

IRP

Independent Reconfiguration Panel

*ADVICE ON PROPOSALS FOR CHANGES TO
ORTHOPAEDIC AND GENERAL SURGICAL SERVICES IN
WEST KENT*

Submitted to the Secretary of State for Health
30 November 2007

IRP

Independent Reconfiguration Panel

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Recommendations

- **The IRP supports the proposal to provide emergency inpatient surgical and orthopaedic services from the Kent and Sussex Hospital and elective surgical and orthopaedic services from Maidstone Hospital. West Kent PCT and Maidstone and Tunbridge Wells NHS Trust (MTW NHS Trust) need to make it clear that some inpatient orthopaedic elective work will continue at the Kent and Sussex Hospital.**
- **The IRP considers it essential to replace the Kent and Sussex Hospital and Pembury Hospital facilities and supports the Private Finance Initiative (PFI) proposal to re-provide these facilities on the Pembury Hospital site. MTW NHS Trust needs to provide sustainable hospital services from both the Maidstone and Pembury Hospital sites in the future, with properly integrated services across the hospitals and primary care.**
- **The IRP considers it essential to retain consultant led A&E services at Maidstone Hospital, working closely with the co-located primary care urgent care service. The future staffing arrangements have not been made sufficiently clear and must be agreed and externally validated before implementation of the proposed changes to surgical and orthopaedic services.**
- **It is essential that the arrangements for general surgical and orthopaedic support for A&E and general medicine are agreed and externally validated before the proposed changes take place.**
- **West Kent PCT and South East Coast Ambulance Service (SECAmb) must confirm that the necessary arrangements and additional resources are in place to ensure the safe transfer of surgical and orthopaedic emergency patients to the Kent and Sussex Hospital and other appropriate hospitals before the changes are implemented.**

Recommendations

- **Further work must be done between MTW NHS Trust, Kent County Council (CC), West Kent PCT and transport agencies to see how public and community transport access between Maidstone Hospital and the Kent and Sussex Hospital can be improved.**
- **MTW NHS Trust and West Kent PCT must develop and agree the programme of work and timetable required to ensure safe and sustainable implementation. They should do this in an open and transparent way working closely with Kent CC NHS Overview and Scrutiny Committee (OSC).**
- **MTW NHS Trust and West Kent PCT, working with Kent CC NHS OSC, should agree how they will monitor the expected benefits from the separation of emergency and elective services and ensure they are achieved.**
- **West Kent PCT and MTW NHS Trust must take the opportunity to develop a shared vision for future health and healthcare across West Kent, working with stakeholders and local authorities to rebuild confidence in the quality of local health services.**

OUR REMIT

What was asked of us

- 1.1 The Independent Reconfiguration Panel's (IRP) general terms of reference are included in Appendix One.
- 1.2 On 25 May 2007, Cllr Alan Chell, Chairman of the Kent County Council (CC) NHS Overview and Scrutiny Committee (OSC), wrote to the Secretary of State for Health, The Rt Hon Patricia Hewitt MP, on behalf of the Council's NHS OSC, exercising powers of referral under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. The referral concerned proposals for changes to orthopaedic and general surgical services provided by the Maidstone and Tunbridge Wells (MTW) NHS Trust and set out in the consultation document *A new direction for surgical and orthopaedic care* published on 5 October 2006.
- 1.3 The newly appointed Secretary of State for Health, The Rt Hon Alan Johnson MP, replied to Cllr Chell on 16 July 2007 advising that he had asked the IRP to undertake a review of the proposals. The IRP Chair, Dr Peter Barrett, accepted the referral in his letter of 14 August 2007. Terms of reference were set out in the Secretary of State's letter of 30 August 2007. Copies of all correspondence are included in Appendices Two to Seven.
- 1.4 The Panel was asked to advise by 30 November 2007:
 - a) *whether in the light of the grounds for referral as set out in the correspondence from Kent County Council Health Overview and Scrutiny Committee to the Secretary of State of 25 May 2007, it is of the opinion that the proposals to reconfigure emergency and general orthopaedic and surgical services between Maidstone and Kent & Sussex Hospitals as set out in the decision of West Kent Primary Care Trust on 15 March 2007 will ensure safe, sustainable and accessible services for the people of Kent and Sussex, and if not, why not;*

- b) on any other observations the Panel may wish to make in relation to the proposals for changes to emergency and general orthopaedic and surgical services and implications for any other clinical services;*
- c) in the light of a) and b) above on the Panel's advice on how to proceed in the best interests of local people.*

It is understood that in formulating its advice the Panel will pay due regard to the principles set out in the Independent Reconfiguration Panel general terms of reference.

OUR PROCESS

How we approached the task

- 2.1 NHS South East Coast, the Strategic Health Authority (SHA), was asked to provide the Panel with relevant documentation and to arrange site visits, meetings and interviews with interested parties. The SHA completed the Panel's standard information template. This can be accessed through the IRP website (www.irpanel.org.uk).
- 2.2 The Kent CC NHS OSC were also invited to submit documentation and suggest other parties to be included in meetings and interviews.
- 2.3 The Panel issued press releases on 12 September and 12 October 2007. These can be accessed from the IRP website at www.irpanel.org.uk
- 2.4 The Panel Chair, Dr Peter Barrett, wrote an open letter to editors of local newspapers on 25 September 2007 informing them of the Panel's remit (see Appendix Seven). The letter invited people who felt that they had new evidence to offer, or who felt that their views had not been heard adequately during the formal consultation process, to contact the Panel.
- 2.5 A sub-group of the full IRP Panel consisting of Dr Nick Naftalin as chair, Dr Paul Watson and Sanjay Chadha carried out the review, supported by the Panel secretariat. The Panel made five visits to West Kent. Details of visits, meetings and conversations held are contained in Appendix Eight. The Panel wrote to all MPs and met with Ann Widdecombe and Greg Clark and received correspondence from Sir John Stanley.
- 2.6 A list of all the written evidence received – from the SHA, PCT, NHS Trust, the Kent CC NHS OSC, MPs and all other interested parties is contained in Appendix Nine. The Panel considers that the documentation received, together with the information obtained in meetings, provides a fair representation of the views from all perspectives.

- 2.7 Throughout our consideration of these proposals, our aim has been to consider the needs of patients, public and staff taking into account the issues of safety, sustainability and accessibility as set out in our terms of reference.
- 2.8 The Panel wishes to record its thanks to all those who contributed to this process. We also wish to thank all those who gave up their valuable time to present evidence to the Panel and to everyone who contacted us offering views.
- 2.9 The advice contained in this report represents the unanimous views of the Chair and members of the IRP.

THE CONTEXT

A brief overview

- 3.1 Between 2000 and 2005, Maidstone and Weald PCT, South West Kent PCT (which joined together with Dartford Gravesham and Swanley PCT to become West Kent PCT in October 2006) and Sussex Downs and Weald PCT formally consulted on a series of phased service changes entitled *Shaping Your Local Health Services*. The third phase of this consultation concentrated on services for women and children and orthopaedic services at MTW NHS Trust (formed on 1 April 2000, taking over services previously run by the Kent and Sussex Weald NHS Trust and Mid-Kent Healthcare NHS Trust).
- 3.2 The outcome of the orthopaedic consultation, in July 2005, resulted in the decision to provide emergency orthopaedic surgery at both Maidstone Hospital and Kent and Sussex Hospital in Tunbridge Wells and provide elective orthopaedic services at the Kent and Sussex Hospital. This went against the preferred option which set out to centralise emergency orthopaedics on one site.
- 3.3 *A new direction for surgical and orthopaedic care* was published in 2006, 15 months after the *Shaping Your Local Services* consultation proposals had been agreed. The document presented a case for further change and asked the public to reconsider the options for changes. The process took place over a 12 week period between 9 October 2006 and 8 January 2007.
- 3.4 The consultation document argued the case for change and asked the public to re-consider the options, stating that since the *Shaping Your Local Health Services* decision had been made, services had not improved.
- 3.5 It explained that emergency orthopaedic patients were still not able to see a consultant within 24-hours of admission, wait too long for surgery and wait at night for senior orthopaedic staff to be called in from home. Similar problems arise as a result of the emergency general surgical team providing services on both sites. Best outcomes could not be achieved under such circumstances.

- 3.6 The document suggested separating emergency and elective orthopaedic and surgical services onto separate sites to ensure that emergency patients were seen by dedicated senior teams, thus enabling them to meet their care requirements 24-hours a day. A number of options were proposed.
- 3.7 The consultation document was developed with clinicians and managers from MTW NHS Trust who held meetings on 30 November 2005 and 13 June 2006 to discuss ways of improving surgical and orthopaedic care. As a result of these meetings a range of options, including a clinically preferred option, was developed for the formal consultation process.
- 3.8 The main issues were that:
- emergency patients were not seeing senior surgeons/orthopaedic surgeons in an emergency
 - more doctors would be needed in the future as the European Working Time Directive (EWTD) in 2009, further reduces the number of hours permitted for work and even if doctors were made available, these larger teams of specialists would not see enough patients individually to maintain their skills
 - patients were not always being assessed and having their care planned by a senior surgeon nor were they seeing an orthopaedic consultant every day
 - planned operations were being cancelled to make way for emergencies
 - pre-booked patients screened for infections could find themselves on a ward next to emergency surgical patients who had not been screened, raising the risk of cross infection
 - delays were occurring in getting emergency patients to theatre and patients were taking longer to recuperate as a result
- 3.9 The table below summarises the options developed for the *A new direction for surgical and orthopaedic care* consultation document.

<i>A new direction for surgical and orthopaedic care: options for consultation</i>		
Option	Surgery	Orthopaedics
1	Complex inpatient elective surgery at Maidstone, emergency surgery at Kent & Sussex Hospital, day case and 23-hour care on both sites	Carry out all orthopaedic emergency operations at Maidstone Hospital and inpatient elective orthopaedic surgery at Kent & Sussex
2	Complex inpatient elective surgery and daytime emergency surgery at Maidstone Hospital, emergencies at Kent & Sussex Hospital, day cases and 23-hour care on both sites	Carry out all inpatient elective orthopaedic surgery and orthopaedic emergency surgery at Kent & Sussex Hospital with day case and 23-hour care on both sites
3	All complex inpatient elective surgery and emergency surgery at Maidstone Hospital and day cases at Kent & Sussex Hospital	Carry out all inpatient elective orthopaedic surgery at Kent & Sussex Hospital and retain orthopaedic emergency on both sites, with Maidstone Hospital running a 12-hour A&E model of care
4	As option three, but all complex inpatient planned surgery and emergency surgery at Kent and Sussex Hospital and day cases at Maidstone	

- 3.10 Option 1 was described as the clinically preferred option for surgery and Option 2 was the clinically preferred option for orthopaedics. Under the preferred options, patients would continue to go to their local district general hospital (DGH) for outpatient, day case and medical emergencies.
- 3.11 Prior to publication, the options were agreed at a joint PCT and Acute Trust Board meeting on 19 July 2006 and with Kent CC NHS OSC on 20 July 2006. They were finally agreed by the MTW NHS Trust's Board on 25 July 2006.
- 3.12 During the consultation, eight public meetings were held between October and November 2006, allowing patients and the public an opportunity to discuss the issues and ask questions. Approximately 4000 consultation documents and questionnaires were distributed. The document was also available on the Trust website. Presentations were made to eleven local groups including the British Medical Association (BMA) and Local Medical Committee (LMC) and regular meetings were held with the Kent CC NHS OSC. Responses were required by 8 January 2007.

