



‘Shaping your local health service’

The future of local orthopaedic services

**Kent and East Sussex County Councils’
NHS Overview and Scrutiny
Joint Select Committee response**

EXECUTIVE SUMMARY

April 2005

Joint Select Committee response to the consultation relating to orthopaedic services within the South of West Kent Health Economy

Overview and Scrutiny of the NHS

The Health and Social Care Act 2001 makes statutory provision for local authorities with social services responsibilities to extend their overview and scrutiny functions to include health.

Kent County Council established a Pilot NHS Overview and Scrutiny Committee in November 2001, and East Sussex County Council in October 2002. These Committees became a legal entity when the Local Authority Overview and Scrutiny Committee's Health Scrutiny Functions Regulations 2003 were implemented on 1 January 2003.

In July 2003 the Department of Health issued guidance for the scrutiny of the National Health Service, and this guidance has been followed when undertaking this review.

The Joint Select Committee

Joint Select Committee membership

The Joint Select Committee consists of thirteen members:

Kent County Council Representatives:

Dr Robinson (Chairman)
Mr Davies
Mr Fittock
Mr Rowe
Mr Simmonds
Mrs Stockell
Mr J Tolputt

East Sussex County Council Representative:

Cllr Slack

Kent District/Borough Council Representative:

Cllr Baker/ Cllr Gibson (Sevenoaks District Council/ Maidstone Borough Council)

East Sussex District/Borough Council Representatives:

Cllr Bigg (Hastings Borough Council)
Cllr Phillips (Wealden District Council)

Patient and Public Involvement Forum (PPIF) representative:

Mr Reece

The inclusive nature of the Joint Select Committee's membership has enabled the process to encompass the various view points and perspectives of the Committee's members.

Terms of Reference

The Terms of Reference for this topic review are outlined below:-

- To prepare a strategic response, on behalf of Kent County Council's and East Sussex County Council's NHS Overview and Scrutiny Committees (OSC), to the South of West Kent Health Economy consultation, "Shaping Your Local Health Service—Priority three". This relates to the reconfiguration of Women's and Children's Services and Trauma and Orthopaedic Services.
- To examine the proposals for Maidstone and Tunbridge Wells NHS Trust and to consider them in the wider Kent and East Sussex context.
- To take evidence from stakeholders, including relevant Acute Trust and Primary Care Trust (PCT) staff, partner organisations and community groups.
- To report the Committee's recommendations to both Kent County Council NHS OSC, East Sussex County Council NHS OSC, and to the South of West Kent Health Economy organisations.

In constructing this report, the Joint Select Committee held five hearings and heard evidence from the Acute Trust and PCTs' Chief Executives, Consultant Orthopaedic Surgeons, transport representatives from both County Councils, Ambulance Trusts representatives, and Patient and Public Involvement Forum representatives. The Joint Select Committee also visited both prospective sites, which gave the opportunity to meet various members of staff. To account for the Consultants' busy schedules, the Joint Select Committee also made further visits to meet Consultant Orthopaedic Surgeons based in Maidstone. In addition to the verbal evidence, the Joint Select Committee sought written evidence from various stakeholders, including Acute Trust staff; partner organisations, such as NHS Trusts in the surrounding areas, GPs' surgeries, etc; District/Borough and Parish councils and MPs.

Strategic Context

In considering these proposals, it is important to acknowledge the drivers influencing changes to services nationally. The Joint Select Committee considered the main policy documents and initiatives influencing the redesign of orthopaedic services, which are:

- The NHS Improvement Plan: Putting people at the heart of public services'
- Payment by Results
- 'Choose and Book'
- Waiting List Targets
- Infection control
- European Working Time Directive

Discussion and consultation process

The Joint Select Committee commends the use of a discussion period to enable public debate and ensure options are developed within a true framework of patient and public involvement.

The Committee is satisfied that the Acute Trust has met their obligation to consult with staff and have involved those willing to be included at all stages of the development of the options. In terms of engagement with patients and the public, the Joint Select Committee feels the Acute Trust and PCTs have made attempts to engage with relevant groups; however, the Joint Select Committee is concerned that the PCTs decided against offering public meetings specifically to discuss the options. Consequently, the Committee recommends that the Acute Trust and PCTs fully evaluate the efficacy of public engagement arrangements for this consultation process prior to embarking on future public consultations.

