded the consultation document
- 30 people downloaded the easy read documents and
- 25 people downloaded the paper version of the survey.

Overall 255 people responded to the consultation through the survey, of those:

- 174 responses were through the online
- 81 paper responses were returned in the post.

In addition, meetings were also held that involved community groups across Kent and community health researchers carried out 11 one-to-one interviews and 2 focus groups targeting less listened to communities.

## Consultation Response

Overall people broadly agreed with the proposals made within the consultation.

174 people that responded to the survey agreed with the proposal that all vascular surgery requiring a stay in hospital will be provided as a medium-term measure at Kent and Canterbury Hospital in Canterbury. There were 60 people that did not agree with this proposal.

Comments received through the consultation showed that whilst people agreed with having a centre of excellence and understood the benefits of having specialist care concentrated in one location, they remained concerned about the accessibility of Kent and Canterbury Hospital.

Concerns were raised repeatedly throughout the consultation about the travel options to get to Kent and Canterbury Hospital from across the whole geography of Kent. People felt that there was insufficient information provided about travel options, such as bus timetables/routes, volunteer car driver services and non-emergency patient transport services available to patients to get to appointments at Kent and Canterbury Hospital.

For some respondents this impacted on their ability to provide an informed response to the consultation and led to them being unable to agree to the proposals or being unsure about the proposals.

For staff that responded to the consultation there was clear recognition of the value of having a centre of excellence, and the potential benefits that this might bring to

staff retention, recruitment, training and expertise. There were comments about improving team working and ensuring the resilience of services at other hospitals across the county. Overall staff agreed with the proposals.

People valued keeping outpatient appointments and diagnostics in their current locations and responses showed support for ensuring that the other local hospitals remained as accessible local options for patients to get to. There were comments that challenged why inpatient surgery had to move from Medway Hospital to Kent and Canterbury Hospital, suggesting that an alternative option could be to invest in Medway Hospital instead, and to retain inpatient surgery there. People clearly value having services close to home, reducing travel requirements.

The consultation proposals did not include any proposals to change services at the Queen Elizabeth The Queen Mother Hospital (QEQM), despite this some comments suggested that the consultation was reducing services and options to patients there. Some people likened the consultation to a disinvestment of services and cited a recent consultation in the area about stroke services.

Whilst people recognised that the proposals would continue to provide day surgery and rehabilitation services at Medway Maritime Hospital, there was concern that there would be a negative impact on the hospital if inpatient services were moved to Kent and Canterbury Hospital. People were also concerned about how patients would be transferred back to their local hospital for after care following any inpatient surgery.

Of the 255 responses received to the survey, 195 people understood the need for change, however 56 people remained concerned about the proposal highlighting transport and travel times as their main concern. Further comments were also received from community groups and direct interviews and that feedback is incorporated in the full analysis in the report.

## Conclusions

The consultation has reached 2,800 people across Kent and most respondents to the survey agreed with all elements of the proposals made in the consultation, however, there remain concerns within the community about travel and transport and the accessibility of Kent and Canterbury Hospital for patients across the county.



There were also some comments which potentially indicated some confusion amongst a small number of patients about what constitutes inpatient surgery and the difference between day surgery and inpatient surgery. The concerns raised about travel and transport also highlighted the impact on ambulance services and potential co-dependencies with accident and emergency services.

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## Background and objectives

NHS England and NHS Improvement Specialised Commissioning (NHSEI) together with NHS Kent and Medway Clinical Commissioning Group (CCG), consulted on improving vascular services across east Kent, Medway and Maidstone.

The consultation ran for a six-week period (1 February to 15 March 2022). The consultation was on the preferred option to create a medium-term inpatient vascular centre at Kent and Canterbury Hospital. The purpose of the consultation was to ensure we have considered the impact on patients and their families and so we sought views on:

- the advantages and disadvantages of our proposal to create a single vascular centre for inpatient surgery
- whether our proposals will make the improvements we need to meet national standards
- how we can ensure that patients have a good, high-quality experience of all the services required for their care

The full details of the proposal are outlined in the electronic and printed consultation document which was available at

<https://jointheconversation.scwcsu.nhs.uk/vascular-services> (see Appendix 1) and was distributed in paper format through a range of venues and clinics. Paper copies of the survey and an easy read version were also available.

This consultation report will be published on both NHSEI and Kent and Medway CCG's website.

This feedback (from the consultation) will be considered alongside other relevant information such as patient-safety factors and clinical best practice; NHSEI and Kent and Medway CCG will use this to help them make decisions about the proposed changes.

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## Promotion of the consultation

NHSEI and NHS partner organisations promoted the consultation to patients, members of the public and key stakeholders. 2,029 people reached the consultation through Facebook referrals and 951 came directly through consultation website link. The channels and methods of communication used by NHSEI, Kent and Medway CCG and the local Trusts are outlined below:

### Patient communications

Direct patient communication included:

- Letters to past and current vascular and renal patients of both East Kent Hospitals University NHS Foundation Trust and Medway NHS Foundation Trust
- A mail out to 2,000 patients via Diabetes UK's Kent and Medway list
- 700 printed consultation documents distributed to patients on vascular wards and in clinics across Kent and Medway
- Communications pack sent to partner healthcare providers in primary and community care including chiropody services, community care organisations, disability groups
- Communications pack sent to patient transport provider to share with their service users
- Information shared with maternity voice partnerships in Kent, Medway and Maidstone
- Patient Participation Group (PPG) Chairs including Medway and Swale PPG
- Information shared with Kent Disability Forum and live presentation given to virtual meeting

### Public and community communications

Public communication included:

- Comprehensive news updates on all NHS partner websites (East Kent Hospitals University NHS Foundation Trust; Medway NHS Foundation Trust;

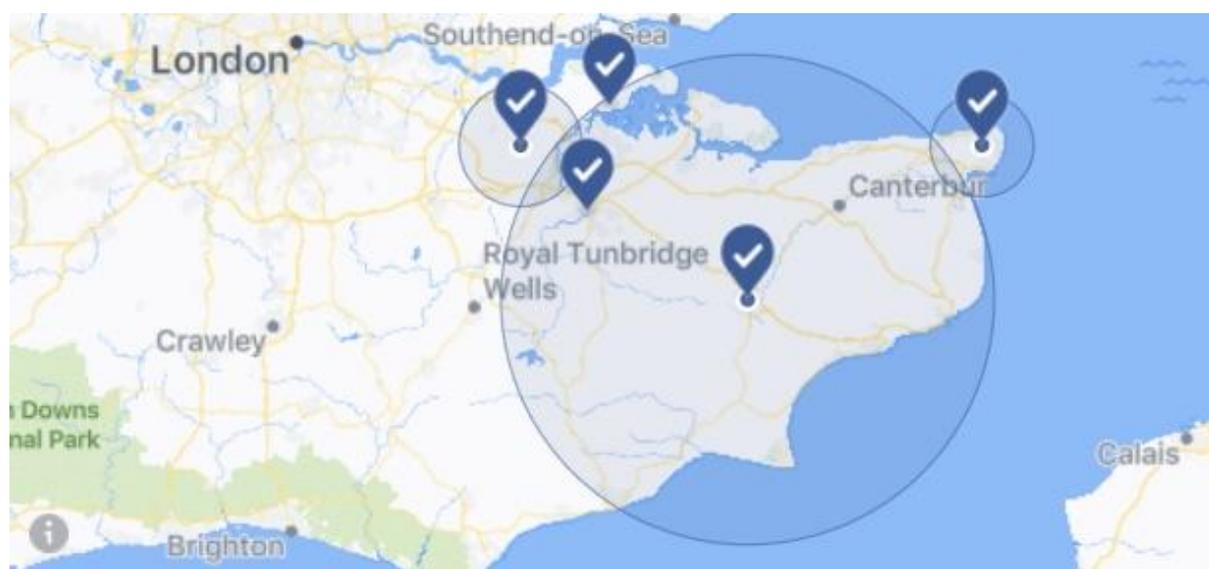
NHS Kent and Medway CCG) linking to the [online consultation](#) and NHSEI's [background information](#) and [resources](#)

- A video produced by an independent production company giving an overview of current vascular services in the region and outlining the proposed changes. Full and short versions were hosted on the online consultation platform, shared widely on social media and shown at the patient and public events
- Social media campaign supported by NHSEI, East Kent Hospitals University NHS Foundation Trust; Medway NHS Foundation Trust and NHS Kent and Medway CCG

See Appendices 4 and 5 for social media schedule and content

- Social media advertising campaign on Facebook targeting all adults (18+) in the region covered by the consultation (see figure 1 below), representing a potential audience of between 1.3 million and 1.4 million people. See Appendix 5 for social media advertising engagement statistics.

*Figure 1: Region covered by the consultation*



Source: Facebook Ad Manager tool

- Consultation details included in Kent & Medway CCG community bulletin – 6,000 recipients
- News release and follow up by partner organisations targeting regional and local media across Kent and Medway, and resulting media coverage (see media coverage results at Appendix 6)

- Letters to editors of all Kent and Medway media organisations requesting publication and sharing details of the vascular services consultation

Communication via community groups and groups supporting people with protected characteristics included:

- Kent and Medway CCG sent letters to all Patient Participation Group Chairs across Kent and Medway asking them to alert their members to the consultation
- Kent Healthwatch shared details and links to the consultation through its newsletter to 865 registered recipients
- Communications pack sent to 15 Age UK local network representatives across Kent and Medway
- Communications pack sent to patient and public representative groups and charities including Arthritis Action, Alzheimer's Society Kent
- Communications pack to voluntary and community organisations across Kent and Medway including Involve Kent, Crossroads Kent, Swale Community & Voluntary Services, The Centre for Independent Living Kent (CiLK), Swale Seniors Forum, Kent Refugee Action Network, Cohesion Plus (Kent), Stonewall, Maidstone Mosque, Shri Guru Nanak Gurdwara, Triratna West Kent Buddhist Group, Nigerian Association Kent, Freedom Centre Sheppey, Kent Community Health Learning Disabilities Forums, Kent Wheelchair Services, Transgender Peer Associates Limited (TGPALS) Kent (see full list of stakeholders at Appendix 7 and Engagement Log at Appendix 8)
- Medway Voluntary Action coordinated social media posts sharing the consultation across six accounts (Facebook, Twitter and LinkedIn)
- Medway Voluntary Action included details and links to the consultation in three different newsletters to 3,650 subscribers (combined)
- Medway Voluntary Action emailed more than 2,000 people including volunteers, Befriending Together members, community update meeting group members and community faith forum partners
- Medway Voluntary Action worked with community focus group facilitators and community health researchers as part of the Involving Medway programme.