- 3.13 On 30 November 2006 a local health community option evaluation workshop was held. A total of eight options were considered.
- 3.14 Participants confirmed that the preferred option for surgery was Option One (corresponding to Option One in the consultation document) and for orthopaedics was for a new option referred to as Option Six in the PCT decision making document. This proposed centralising emergency inpatient orthopaedics at the Kent and Sussex Hospital and elective inpatient orthopaedics at Maidstone Hospital.
- 3.15 Responses to the consultation were collated by MTW NHS Trust (who received 134 completed questionnaires as well as 99 letters and nine petitions with a total of 9,779 signatures). The PCT later conducted a review of both the consultation process and analysis of the feedback received.
- 3.16 Of those who expressed a preference, the majority supported the options chosen at the option evaluation workshop. However, there was opposition, highlighted in the local press and the Maidstone Division of the BMA voiced its support for the continuation of a full A&E service at Maidstone Hospital with a full unselected medical and general surgical 'take.'
- 3.17 Whilst there was support for the chosen options by all of the general surgeons and orthopaedic surgeons on both sites, there were some concerns expressed by consultants in other specialities at Maidstone Hospital. On 21 December 2006 the Leader of Kent CC wrote to the Chief Executive of MTW NHS Trust also expressing a number of concerns regarding the proposals.
- 3.18 Kent CC NHS OSC met on 12 January 2007 to consider their response. They received a number of presentations both from MTW NHS Trust and West Kent PCT, including clinical presentations. However, a split decision, which required the Chairman's casting vote, swung in favour of a vote of 'no support.'
- 3.19 The OSC had concerns in three main areas. It felt that there was insufficient attention paid to the support at Maidstone Hospital for physicians managing acutely ill patients, that a compromise solution (made by a Maidstone A&E consultant) should be explored

further and that the timing of any changes should be considered in the light of the forthcoming strategic plans across Kent and Sussex which were being developed as part of the *Creating an NHS Fit for the Future* strategy document.

- 3.20 On 26 January 2007, the OSC set out 14 reasons for the Committee's rejection of the proposals. The OSC then embarked on a series of negotiations with both MTW NHS Trust and West Kent PCT in order to clarify the proposals and gain assurances on the points raised. These negotiations continued through to the end of April 2007 and included involvement from the Maidstone Division of the BMA (who presented *Surgical and orthopaedic care: the right direction* on 12 March 2007, which gave alternative solutions to the proposals) and South East Coast Ambulance Service (SECAMB) NHS Trust.
- 3.21 Meanwhile the outcome of the consultation exercise was presented at the West Kent PCT Trust Board Meeting on 15 March 2007 where the Board approved Options One and Six, subject to a number of conditions; these were that:
- implementation of the proposals be delayed until the publication of *Creating an NHS Fit for the Future* to ensure that the proposals were compatible
 - clear staffing arrangements and protocols were established to ensure that medical staffing, including at consultant level, within the A&E department at Maidstone Hospital was appropriate and that access to surgical advice for medical patients was also appropriate as deemed by an independent clinical review panel
 - protocols were established to ensure that minor orthopaedic cases could continue to be dealt with at Maidstone Hospital (e.g. simple fractures)
 - agreement was finalised between MTW NHS Trust and the PCT regarding the development of new medical services at Maidstone Hospital
 - MTW NHS Trust continued to work with the relevant transport and other authorities to examine the issues of travel and access for relatives
- 3.22 On 11 May 2007, the OSC met to discuss the proposals. The Chairman of the Committee recommended that the proposals were supported, citing the support from the three Committee spokespersons who had worked with MTW NHS Trust and the PCT to address the reasons for the original opposition. The OSC also heard that the Patient and

Public Involvement Forum had confirmed their support and that the Maidstone BMA had confirmed their acceptance of the proposals, in light of the conditions applied by the PCT. However, a motion was passed by eight votes to five (with two abstentions) to refer the proposed reconfiguration to the Secretary of State for Health.

- 3.23 On 25 May 2007, Cllr Alan Chell, Chairman of the West Kent CC NHS OSC, wrote to the former Secretary of State for Health, the Rt. Hon. Patricia Hewitt MP about the proposed changes to orthopaedic and surgical services at MTW NHS Trust. The letter explained that, despite negotiations, the OSC remains of the opinion that the proposals are not in the interests of health services in Kent.
- 3.24 The Rt Hon Alan Johnson MP, Secretary of State for Health, wrote to the IRP Chair, Dr Peter Barrett, on 16 July 2007 asking the IRP to undertake a review of proposals following the *A new direction for surgical and orthopaedic care* consultation.

INFORMATION

What we found

- 4.1 A vast amount of written and oral evidence was submitted to the Panel. We are grateful to all those who took the time to offer views and information. The evidence put to us is summarised below – firstly general background information followed by an outline of the proposals, the reasons for referral by Kent CC NHS OSC, issues raised by others and finally other evidence gathered. The tables and maps contained in this section have been reproduced from information supplied by NHS South East Coast.
- 4.2 **Services provided and activity**
- 4.2.1 MTW NHS Trust Headquarters are based at Maidstone Hospital. The Trust provides a comprehensive range of acute, mainly hospital-based, health services and is responsible for three hospitals; the Kent and Sussex Hospital in Tunbridge Wells (306 beds), Pembury Hospital (102 beds) and Maidstone Hospital (405 beds), with a total of 813 beds.
- 4.2.2 As well as providing local acute services, it also provides services, such as oncology and ophthalmology, across a wider area serving a population of between 1.5 and 2.5 million. The Mid Kent NHS Treatment Centre is located adjacent to Maidstone Hospital and is owned and operated by an independent company, Partnership Health Group Limited, working in partnership with the Department of Health (DH) and the PCT.
- 4.2.4 Acute services are commissioned by West Kent PCT. The PCT was formed on 1 October 2006 replacing Maidstone Weald PCT, South West Kent PCT and Dartford, Gravesham and Swanley PCT. It provides and commissions health care for 674,000 local residents in Maidstone and the Weald, Dartford, Gravesham, Swanley, Sevenoaks, Tonbridge, and Tunbridge Wells.
- 4.2.5 The overall activity for MTW NHS Trust over the three sites is summarised in the table below.

Activity for the year 2006/07	
Category	Total
A&E-attendances (over 2 sites)	110,00 attendances
Inpatients-planned	11,800
Inpatients-unplanned and emergency	44,500
Day cases	20,400
New outpatient appointments	111,750
Follow up out patient appointments	219,300

4.2.6 MTW NHS Trust employs around 4,500 whole time equivalent (WTE) staff over the three sites. The table below shows the 2006/07 average by staff group.

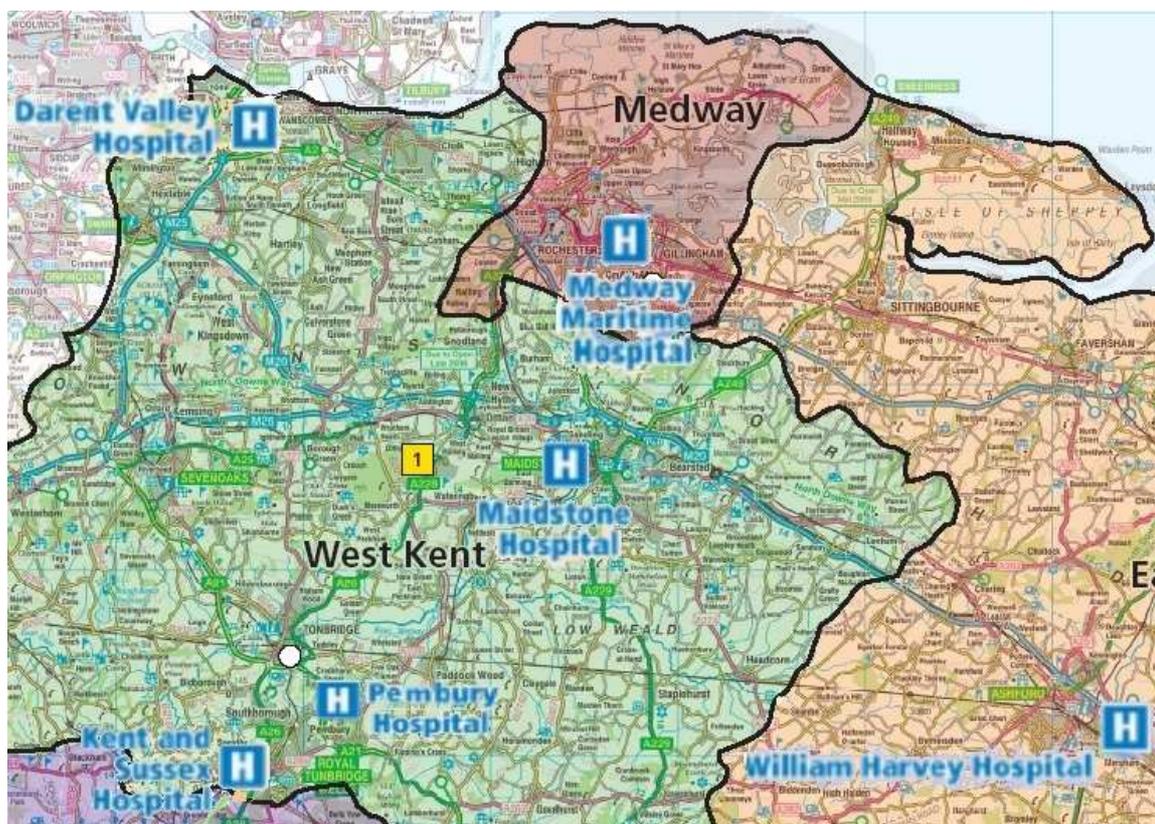
MTW NHS Trust Staff Numbers (WTE)	
Staff group	2006/07 (average)
Nursing, midwifery and health visiting staff	1,420
Administration and estates	1,126
Healthcare assistants and other support staff	821
Scientific, therapeutic and technical staff	598
Medical and dental	541
Other	21
Total	4,527

4.2.7 There are currently four non-compliant medical staff rotas within Trauma and Orthopaedics and Surgery, when measured against the EWTD 48-hour per week compliance baseline. Average hours range from 48.23 for foundation year one doctors in Surgery to 54.16 hours for senior house officers in Orthopaedics.

4.3 Geography, demography, access and transport

4.3.1 The Maidstone & Tunbridge Wells NHS Trust serves a catchment population of approximately 450,000 (higher for some specialties) comprising the districts of Maidstone, Tunbridge Wells, Tonbridge and Malling, Sevenoaks and Wealden. These areas are also served in part by the Dartford and Gravesham NHS Trust, Bromley Hospitals Trust and East Sussex Hospitals Trust. The population of Maidstone district is approximately 143,000 and Tunbridge Wells approximately 105,000.

- 4.3.2 Across the four districts, approximately 6.9% to 9.9% of the population are from ethnic minorities.
- 4.3.3 Across the four districts, average life expectancy for males ranges from 77.4 years to 79.4 years, compared to an England average of 76.92 and for females average life expectancy ranges from 81.9 years to 83.4 years, compared to an England average of 81.14 years.¹
- 4.3.4 The population is expected to grow in the future, with around 10,000 new houses scheduled to be built in the Maidstone area.
- 4.3.5 The map below² shows the area covered by West Kent PCT and the position of the three acute hospital sites run by MTW NHS Trust.



- 4.3.6 The Panel were told that the distance between Maidstone Hospital and the Kent and Sussex Hospital was 18 miles, with an average journey time of around 30-45 minutes.

¹ Source: National Centre for Health Outcomes Development 2003/05

² Produced by NHS South East Coast under the Pilot NHS (England) agreement with the Office of National Statistics

The distance between Maidstone Hospital and the proposed PFI site at Pembury Hospital is 14 miles.