The proposals

Option 1 Emergency orthopaedic care should be provided at both Tunbridge Wells and Maidstone with elective inpatient orthopaedics centralised at Kent & Sussex Hospital and then at the new PFI build at Pembury.

Option 2 Emergency orthopaedic care should be provided at both Tunbridge Wells and Maidstone with elective inpatient orthopaedics centralised at Maidstone Hospital.

Both hospitals would continue to provide full trauma services, outpatient appointments and day case surgery (more than 60% of waiting list activity)

The Acute Trust is proposing to expand day case facilities at both hospitals and to develop step down facilities for those patients requiring a longer length of stay. Step down facilities would allow more specialist care for those requiring additional care and would increase the throughput of patients in elective and trauma wards.

Geographical Context

To move elective inpatient orthopaedic services from Maidstone to Tunbridge Wells, as opposed to centralising this service at Maidstone is geographically the most viable option. The Acute Trust is concerned that, if this service were to be centralised at Maidstone, it would lead to those resident on the East Sussex borders to choose the new Haywards Heath development, and would result in a loss of income.

The Chief Executives for the South of West Kent Health Economy believe centralisation at Maidstone would equate to a loss of approximately 30% of the Acute Trust's patient base. The Chief Executives painted a potential long-term picture of less viable services and, consequently, a reduction in services. Payment by Results and 'Choose and Book' are unknown quantities but have the potential to have a huge impact on the viability of services. Therefore, to ensure sustainable services in the long term nationally Acute Trusts are seeking to provide services with the greatest catchment area.

Current Pressures on Services

Maidstone Hospital currently boasts an elective orthopaedic, isolated, ring fenced unit. This is a temporary build unit, which has a laminar flow (ultra clean air conditioning facility) dedicated theatre within the unit and has staff dedicated solely to

the theatre and ward respectively. Although this unit is recognised as providing an excellent model of care, waiting lists are lengthy and capacity is a major issue. Trauma services are also in need of upgrading, which have high infection rates and lack capacity.

Currently infection control measures at Tunbridge Wells site are in their infancy. All patients are requested to use alcohol gel on their hands, however, the site has only recently introduced screening of elective patients prior to admission. The greatest perceived risk relates to a lack of ring fenced elective orthopaedic beds and lack of separation of unscreened trauma patients.

There are currently unacceptable delays to the provision of trauma care at both ends of the Acute Trust; 33-50% of elderly patients with hip fractures are currently deferred for more than 48 hours. Consequently, trauma services need to be improved regardless of the reconfiguration of elective care. From October 2003 to August 2004, 16% of elective inpatients were cancelled for non-clinical reasons, i.e. lack of theatre time, or available beds, etc. This equates to 169 patients at the Maidstone site and 110 at the Kent and Sussex site.

Centralising Consultants would also aid bids for investments in specialist technology. Through having a critical mass of consultants, the Acute Trust potentially would be more willing to invest where the technology will be utilised by a greater number of Consultants. Centralisation would also enable greater sub-specialisation.

Both options proposed by the Acute Trust would allow the separation of trauma and elective services and both options would:

- Aid reductions in waiting lists
- Increase capacity
- Promote infection control
- Provide the foundations for increased specialisation/investment in technology
- Reduce the number of cancellations

Impact on Social Services

Both Social Services departments agree that option 1 would pose no significant problems to providing their existing services. For East Sussex, services would continue as they do at present, with little impact. East Sussex County Council Social Services department, however, perceived that acceptance of option 2 would result in a number of patients choosing not to travel to Maidstone.

The Kent Social Services representative concluded that the centralising of elective orthopaedic surgery would mean services would be easier to plan, and cancellations kept to a minimum, provided services were run separately from trauma services. The Kent Social Services representative also confirmed that travel had not shown up as a major worry amongst the patients he had encountered in his work and through his involvement thus far with the present consultation.

Transport implications

The Acute Trust and PCTs are in the process of conducting a travel survey to assess how visitors and patients using orthopaedic services travel to the hospital site. Early indicators reveal the vast majority of this patient group travel by private car for elective orthopaedic care.