They made 197 phone calls to community groups and health researchers as well as promoting via email and social media.

- Outreach to local community groups including letters and attendance at a range of meetings and events – online and in person.

Engagement log at Appendix 8 for details

## Stakeholder communications

Communication with stakeholders included:

- Letters to all Kent and Medway MPs (17 in total)
- Letters to 600 local councillors in county, local and district authorities across Kent and Medway
- Letters to all members and governors of:
  - East Kent Hospitals University NHS Foundation Trust
  - Medway NHS Foundation Trust
  - Medway and Swale Integrated Care Partnership (ICP)
- Contacting people with protected characteristics who might be more likely to need vascular services, through organisations such as Kent Disability Forum
- Letter to and appearance at West Kent Stakeholder Engagement Action Group
- Updates and liaison with Kent and Medway NHS Joint Overview and Scrutiny Committee
- Updates and liaison with Kent County Council Health Overview and Scrutiny Committee
- Updates and liaison with Medway Health and Adult Social Care Overview and Scrutiny Committee
- Healthwatch Kent shared consultation information with the following community partnerships, groups and organisations:
  - Kent Community Health NHS Foundation Trust's Trans & Non-Binary Advisory Group
  - Kent and Medway Learning Disability Partnerships
  - Kent Physical Disability Forum
  - Kent Mental Health User Voice Network

## NHS staff communications

Communication with NHS staff included:

- Email update to staff at EKHUFT and Medway Trusts from Kent and Medway vascular consultant network lead alerting colleagues to the published consultation
- Email update inviting vascular service staff members from both East Kent Hospitals University NHS Foundation Trust and Kent and Medway NHS Foundation Trust to attend an online event on Friday 18 February 2022  
The Event presentation is available in Appendix 9.
- Medway NHS Foundation Trust chief executive video message to all staff
- Updates and information to Kent and Medway Local Maternity Service
- Updates and information to Kent and Medway Wheelchair Services
- Updates and information to South East Coast Ambulance Service
- Updates and information to Kent Community NHS Foundation Trust
- Updates and information to British Chiropody and Podiatry Association South East
- The consultation was promoted in the GP Bulletin to all GP Practices

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## Process and methodology

NHSEI and Kent and Medway CCG developed the process and methodology for the consultation across a range of data sources as outlined below. NHS South Central and West Commissioning Support Unit (SCW) supported the consultation questionnaire delivery, online consultation platform, public engagement events and consultation response analysis.

### Data sources

A range of consultation opportunities were available to patients and the public over a six-week period (1 February to 15 March 2022). The data sources for the feedback received are outlined below.

### Consultation survey

SCW supported commissioners NHSEI and Kent and Medway CCG to design a consultation questionnaire which was available online and in print at various health and care settings across Kent and Medway. Respondents were invited to submit their answers online or by post. Consultation managers were also available to record respondents' answers, comments and questions via a phone call if requested.

All consultation documents were hosted on a bespoke, [online engagement platform](#) *Join the Conversation*, and links to platform were included in all communications.

Translations of the consultation document and survey were available on request, along with large print, braille and audio. No requests were received. An easy read version of the document was also available via the consultation website and on request by phone and email. 30 people downloaded the easy read document.

The consultation survey included a range of qualitative and quantitative questions to enable patients, members of the public, NHS staff members and wider stakeholders to share their experience of vascular services and their thoughts and comments on the proposed changes.

The vascular services consultation website also included a function for people to share their experience of care in a brief message discussion box, as an alternative to completing the full survey questionnaire.

### Patient and public consultation events

Four patient and public engagement events were held through February and March 2022. All were held online, via MS Teams, due to the continued risk around covid and gathering in large numbers.

Members of the public were invited to sign up for the events via the Vascular Services consultation website (Join the Conversation).

Each event was chaired by a senior representative from one of the commissioning organisations, NHSEI and Kent & Medway CCG.

24 patients, professionals and members of the public attended the events to share their views and increase their understanding of the proposed changes.

See Appendix 10 for a copy of the presentation.

### NHS staff engagement event

An NHS staff engagement event was held online for staff at both East Kent Hospitals University NHS Foundation Trust and Kent and Medway NHS Foundation Trust on Friday 18 February 2022.

The event was independently chaired and recorded by specialist consultants from SCW.

The event was held online, via Webex, and introduced by Dr Alison Davis, chief medical officer, Medway NHS Foundation Trust and the proposals outlined by Dr Jonathan Purday, Kent and Medway consultant anaesthetist and vascular network lead and Mr Lal Senaratne, vascular surgical lead, East Kent Hospitals University NHS Foundation Trust.

See Appendix 9 for a copy of the presentation.

### Additional engagement events, community meetings and interviews

NHS commissioning partners shared the consultation with more than 70 community organisations across Kent and Medway (see full list organisations in Appendix 8) and attended a range of community partnership events and meetings.

As part of the Involving Medway programme 11 one-to-one interviews were carried out with service users and two focus groups were held in community setting - aimed at reaching less listened to communities.



## Data analysis and report structure

This report is divided into broad sections which align with key themes raised in responses to the consultation.

Each section starts by examining the consultation survey responses. Responses are analysed quantitatively and illustrated by tables or charts. Open ended verbatim questions (i.e. with no predefined responses) have been coded, with responses grouped together and shown as number of comments. Due to this consultation largely being undertaken via self-completion, the base size (that is the number of valid responses to each question) will vary as not every respondent answered every question; the base size can be found at the bottom of each chart/table.

Sub-group analysis has been undertaken by examining differences in survey responses from the capacity in which someone was responding:

- I am a patient currently using the service, I am a patient that has recently used the service (in the last 5 years), I am responding on behalf of someone else that has used the service (in the last 5 years), I am responding on behalf of someone who is currently using the service
- I am an NHS Member of staff
- I work in local government/Social Care, I work for an organisation that represents patients, Other

Where sub-group analysis has been performed, findings and commentary on any statistically significant differences follow the initial survey findings commentary.

We also sought views on people's current experiences of the service, this data has been captured and will be fed into our existing service improvement processes and does not form part of the formal consultation process.

## Key Findings

In total, 255 people responded to the consultation through the survey. 174 responses were online, and 81 paper responses were returned in the post.

In addition, meetings were held with community groups and community health researchers carried out 11 one-to-one interviews and 2 focus groups targeting less listened to communities.

This section provides a detailed analysis of all responses. We have provided an overarching summary of the key themes through all the channels used in the consultation. This can be found in the executive summary. Below provides the in-depth analysis of all the responses received.

### Survey responses

The demographics of respondents to the survey is shown in Appendix 11.

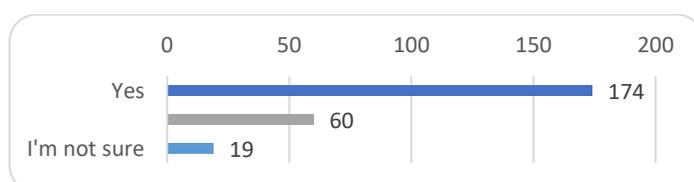
#### Your views on our proposal

**Our proposal is for a medium term vascular inpatient centre to be created at the Kent and Canterbury Hospital in Canterbury where all vascular surgery requiring a stay in hospital would be provided. This means that patients who would have had inpatient surgery at Medway Maritime Hospital would now receive their surgery at Kent and Canterbury Hospital.**

#### 1. Do you (or the person you are responding on behalf of) agree with this proposal for patients?

253 people responded to this question, and of those 174 agreed with the proposal that all vascular surgery requiring a stay in hospital will be provided as a medium-term measure at Kent and Canterbury Hospital in Canterbury. 60 people did not agree with the proposal and 19 people were unsure.

Figure 2: Level of agreement Q8



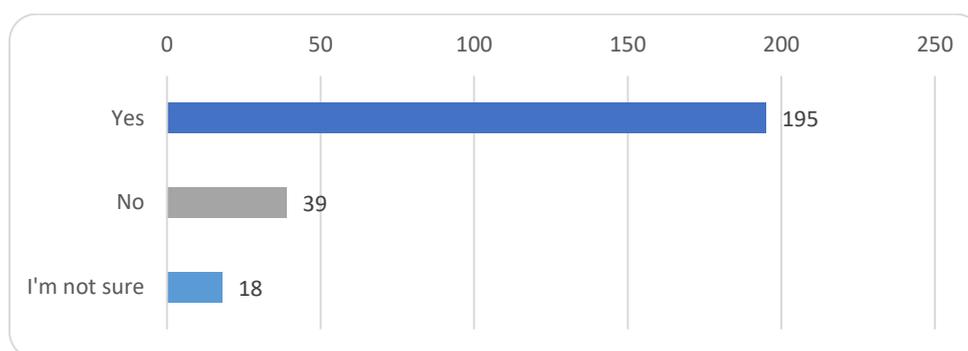
Source: Consultation survey 2022 Base: 255 (2 skipped)

**Our proposal is for a medium term vascular inpatient centre to be created at Kent and Canterbury Hospital in Canterbury where all vascular surgery requiring a stay in hospital would be provided. This would mean vascular hospital staff would work across multiple hospitals as one team.**

**2. Do you (or the person you are responding on behalf of) agree with this proposal for vascular staff working as one team across multiple hospital sites?**

252 people responded to this question. 195 agreed to the proposal for vascular staff working as one team across multiple hospital sites. 39 disagreed with the proposal and 18 were unsure.