- 4.3.7 Other acute hospitals may be accessed by West Kent residents as an alternative to Maidstone Hospital. They include Medway Maritime Hospital, Gillingham (this being the nearest acute site to Maidstone Hospital at approximately 11 miles); William Harvey Hospital, Ashford; Darent Valley Hospital, Dartford and Princes Royal Hospital, Farnborough.
- 4.3.8 Public transport is generally poor between Maidstone Hospital and the Kent and Sussex and Pembury Hospitals with the road network consisting of a variety of 'A' and 'B' roads.
- 4.3.9 The nearest acute hospitals to the Kent and Sussex Hospital towards the south into Sussex include the Princes Royal Hospital, Haywards Heath (this being the nearest acute site at approximately 24 miles); Royal Sussex County Hospital, Brighton; Eastbourne DGH and Conquest Hospital, Hastings.
- 4.3.10 The percentage of households in the area with no access to a car is 18.7% in Tunbridge Wells, 17.4% in Maidstone, 15.6% in Tonbridge and Malling and 14.6% in Sevenoaks.

4.4. **Estate**

- 4.4.1 The majority of Maidstone Hospital was built in 1983. Further accommodation has been added over the years, for example, the Kent Oncology Centre and the Eye, Ear and Mouth Unit and a number of other developments are taking place. The Trust Estate Strategy proposes the refurbishment of the hospital with a 10-year plan to resolve backlog maintenance to bring the estate up to standard and, in particular, deal with the issues of privacy and dignity and functional suitability, with a view to increasing the number of single rooms. In terms of condition, Maidstone Hospital is a mix of category A, B and C³ buildings.

³ As per Estates Return Information Collection (ERIC) data which all NHS Trusts, PCTs and Foundation Trusts provide as an analysis and the status of estates and facilities services which support healthcare delivery. Category A being the best, B being the minimum acceptable condition that must be achieved to avoid backlog maintenance costs and C where backlog maintenance costs are accumulated.

- 4.4.2 Kent and Sussex Hospital was built in the early 1900s. Most of the ward accommodation provided in the 1930s and 1940s. Further accommodation has been added over the years. There are few single rooms and an interim strategy is currently being implemented which aims to improve privacy and dignity for patients and invest in new services such as the cardiac catheter laboratory.
- 4.4.3 The Pembury Hospital site is a mixed development of mainly older buildings, some originally dating back to the late nineteenth century, which mainly accommodates services for women and children.
- 4.4.4 In December 2006, the Trust announced the preferred bidder for the new £300 million, 512 bedded, Private Finance Initiative (PFI), hospital scheme at Pembury Hospital which will replace both the Kent and Sussex Hospital and the current buildings on the Pembury site. Anticipating business case approval it is expected that phase 1 (Women's and Children's Services) will open in 2010 with the new hospital opening fully in 2011.
- 4.4.5 Both the Kent and Sussex Hospital and Pembury Hospitals are currently condition category B and, predominantly, C.
- 4.5 **Healthcare Commission annual assessment**
- 4.5.1 The annual Healthcare Commission assessment for MTW NHS Trust for 2006/07 was 'fair' in quality of services and 'fail' in the use of resources. The 'fail' for use of resources was due to an historic resource, accounting and budgeting (RAB) deficit that has now been eliminated.
- 4.5.2 In October 2007 the Healthcare Commission published *Investigation into outbreaks of Clostridium difficile at Maidstone and Tunbridge Wells NHS Trust*, a highly critical report on the Trust's handling of the C difficile outbreaks in 2005/06. The report resulted in the departure of the Trust Chief Executive, Chair, Non Executives and former Chief Nurse and a number of interim appointments have been put in place.

4.6 The proposals for reconfiguring orthopaedic and general surgical services at MTW NHS Trust

4.6.1 The proposed reconfiguration of services at MTW NHS Trust sees the retention of elective and emergency inpatient orthopaedic surgery and emergency general surgery at the Kent and Sussex Hospital. Elective inpatient general surgery would continue at Maidstone Hospital as would elective orthopaedic surgery, until this latter service transfers to available capacity in the new PFI scheme (providing inpatient elective orthopaedic care on one site was agreed as part of the *Shaping Your Local Health Services* consultation in 2005), but there would be no emergency orthopaedic or general surgery. There would be no change to day case and outpatient services which would remain on both sites. Patients would be transferred to Maidstone Hospital for rehabilitation following an emergency general or orthopaedic surgical admission at the Kent and Sussex Hospital.

4.6.2 MTW NHS Trust has estimated that the proposals would reduce the number of emergency attendances at Maidstone Hospital from 60,000 to approximately 55,000 per year. These patients would attend either the Kent or Sussex Hospital in Tunbridge Wells (49 per week), William Harvey Hospital, Ashford (21 per week), Medway Maritime Hospital, Gillingham (7 per week) and Darent Valley Hospital, Dartford or Princes Royal, Farnborough (7 per week). SECAMB estimates that, every day, around four 'blue light' emergency attendances, currently arriving at Maidstone Hospital by ambulance, would be affected. Of these patients they expect over 50% will be taken to Medway Maritime Hospital with smaller numbers going to William Harvey, Kent and Sussex, Darent Valley and other Kent hospitals.

4.6.3 Elective orthopaedic and general surgical inpatient care would increase by 20 patients per week in Maidstone Hospital, until the opening of the elective orthopaedic beds at Pembury Hospital in 2011, with a corresponding loss of 20 patients per week at the Kent and Sussex Hospital.

4.7 Issues raised by Kent County Council NHS Overview and Scrutiny Committee and local councillors

- 4.7.1 In referring the proposals to the Secretary of State for Health, Kent CC NHS OSC rejected them on the grounds that:
- *“the proposals are not in the interests of health services in Kent, particularly for those persons who look towards the hospitals within the Maidstone and Tunbridge Wells NHS Trust for their healthcare; and*
 - *the Committee believes these proposals would more appropriately be considered as an integral part of a much wider ‘Fit for the Future’ review”*
- 4.8.2 Details of the OSC views are provided in the Committee’s referral letter to the Secretary of State for Health of 25 May 2007.
- 4.8.3 The OSC, in stating its evidence to the Panel, gave an overview of the reasons for the referral. Since 12 January 2007 the proposals had been the subject of extensive negotiations with MTW NHS Trust, the PCT and a three person team from the OSC, in an attempt to reach a satisfactory outcome that would enable the Committee to withdraw its objections. The proposals were rejected, despite the negotiating team recommending that, with assurances, they should be accepted.
- 4.8.4 The OSC members who rejected the proposals told the Panel that they had a number of concerns, including:
- the current and projected population of Maidstone need access to full, local emergency care facilities
 - the proposals were promoted by the management team to ensure that the new PFI development was approved
 - compatibility with the *Fit for the Future* review should be ensured before any proposed changes are implemented
 - whilst there was support from both orthopaedic and surgical consultants, the lack of clinical evidence and support, particularly in Maidstone, from all clinicians, meant they could not agree with the proposals
 - the concerns of the Maidstone Division of the BMA that Maidstone A&E department would most likely close or be ‘downgraded’ as a result of the changes were valid
 - there was a lack of planning for the development of an urgent care network in the area, particularly regarding feasibility and whether agreement had been reached with the

surrounding acute hospitals that they would take additional emergency orthopaedic and surgical patients

- services at Maidstone Hospital would eventually gravitate toward the new PFI site, once completed
- they were unable to support the proposals because of a lack of clarity and detail and that there was little confidence in MTW NHS Trust generally
- the lack of public transport, poor road infrastructure and potential additional costs for some visitors remained an issue
- they were not given enough assurance that additional resources would be available for the ambulance service to enable service changes and ensure safety

4.8.5 Despite these objections within the OSC there were members who, with assurances, supported the proposals. These Committee members felt that:

- public negativity toward the proposals had been promoted by the local press who highlighted the potential for the closure of Maidstone A&E department
- the OSC decision to refer the proposals was politically motivated
- recent negotiations and assurances were not taken into account due to a lack of continuity in the OSC membership
- clinical views which indicated better patient outcomes were not taken on board
- although in favour of the proposals, they, ideally, would have wanted to wait until the completion of the PFI due to the poor facilities and the difficulties in accessing the Kent and Sussex Hospital
- the referral resulted in a request to the Secretary of State for Health to make a decision which should have been made locally

4.8.6 The Panel were told that the benefits from centralising specialities and developing centres of excellence were understood but that some members thought that a core level of District General Hospital (DGH) services should be available on both acute sites.

4.8.7 Maidstone Borough Council members met the Panel to support the OSC objections. They were concerned about the lack of evidence to support the proposals, poor accessibility and a lack of clarity as to the systems that would be in place to gain an

emergency surgical opinion at Maidstone. They accepted that change was required but not at the expense of running down core services.

4.8.8 Kent CC councillors also met the Panel and expressed similar concerns to the OSC including transport issues, the potential for further downgrading of A&E, the safety of ambulance transfers and assurances that the surrounding hospitals could cope.

4.8.9 Councillors representing Tonbridge and Malling Borough Council were supportive of the proposals. They thought that whilst transport links are poor, on balance, with the potential for improved patient outcomes, the proposals were acceptable.

4.9 **Issues raised by others**

4.9.1 *Provider views*

- MTW NHS Trust told the Panel that the proposals were clinically driven and recognised that the way in which emergency surgical and orthopaedic care is currently provided would not be safe or sustainable in the future
- The Trust explained that concentrating the treatment of patients on one site would enable the development of dedicated trauma lists, led and delivered by senior staff who could focus their skills and provide commensurate improvements in the quality and continuity of care and with reduced infection rates
- As well as improvements for patients, the more attractive rotas for medical staff would be likely to attract the best candidates and improve recruitment and retention
- It was confirmed that support for a surgical opinion would be available at Maidstone Hospital
- There were no plans to centralise acute medicine
- It was confirmed that the potential movement of patients, which will generally be small in number, was well understood by the surrounding acute Trusts. They estimated that approximately 12 emergency patients per day moving from Maidstone, of which 60-70% will go to the Kent and Sussex Hospital. Additionally around 20 patients per week will be transferred to Maidstone from Tunbridge Wells. They did not think that the proposals would affect GP referral patterns
- Additional ambulance resources to support the proposals has been agreed with the PCT as part of the 2007/08 Service Level Agreement

- Investment in services at Maidstone will continue. Patients from Tunbridge Wells would travel to Maidstone for complex elective surgery and there would be provision for the rehabilitation of emergency orthopaedic surgical patients from the Maidstone area back to Maidstone Hospital for their rehabilitation
- The estates strategy aims to refurbish and develop current facilities in a number of areas.
- It was confirmed that elective orthopaedics would eventually transfer from Maidstone to the new PFI hospital as set out in the 2005 consultation but recognised there was confusion regarding this area and that regular dialogue with the public, staff and the PCT was necessary
- It was recognised that the detailed staffing arrangements and rotas needed to be progressed and that planning had slowed down following the referral
- Whilst acknowledging the concerns of the physicians, confirmed that the continuation of elective surgery at Maidstone would enable 24-hour middle grade and consultant cover

4.9.2 South East Coast Ambulance Service NHS Trust views

- SECAmb told the Panel that they had commissioned an independent study to look at the proposals which enabled them to understand the implications for patient flow
- 'Blue light' patients would most likely be taken to Medway Hospital or the William Harvey, Kent and Sussex and Darent Valley Hospitals
- Eight extra ambulance hours were needed each day, requiring an additional three members of staff and an additional ambulance vehicle. The PCT had agreed to this additional resource
- SECAmb told the Panel that they would need a six month lead-in period to make the necessary arrangements
- SECAmb confirmed that new staff training programmes were in place, although currently there were already sufficient numbers of trained ambulance staff to safely stabilise and transfer patients. They also confirmed that travel times between the Maidstone and Tunbridge Wells Hospitals are around 20-25 minutes in an emergency and that for patients affected by the proposals average journey times would increase by approximately nine minutes