There are services available to aid those patients unable to travel to hospital unassisted, including patients transport services for those with a medical need for transport services and hospitals travel costs scheme for those on certain benefits. There are also a number of local volunteer driver services and the Acute Trust is strengthening links with these organisations. The Acute Trust and PCTs are exploring the possibility of extending the East Kent Integrated Transport Model to West Kent; however, in the interim period the Joint Select Committee recommends that the Acute Trust provides information on transport choices and how to access these when sending appointment details to patients.

The Committee is concerned regarding the road infrastructure between Maidstone and Tunbridge Wells, as this is of paramount importance to support access to the new development, and has made recommendations related to Colts Hill and the A21.

The Committee's analysis of the proposals

The acceptance of option 1 and the centralisation of orthopaedic services at Tunbridge Wells will allow the issues in the rationale for change to be addressed. It will allow for the separation of elective and trauma services and the replication of Maidstone Hospital's isolated elective ward, without the capacity issues. It will also provide the foundation for greater sub-specialisation. The extension of day case care will result in fewer inpatient admissions. This currently represents over 60% of the Acute Trusts waiting lists.

All Orthopaedic Consultants are keen for elective orthopaedic services to be centralised at the new Pembury development, as this will allow for greater sub-specialisation. Accordingly, they are not keen for elective care to remain permanently at the Maidstone site. The Tunbridge Wells option will enable existing facilities to be refurbished and can be implemented relatively quickly.

The movement of elective services to Tunbridge Wells will allow for the expansion of orthopaedic trauma services and the upgrading of current facilities at both sites. It will increase consultant integration and provide the foundation for developing a level 2 trauma centre; currently the closest centres are in London and Brighton. The release of capacity at the Maidstone site will allow for the development of step down facilities for patients across the two sites.

Option 1 will also allow the Acute Trust a greater population catchment area, and with the introduction of 'Choose and Book', this will become increasingly important for Acute Trusts. It will enable the Acute Trust to modernise services in a move towards meeting the factors that are thought to influence patient choice.

Conclusion

During the evidence gathering process the Committee has often heard conflicting evidence; however, it is undeniable that services in their current format are not acceptable. Due to the serious nature of orthopaedic infections, isolation and strict infection control measures must be enforced, and in the current configuration of services this is not achievable for all. The Acute Trust's struggle with capacity issues needs to be addressed, and with the introduction of 'Payment by Results' and 'Choose and Book', the loss of income due to lack of capacity could lead to services becoming less viable.

Supporting such a move will result in the loss of a successful orthopaedic unit at Maidstone. This unit however, has severely limited capacity and the orthopaedic trauma services at this site are in need of upgrading. The movement of the unit will allow for the modernising of trauma services and more stringent infection control measures. Furthermore, a critical mass of patients is needed to develop services to a comparable level for those utilising the Kent and Sussex Hospital in Tunbridge Wells.

Over the last three months, the Joint Select Committee has gathered extensive evidence from a number of diverse sources. On balance, after careful consideration of this evidence, the Committee supports the movement of elective orthopaedic services to the Kent and Sussex Hospital and then to the new Pembury development in 2011, provided the Committee's recommendations are met. This has been a difficult decision; however, the Joint Select Committee is satisfied that this reconfiguration is in the best interest of the community that the Maidstone and Tunbridge Wells NHS Trust serves.

Recommendations

The Joint Select Committee support option 1, the movement of elective orthopaedic services to Tunbridge Wells, **provided the following recommendations are met in full.**

- The second theatre in the Culverden Suite at Tunbridge Wells must be upgraded to laminar flow prior to any changes being implemented.
- The Joint Select Committee urges the Acute Trust to ring fence the 24 elective orthopaedic beds and implement stringent infection control measures at the Kent and Sussex Hospital orthopaedic ward. This is to occur on the upgrading of the second laminar flow theatre, to ensure these infection control processes are embedded into the culture of the wards prior to any reconfiguration of services.
- The two theatre suites at the Culverden suite must be utilised purely for orthopaedic surgery (1 for elective and 1 for trauma). Any change to this model in the future should be brought to the attention of the respective NHS Overview and Scrutiny Committees (OSCs).
- The two step down facilities, 17 beds at Tunbridge Wells and 10 beds at Maidstone, for orthopaedic patients requiring a longer length of stay, must be in place and fully staffed, including physiotherapy requirements, and be in close proximity to the orthopaedic wards.
- The Committee urges the Acute Trust to embed the day case model at both sites as soon as possible, to aid the increase in capacity for the elective inpatient services.