*Figure 3: Level of agreement Q9*



Source: Consultation survey 2022 Base: 255 (3 skipped)

**3. Please let us know the main reason(s) for your answers above:**

158 people responded to the online survey and we have analysed their responses into themes by subcategory of **Type of Respondent**.

**Responses from patients or people responding on behalf of patient:**

68 of the 158 responses received were from people who are either currently using the service or have used the services in the last 5 years, and/or those individuals that responded on behalf of these patients. The themes raised in their comments were:

## Centre of excellence

Overall people agreed with the proposal to the centralisation of the service stating that it would provide improved continuity and quality of care, as well as the greater sharing of knowledge and skills amongst professionals.

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*“Concentrating resources into one centre should help increase quality and provide better care”*

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There were a small number of comments that patients might lose expertise available from hospitals in London, and that recruitment of experts into Kent might prove challenging.

People noted that the satellite hospitals would become de-skilled and that patients might potentially lose out as staff skills would be concentrated in Canterbury. Equally there were comments recognising the value of a larger team seeing more patients and providing better informed care.

People felt that staff would be able to work across multiple locations with the support of technology and communications.

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*“Just because staff work at different units, I don’t see, in this day age of instant comms and computerised systems etc, why all cannot work as a single team, simply because of location(s). This has been more than aptly proven as a fact during the last few years in the Pandemic...!”*

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There was recognition that having one team would mean that patients would get to know their team and have improved quality of care, as well as drawing on a team of specialist staff.

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*“Having a dedicated vascular team (and interventional radiologists I assume?) working together, sharing best practice for Kent patients can only be positive”*

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## Travel and Transport

Most of the responses from patients and those responding on behalf of patients related to concerns around travel and transport. People felt that it was too far to travel both for patients as well as friends and family visiting. People mentioned travel times of around an hour to get to Canterbury with varying access to bus routes. People were concerned at the cost involved in travelling to Canterbury and the impact on the elderly travelling outside of their local area. People felt that without a car, it would be difficult to get to Canterbury in an emergency. There were also concerns about the availability of parking at the Canterbury Hospital site and the cost of parking.

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*“Patients in their 80s with co-morbidities should have access to local inpatient care. Especially important when dementia is a factor. These proposals do not only affect patients but families who will be expected to travel (eg Medway to Canterbury) 60 miles to support / visit their loved ones”*

*“Can’t get there as a patient or visitors. Too far away”*

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Equally some patients felt that the proposals would mean less travelling for services, as services would be in one location. There were some comments about a lack of ambulance provision to move patients around the county, and that the cost of travelling would ultimately fall to the patient. Some people noted that for those local to Canterbury these proposals would be good.

## Location of Services

Some comments were received about the infrastructure of the Canterbury Hospital site, people felt that parking and access was congested and that there had been little investment into the hospital buildings.

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*“Kent & Canterbury hospital is not equipped to deal with adverse outcomes adequately. It’s a hospital where very limited investment has been made in building and infrastructure”*

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People also felt that Canterbury was not the best location for services, as staff would not travel to be there, and as a result the NHS might lose specialist staff.

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*“Surely just one vascular centre should be sited nearer to the centre of Kent in order that no-one has extreme travelling”*

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There were comments that people need services local to their home, to receive rehabilitation care and outpatient appointments.

### **Disinvestment of Services**

A small number of patients and those responding on behalf of patients stated that moving inpatient vascular surgery to Canterbury would be a loss of service from their local community. Concerns that this loss of service was in addition to the loss Stroke Services, specifically from QEQM.

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*“Local stroke unit already lost from QEQM need to lose any more. Happy for surgeons to share hospitals when complex surgery and hospital stays required but NOT just in one place”*

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### **Responses from NHS staff**

42 responses were received were from NHS staff, and the comments and themes raised were:

#### **Centre of Excellence**

The main theme from staff was recognising the need to centralise the services for inpatient vascular surgery. Staff comments included understanding of the scientific rationale, the importance of critical mass and the co-dependencies required to support the service. Staff said that the centralisation of the service would provide a better experience for the patient with improved outcomes.

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*“Best outcomes for patients based on the evidence”*

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Staff felt that these proposals would improve staff training and skillsets, and in turn this would improve recruitment to services.

Staff felt that this proposal would provide more joined up care and specifically stated that this would improve other services such as stroke, thrombectomy and renal services.

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*“Improved standards of care from centralising expertise as has been shown in other areas such as trauma. It also Locates vascular with the haemophilia and thrombosis service for Kent which is located in Canterbury”*

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There was some recognition however, that the proposal did not go far enough to support other services such as tissue viability services and that a lack of emergency department at Canterbury, may be a risk. Some comments noted that there would need to further support from cardiothoracic services to ensure patient safety.

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*“Kent and Canterbury has renal, vascular, urology and interventional radiology - all four very integrated service you need together for best outcome. Only one component is missing is presence of A&E. Though its not ideal, I guess Canterbury would be the preferred site in my view for this reason for state of art inpatient care”*

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## **Travel and Transport**

The second main theme from staff related to the travel times to Canterbury, and the impact on both staff and the patient. Specifically, there was concern raised about Abdominal Aortic Aneurysm (AAA) patients and the distance required to travel.

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*“It makes sense for specialised vascular surgeons / theatres to be located in a central hospital but traveling between sites can be very time consuming as a large area and would need to be managed well”*

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*“I feel this will have a negative effect on patients having to travel longer distances to obtain treatment. Having an inpatient stay further away from home will also have a negative effect on not only the patient but their support network. I feel only having a vascular service at one hub will leave Medway whom is staffed with skilled specialised individuals along with having the appropriate equipment to do this useless”*

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### **Responses from people working in local government/social care, and organisations that represents patients or those that selected ‘other’**

48 responses were received, and the main themes were:

#### **Centre of excellence**

Comments noted that the proposals would improve knowledge sharing amongst staff and the duplication of equipment and resources. This would improve efficiency of services. There was recognition of the improved economies of scale, both financially and within the workforce. People felt that the proposal would improve the quality and standard of care, improving staff expertise.

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*“Much better to develop a centre of excellence. Faster, safer care”*

*“Efficient way to allow everyone in the area fair access to the most knowledgeable and highly skilled professionals”*

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There were, however, a small number of comments about the implications for Medway Hospital and whether these proposals would lead to the downgrade of the services there.

#### **Travel and Transport**

Again, people were concern about the implication of travel times to Canterbury, and the impact on the patient and their families. The concerns raised echoed those heard from patients themselves and NHS staff.

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*“The patient should come first at all times and if they or their visitors have to travel a long distance this could cause great stress and Canterbury is a long distance to travel”*

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**69 people responded by paper survey; the themes are highlighted below:**

**Centre of excellence**

Most respondents felt that a centre of excellence would deliver better outcomes for patients and ensure best possible skills, expertise and levels and continuity of care. Many respondents cited the potential benefit of a highly skilled, single team working more effectively together to support patients across the region, with some people suggesting it was logical, made sense and would deliver greater efficiency. Other comments referred to opportunities to increase expertise and share best practice.

One respondent noted that since it's not possible to have every specialism in every location, a central service is the next best option. One respondent was concerned that proposals were politically motivated and driven by cost cutting, and whilst they were reasonable in theory, they were concerned it could be dysfunctional in practice.

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*“To work as one team would be better and more efficient”*

*“It makes sense to have all vascular clinicians working in the one centre”*

*“If I want to get fixed I am willing to go wherever the specialist may be. As long as this arrangement works it can only make the service better”*

*“It is much safer to have a dedicated unit in one place, giving very specialised treatment”*

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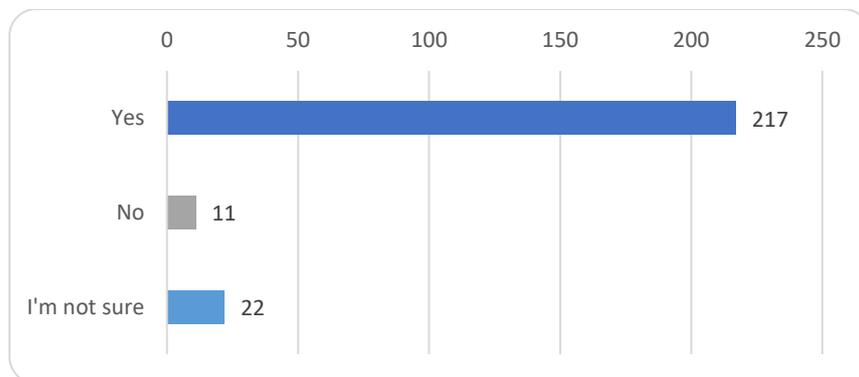
**Outpatient clinics and diagnostic investigations (e.g. tests and scans) would continue to be provided at:**

- **William Harvey Hospital in Ashford**
- **Kent and Canterbury Hospital in Canterbury**
- **Medway Maritime Hospital in Gillingham**
- **Queen Elizabeth the Queen Mother Hospital in Margate**
- **Maidstone Hospital**

4. This means there would be no change to services at these hospitals as they currently are - do you (or the person you are responding on behalf of) agree with this?

250 people answered this question. 217 agreed that there would be no change to services at the hospitals listed above. 11 disagreed and 22 were unsure.

*Figure 4: Level of agreement Q11*



**Source:** Consultation survey 2022 **Base:** 255 (5 skipped)

5. Please let us know the main reason(s) for your answer above:

136 people responded to the online survey, and we have analysed their responses into themes by subcategory of Type of Respondent. 38 skipped this question. Of those that responded, 62 responses were from patients who were currently using the service or had previously used the service or someone responding on behalf of a patient. The patient or representative feedback was as follows:

Overall patients agreed with keeping outpatient clinics and diagnostics at local hospitals, and comments emphasised the need for local services. Some comments indicated that people had not fully understood the proposals, suggesting that they may be required to travel to any one of these hospitals for their care. As such there were several comments relating to continuity of care, and the importance of seeing clinicians in a consistent location.