4.9.3 Commissioner views

- West Kent PCT supported the Trust's position that enabling a critical mass of emergency orthopaedic and surgical patients to be cared for on one site would improve the quality of care for patients and the training opportunities for doctors
- The development of a 24-hour a day trauma team with fully staffed consultant rotas would bring improvements, offering a safe and sustainable service. Patients would be able to be seen daily by a consultant. Cancelled operations and complaints would be reduced
- The PCT senior management team asked the PCT Board to accept the proposals subject to certain conditions, including clarification of the staffing models and rotas which would need to be validated by an independent expert panel
- The PCT considered that there needed to be clarification about the availability of surgical advice for medical patients in Maidstone and that guidelines for the treatment of minor orthopaedics required more refinement
- Procedures for urgent care provision within MTW NHS Trust would need to be completed by the end of the year.
- The PCT confirmed that Maidstone Hospital would retain its A&E service and General Medicine and will also be the focus for specialist and planned care. It envisaged complementary roles for the Maidstone and Kent and Sussex Hospitals in providing acute health services for the people of West Kent. A Strategic Commissioning Plan has been developed which describes the vision for the future; an implementation plan will be completed by Spring 2008, taking into account the reviews in Stroke, Vascular Services, Urology and Cardiac Services as well as Sir Ara Darzi's review of the NHS
- The PCT confirmed that the recommended option had evolved and that this needed to be clarified with the public but felt that the fundamental principles underlying the reconfiguration had not changed.
- The PCT believed that the *Fit for the Future* strategic review was compatible with the proposed reconfiguration and that the proposals would not be affected by the outcome of the final PFI approval
- It was acknowledged that there had been some confusion about where elective orthopaedics will be provided prior to the PFI development being completed. This needed to be clarified with MTW NHS Trust

4.9.4 *NHS South East Coast views*

- NHS South East Coast told the Panel that they fully supported the decisions made by MTW NHS Trust and West Kent PCT regarding the proposed service changes. They believe the proposals will improve clinical outcomes for patients
- They were satisfied that during the consultation process concerns were listened to and noted that the general surgeons and the orthopaedic surgeons were fully supportive
- A high level *Fit for the Future* review had been completed confirming that it will not affect the proposals. Detailed work would be completed early next year
- Confirmed that the proposals were not dependent on the PFI being approved
- Agreed that transport was an issue but dismissed the statement that many people would die whilst being transported for emergency care from Maidstone
- The new PFI hospital on the Pembury site had received planning permission and transport issues had been and would continue to be part of the discussions with the Council. The plans included a helicopter pad on site
- It was accepted that rotas could be arranged to provide general surgery on both sites. This, however, would not fulfil the main aim of the reconfiguration proposals which was to create a critical mass of activity, thus improving quality and maintaining training standards
- Over the previous few months there had been changes to the proposals such that some elective orthopaedic surgery would be retained at Tunbridge Wells. The capacity and estates strategy to achieve this is in place
- The SHA confirmed that an independent external panel will be used to review the staffing issues following this review

4.9.5 *Clinician Views*

- The Maidstone branch of the BMA voiced opposition to the proposals although they had since been reassured by the conditions laid down by the PCT. They were particularly concerned about safety and accessibility and considered that the proposals would result in a significant deterioration in local health services in Maidstone. They regard operating a selected medical take as impractical and had suggested an alternative model which would enable a viable, unselected, 24-hour per day,

emergency service, staffed by emergency medicine specialists up until midnight, with emergency surgery and orthopaedics being provided during the day at Maidstone

- The Tunbridge Wells and Maidstone orthopaedic consultants support the potential reconfiguration and confirmed that they had instigated the proposals. Concentrating patients on one site (they regarded a minimum population of 400,000 people for viable orthopaedic trauma unit) would enable them to develop full day trauma lists with dedicated facilities; enabling lists to finish on time and reduce infection rates. Treatment would take place more quickly and the risk of complications would reduce
- The Tunbridge wells and Maidstone orthopaedic consultants considered that service reconfiguration would facilitate the development of resident orthopaedic middle grades on-call and enable a senior opinion overnight which, as a result of the EWTD, is currently not possible. The current increase in junior doctors numbers to enable EWTD compliant rotas has already resulted in a dilution in emergency exposure during training.
- The proposals would consolidate experience, increase a doctors exposure to patients and support greater sub specialisation with associated improvements in the quality of patient care
- They confirmed that Maidstone A&E staff would continue to treat the majority of fractures. Orthopaedic medical staff would be available for advice. Orthopaedic elective work would continue on both sites until the opening of the new Pembury Hospital when all inpatient work will transfer there. Day case and outpatients will continue on both sites
- Overall, the general physicians were supportive of the proposed reconfiguration and saw the benefits for patient care and medical training. However, they expressed concern about the future viability of acute medicine at Maidstone. They required reassurance that investment in patient transfer arrangements was secured and put in place and that processes were identified that facilitate a surgical opinion for medical inpatients and A&E patients at Maidstone
- The clinical directors for Surgery, Medicine and Emergency Care informed the Panel that they plan to provide daily consultant surgeon cover and 24-hour, seven days a week middle grade surgical cover at Maidstone. They would cover internal surgical emergencies, physician to surgeon referrals and any emergencies that arrive in A&E that could not be safely transferred. Emergency access clinics at Maidstone Hospital,

for GPs and consultants to refer patients, would be consultant-led. Whilst patients will be transferred directly to the nearest appropriate hospital by ambulance they expected any emergency surgical patients, who present at Maidstone, to be treated, stabilised and transferred by ambulance within one hour; currently the practice in other specialities and a well established model at the Kent and Canterbury Hospital. Whenever possible, patients would be repatriated closer to home for rehabilitation

- The A&E Directorate was supportive of the proposals and thought that the current way of working was unsustainable in the longer term. It considered that the benefits of concentrating trauma services outweighed any perceived risk associated with increased patient journey time and cast doubt on the likelihood of an increased mortality rate as a consequence. It confirmed that trauma patients presenting at Maidstone would be stabilised and transferred appropriately; orthopaedic patients not requiring surgery would continue to receive treatment at Maidstone. It was satisfied that, with some remodelling work, the facilities at the Kent and Sussex A&E were suitable for the additional trauma/emergency surgery workload. One of the A&E consultants had concerns and been involved in the Maidstone Division of the BMA response
- A&E staff are currently developing the future model of care for Maidstone A&E department. The aim would be to have a consultant-led service with 12-15 hours cover by A&E doctors, until 12 midnight, then by an A&E consultant on call, backed by on call physicians or GPs via the On Call Care service currently operating in the department. The model will require independent review and Deanery approval
- Some local GPs were concerned with the safety issues of transporting sick patients from Maidstone and the effects of the proposals on the deprived areas of Maidstone, where a lack of car ownership affects accessibility. Whilst there was support for separating elective from emergency activity they thought this could be done on a single site.
- Other GPs and the West Kent PCT Professional Executive Committee were firmly behind the proposals and saw them as essential to the future delivery of safe, high quality services

4.9.6 *Patient and Public Views*

- The local press told the Panel that the public were generally against the proposals, confirmed by a demonstration of around three thousand people in support of retaining key local services. They were most concerned that Maidstone Hospital needed to retain its core DGH services. They were also concerned about the safe transfer of patients and accessibility, relating to poor public transport and road infrastructure. Whilst there was perhaps now a realisation that Maidstone Hospital would not lose its A&E completely there was little confidence in, and some mistrust of, MTW NHS Trust
- Overall, the Patient and Public Involvement (PPI) forum supported the proposals although they felt that the quality of the consultation was generally poor, at least in its initial stages. However some members thought that the proposals were the start of a progressive run down of A&E services in Maidstone and they had not as yet received adequate reassurance on this point.
- The PPI felt that the OSC decision to refer was political, based on a poor understanding of the proposals and not representative of the views of the whole community. The PPI were reassured by the clinical support and ambulance service support for the proposals and by the conditions set out by the PCT. The planned capital expenditure at Maidstone Hospital also reassured the group that Maidstone Hospital would continue, albeit with a different portfolio of services
- Representatives of the Save Our Services group told the Panel that since a similar proposal was last rejected, the acute Trust had not demonstrated any determination to develop services effectively on both sites. They believed that the proposals were financially driven and premature in the light of the outcome of the *Fit for the Future* review. They felt that the consultation lacked detail, provided no genuine alternatives and did not take into account the concerns raised
- They had not been convinced that there would still be a viable A&E department at Maidstone if it could not provide the full range of services

4.10 Other evidence

4.10.1 The Panel have read a number of documents in relation to acute hospital services, these include:

- *Acute health care services: Report of a Working Party* published in September 2007 by Academy of Medical Royal Colleges.

- *Separating emergency care and elective surgical care: Recommendations for practice* published in September 2007 by The Royal College of Surgeons of England
- *Emergency Admissions: A journey in the right direction? A report of the National Confidential Enquiry into Patient Outcome and Death (2007).*
- *Who operates when? II : National Confidential Enquiry into Patient Outcome and Death (2003)*
- *Trauma: Who Cares? The second report by the National Confidential Enquiry into Patient Outcome and Death (2007)*
- *Our NHS our future. NHS next stage review. Interim report. October 2007* published by the Department of Health
- *Securing Local Services: A position statement from the College of Emergency Medicine and the British Association for Emergency Medicine on the reconfiguration of acute services* published in September 2006
- *The relationship between distance to hospital and patient mortality in emergencies: an observational study* by the University of Sheffield, published in the Emergency Medicine Journal, May 2007
- *Saws and Scalpels to Lasers and Robots-Advances in Surgery Clinical Case for Change: Report by Professor Sir Ara Darzi, National Advisor on Surgery* published in April 2007

OUR ADVICE

Adding value

5.1 Introduction

- 5.1.1 The Secretary of State for Health has asked the IRP to advise him by 30 November 2007 whether the proposals to reconfigure emergency and general orthopaedic and surgical services between Maidstone and Kent and Sussex Hospitals, as set out in the decision of West Kent PCT on 15 March 2007, would ensure safe, sustainable and accessible services for the people of West Kent.
- 5.1.2 The decision taken by West Kent PCT on 15 March 2007 was to centralise emergency orthopaedic and general surgery at the Kent and Sussex Hospital, Tunbridge Wells with Maidstone Hospital becoming an elective care centre for both day case and complex general surgery and, until the new PFI hospital opens in Pembury, complex elective orthopaedic surgery. Both sites would provide outpatient and day case services. Maidstone would retain its A&E department, but ambulances with emergency surgical and orthopaedic patients would go to the Kent and Sussex Hospital, or other local hospitals if appropriate. In agreeing the Trust's proposals West Kent PCT set out a number of conditions that needed to be met before implementation could take place.
- 5.1.3 Following negotiations between the OSC and the NHS locally the Kent CC NHS OSC Chair and OSC negotiating team recommended accepting the proposals with the conditions set out by West Kent PCT. The Kent CC NHS OSC, however at its meeting on 11 May 2007 decided to refer the proposals to the Secretary of State for Health. The OSC had concern in three main areas;
- that the arrangements for providing surgical and orthopaedic support to the general physicians and the A&E department at Maidstone Hospital were not sufficiently clear
 - that the arrangements for consultant and middle grade presence in the Maidstone Hospital A&E department were not sufficiently clear
 - that the proposals should not be implemented before the implications of the wider Kent and Sussex *Creating an NHS Fit for the Future* strategic review were known.