- Any movement of services must result in an improvement of orthopaedic trauma services at Maidstone.
- Further information to be provided on the model for paediatric orthopaedic care. The plans for this service appear to be fluid and there does not appear to be a consensus between clinicians. Consequently the NHS OSC requests a written update to be brought to the attention of the OSC in 3 months time.
- The Acute Trust develops plans to upgrade the Kent and Sussex Hospital in terms of redecoration, balancing the need to refresh the building with demonstrating value for money for a building with a limited lifespan.
- The Acute Trust recognises public concerns regarding the reputation of the Kent and Sussex Hospital and develops a strategy to address and disperse public anxiety regarding cleanliness and infection control.
- The Acute Trust and PCTs fully evaluate the efficacy of public engagement arrangements for this consultation process prior to embarking on future public consultations.
- The Acute Trust provides information as to transportation choices and how to access these with appointment details sent to patients.
- Kent County Council and relevant District and Borough Council colleagues continue to urge Government to ensure the A21 schemes are underway in time to support the new hospital development at Pembury in 2010/11.
- Kent County Council and relevant District and Borough Council colleagues continue to lobby Government to secure funding for the Colts Hill Strategic Link.

The NHS Overview and Scrutiny Committees will continue to closely monitor developments and the implementation of these plans if the proposals are accepted. The NHS Overview and Scrutiny Committees will continue to hold the Acute Trust and PCTs to account with regard to these proposals.

The Joint Select Committee would like to take this opportunity to thank all of those who took the time to share their views with the Joint Select Committee in writing or in person, this support has been crucial in the development of these recommendations.

For a copy of the full report please contact Abigail Hill, Research Officer, NHS Overview and Scrutiny Committee, at Kent County Council, Legal and Secretariat. Sessions House, County Hall, Maidstone, Kent, ME14 1XQ, e-mail Abigail.Hill@kent.gov.uk or telephone 01622 694196

Glossary

Acute:	Used to describe a disorder or symptom that comes on suddenly and needs urgent treatment. It is not necessarily severe and is often of short duration. Acute is also used to describe hospitals where treatment for such conditions is available.	
Acute Trust:	Refers to Maidstone and Tunbridge Wells NHS Trust.	
Consultation Process:	Legally it is the PCTs' responsibility to consult with the public regarding major service change. However, on this occasion the PCTs have chosen to conduct the process in partnership with the Acute Trust.	
Committee:	Refers to the Joint Select Committee.	
Community care:	Health or social care and treatment outside of hospital. It can take place in clinics, non-acute hospitals or in people's homes.	
Consultant:	A senior doctor who takes full responsibility for the clinical care of patients. Most head a team of junior doctors.	
GSUP:	General Supplementary. General Supplement to achieve activity waiting list targets in orthopaedics. This is provided from government funding to Strategic Health Authorities to target the worst waiting lists and make alternative provision, in the private sector.	
Elective:	Used to describe operations, procedures or treatments that are planned rather than carried out in an emergency.	
Laminar flow theatres:	Ultra clean air conditioning facility.	
PCTs:	Primary Care Trusts, locally managed free-standing NHS organisations responsible for improving health, plus commissioning and delivering health care for local residents. In regard to this consultation this refers to Maidstone and Weald Primary Care Trust, South West Kent Primary Care Trust, Sussex Downs and Weald Primary Care Trust.	
Trauma centre levels:		
Level 1	Major Acute Hospital	Neurosurgery, cardiothoracic, plastics etc
Level 2	Acute General Hospital service	24hr consultant led trauma 24hr Xray,CT. Dedicated trauma theatres
Level 3	Acute General Hospital	Majority of injured patients Maidstone, Kent & Sussex