---

*“Local services for people”*

*“I am happy that the service will be accessible in multiple locations and having the choice for us to go to the nearest one”*

---

## **Travel**

Travel remained a strong theme reflecting earlier comments, about ease of access to get to local hospitals, and the distance required to get to Canterbury. People were concerned about the travel times and cost to get to appointments and welcomed that services would remain local.

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*“Important for travel reduces costs and stress”*

*“Convenient location closer to home less travelling”*

*“Patients are used to this arrangement, and for those that find traveling difficult a change in venue may cause them anxiety”*

---

## **Responses from staff**

31 responses were received from NHS Staff, and the key themes were: Overall staff agreed with this proposal, stating that a hub and spoke model would work better for patients with access to local services closer to their home. Comments included that this would encourage better attendance, improve patient choice, and include less travel for patients.

---

*“Kent has wide geographic area and hence would benefit from outpatient services closer to their home for patients in Kent. I am sure they would rather travel little distance away if it means better outcome (rather than travelling to London I guess)”*

---

Staff felt that local service would help spread the workload across the geographical area of Kent if there was a team approach of working with the centralised inpatient services.

---

*“Provided that the team approach is holistic and linked in with management at the new centres”*

---

**Responses from people working in local government/social care, and organisations that represents patients or those that selected ‘other’**

43 responses were received, and overall people agreed that outpatient clinics and diagnostic investigations (e.g. tests and scans) should continue to be provided at local hospitals. People felt that this would provide less travel for patients, easier access to services and would keep services local.

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*“Sensible to do diagnosis locally to patient leaving treatment to a central specialised team”*

*“Importance of having services such as outpatient as close to peoples homes as possible. Numerous outpatient visits a long way from home would not be helpful”*

---

There were less than five comments that responded negatively to this, citing that they wanted services to be even more local than the hospitals listed, that they felt there was insufficient information in the consultation document for them to respond to the question, or that they felt that they didn't have a response to provide.

**49 people responded by paper survey and 32 skipped this question.**

Of those who agreed with the proposed changes to services, reasons given included better care, nearer to their home, less travel, retention of staff and best practice. Several also expressed support for retaining routine and diagnostic services at local hospitals, meaning patients would retain the services they are used to and not have to deal with changes to location for most appointments. Of the two respondents who disagreed with the proposal one said they would prefer services at each hospital, whilst the other cited good continuation of staff and procedures being of utmost importance.

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*“Don't waste money changing things that don't need to be changed”*

*“Good continuation of staff and procedures of utmost importance”*

*“Major vascular surgery requiring inpatient care and ITU provision must be centred on one site”*

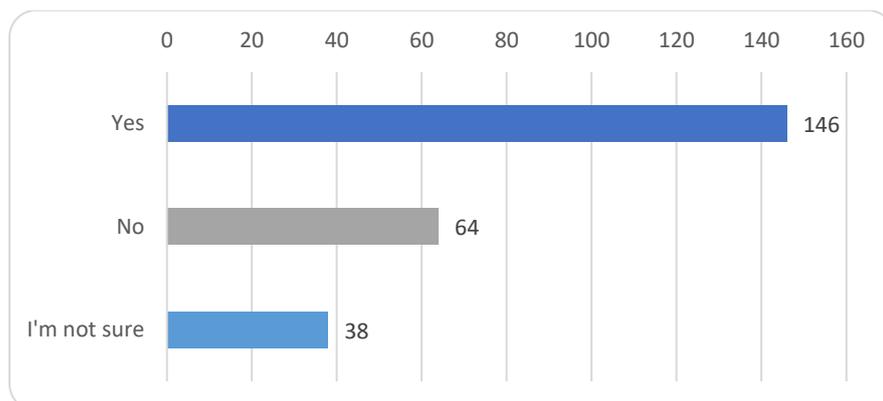
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**Day surgery and rehabilitation would continue to take place at Medway Maritime Hospital in Gillingham. Inpatient surgery would move to Kent and Canterbury Hospital.**

6. This means there would be some change to services at they currently are - do you (or the person you are responding on behalf of) agree with this?

248 people responded to this question, 146 agreed that there would be some changes to services, 64 disagreed and 38 were unsure.

Figure 5: Level of agreement Q13



Source: Consultation survey 2022 Base: 255 (7 skipped)

7. Please let us know the main reason(s) for your answer above:

131 people responded to the online survey and we have analysed their responses into themes by subcategory of **Type of Respondent**.

**Responses from patients who were currently using the service or had previously used the service or someone responding on behalf of a patient.**

59 responses were from patients who were currently using the service or had previously used the service or someone responding on behalf of a patient. 24 comments were received from those that agreed that there would be some changes to services. They agreed with this proposal because they felt that it makes sense to have specialist care in one centre. They felt that the proposals would improve facilities and resources and that the specialist centre would provide the best care. People felt that having expert care in one place was a good solution.

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*“Change is necessary to develop the best in people and in services”*

*“When specialist intervention is required there will be a complete team available 24/7”*

---

There were 37 comments from patients who were currently using the service or had previously used the service, or someone responding on behalf of a

patient, that disagreed there would be some change to services. The comments mostly related to travel, and the travel time and distance to Canterbury Hospital.

---

*“Kent and Canterbury Hospital is not readily accessible by public transport for patients living in mid Kent. As your previous “listening exercises” have overwhelmingly identified patients are prepared to travel to get the best in house services. They want routine day surgery and rehabilitation to take place at locations they can readily reach”*

---

There were concerns about the reliance on the ambulance service to transport patients to Canterbury, and the people said that they would prefer to go to their local hospital. There were also comments about the proposals being a downgrade of services at Medway Maritime Hospital, and whether consideration could be given to improving services instead and providing two centres of excellence.

---

*“Services should be improved at Medway to accommodate overnight stay surgery”*

*“needs to be two major centres for a large ageing population such as we have in Kent. Just not enough services for the population. Isn't vascular disease increasing?”*

---

A small number of patients who were currently using the service or had previously used the service or someone responding on behalf of a patient were unsure about the proposal, this was due to travel times and because people felt that the proposals may or may not affect patients disproportionately depending on where they live.

---

*“This arrangement will suit some people, according to where they live. Travel can be difficult for various reasons and may prevent patients from attending their appointments. I can see the benefits of the change”*

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## **Responses from NHS staff**

20 comments were received from NHS staff that agreed that there would be some change to services as they currently are. People felt that the proposals would bring better patient care and outcomes with a concentration of specialist staff delivering the most complex surgery.

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*“Patients requiring specialist surgery would be treated by specialists in Kent”*

---

There were comments that they agreed that rehabilitation would remain in local hospitals and that this would mean less travelling for patients.

For those staff that disagreed with the proposal, they were concerned about the repatriation of patients to local hospitals and specifically the impact on Medway Maritime Hospital to deliver services.

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*“Potential with delays for patients being repatriated to Medway for their rehabilitation, which could increase length of stay and worsen functional outcomes. Lack of continuity of care for patients”*

*“Disadvantage Medway patients for in-patient work”*

---

## **Responses from people working in local government/social care, and organisations that represents patients or those that selected ‘other’**

24 comments were received from individuals that agreed that there would be some change to services as they currently are. For some people they agreed because they felt that the changes would not directly affect them, and for others they agreed because they felt that having a centre of excellence would provide the best service. They also agreed that local hospitals should deliver rehabilitation and day surgery.

---

*“Again day procedures can be handled realistically locally with really specialised treatment being done by specialists, who see a large number of patients regularly and hence have high skill levels”*

---

22 comments were received from people who disagreed, the main reason given was travel and the distance for patients and their families to get to Canterbury Hospital. People also felt that this was a downgrade of service at Medway Maritime Hospital and as such would not agree to the proposal.

---

*“Too far for patients and their carers / relatives to travel from Medway”*

*“Reduction in available services in the county”*

---

**47 people responded by paper survey and 34 people skipped the question.**

Most people who agreed with the proposal referred again to the specialist care, high skill level amongst staff in a centre of excellence and meeting national standards.

Travel was referred to by several respondents, with some saying it would mean less travel, which they welcomed, and others saying it would mean further to go for specialist treatment. Long travel times for elderly and disabled patients or those without family and friends to transport them was highlighted as a negative impact of the proposals, even if traveling by ambulance, according to one respondent.

The respondent who disagreed with the proposal said they would prefer inpatient surgery and rehabilitation to be offered at the same hospital.

---

*“Change is sometimes better to provide a safer service”*

*“Expertise and specialists under once (sic) roof and all working together for the good of the patient”*

*“I would be happier having a hospital that has more expertise in this field”*

*“I would prefer that inpatient surgery and rehabilitation be at the same hospital”*

*“Too far away”*

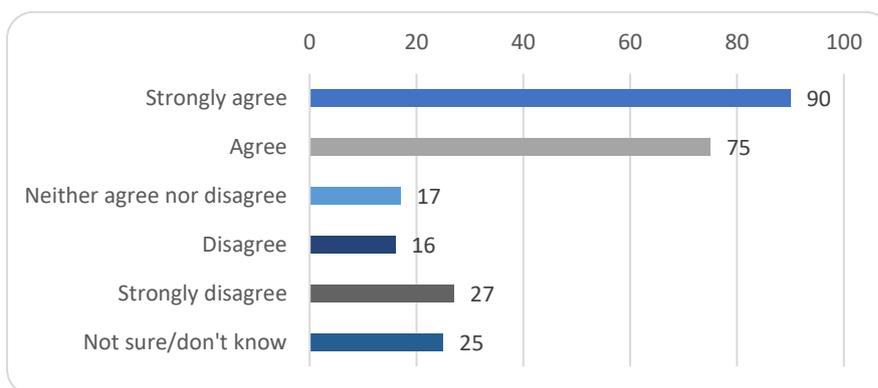
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8. Please indicate how much you (or the person you are responding on behalf of) agree or disagree with the following statements:

**Statement: The proposed vascular inpatient centre would be able to meet the national standards with a combined catchment of 1.1m people**

250 people responded to this question. 165 either strongly agreed or agreed with this statement that **the proposed vascular inpatient centre would be able to meet the national standards with a combined catchment of 1.1m people**. 43 strongly disagreed or disagreed with the statement and 17 neither agreed nor disagreed. 25 were unsure or did not know.