- 5.1.4 The IRP reviewed the written evidence presented to it and the relevant national policy documents. The Panel has also made five visits to West Kent, visiting all the sites and taking evidence from staff, local people and organisations that requested to meet them or had been suggested by the OSC and NHS locally. The Panel met with Kent CC NHS OSC, West Kent PCT, MTW NHS Trust and NHS South East Coast. They also took evidence from the Maidstone District Scrutiny Committee, representatives of Kent CC and a number of local MPs.
- 5.1.5 The proposals to reconfigure orthopaedic and surgical services have the unanimous support of the general surgeons and orthopaedic surgeons in MTW NHS Trust. They are concerned that the current services are suboptimal and believe that the changes will enable them to develop specialist trauma services at the Kent and Sussex Hospital and a specialist centre for complex elective general surgery at Maidstone Hospital. They are convinced this will improve the quality of care to patients. Under the proposals, all patients should be seen by a specialist consultant within 24-hours and, with dedicated trauma facilities, the wait for operations and the number of cancelled operations will reduce. The separation should also help lower infection rates within the Trust. If the proposals are implemented, by developing specialist services of sufficient clinical mass, it will be easier to maintain the specialist skills of clinicians and improve clinical outcomes. This in turn will assist in attracting and retaining high quality clinical staff in the Trust.
- 5.1.6 MTW NHS Trust, the West Kent PCT and its Professional Executive Committee and NHS South East Coast, the SHA, are all convinced of the clinical benefits the proposed changes will bring. The proposals are also in line with current national policy. The most recent document from the Royal College of Surgeons *Separating emergency and elective surgical care: Recommendations for practice* supports the thrust of the West Kent proposals though, ideally, it recommends this is achieved on the same site.
- 5.1.7 The IRP is convinced of the benefits in clinical quality and safety that can be achieved in West Kent from the separation of emergency and elective surgery and orthopaedics, but needed to be convinced this could not be achieved on both sites within MTW NHS Trust. Clinicians at the MTW NHS Trust argued that this would be difficult as it would require additional staffing and, even if this could be afforded, the experience of staff in training

would be diluted. It would also be difficult for other staff to maintain their skills. The Panel accepts these arguments.

- 5.1.8 The IRP supports the decision to make the Kent and Sussex Hospital and in the longer term, the new PFI hospital at Pembury, the centre for specialist emergency care. Some of the Maidstone area population is also within reach of other hospitals with emergency services; Medway Maritime Hospital in Gillingham, William Harvey Hospital in Ashford and Darent Valley Hospital in Dartford. The Kent and Sussex Hospital serves a catchments area stretching into mid Sussex and is a long way from any other hospital with emergency services.
- 5.1.9 The Panel is aware that there are also potential disadvantages with the proposed changes. A number of surgical emergency patients will need to be transported further by the ambulance service for their treatment, estimated at some twelve patients per day. Relatives will also have longer journeys to make. There have also been concerns within general medicine and A&E services at Maidstone Hospital about the implications for getting surgical advice and support for their patients. The Maidstone Division of the BMA took up these concerns. The Panel addresses these concerns in section 5.3 onwards and is satisfied that the potential benefits outweigh the potential disadvantages.
- 5.1.10 There is some confusion, requiring clarification, between MTW NHS Trust and West Kent PCT over what has been decided regarding orthopaedic services. At its meeting on 15 March 2007 the PCT agreed that all emergency inpatient work would take place at the Kent and Sussex Hospital and all elective inpatient work would take place at Maidstone Hospital. MTW NHS Trust is still expecting to do some elective orthopaedics at the Kent and Sussex Hospital. Once the new PFI hospital is open it is intended that all inpatient orthopaedics will take place at Pembury Hospital. This was decided in an earlier consultation in 2005. Not everyone the Panel spoke to was clear about this. The Panel did not hear the same concern over orthopaedic arrangements as it did over general surgery but the PCT and Trust should ensure that the OSC is clear and satisfied with the arrangements.

5.1.11

Recommendation One

The IRP supports the proposal to provide emergency inpatient surgical and orthopaedic services from the Kent and Sussex Hospital and elective surgical and orthopaedic services from Maidstone Hospital. West Kent PCT and MTW NHS Trust need to make it clear that some inpatient orthopaedic elective work will continue at the Kent and Sussex Hospital.

5.2 Sustainable, integrated services

- 5.2.1 Between them Maidstone and the Kent and Sussex Hospitals provide services to a catchment population of around 450,000, more for some specialities, over a large area of Kent and Sussex. To sustain local provision whilst developing specialist services of sufficient size to maintain clinical expertise and to ensure the best outcomes for patients the hospitals need to work together and with primary care through local clinical networks.
- 5.2.2 Maidstone Hospital houses the Kent Oncology Centre, serving the whole of Kent and is opening a satellite renal dialysis unit linked to East Kent NHS Trust. It is the also the centre for MTW NHS Trust ophthalmology inpatient service and is becoming the main base for pathology services.
- 5.2.3 Built in the early 1980s, Maidstone Hospital is relatively new and has had some £70 million invested in it in recent years. It is still in need of general improvement and more single room accommodation. The Kent and Sussex and Pembury Hospitals are in much older facilities and despite some investment should be replaced as soon as possible. In addition maternity and children's facilities are isolated at Pembury Hospital. The PFI project to build a new hospital on the Pembury site is well advanced and expected to reach financial approval by March 2008 to open in 2010/2011.
- 5.2.4 The IRP regards the new Pembury Hospital as essential for the provision of high quality and safe acute services for the area. The new hospital is only intended to be a replacement for the Kent and Sussex and Pembury Hospitals and Maidstone Hospital will remain a vital part of MTW NHS trust.

- 5.2.5 As a result of a previous consultation it has already been agreed that when the new Pembury Hospital opens, consultant led inpatient maternity services and inpatient paediatrics will be provided from the new hospital and Maidstone Hospital will then provide midwife led services and paediatric assessment services.
- 5.2.6 This change apart, the West Kent and MTW NHS Trust plan is for both hospitals to provide day case and outpatient services across the range of specialities, with specialist trauma services being developed at the Kent and Sussex Hospital and subsequently the new Pembury Hospital and specialist complex general surgery being developed at Maidstone Hospital. West Kent PCT is committed to a significant strengthening of primary and community services so that local accessibility is enhanced and patients only go to the hospital when that is the best place for them to receive their treatment.
- 5.2.7 The Panel is aware that the major fear for people in Maidstone is that their hospital is on a ‘slippery slope’ and that the proposed changes in surgery and orthopaedics will be followed by the loss of A&E services and the further rundown of the hospital. West Kent PCT and MTW NHS Trust have assured the Panel that they are committed to developing both hospitals and that the Maidstone Hospital will retain its A&E department.
- 5.2.8 The IRP considers the West Kent PCT and MTW NHS Trust strategy strikes a sensible balance which both promotes local access and safe and sustainable specialist services within MTW NHS Trust. The Panel is aware that one of the PCT’s conditions is to ensure agreement is finalised between the Trust and the PCT regarding the development of new medical services at Maidstone Hospital, including a cardiac catheterisation laboratory and dedicated stroke unit. The Panel understands these developments should be implemented in 2008/9 and supports these plans.

5.2.9

Recommendation Two

The IRP considers it essential to replace the Kent and Sussex Hospital and Pembury Hospital facilities and supports the Private Finance Initiative (PFI) proposal to re-provide these facilities on the Pembury Hospital site. MTW NHS Trust needs to provide sustainable hospital services from both the Maidstone and Pembury Hospital sites in the future, with properly integrated services across the hospitals and primary care.

5.3 Maintaining consultant led A&E services in Maidstone

5.3.1 The Panel considers it important that Maidstone Hospital continues to have a 24-hour, seven days a week, consultant led A&E department. Together with the integrated primary care urgent care service, this will ensure that the majority of emergency patients locally will be seen in Maidstone Hospital. The Maidstone Hospital A&E department currently has 55,000-60,000 attendances a year, more than the Kent and Sussex Hospital. It is estimated that the centralisation of inpatient general surgical and orthopaedic emergency services at the Kent and Sussex Hospital will reduce attendances at Maidstone Hospital by some 5,000 per year.

5.3.2 A number of people who met the Panel, including representatives of the Maidstone Division of the BMA, were concerned that consultant led A&E services might be lost at Maidstone Hospital and that acute medicine might also be centralised at the Kent and Sussex Hospital. Following further discussions with West Kent PCT the Maidstone Division of the BMA considered it had reached a reasonable compromise with the PCT, reflected in the PCT's decisions on 15 March 2007 and the condition it imposed that staffing arrangements for the A&E department must be agreed and validated by external review before MTW NHS Trust implemented the changes. .

5.3.3 The Panel were reassured by West Kent PCT and MTW NHS Trust that the A&E department would remain consultant led, open 24-hours a day, seven days a week. This position was endorsed by the SHA. The detailed arrangements had still to be agreed.

5.3.4 The Panel considers it essential to agree both the staffing arrangements to ensure that these are appropriate and to confirm the hours that will be covered by A&E doctors,

which are expected to be up to midnight, seven days a week. It is equally important to clarify how surgical advice and cover will be provided to the A&E department and this is addressed in the next section of this report. These arrangements must be validated by an external clinical group and agreed before implementation of the proposed changes to surgical and orthopaedic services.

5.3.5

Recommendation Three

The IRP considers it essential to retain consultant led A&E services at Maidstone Hospital, working closely with the co-located primary care urgent care service. The future staffing arrangements have not been made sufficiently clear and must be agreed and externally validated before implementation of the proposed changes to surgical and orthopaedic services.

5.4 **Surgical support for A&E and General Medicine at Maidstone Hospital.**

5.4.1 The Panel consider that clear arrangements for access to senior surgical support and advice for the A&E staff and general physicians at Maidstone Hospital should have been an integral part of the planning of the proposed changes to general surgery and orthopaedics. It was concerned that the arrangements were still not clearly set out.

5.4.2 Access to a senior surgical opinion must be available at all times for any medical patient at Maidstone who requires it and similarly an orthopaedic or surgical opinion for any patient who presents in the A&E department. Arrangements also need to be in place to enable the safe stabilisation of patients at Maidstone Hospital, prior to their transfer to Kent and Sussex Hospital or other hospital with emergency surgical and orthopaedic inpatient facilities.

5.4.3 The Clinical Directors in Surgery, Emergency Care and Medicine at MTW NHS Trust have provided further information to the Panel setting out what is intended and some of the proposed arrangements. A middle grade doctor would be on-call specifically for Maidstone Hospital at all times and consultant surgical cover would be available during the day at Maidstone and provide emergency access clinics for GP and consultant referrals. In the rare event of a patient being too unwell to transfer, they could be

operated on at Maidstone, utilising the on-call theatre team and the duty consultant if this were to happen at night.

5.4.4 Orthopaedic surgeons would be available for advice on site at Maidstone during the day and by telephone out of hours. Often advice is sought on x-rays and these can be transmitted digitally and advice given from the Kent and Sussex Hospital.

5.4.5 The Panel considers that the arrangements for surgical and orthopaedic cover for Maidstone Hospital must be finalised and externally validated to ensure that any patient requiring a surgical opinion at Maidstone Hospital has access to this. It notes that this is one of the conditions in the West Kent PCT decision of the 15 March 2007.

5.4.6

Recommendation Four

It is essential that the arrangements for general surgical and orthopaedic cover for A&E and general medicine are agreed and externally validated before the proposed changes take place.

5.5 The provision of safe patient transport

5.5.1 It is essential arrangements are in place to ensure surgical and orthopaedic emergency patients picked up by the ambulance service in the Maidstone area can safely be taken to the Kent and Sussex Hospital or another local hospital if more appropriate. There also need to be timely and safe arrangements to transfer patients from Maidstone Hospital to the Kent and Sussex Hospital and for transfer back to Maidstone for rehabilitation.

5.5.2 The Panel were told of the concerns of people in Maidstone and of some clinicians about the risks to patients having longer journey times being taken to the Kent and Sussex Hospital. Reference was made to the study published earlier this year by the University of Sheffield *The relationship between distance to hospital and patient mortality in emergencies; an observational study* which indicated that there was a correlation between additional distance travelled to hospital and an increased incidence in patient mortality. The Panel was aware of this study. The patients most likely to be affected by distance travelled were those with severe breathing difficulties, all of whom would be still be taken to Maidstone Hospital under the new arrangements.