Figure 6: Level of agreement Q15, statement 1



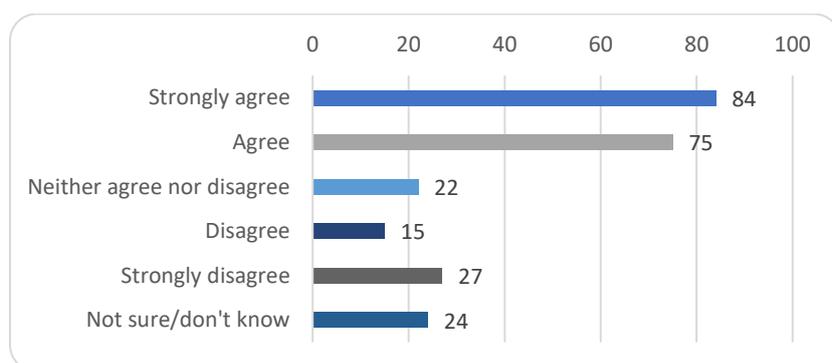
Source: Consultation survey 2022 Base: 255 (5 skipped)

**Statement: The proposed vascular inpatient centre would help in making the centre more attractive to potential new staff**



247 people responded to the statement that the proposed vascular inpatient centre would help in making the centre more attractive to potential new staff. 159 either strongly agreed or agreed with this statement. 42 strongly disagreed or disagreed and 22 neither agreed nor disagreed. 24 were unsure or did not know.

Figure 7: Level of agreement Q15, statement 2



Source: Consultation survey 2022 Base: 255 (8 skipped)

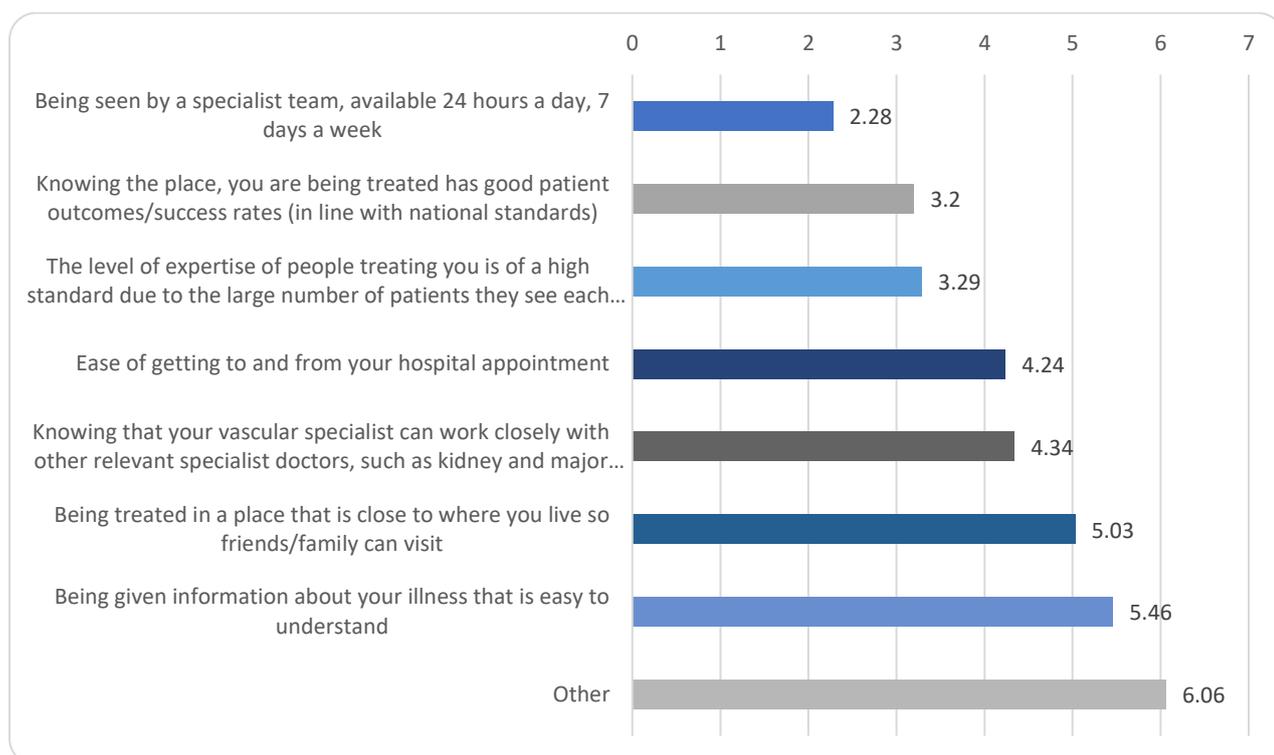
## Quality of service

**We would like to ensure that these proposals mean that patients have a good, high-quality experience of all the services required for their care.**

**These proposals mean that around 265 patients would be affected by these changes in a year – mainly from the Medway area and from Maidstone. After listening to patient and public views over the past 6 years we have tried to ensure the changes have as little impact as possible.**

- When thinking about vascular services please rank each of the statements to show which is most important to you (or the person you are responding on behalf of) from 1 to 7 (with 1 being the most important and 7 the least) 172 people responded to this question online. The chart below shows the overall online responses and that the most important statement was **being seen by a specialist team, available 24 hours a day, 7 days a week**. The least important was **being given information about your illness that is easy to understand**.

Figure 8: Prioritisation of importance Q16 (online responses)



Source: Consultation survey 2022 Base: 174 (2 skipped)

For patients who were currently using the service or had previously used the service or someone responding on behalf of a patient the top three important statements were:

- Being seen by a specialist team, available 24 hours a day, 7 days a week
- Knowing the place, you are being treated has good patient outcomes/success rates (in line with national standards)
- Ease of getting to and from your hospital appointment

For both NHS staff and people working in local government/social care, and organisations that represents patients or those that selected 'other' prioritised the following top three statements as most important:

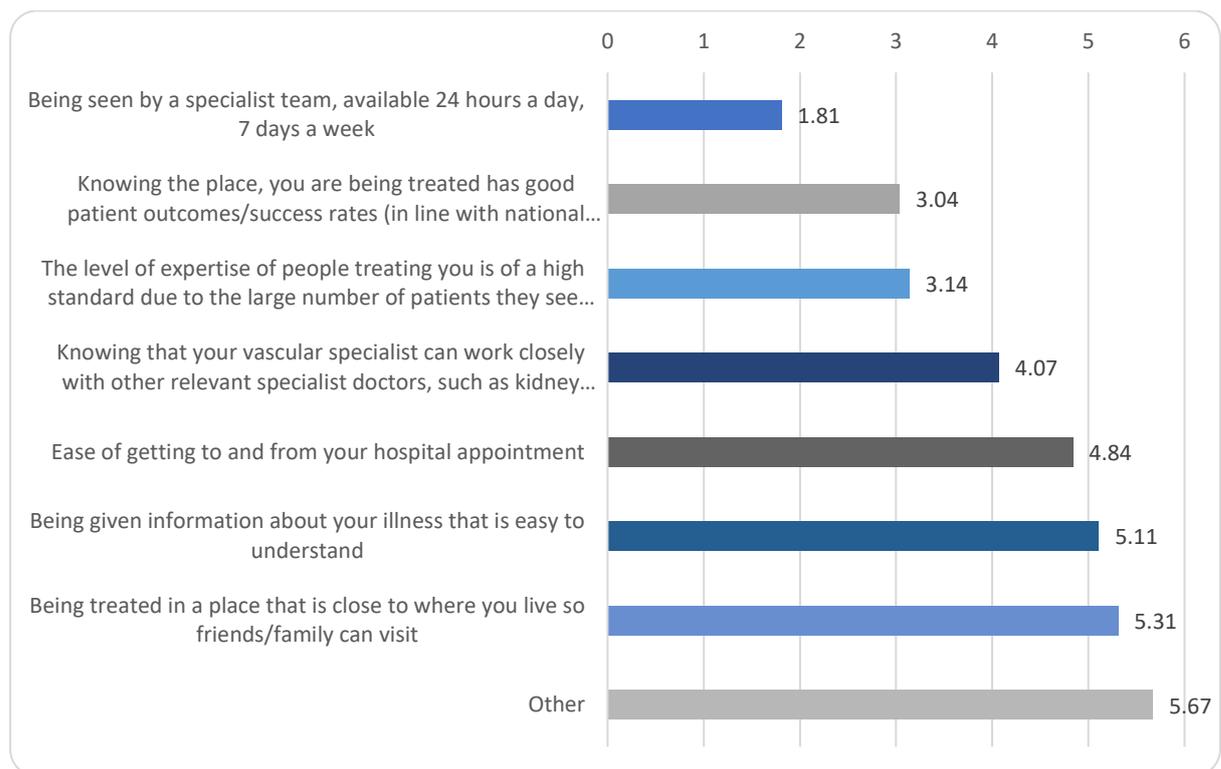
- Being seen by a specialist team, available 24 hours a day, 7 days a week
- The level of expertise of people treating you is of a high standard due to the large number of patients they see each year

- Knowing the place, you are being treated has good patient outcomes/success rates (in line with national standards)

Patients who were currently using the service or had previously used the service or someone responding on behalf of a patient, placed a greater importance on **knowing the place, you are being treated has good patient outcomes/success rates (in line with national standards)** and **ease of getting to and from your hospital appointment** which reflects the comments already made around travel and transport.