- 5.5.3 The Panel found a strong commitment from MTW NHS Trust, SECamb and West Kent PCT to ensuring the necessary arrangements and additional capacity are in place to enable the safe ambulance transfer of patients to the appropriate hospital. SECamb had commissioned Operation Research and Health (ORH), recognised as the leading specialist consultancy on ambulance work and reconfiguration, to help them understand the flow of patients currently going to Maidstone Hospital and where they would be likely to go under the new arrangements. In addition to the Kent and Sussex Hospital some patients would go to the Medway Maritime, Darent Valley and William Harvey Hospitals. The highest proportion of ‘blue light’ patients would be likely to go to the Medway Maritime Hospital.
- 5.5.4 SECamb had identified the additional resources they required in terms of manpower and equipment and agreement had been reached with West Kent PCT over funding if the changes go ahead. SECamb indicated that they would need a six month lead in period to make the necessary arrangements. They were confident that they would be able to provide a safe service for patients. SECamb had also agreed with all their commissioners that over the next five years they would develop 60 critical care practitioners across the South East Coast and 300 paramedic practitioners.
- 5.5.5 The Panel is satisfied with the work that has taken place to ensure the safe transfer of patients. The additional resources need to be in place before the service changes are implemented.

5.5.6

Recommendation Five

West Kent PCT and SECamb must confirm that the necessary arrangements and additional resources are in place to ensure the safe transfer of surgical and orthopaedic emergency patients to the Kent and Sussex Hospital and other appropriate hospitals before the changes are implemented.

5.6 Transport and accessibility

- 5.6.1 The Panel was made aware of the public concerns, particularly in Maidstone, about the loss of local services and the difficulties of travelling between the two hospitals for both patients and visitors. Public transport is poor as is the road infrastructure, particularly at

peak travel times. The traffic problems at Colts Hill were thought to be particularly bad and many people thought that a by pass there was thought to be a prerequisite for easier travel between the two places. The Panel was told that while there were plans to improve the road infrastructure there was no likelihood of early funding.

5.6.2 MTW NHS Trust estimates that as a result of the changes around 84 patients per week from Maidstone will be taken to Tunbridge Wells or one of the surrounding hospitals for emergency surgical and orthopaedic care. Around 20 patients per week would need to go from the Tunbridge Wells area to Maidstone for complex elective general surgery.

5.6.3 Whilst the number of patients affected may be low compared to the total number of patients treated within the Trust it is still significant and the Trust needs to work closely with transport providers, local authorities and the public to see what can be done to make travel easier for patients and relatives and staff.

5.6.4

Recommendation Six

Further work must be done between MTW NHS Trust, Kent County Council (CC), West Kent PCT and transport agencies to see how public and community transport access between Maidstone Hospital and the Kent and Sussex Hospital can be improved.

5.7 **Implementing the proposals**

5.7.1 Whilst the Panel supports the proposed changes to surgical and orthopaedic services it is concerned at the lack of clarity and detail on how the changes will work, particularly with regard to the arrangements for A&E services and surgical and orthopaedic support for Maidstone Hospital. The Panel would have expected these arrangements to have been worked through at an earlier stage and many of the concerns in the Kent CC NHS OSC paper of 11 May 2007 and the paper from the Maidstone Division of the BMA reflect this lack of clarity and detail.

5.7.2 West Kent PCT was only established in October 2006 as the public consultation on the changes was starting. The PCT took two months at the end of the consultation to do more work with MTW NHS Trust and Kent CC NHS OSC. When it made its decision to

support the proposals on 15 March 2007 it imposed a number of conditions which needed to be met before implementation of the changes. It was about to set up a clinical group including external experts to do more detailed work when the referral was made by the OSC. This work has still to be done.

- 5.7.3 The Panel was made aware of the Clinical Strategy Implementation Programme Plan that MTW NHS Trust had initiated. It was ensuring that the facilities would be available in both the Kent and Sussex and Maidstone Hospitals to enable the proposed reconfiguration to take place appropriately. Improvements were being made to enable greater separation of male and female patients, separate emergency and elective work and improve infection control.
- 5.7.4 There are a number of timing issues to be taken into account. Kent CC NHS OSC was concerned about decisions being made before the outcome of *Creating an NHS Fit for the Future*, the wider strategic review across Kent and Sussex was known. West Kent PCT made one of the conditions of their support that implementation should be delayed until the publication of the *Fit for the Future* consultation document, to ensure consistency.
- 5.7.5 The SHA has completed the first stage of the *Fit for the Future* review and sees no need for significant change to achieve either clinical or financial stability. Further reviews are being undertaken on more specialist services, covering trauma, stroke, interventional cardiology, urology and vascular services. None of these reviews is expected to have significant impact on the provision of general acute services in Kent.
- 5.7.6 Both the SHA and West Kent PCT have made it clear to the Panel that they no longer see the *Fit for the Future* work as a reason to delay implementing the changes to surgery and orthopaedics which they see as in line with the direction they would expect from MTW NHS Trust.
- 5.7.7 A number of people told the Panel that they thought any changes should be delayed until the final decision was made on the new PFI hospital, expected to be in March 2008. Some thought no change should take place until the new PFI hospital was open as they were concerned about the inadequacies of the facilities at the Kent and Sussex Hospital and the poor transport infrastructure. This view was not shared by MTW NHS Trust or

West Kent PCT who both considered that the changes were needed, whether the new hospital was approved or not.

- 5.7.8 MTW NHS Trust is under enormous pressure from the highly critical report from the Healthcare Commission *Investigation into outbreaks of Clostridium difficile at Maidstone and Tunbridge Wells NHS Trust*. This has resulted in the departure of the Trust Chief Executive, Chair, Non Executives and ex Chief Nurse. There is now a new interim Chief Executive and Chair and the Operations Director from the East Kent NHS Trust has been brought in temporarily to advise on clinical processes in the hospital.
- 5.7.9 The Panel considers that there is considerable work that needs to be done to ensure the changes are made successfully and that everyone is clear how services will work under the new arrangements. The Panel is satisfied that there is no longer a need to delay because of the *Fit for the Future* work, nor should the plans be delayed until the new hospital is commissioned. The implementation programme must take account of the position the Trust is in, the work necessary to successfully achieve financial close and approval for the new PFI hospital and in particular the work that is necessary following the Health Commissions report.
- 5.7.10 MTW NHS Trust and West Kent PCT, working with Kent CC NHS OSC need to agree the implementation plan and ensure the further clinical work and external validation takes place. There needs to be excellent communications with patients and the public to regain their confidence and enable a good understanding of how services will be changed and accessed in the future.

5.7.11

Recommendation Seven

MTW NHS Trust and West Kent PCT must develop and agree the programme of work and timetable required to ensure safe and sustainable implementation. They should do this in an open and transparent way working closely with Kent CC NHS OSC.

5.8 **Monitoring arrangements**

5.8.1 The Panel considers it important that the outcomes of the separation of emergency and elective orthopaedic and surgical services are monitored. Both MTW NHS Trust and West Kent NHS Trust have outlined a number of specific benefits that will improve patient outcomes, training for staff and the development and maintenance of specialist clinical skills. At the same time, despite the confidence of SECAmb, the Trust and the PCT, concerns have been raised, including those from some clinicians about the risks of extended travel times transferring patients by ambulance over longer distances.

5.8.2 MTW NHS Trust and West Kent PCT, working with the Kent CC NHS OSC should agree what needs to be monitored and how this should be done. Doing this in an open and transparent way should build confidence in the new arrangements

5.8.3

Recommendation Eight

MTW NHS Trust and West Kent PCT, working with Kent CC NHS OSC, should agree how they will monitor the expected benefits from the separation of emergency and elective services and ensure they are achieved.

5.9 **Strategic direction**

5.9.1 The Panel heard much about how difficult the merger between Maidstone and the Kent and Sussex Hospitals had been. Seven years on from the merger there still appeared a lack of a shared vision for the future among staff at each of the hospitals and from the public.

5.9.2 The Panel also heard views that over the years reconfiguration plans had been piecemeal rather than being part of an overall vision of the way forward. There is a considerable amount of mistrust about what might be planned next and MTW NHS Trust's failings in relation to the Clostridium difficile outbreaks have shattered public confidence in the Trust.

5.9.3 The Panel's view is that the Maidstone and Kent and Sussex Hospitals both have an important role to play in the provision of high quality healthcare to people in West Kent and increasingly this has to be through developing effective patient centred networks of care across hospital, primary and community care. Neither Maidstone Hospital nor the

new Pembury Hospital will be of a sufficient size or in the right place to provide all the hospital services the Trust's catchment area.

5.9.4 With the establishment of West Kent PCT last year there is now the opportunity to develop a clear vision for health and healthcare in West Kent and the new PCT has started to work on this. With the new management in the Trust and closer working between hospital and primary care clinicians and with the County Council much can be achieved. Excellent communications and involvement of staff and the public will be essential.

5.9.5

Recommendation Nine

West Kent PCT and MTW NHS Trust must take the opportunity to develop a shared vision for future health and healthcare across West Kent, working with stakeholders and local authorities to rebuild confidence in the quality of local health services.

Appendix One-

Independent Reconfiguration Panel general terms of reference

The Independent Reconfiguration Panel is an advisory non-departmental public body. Its terms of reference are:

- A1. To provide expert advice on:
- Proposed NHS reconfigurations or significant service change;
 - Options for NHS reconfigurations or significant service change;
- referred to the Panel by Ministers.
- A2. In providing advice, the Panel will take account of:
- i. patient safety, clinical and service quality
 - ii. accessibility, service capacity and waiting times
 - iii. other national policies, for example, national service frameworks
 - iv. the rigour of consultation processes
 - v. the wider configuration of the NHS and other services locally, including likely future plans
 - vi. any other issues Ministers direct in relation to service reconfigurations generally or specific reconfigurations in particular.
- A3. The advice will normally be developed by groups of experts not personally involved in the proposed reconfiguration or service change, the membership of which will be agreed formally with the Panel beforehand.
- A4. The advice will be delivered within timescales agreed with the Panel by Ministers with a view to minimising delay and preventing disruption to services at local level.
- B1. To offer *pre-formal consultation* generic advice and support to NHS and other interested bodies on the development of local proposals for reconfiguration or significant service change – including advice and support on methods for public engagement and formal public consultation.
- C1. The effectiveness and operation of the Panel will be reviewed annually.

Appendix Two

Letter to The Rt Hon Patricia Hewitt MP, the Secretary of State for Health, from Cllr Alan Chell 25 May 2007

Rt. Hon. Patricia Hewitt MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London
SW1A 2NS

25 May 2007

A New Direction for Orthopaedic and Emergency Care – Maidstone & Tunbridge Wells NHS Trust

At its meeting on 11 May 2007, the Kent County Council NHS Overview and Scrutiny Committee resolved to refer to you the proposed reconfiguration of emergency services provided by the Maidstone and Tunbridge Wells NHS Trust (set out in the above-mentioned consultation document) and the decision made on this matter by the Board of the West Kent Primary Care Trust on 15 March 2007.

This referral is made pursuant to regulation 4(7) of the Local Authority (Overview and Scrutiny Committee Health Scrutiny Functions) Regulations 2002 (S.I. 2002/3048), made under s. 7 of the Health and Social Care Act 2001 (now consolidated in s. 244 of the National Health Service Act 2006).

Since its initial rejection of this proposed reconfiguration on 12 January 2007, the Committee has undertaken extensive negotiations in an attempt to seek a satisfactory outcome that would enable the Committee to withdraw its objection to the proposals. Those negotiations have now been exhausted without such an outcome being achieved.

The reason for the referral of this reconfiguration proposal to you is that the Committee remains of the opinion that the proposals are not in the interests of health services in Kent, particularly for those persons who look toward the hospitals within the Maidstone and Tunbridge Wells NHS Trust for their healthcare.

I am enclosing with this letter the report that the Committee had before it on 11 May 2007. This report sets out in chronological sequence the process from the initial rejection of the reconfiguration proposals to the referral to you for determination.

As soon as the minutes of the meeting of the NHS Overview and Scrutiny Committee have been approved by the Committee at its next meeting, on 8 June 2007, I will make a copy available to you to complete the referral documentation. In the meantime, I enclose a provisional draft copy of those minutes for your early consideration.

The Committee looks forward to receiving your decision in this matter.

Yours sincerely



Alan Chell
NHS Overview and Scrutiny Committee

Enc

Appendix Three

Letter to Cllr Alan Chell from The Rt Hon Alan Johnson MP, Secretary of State for Health, 16 July 2007

SofS46497

County Councillor Allan Chell
Chairman
Kent County Council Health Overview and Scrutiny Committee
Democratic Services
Kent County Council
County Hall
Maidstone
Kent ME14 1XQ

Richmond House
29 Whitehall

London
SW1A 2NS

Tel: 020 7210 3000

Direct Line: 020 7210

RECEIVED
20 JUL 2007

16 JUL 2007

Dear Councillor Chell,

Referral of the decision by Maidstone and Tunbridge Wells NHS Trust to reconfigure general surgical and orthopaedic services between Maidstone and Kent & Sussex Hospitals

Thank you for your letter of 25 May 2007 formally referring under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 the above proposals to me for decision. I have reviewed your letter and the grounds for referral.

I have asked the Independent Reconfiguration Panel (IRP) to undertake a review of the issues raised in relation to the proposed changes to general surgical and orthopaedic services and to report back to me with their advice. This request for IRP advice follows my statement to the House on 4 July 2007 that while Professor Ara Darzi is undertaking his wide-ranging review of the NHS, I will, as a matter of course, ask the IRP for advice on any decisions made at a local level which have been referred to me by Overview and Scrutiny Committees.

The IRP's Terms of Reference will be agreed shortly and I will share these once they are available.

Your sincerely
Alan Johnson

ALAN JOHNSON

Cc: Dr Peter Barrett, Chair, Independent Reconfiguration Panel
Candy Morris, Chief Executive, NHS South East Coast
Steve Phoenix, Chief Executive, West Kent Primary Care Trust
Rose Gibb, Chief Executive, Maidstone and Tunbridge Wells NHS Trust

Appendix Four

Letter to Dr Peter Barrett, Chair, Independent Reconfiguration Panel, from The Rt Hon Alan Johnson MP, Secretary of State for Health, 16 July 2007

*From the Rt Hon Alan Johnson MP
Secretary of State for Health*



SofS46497

Dr Peter Barrett
Chair
Independent Reconfiguration Panel
Keirran Cross
11 The Strand
London
WC2N 5HR

*Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 3000
Direct Line: 020 7210*

16 JUL 2007

Dear Dr Barrett

Referral from Kent County Council Health Overview and Scrutiny Committee relating to the decision by Maidstone and Tunbridge Wells NHS Trust to reconfigure general surgical and orthopaedic services between Maidstone and Kent & Sussex Hospitals

I am writing to request the advice of the Independent Reconfiguration Panel in relation to the referral from Kent County Council Health Overview and Scrutiny Committee concerning the decision of Maidstone and Tunbridge Wells NHS Trust to reconfigure general surgical and orthopaedic services between Maidstone and Kent & Sussex Hospitals. I attach a copy of the correspondence from Kent County Council OSC.

This request for IRP advice follows my statement to the House on 4 July 2007 that while Professor Ara Darzi is undertaking his wide-ranging review of the NHS, I will, as a matter of course, ask the IRP for advice on any decisions made at a local level which have been referred to me by Overview and Scrutiny Committees.

The Panel's advice should be provided in line with the Department of Health/Independent Reconfiguration Panel agreed protocol.

I look forward to receiving your advice and thank you for your assistance in this matter.

*Yours sincerely
Alan Johnson*

ALAN JOHNSON

Appendix Five

Letter to The Rt Hon Alan Johnson MP, Secretary of State for Health, from Dr Peter Barrett, 14 August 2007

Kierran Cross

*First Floor
11 Strand
London
WC2N 5HR*

The Rt Hon Alan Johnson MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

14 August 2007

Dear Secretary of State

Referral from Kent County Council Health Overview and Scrutiny Committee of the decision to reconfigure general surgical and orthopaedic services between Maidstone and Kent and Sussex Hospitals

Thank you for your letter of 16 July about the referral of the above decision by Kent County Council Health Overview and Scrutiny Committee.

Having carried out an initial review of the referral papers, I can confirm that the IRP would be willing to provide advice to you. We look forward to receiving terms of reference shortly.

Yours sincerely

Dr Peter Barrett CBE
Chair, IRP

Appendix Six

Terms of reference letter from The Rt Hon Alan Johnson MP, Secretary of State for Health, to Dr Peter Barrett, 30 August 2007

*From the Rt Hon Alan Johnson MP
Secretary of State for Health*



Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000

SofS 46497

Dr Peter Barrett
Chair
Independent Reconfiguration Panel
Kierran Cross
11 The Strand
London
WC2N 5HR

30 AUG 2007

Dear Peter

Following your letter of 14 August 2007, I am writing to confirm the Panel's Terms of Reference concerning the referral from Kent County Council Health Overview and Scrutiny Committee about proposals to reconfigure emergency and general orthopaedic and surgical services between Maidstone and Kent & Sussex Hospitals.

Terms of reference

The Panel is asked to advise the Secretary of State by Friday 30 November 2007:

- a) whether in the light of the grounds of referral as set out in the correspondence from Kent County Council Health Overview and Scrutiny Committee to the Secretary of State of 25 May 2007, it is of the opinion that the proposals to reconfigure emergency and general orthopaedic and surgical services between Maidstone and Kent & Sussex Hospitals as set out in the decision of West Kent Primary Care Trust on 15 March 2007 will ensure safe, sustainable and accessible services for the people of Kent and Sussex, and if not, why not;*
- b) on any other observations the Panel may wish to make in relation to the proposals for changes to emergency and general orthopaedic and surgical services and implications for any other clinical services;*
- c) in the light of a) and b) above on the Panel's advice on how to proceed in the best interests of local people.*

It is understood that in formulating its advice the Panel will pay due regard to the principles set out in the Independent Reconfiguration Panel general terms of reference.

The IRP's advice to me on this case should be provided in accordance with these Terms of Reference. I look forward to receiving your advice on this case.

Yours

ALAN JOHNSON

Appendix Seven

Letter to editors of local newspapers from Dr Peter Barrett, 25 September 2007

Kierran Cross

First Floor

11 Strand

London

WC2N 5HR

25 September 2007

For publication

IRP: Have your say on health review

Dear Editor

The IRP, the independent expert on NHS service change, has been asked by the Secretary of State for Health to carry out a review relating to contested proposals for changes to emergency and general orthopaedic and surgical services at Maidstone Hospital and the Kent and Sussex Hospital in Tunbridge Wells.

As part of our review, we would like to hear from local people who feel that they have new information that was not submitted during the formal consultation process or believe that their voice has not been heard. Please contact us via the team at West Kent PCT by email at: civic.engagement@westkentpct.nhs.uk or by calling **01732 375 288**.

The referral to the IRP relates to the decision by West Kent PCT – following a joint consultation with Maidstone and Tunbridge Wells NHS Trust – to relocate emergency and general orthopaedic services and surgical services between Maidstone and Kent and Sussex Hospitals.

Our review will look at whether the proposals will offer local people high quality, safe, sustainable and accessible healthcare services.

Over the coming weeks, we will be undertaking a number of visits to the area to talk to patients, clinicians, local authority representatives, interest groups and people living and working in the area who believe they have new evidence that the IRP should consider.

It is important that our reviews are open and accountable to local communities. We will therefore publish our conclusions on our website - www.irpanel.org.uk - once they have been considered by the Secretary of State for Health.

Yours sincerely

Dr Peter Barrett CBE
Chair, IRP

Appendix Eight

Site visits, meetings and conversations held

Site visit

Monday 24 September 2007

Maidstone, Kent and Sussex and Pembury Hospitals

Meeting

Tuesday 9 October 2007

Sir George Alberti

National Director for Emergency Access

Meeting-Preston Hall, Maidstone

Thursday 11 October 2007

Mr Mervyn Warner

Councillor, Maidstone Borough Council

Mr David Marchant

Councillor, Maidstone Borough Council

Mr Paddy Germain

Councillor, Maidstone Borough Council

Mr Bruce Pollington

Councillor, Maidstone Borough Council

Mr Guy Slater

T&O Consultant, Maidstone & Tunbridge Wells

Mr Mark Ironmonger

PEC Member

Dr Garrett

Brewery Street Surgery, Maidstone

Dr Johnson

Brewery Street Surgery, Maidstone

Mr Colin Carey

Operational Planner, Maidstone & Tunbridge Wells

Mr Gordon Court

Councillor, Cabinet Member for Community Safety,
Tonbridge and Malling District Council

Ms Jenny Thomas

Director of Strategy & Corporate Governance, West
Kent PCT

Mr Geraint Davies

Director of Corporate Affairs & Service
Development, South East Coast Ambulance

Meeting-Sessions House, County Hall, Maidstone

Friday 12 October 2007

Mr Mark Fittock

Health Overview & Scrutiny Committee

Mr Alan Chell

Health Overview & Scrutiny Committee

Mrs Elizabeth Tweed

Health Overview & Scrutiny Committee

Mr Dan Daley

Health Overview & Scrutiny Committee

Ms Angela Harrison

Health Overview & Scrutiny Committee

Mr Adrian Crowther

Health Overview & Scrutiny Committee

Dr Tony Robinson

Health Overview & Scrutiny Committee

Mr Roland Tolputt

Health Overview & Scrutiny Committee

Mr Jeffrey Curwood

Health Overview & Scrutiny Committee

Mr Paul Wickenden

Health Overview & Scrutiny Committee

Mr David Turner

Health Overview & Scrutiny Committee

Ms Pauline Stockwell

Health Overview & Scrutiny Committee

Mr John London

Conservative County Councillor, Sevenoaks Central

Mr Brian Cove

Health Overview & Scrutiny Committee

Mr Bob Bounds
Mr Dennis Fowle
Dr Julian Webb

Dr P Hanrath
Dr J Dennison
Mr Graham Gibbens
Dr James Thallon

Senior Editor, West & North Kent Messenger
Editor in Chief, Downs Mail
Lead Clinician for A&E Consultants, Maidstone & Tunbridge Wells NHS Trust
Wallis Avenue Practice, Maidstone
Wallis Avenue Practice, Maidstone
Councillor, Kent County Council
PEC Member (Chair)

Meeting
Monday 15 October

Ann Widdecombe

Member of Parliament for Maidstone and the Weald

Meeting-Preston Hall, Maidstone
Friday 19 October 2007

Mr Kevin Miller
Ms Heather Morsley
Mr Paul Reynolds

Mr David Herbert
Ms Sheena Carmichael

Dr Roger Hart

Dr Chris Thom
Mr Akbar Soorma
Dr Debbie Taylor
Mrs Marie South

Dr Tony Hulse

Ms Candy Morris

Save Our Services Campaign Group
Save Our Services Campaign Group
General Physician, Department of Medicine,
Maidstone & Tunbridge Wells NHS Trust
Chair, Maidstone & Tunbridge Wells PPI Forum
Vice Chair, Maidstone & Tunbridge Wells PPI
Forum
Retired GP, Hon. Secretary of BMA Maidstone
Division
Consultant Physician
Consultant in A&E
GP, Trainer, BMA Maidstone Division
Former Surgeon at Maidstone & Tunbridge Wells
NHS Trust
Former Paediatrician, now at St. Thomas's Hospital,
London
CEO, SHA