The chart below, shows the response received from the 55 people that responded in paper format we had five submissions were the response had been spoiled as they selected every option as most important option. This should be considered when reviewing the results below.

*Figure 9: Prioritisation of importance Q16 (paper survey responses)*



Source: Consultation survey 2022 Base: 81 (26 skipped)

The results reflected those received from people who responded online.



**10.** If you included 'Other' in the list above, please provide your views here:

For those that responded to the online survey, comments received were critical of the ranking question and felt that it was prioritised in favour of the consultations preferred outcome. Several people also took the opportunity to raise individual concerns about the quality of patient care that they had received. A small number of comments felt that all the statements are a priority and as such the question should not have been asked.

A small number of alternative options were suggested, including free parking, continuity of care, local diagnostic testing, emergency access, treatment updates and patient capacity in hospitals.

**There were few 'Other' comments from those that responded by paper survey.**

Some people ticked all the statements which could suggest they felt all were important considerations or that, as for the online survey, they were not happy with the statement options about the quality of service.

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*"I am concerned about the availability of public transport from Marsden to Canterbury and the cost to St Thomas's."*

---

**11.** After reading our proposal do you (or the person you are responding on behalf of) feel we have done enough to minimise the following concerns?

249 people responded to this question either through the online survey or in paper format.

- 116 agreed that we had done enough to minimise concerns about **travel and transport**, 79 disagreed and 54 did not know.
- 164 people agreed that we had minimised concerns about **providing the right after care as close to home as possible**, 53 disagreed and 31 did not know.
- 156 people agreed that we had done enough to minimise concerns about **continuing to work with patients and the public to ensure**

**the proposed changes fit with local future NHS plans**, 41 disagreed and 46 did not know.

Overall people felt that we had minimised their concerns in all areas.

**12.** Please let us know any reason(s) for your answers above:

80 responses to the online survey and we have analysed their responses into themes by subcategory of **Whether they agreed or disagreed with the statements in Q18.**

For those that did not agree with the statements above, 55 comments were received and most related to whether we had done enough to minimise concerns about **travel and transport**. People remained concerned about the accessibility of Canterbury Hospital, by car and public transport. The distance and time involved to travel and whether the ambulance service is available for transfers. There was also concern about the cost to the patient in travelling further for inpatient care and the impact that additional travelling will have on a patient's mental and physical wellbeing. There was also concern that families would find it difficult as well to get to Canterbury, which would also have an impact on the patient. Some people felt that there was insufficient information provided about transport options, including the eligibility criteria for non-emergency patient transport, or the public transport routes available to Canterbury, meaning they felt uninformed.

---

*"We are not told if public transport will be available."*

*"Travel's a problem for many and from what I read in the consultation document the transport provided for those unable to use private transport, or to afford public transport NHS transport isn't fully explained. (I have used NHS transport over a short distance and wouldn't relish a trip from Medway to Canterbury.)"*

---

Some responses indicated that people felt that they did not have sufficient information about the future for vascular surgery to comment further, and for others, they wanted services to remain as they currently are. There were also

comments about the consultation process, people felt that the decision had already been made.

---

*“concerned about the validity of the evidence, and how a decision seems to have been made, and then responses to options slanted to achieve your required result”*

---

**44 people responded by paper survey.** Consistent with the lower scores on traffic and transport most supplementary comments were on this topic. Availability of transport was raised in terms of parking at the hospital and could assistance be given for travel costs. The idea of providing hospital transport was positively received. There were positive comments on the location of Medway Maritime hospital.

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*“Parking is a huge problem at KCH even with a blue badge”*

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**13.** Is there anything else we should consider in terms of travel and transport arrangements for both patients and visitors?

93 people responded to the online survey and we have analysed their responses into themes by subcategory of **Type of respondent**.

**Responses from patients who were currently using the service or had previously used the service or someone responding on behalf of a patient.**

44 comments were received, the main themes raised were:

**Travel and Transport** –people felt that further work could be done to understand the travel and transport options for patients travelling to Canterbury. Suggestions included improved understanding of public transport routes, assistance to travel, such as volunteer car drivers, hospital transport services, hospital car collection, priority parking for taxis. In addition, people also raised concerns about the cost of travel and parking, and whether further work could be undertaken to understand the impact of these on patients impacted by these proposals.

**Local** – a small number of people felt that keeping services local would be better for patients and upgrading existing services to provide improved care.

### **Responses from staff**

42 comments were received, the main themes raised were:

**Centre of excellence** – staff recognised the importance of having expertise at Canterbury and welcomed the co-location of other interdependent services such as renal and the Primary Percutaneous Coronary Intervention (PCI) centre at Ashford. Staff commented that the service would provide patients with improved outcomes and better care and that it is a much-needed service. Staff commented that the evidence supports a centre of excellence, leading to improved resourcing and utilisation of the workforce. Staff also commented that the proposals would benefit recruitment and retention within the workforce.

A small number of comments related to:

- concerns about travelling times for patients
- lack of A&E at Canterbury Hospital

Overall comments were supportive of the proposals.

### **Responses from people working in local government/social care, and organisations that represents patients or those that selected ‘other’**

31 comments were received, the main themes raised were:

Overall, the comments reflected those received by patients, suggesting that further work to understand the impact of travel on patients is required.

A small number of comments also related to patient choice and that consideration should be given to patient choice in these proposals.

#### **44 people responded by paper survey.**

The main themes raised again were associated with travel. Affordable or free parking at hospitals if people need to drive with plenty of disabled access. The possibility of free hospital transport was raised again.

There were two comments stating how important it was to have these services locally.

---

*“Use of patient transport services and advise patients of alternatives like the British Red Cross patient transport service or volunteers”*

*“That there be a strong commitment to avoiding sending patients to the other side of the county for inpatient procedures. The connections of family and friends at these times is vital. As an ex-nurse I have seen this first hand”*

---

**14.** When thinking about the proposals, do you (or the person you are responding on behalf of) agree or disagree with the following statements (in bold):

In total 253 people answered this question across both the online and paper version of the survey.

- 194 people answered yes that they **understand the need for change**, 44 disagreed and 15 did not know.
- 108 people felt **confident their views will be listened to**, 62 did not and 58 did not know.
- 56 people **had other concerns about the proposals**, 147 did not and 33 did not know.

**15.** If you answered yes to the last point, please explain further below:

37 comments were received to the online survey, due to the small number of responses to this question we have not split the themes into categories of respondent. The main themes were:

**Trauma/A&E** – people were concerned that the inpatient vascular services should be co-located with a Trauma service/A&E. There was also concern about vascular trauma patients requiring inpatient services and how they would be managed at different hospital sites.

**Transport** – comments about the impact of travel on patients were received. Comments reflected those made throughout the consultation.

**Investment** – some comments suggested that there should be further investment in other hospital sites, rather than centralising services in one location.

**Future service provision** – a small number of comments related to concerns that the creation of the centre of excellence would lead to further reductions in service provision in the county. Assurance that this would not set a precedence for service reduction was requested.

**27 people responded by paper survey but due to the small number of responses to this question we have not split by themes or categories of respondent.** The main comments were around the **Understand the need for change questions.**

Three responded saying they understood change was needed due to increase demand for service and done for the right reasons if health improves.

Additionally, two people felt that while change may be needed, care was very good already across Kent and Medway.

There were some sceptical comments about whether the consultation was required as services were not currently meeting targets. Two responses worried how the money would be spent:

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*“How can you be certain this will work sitting behind a desk and not on the frontline”*

*“How will we know whether we have been listened to?”*

---

**16.** Is there anything else we should consider in our design and delivery of vascular services in Kent?

75 comments were received from people that responded to the online survey which ranged from stating they had nothing further to add and others that welcomed the proposals. There were some further comments with suggestions for consideration:

- **Travel and Transport**, consideration to volunteer transport services or mileage allowances, financial implications of travel,
- **Accessibility** – consideration for people who are disabled and how they will access services

- **Additional service provision** – commission specialist amputee rehabilitation, tissue viability nurses, online social media forum for vascular support,
- **No change** – a small number of comments stated that they wanted services to remain as they are and for no change to happen.

**10 people responded by paper survey with some further suggestions for consideration.** Two comments praised health services in Kent. There were two comments around prevention and referral and one comment that could suggest more digital transformation will help.

## Events and meetings

### Public Consultation Events

Four consultation events were held and the questions asked in the event were:

- What factors are important to you in the service and care you receive – both in and out of hospital?
- Is there anything we need to consider in terms of travel and transport arrangements for both patients and visitors?
- Is there anything else you would like to tell us about vascular services?

Below is a summary of the comments and themes raised in across all four of the events.

### Care pathways

Professional attendees working in the vascular service raised points about pathways of care, particularly for acute and emergency patients, stressing the need for clear lines of communication and referral, which commissioners stated would be worked out in detail in partnership with vascular service staff, based on live data and clearly coordinated in practice. The consultant vascular surgeon also stated that protocols would be developed with the ambulance trust to set out criteria, particularly around emergency admissions. He added that under those protocols, a patient with a suspected aneurism, for example, would be directed straight to the hub, which could well be faster than being triaged through A&E. One participant expressed concern about the ability of 999 responders to diagnose vascular conditions appropriately. They were advised that under the proposed new process, experienced, well trained ambulance staff would take the patient direct to the hub.

A question was asked about whether and where screening for vascular conditions would continue and commissioners advised that routine screening would continue at local hospitals, using GP practice registrations, and include regular awareness-raising campaigns.

### Centre of excellence / centralisation

There was broad support from most participants for a centre of excellence to ensure that Kent and Medway are served by highly skilled professionals in vascular treatment and care. Several attendees stated that they felt reassured by the



discussion and detail offered through the session, particularly in relation to patients requiring emergency care and admission.