Meeting
Thursday 25 October

Dermot O'Riordan

The Royal College of Surgeons of England

Meeting-West Kent PCT, Wharf House, Tonbridge
Tuesday 30 October 2007

Dr Tsang

Mr Paul Skinner

Mr Frank Sims

Clinical Director, Medical Directorate, Maidstone & Tunbridge Wells NHS Trust
Clinical Director of T&O/Consultant Orthopaedics,
Maidstone & Tunbridge Wells NHS Trust
Corporate Development Director, Maidstone & Tunbridge Wells NHS Trust

Independent Reconfiguration Panel

Orthopaedic and Surgical Services in West Kent

Mr Steve Jones

Head of Service Reconfiguration, Maidstone & Tunbridge Wells NHS Trust

Mr David Griffiths

Chairman, West Kent Primary Care Trust

Mr Steve Phoenix

Chief Executive, West Kent Primary Care Trust

Dr James Thallon

Medical Director, West Kent Primary Care Trust

Ms Jenny Thomas

Director of Strategy & Corporate Governance, West Kent Primary Care Trust

Ms Julia Ross

Director of Civic Engagement, West Kent Primary Care Trust

Mr Glenn Douglas

Interim Chief Executive, Maidstone & Tunbridge Wells NHS Trust

Dr Malcolm Stewart

Medical Director, Maidstone & Tunbridge Wells NHS Trust

Meeting

Tuesday 13 November 2007

Greg Clark

Member of Parliament for Tunbridge Wells

Appendix Nine

Information made available to the Panel

Supporting papers and correspondence submitted to the IRP including

Paper	Title
1	Referral Letter - Alan Chell, NHS OSC, to Secretary of State (25.05.07)
2	Supporting document provided from NHS Overview & Scrutiny Committee to Secretary of State for Health (11.05.07)
3	A New Direction for Surgical and Orthopaedic Care – NHS Consultation Document
4	Extracts from Minutes of West Kent PCT Board & PEC Meetings relating to the future of orthopaedic & surgical services in Maidstone & Tunbridge Wells (2006/07)
5	Agenda Item 10.3 of West Kent PCT Board Meeting Agenda regarding Maidstone & Tunbridge Wells Orthopaedic & Surgical Consultation (22.02.07)
6	Agenda Item 10.1 of West Kent PCT Board Meeting Agenda regarding Report on the outcome of the consultation on 'A New Direction for Surgical & Orthopaedic Care' (15.03.07)
7	West Kent PCT Report on the outcome of the consultation on 'A New Direction for Surgical & Orthopaedic Care' (January 2007)
8	West Kent PCT Board Presentation: Outcome of the Consultation Exercise on 'A New Direction for Surgical & Orthopaedic Care' in Maidstone & Tunbridge Wells NHS Trust (15.03.07)
9	West Kent PCT News Release regarding 'A New Direction for Surgical & Orthopaedic Care' (16.03.07)
10	Letter – Paul Carter, Leader of Kent County Council, to Secretary of State for Health (31.05.07)
11	Letter – Mark Fittock, Kent County Council, to Secretary of State for Health (22.05.07)
12	Letter – Alan Chell, NHS OSC, to Secretary of State for Health (11.06.07)
13	Letter – Mark Fittock, Kent County Council, to Dani Lee, Private Secretary to Secretary of State for Health, enclosing correspondence from local PPI (12.06.07)
14	Letter – Candy Morris, NHS South East Coast, to Secretary of State for Health (13.06.07)
15	NHS South East Coast Briefing to Secretary of State for Health (13.06.07)
16	Letter – Martin Houghton, IRP, to Katie Cusick, RSU (12.07.07)
17	West Kent PCT Briefing to Secretary of State for Health (18.07.07)
18	<p><u>Index of Supporting Evidence for Briefing from West Kent PCT to Secretary of State for Health:</u></p> <ul style="list-style-type: none"> a) PCT Board Paper on the outcome of the consultation and making recommendations to the Board (15.03.07) b) Presentation to PCT Board Meeting (15.03.07) c) Minutes of Board Meeting (15.03.07) d) Extracts of relevant minutes from Board and PEC Meetings leading up to final Board (15.03.07) e) History and timeline of clinical strategy development f) 'Clinical Strategy – Way Forward', Report to PCT and Trust Board-to-Board Meeting (19.07.06) g) 'Clinical Strategy 2006-2011', Presentation to Board-to-Board Meeting (19.07.06) h) Consultation Document i) Sample Consultation Presentations j) Presentation showing modelling, population profiling and travel times k) Comparison of ONS and KCC Population Projections (2006-2016) l) Record of a dialogue between Assistant Director of Public Health and a HOSC member expressing concerns about population projections m) 'Clinical Strategy: Key Decisions', Report to Trust Management Board (13.06.06) n) Clinical Strategy Presentations to Trust Management Board o) Clinical Strategy Information Pack – SLA Plan & Financial Commentary p) Agenda and Minutes of the Trust Management Board (13.06.06) q) Trust Management Board Meeting – Participants (13.06.06) r) Clinical Strategy Implementation Plans s) Minutes of regular Medical Staff Committees at MTW t) Sample correspondence with clinicians

	<ul style="list-style-type: none"> u) Stakeholder Workshop Process Plan, Agenda and Invitation List v) Pre-Workshop Delegate Information Pack w) The Event (Workshop Presentation and Facilitator's Plan, Group Work Table Plan & Final Participant List) x) Workshop Outputs – Scored Options y) Signed letters of support from orthopaedic, surgical and A&E consultants z) BMA Response aa) Draft Terms of Reference for expert clinical review panel bb) Consultation Timelines cc) Consultation and Communication Plans dd) Consultation responses received and analysis ee) Sample notes of public meetings, including Q&A, reflections and review ff) Summary of Feedback gg) Letter –Paul Sutton, Chief Executive of South East Coast Ambulance Service to Rose Gibb, Chief Executive, Maidstone & Tunbridge Wells NHS Trust hh) Report of a review modelling the impact of proposed changes on the ambulance service ii) HOSC spokesmen letter to Steve Phoenix and Rose Gibb (08.05.07) jj) Agenda and Papers for final HOSC Meeting (11.05.07) kk) Unconfirmed Minutes of the Final HOSC Meeting (11.05.07) ll) Correspondence with HOSC following the final PCT Board Meeting mm) Letter of Referral from HOSC Chairman to Secretary of State (25.05.07) nn) Interventions by Paul Carter, Leader of Kent County Council oo) HOSC resolution to reject the proposals prior to PCT Board (12.01.07)
19	Letter – Secretary of State for Health to IRP requesting advice (16.07.07)
20	Letter – Secretary of State for Health to Cllr Alan Chell, Kent County Council HOSC (16.07.07)
21	Letter – Secretary of State for Health to Peter Barrett, IRP, with Terms of Reference (30.08.07)
22	Letter – Peter Barrett, IRP, to Secretary of State for Health (14.08.07)
23	IRP Press Release: IRP begins Review in West Kent (12.09.07)
24	Letter to Editors regarding Maidstone & Tunbridge Wells Referral (25.09.07)
26	Transcript of IRP Meetings (11.10.07)
27	Transcript of IRP Meetings (12.10.07)
28	Transcript of IRP Meetings (19.10.07)
29	Transcript of IRP Meetings (30.10.07)
30	IRP Press Release: IRP visits West Kent to gather evidence (12.10.07)
31	Clinical Strategy Implementation Programme Plan (Sept 2007)
32	Ward Configuration Plan Post-Clinical Strategy Implementation (Sept 2007)
33	Maidstone Ward Configuration Plan Post-Clinical Strategy Implementation (Sept 2007)
34	Maidstone Ward Configuration Plan Post-Clinical Strategy Implementation (Oct 2007)
35	Clinical Strategy Implementation Plan: Proposed Governance Structure (Aug 2007)
36	Clinical Strategy Steering Group: Terms of Reference (Aug 2007)
37	Clinical Strategy Work: Hot Spot Progress Report (Sept 2007)
38	Clinical Strategy Implementation: Change Control Form
39	Clinical Strategy Implementation: Sign Off Sheet
40	Workstream/Operational Project Plan (Sept 2007)
41	Operational Programme Plan (Sept 2007)
42	Maidstone Clinical Strategy Implementation
43	Programme of Works (KS)
44	Clinical Strategy Timeline
45	Bed Analysis throughout Clinical Strategy Implementation-Maidstone & K&S (Sept 2007)
46	Operational Policy Proforma (Sept 2007)
47	Clinical Strategy Reconfiguration Consultation Preparation Checklist
48	Clinical Strategy Reconfiguration Tracker
49	Maidstone & Tunbridge Wells – Clinical Strategy Reconfiguration Consultation Document Template
50	Clinical Strategy Implementation – Finances (Oct 2007)
51	Communications Strategy for Clinical Strategy Implementation
52	Clinical Strategy Implementation Plan – AGM Poster (Sept 2007)
53	Clinical Strategy Implementation Plan – To All Staff (Oct 2007)
54	Clinical Programme – Red Risk Register (Sept 2007)

55	Clinical Strategy Implementation – Issues Log (Oct 2007)
56	Clinical Strategy Implementation – Operational Policy Checklist
58	Maidstone BMA Questionnaire Results regarding Maidstone Hospital (Sept 2007)
59	Letter and representation to IRP from Sir John Stanley MP (25.10.07)

Correspondence submitted directly to IRP including responses to the IRP Enquiry Line (emails, letters and telephone calls)

1	Email from Michael Marriott (30.09.07)
2	Email from Steve & Ann Russell (28.10.07)
3	Letter from Malcolm Hayes (29.10.07)
4	Email from Eric Watts (30.10.07)
5	Letter from JDI Baker (08.11.07)
6	Letter from John Jackson to Jonathan Shaw MP (11.11.07)

Appendix Ten

Panel membership

Chair

Peter Barrett
Chair, Nottingham University Hospitals NHS Trust
Former General Practitioner, Nottingham

Members

Cath Broderick
Independent consultant for involvement and consultation

Sanjay Chadha*
Trustee, Multiple Sclerosis (MS) Society
Justice of the Peace

Ailsa Claire
Chief Executive, Barnsley Primary Care Trust
Chair/Manager, Yorkshire and Humber Specialist Services Consortia

Nicky Hayes
Consultant Nurse for Older People at King's College Hospital NHS Trust
Clinical Director of the Care Homes Support Team

Brenda Howard
Director of Strategic Development, East Midlands Strategic Health Authority

Nick Naftalin*
Emeritus Consultant in Obstetrics and Gynaecology at University Hospitals of Leicester NHS Trust
Former member of the National Clinical Governance Support Team

John Parkes
Chief Executive, Northamptonshire Teaching PCT

Linda Pepper
Independent consultant for involvement and consultation
Former Commissioner, Commission for Health Improvement

Ray Powles
Head, Haemato-Oncology, Parkside Cancer Clinic, London
Former Head, Haemato-Oncology, Royal Marsden Hospital, London

Paul Roberts
Chief Executive
Plymouth Hospitals NHS Trust

Gina Tiller
Tutor for the University of Northumbria and for the TUC
Chair of Newcastle PCT

Paul Watson*

Director of Commissioning, East of England Strategic
Health Authority

Administration

Tony Shaw

Chief Executive

Martin Houghton

Secretary

Panel sub-group support

Chris Howgrave-Graham

Advisor to the Panel

Nick Savage

Review Manager

***Panel sub-group members**

Appendix Eleven

About the Independent Reconfiguration Panel

The Independent Reconfiguration Panel (IRP) offers advice to the Secretary of State for Health on contested proposals for NHS reconfigurations and service changes in England. It also offers informal support and generic advice to the NHS, local authorities and other interested bodies in the consideration of issues around NHS service reconfiguration.

The Panel consists of a Chair, Dr Peter Barrett, and members providing an equal balance of clinical, managerial and patient and citizen representation.

Further information about the Panel and its work can be found on the IRP Website:

www.irpanel.org.uk