Attracting and retaining skilled, qualified and experience staff was also discussed, with most participants acknowledging that a centre of excellence supporting other local services would help to ensure Kent and Medway area is served by the best qualified and most experienced vascular consultants, surgeons and nurses who are likely to see working in a centre of excellence as beneficial for their career.

Whilst some participants expressed concern about increased travel distances and times, they were reassured that most services will still be available in their local hospital. Only surgery or treatment requiring an overnight stay in hospital would move to Kent and Canterbury hospital.

A question over continuity of care and professionals was raised by one patient who has built up a strong relationship with his vascular surgeon after multiple operations and many years of treatment. He was concerned that under the proposals he may not be able to continue to see the same surgeon. The vascular consultant stated that the proposal is for a single vascular team across the area and whilst the hospital location for treatment requiring an overnight stay may change, there was no reason to believe his surgeon would change because of the proposal.

### **Hospital discharges and transfers**

One participant raised a question about whether there would be a risk of increased delayed discharges if patients have travelled further for surgery, particularly patients with additional and ongoing support requirements such as amputees. Another patient shared their experience of discharge procedure taking longer than they would have liked, since they were well enough to return home sooner. The vascular surgery network lead stated that follow up and rehabilitation would still be carried out at patients' local hospitals following discharge. He also pointed out that since Kent and Canterbury Hospital does not have an A&E department, it doesn't have the same level of pressure on beds as some of the other acute hospitals in the region.

### **Capacity and waiting times**

Some participants asked whether the proposed centralised service would improve or at least maintain current waiting times for treatment and whether capacity would be

increased under the proposals. Commissioners stated that they expect to see improvements in waiting times almost immediately, with additional capacity at Kent and Canterbury Hospital and maintain current capacity at all other hospitals carrying out routine and outpatient care. The vascular consultant reiterated plans for service improvements under the proposed centralised model which they expected to deliver greater efficiencies. He also stated that the vascular team at Kent and Canterbury has fast turnaround rates for admitting patients into theatre, which they would expect to continue under the new proposals.

### **Patient outcomes**

A point was made about whether current patient outcomes would be expected to be maintained or improved. Commissioners stated that the proposal involved an increase in the number of vascular surgeons per population to bring it in line with the best vascular care units in the country, pointing out that larger centres have the best outcomes, which is the expectation of the proposals for Kent and Medway.

### **Travel and transport**

Requests were made for planning and consideration around travel times, based on accurate, contemporary data. Concern was expressed about travel time in an emergency and reassurance was given that acute, emergency cases would be transported to the proposed centre of excellence in an ambulance and therefore travel times would be minimal, even in periods of high traffic.

Concern was also expressed about greater travel distances, times and costs for routine care and follow up. Commissioners and vascular service representatives reiterated that there are no proposed changes to routine care and outpatient appointments, which will continue to be delivered in local hospitals across Kent and Medway.

Commissioners undertook to carry out detailed analysis of travel times and public transport options for patients travelling to Kent and Canterbury Hospital for surgery requiring an overnight stay, particularly given planned changes to public transport and bus services in Kent, which are currently subject to consultation by the local authority.

Commissioners explained that the number of people affected by the proposed change, i.e. who will travel to Kent and Canterbury Hospital for surgery requiring an overnight stay, is estimated to be 265 per year. Of these, the majority – approximately 200 – would be transported by ambulance.

Commissioners also undertook to carry out a detailed review and mapping of Patient Transport Services and eligibility. A commitment was made to work closely with Kent County Council in relation to public transport options and funding including discussions of community transport services.

The vascular nurse stated that surgery appointment times could be booked for timeslots where patients had transport constraints or are relying on public transport e.g. not asking patients using public transport or travelling furthest to arrive before 10am. He also pointed out that they already endeavour to combine and coordinate appointments wherever possible to minimise individual hospital visits.

The vascular consultant added that where possible routine consultations can be carried out by phone and video call, reducing the need to travel to hospital.

Some concern was expressed in relation to accessibility for visitors to a centralised facility. However, a broadly equal number of participants felt this was not relevant to service planning, and that the focus should be on patient admissions and outcomes. Commissioners pointed out that the length of stay in hospital following vascular surgery has gone down dramatically in recent years so patients are not expected to spend a long time without seeing relatives. The vascular nurse added that they are flexible in their approach to visiting hours, particularly where they know families are struggling to visit at certain times of the day.

### **Patient Working Group**

Participants were invited to register to take part in a Patient Working Group to support commissioners and the vascular team create and develop the service. Commissioners stated that this would include reviewing transport and public transport options and that the CCG will request the involvement of Kent County Council.

22 people who completed the consultation survey or took part in the public events expressed their interest in joining the Patient Working Group. Commissioners will contact them once plans have been agreed for its establishment and operation.

### **Public awareness**

A small number of public participants said they were not sure that everyone living in the region knew that the vascular services consultation was taking place. Trust staff stated that all current vascular services patients would have received a letter informing them of the proposals and inviting them to take part in the consultation.

### **NHS Staff Event**

As part of the consultation process an online staff engagement event was held for members of staff from both East Kent Hospitals University NHS Foundation Trust and Kent and Medway NHS Foundation Trust.

The following questions were used as open discussion points, though conversation was not limited to these alone:

- What do you think of:
  - working together as one vascular team across multiple hospitals?
  - the proposal for a single inpatient vascular centre?
  - the proposal to locate this at Kent and Canterbury Hospital?
- Do you think that a single vascular inpatient centre would:
  - meet national standards with a combined catchment of 1.1 million?
  - help in attracting potential new staff?
- Is there anything else that should be taken into consideration in the design and delivery of vascular services in Kent and Medway?

A summary of comments and themes is shown below:

### **Centre of excellence, centralisation and capacity**

There was broad support for the centralisation of specialist services as the route to achieving the best outcomes for patients. Staff members also discussed points of detail outlined below, for consideration at the next stage of development.

The issue of capacity was raised by two staff members, both of whom stated that the lack of ring-fenced beds for patients transferred from elsewhere is an issue they face

currently. The request was made that data on patient transfers is collected and analysed to help inform plans at the next stage of development. The vascular surgery network lead pointed out that whilst beds cannot be ring-fenced, the fact that there is no A&E at the Kent and Canterbury Hospital means there is a greater chance of keeping beds available for vascular surgery patients. Kent and Canterbury Hospital's nursing lead added that she was confident they could discuss supporting vascular beds with the hospital site team at the appropriate stage of development of the plans.

Medway Trust's chief medical officer agreed that this data would be reviewed in detail, along with national data and evidence of best practice.

A member of the vascular surgical team added that there is a wealth of data showing how a centralised 'hub and spoke' model around a vascular centre of excellence is working effectively in other regions nationally and internationally. He pointed out that concerns re A&E referrals could be overcome with effective communication and training with colleagues in A&E. He pointed out this system already works effectively in relation to involving vascular surgeons in complex cancer cases such as at St Luke's Cancer Centre at Royal Surrey County Hospital in Guildford, and the regional vascular hub at Frimley Park, Surrey.

Various staff members commented that a vascular centre of excellence would likely help with the recruitment and retention of highly skilled and experienced staff. One surgical team member commented that he'd already had conversations with trainees in the region stating that they would be very keen to join a large, single centre unit.

### **Geography and location**

Whilst there was broad support for a single, centralised service and centre of excellence, some staff members expressed concern about the region included, with one member of staff registering disappointment that Tunbridge Wells is not included in the proposed area.

### **Care pathways and patient transfers**

Comments were shared around care pathways and staff resource and location to support the wider network of vascular services. The vascular surgical lead explained that a vascular surgeon at Medway would be available 5 days a week under the

proposal and in addition a vascular surgeon would be on call 7 days a week through the vascular hub in Canterbury. This support would be offered to all local hospitals carrying out day surgery including the William Harvey Hospital where such major surgery is undertaken by other specialities.

A question was asked about whether any debridement or amputations would still be carried out in local hospitals. The vascular surgical lead responded that some minor amputations and procedures would continue to be carried out locally, however detailed care pathways are still to be mapped out, in collaboration with staff members, depending on the outcome of the consultation. Medway's chief medical officer reiterated that detailed pathways were still to be planned and that they would look at solutions in place with other existing vascular networks across the country.

One staff member also raised the point of emergency transfers, particularly since Kent and Canterbury Hospital does not have an A&E department, and the vascular surgeons' on call rota. The vascular surgical lead pointed out that detailed pathways of care would be developed at the next stage, in collaboration with the service, and that a centralised service would help to build resilience on the team and reduce required level of on call days for surgeons across the team.

Another staff member pointed out that consideration will need to be made to referral process e.g. if a patient is referred by a GP to A&E at Medway, where it may take time to get a diagnosis to then be transferred again to the proposed vascular centre and Kent and Canterbury. The vascular surgical lead noted the point for consideration at the development stage and added that the vascular team at Kent and Canterbury already serve two hospitals (William Harvey Hospital and QEQM, Margate) where they liaise regularly with A&E consultants making referrals and patients are transferred by ambulance.

Additional comments were made about the need to consider and prepare process carefully as plans develop. For example, Medway Maritime Hospital currently deals with complex cancer cases five days a week and nephrectomies every day of the week. Careful consideration will need to be given to how these cases are managed centrally under the proposals. The same staff member also noted the need for interventional radiology support. The vascular surgical lead agreed careful discussion, consideration and planning would follow at the next stage of the planning

process, considering the different teams' and hospitals' specific requirements, including how ancillary services are covered and supported. The vascular network lead added that a centralised world class centre for vascular services could help in the recruitment and retention of additional interventional radiology consultants.

One team member raised a question about what provision has been made under the proposals for long stay patients, e.g. those undergoing rehabilitation after amputation, those with social and / or frailty issues etc.

Kent and Canterbury Hospital's nursing lead reassured colleagues that detailed planning would take place to review and develop rehabilitation pathways, in discussion with staff members.

### Community Events

In addition to circulating details of and links to the online consultation to more than 70 community organisations across Kent and Medway, commissioners attended various community events and focus groups to raise awareness of the consultation.

Involving Medway community groups and trained community health researchers working with Medway Voluntary Action also carried out 11 interviews and two focus groups within local communities.

A summary of themes and responses from both the interviews and the events is outlined below:

#### **Centre of excellence / centralisation**

There was unanimous support for a vascular centre of excellence, with respondents outlining a range of benefits including enabling the best possible specialised treatment for patients, relieving pressure on other hospitals in the system and potentially reducing waiting times.

Pooling resources and expertise and ensuring the region is supported by specialists with the highest levels of skills and experience was supported by most respondents.

One focus group of six people also stated that the requirement for expensive specialist equipment also added to the rationale for a single centre of excellence. There was also recognition that a single centre would offer better training, career

opportunities and progression for specialist staff, helping to secure a highly skilled workforce.

Respondents whose family members were treated at London hospitals expressed strong support for a regional centre of excellence in Kent, due to travel and distance to London. One person stated that even under blue lights, travelling by road to Guy's Hospital London was a long way.

There was support for diagnostics to remain locally, as proposed, with one respondent noting that this is not available currently on the Isle of Sheppey or in Sittingbourne.

Several respondents expressed concern about the proposed location of the centre, stating that Canterbury is small, hard to get to quickly and has poor access by road. One suggested the location should be more central in Kent, whilst two others suggested Medway Maritime Hospital, which is their local hospital.

### **Travel and transport**

Concern was expressed in relation to distance, particularly for patients, family members and visitors who don't have access to a car. Travel distances and costs were cited as a significant issue for people undergoing both routine appointments and planned surgical procedures.

Transport costs were also raised as an area of concern by several respondents and several respondents made a request to consider and include parking at any new centre for both patients and relatives.

Family visits were cited as important to many respondents who expressed concern about longer distances to travel. This was highlighted by one respondent who explained that her husband died during a surgical procedure carried out in London in February 2022. Due to the distance, the family were unable to see him immediately before the operation, for what turned out to be their last opportunity. They suggested that had his treatment been carried out locally they may have been able to be with him.

Several respondents stated their support for a centre of excellence in Kent to avoid travel to London hospitals for treatment or to visit relatives having treatment.

The need to ensure appointments are offered at times served by public transport was also raised by several respondents.

One respondent also raised a point about where the vascular centre would be located on the hospital site, suggesting it should be within easy walking distance of parking and / or transport.

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*“By having a specialised centre it ensures that we are being treated successfully with less pressure on the other hospitals. However, it is a bit far if the patient doesn’t drive or the family are unable to get to the hospital”*

***Involving Medway interviewee***

*“The best knowledge and skills in this field are what’s most important as this gives the best chance to get better. However, it is hard to send them off to London and not be able to visit them, especially the hours before a big procedure. I know they did everything they could for him, but he died during the procedure and it is very hard that I hadn’t seen him before... if it had been happening locally we would have seen him for what, it turns out, was our last ever time with him.”*

***Involving Medway interviewee whose husband was referred by Medway Maritime Hospital to St Thomas’ Hospital, London for TAVI treatment (replacement of a valve in the heart)***

*“I think it’s really important to have good research and education to improve services. Good luck to all the team.”*

***Involving Medway interviewee***

*“It’s a very good idea to have this available locally but we need better access because traffic on roads means delay.”*

***Involving Medway interviewee***

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## Other responses

**Letters were received from two local MPs (jointly) and a cabinet member for Ashford Borough Council. (See Appendix 12 and 13).**

Kelly Tolhurst, Member of Parliament Rochester and Strood, and Rehman Chishti, Member of Parliament for Gillingham and Rainham welcomed the fact that under the proposals, vascular day services and rehabilitation will remain at Medway Maritime Hospital but expressed disappointment that their constituents will no longer have access locally to vascular inpatient services for patients requiring an overnight stay.

They expressed concern that Medway is not getting the focus, support, or investment it needs across a range of healthcare services and noted that a decision to move services away from Medway Maritime Hospital to Canterbury will mean that their constituents will have to travel further to receive specialist vascular services, which they argue is becoming increasingly difficult to justify with each service they lose.

Citing one element of the rationale for the proposed change outlined in the consultation document about lack of suitable space for a vascular centre at Medway Maritime Hospital, they argue for a new hospital for Medway, which they have begun to push for publicly and in Government.

Councillor Peter Feacey, cabinet portfolio holder for community safety and wellbeing wrote a letter of response to the consultation on behalf of Ashford Borough Council. He outlined the council's support for the ambition to create a vascular service of excellence for Kent and Medway that ensures the best outcomes and chances of survival for patients, and the aspiration to meet national standards. He also welcomed the proposal to retain outpatient clinics and diagnostic tests at the William Harvey Hospital (WHH) and noted that the number of patients affected by the proposed change is relatively small which would limit the impact.

He also outlined the council's aspiration for the centre to be ultimately located at the WHH, noting that these proposals are a medium-term solution. He added that the

Kent and Canterbury Hospital is not a major hospital (i.e it does not have A&E provision), which he described as a deviation from the national standard. He added that the location at William Harvey Hospital should be possible in the context of the wider East Kent (EK) hospital transformation programme and reiterated the council's support for the expansion of the William Harvey Hospital to meet the demands of a growing local and regional population.

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*“While it is welcome that vascular day service and rehabilitation will remain at Medway Maritime, it is disappointing that we will be losing our vascular inpatient services for patients requiring and overnight stay.*

*“It has long been the opinion of Medway MPs, Medway NHS Foundation Trust, and our constituents that a new hospital is needed for Medway, and we have begun to push for this both publicly and directly to the Government.”*

***Kelly Tolhurst, MP for Rochester and Strood, Rehman Chishti, MP for Gillingham and Rainham***

*“We acknowledge and support the ambition to create a vascular services of excellence for Kent and Medway... The number of patients affected by the change is also relatively small...our inspiration is for the centre to be ultimately located within the William Harvey Hospital.*

*Our ambition is to support expansion of the WHH in order to meet the demands of our growing local population as well as meeting the needs of East Kent and beyond.”*

***Councillor Peter Feacey, cabinet portfolio holder for community safety and wellbeing, Ashford Borough Council***

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## **Social Media Comments**

More than 60 comments were received on Kent and Medway CCG's Facebook posts relating to the vascular services consultation.

Most comments on Kent and Medway CCG's Facebook page related to the location of the proposed vascular centre of excellence. A broadly equal number of users commented that Canterbury was the best location as opposed to those that said

Canterbury was too far to travel. Several users from Medway and North Kent expressed concern about travel distances. Some users expressed a desire for services to be kept at the hospital they had been treated.

Some stated that transport links were good in Canterbury, whereas others expressed concern about public transport access with one person suggesting the proposals may push more people to London for treatment. Parking at Kent and Canterbury was raised as an issue by several users.

Concern was expressed by one commentator who cited ambulance shortages in satellite areas of Kent and the need for more specialist paramedics. He said accepted the need for a vascular centre of excellence, but suggested it should be for stable, non-urgent cases only, adding that moving all specialist, overnight services to Canterbury were 'madness.' Another respondent noted that they had no family or car to get to Canterbury.

Whilst there was some support for a centre of excellence, there were also comments arguing the proposals are not a good idea. One user suggested knowledge and skills should be spread, rather concentrated in one place, whilst another suggested that Medway should keep its own services for local people. Several other comments referenced the loss of health services in Medway in recent years. Of those who supported the proposals for a single centre, access to best possible treatment, along with good transport links, were the most cited benefits.

Several comments referred to building work already taking place at Kent and Canterbury Hospital, suggesting the centre could already be under construction.

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*"A centre of excellence would be great, it would encourage more highly skilled staff to the benefit of patients. I'm happy to travel anywhere to get the up to date and effective treatment."*

*"Not enough centre... Spread the knowledge don't create single point of failure."*

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## Next Steps

NHS England and NHS Improvement Specialised Commissioning and Kent and Medway CCG will consider the feedback gathered through the consultation process and outlined in this report, in partnership with East Kent Hospitals University NHS Foundation Trust, Medway NHS Foundation Trust and regional health and social care stakeholders.

The report will be presented and delivered to health and social care overview committees for consideration and discussion.

A final decision-making business case will be developed to inform a final commissioning decision this summer.

Following the public engagement events, commissioners have also committed to establishing a Patient Working Group to help inform service development if the proposals are progressed. This will include detailed discussion of travel and transport options and solutions.

Kent and Medway CCG has also undertaken to carry out mapping and analysis of public transport options across the areas affected, and to work in collaboration with Kent County Council, which is currently carrying out a consultation about a proposed reduction to selected bus services in the county.

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## Appendices

- Appendix 1: Consultation document
- Appendix 2: Consultation survey
- Appendix 3: Easy Read consultation document
- Appendix 4: Social Media schedule
- Appendix 5: Social Media advertising
- Appendix 6: Media Coverage
- Appendix 7: Stakeholder
- Appendix 8: Engagement Log
- Appendix 9: NHS staff event presentation
- Appendix 10: Patient and Public event presentation
- Appendix 11: Profile of survey respondents
- Appendix 12: Ashford Borough Council response
- Appendix 13: MP Response
- Appendix 14: Consultation A4 Flyer
- Appendix 15: Consultation Communications and Engagement Strategy
- Appendix 16: Summary of Consultation costs

### **NOTE:**

This report was compiled with the support of NHS South Central and West Commissioning Support Unit (SCW). All responses to the consultation including letters and emails from the public (names and addresses redacted), letters and emails from stakeholders, completed survey responses and details of meetings were shared with SCW who conducted an analysis of the data and all responses, identified the key themes and drafted this consultation report.