‘Excellence in care, closer to home’

The future of services for women and children

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

December 2004

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Joint Select Committee response to the consultation relating to Women's and Children's services within the South of West Kent Health Economy

1. Overview and Scrutiny of the NHS

1.1 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.

1.2 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.

1.3 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.

2. Joint Select Committee

2.1 <u>Select Committee membership</u>

2.1.1 The Select Committee consists of thirteen members:

Kent County Council Representatives:
- Dr Robinson (Chairman)
- Mr Chell
- Mr Davies
- Mr Fittock
- Mr Rowe
- Mr Simmonds
- Mr J Tolputt

East Sussex County Council Representatives:
- Cllr Bentley
- 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

2.2 Terms of Reference

2.2.1 The Terms of Reference proposed 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 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.

2.2.2 The Select Committee agreed this review would be undertaken in two phases. This is the first phase, concentrating on the proposals for the redesign of services for women and children. The second phase will consider trauma and orthopaedic services. This report is only concerned with the services for women and children.

2.2.3 In constructing this report, the Joint Select Committee sought written evidence from various stakeholders, including Acute Trust staff, partner organisations, such as NHS Trusts in the surrounding areas, G.P's surgeries, etc, District/Borough and Parish councils and M.Ps. In addition to the written information, the Select Committee held four hearings and met on a further four occasions to discuss the direction of the report. The Committee also ensured representatives attended Trust public meetings.

3. Strategic Context

In considering these proposals, it is important to acknowledge the drivers influencing changes to services nationally. Details of the main policy documents and initiatives influencing the redesign of services for the population of the South of West Kent Health Economy and those on the Sussex borders are set out below.

3.1 Achieving the 'NHS Improvement Plan: Putting people at the heart of public services'

3.1.1 The NHS Improvement Plan (June 2004) supports the progress of the NHS Plan (July 2000). It outlines the priorities for the NHS between now and 2008.The NHS Improvement plan states that financial resources within the NHS has expanded from a budget of £33 billion to £67.4 billion, with the average annual spend per head of population growing from £680 to £1,345.

3.1.2 The document describes the next stage in the journey for improvement within the NHS as striving for responsive, convenient and personalised services across the whole of the NHS, and for all patients. It emphasises the need to develop services to quickly treat those with curable illnesses but also to expand community services and support in the home, particularly for those with long term illnesses. Through developing more specialist nurses and GPs with specialist interests, this will lead to fewer emergency admissions.

3.1.3 The NHS Improvement plan also sets out the approach for patient choice. From the end of 2005 patients will have the right to choose from four or five healthcare providers. From 2008 this will be expanded to encompass the right to choose from any healthcare provider on condition that they meet NHS standards and are within a price range the NHS is willing to pay. To ensure that those with low income are not excluded from being able to exercise choice, eligible patients will be able to have their transport costs covered by the Hospital Travel Costs Scheme as is currently available.

3.1.4 The document states that the NHS will widen the choice of services available, commencing with maternity services. Local services will promote direct access to midwives, giving women quicker access to specialist advice and support, and expectant mothers will have access to local guides to maternity services

3.1.5 The plan cites financial incentives and performance management as a key driver for delivering these changes. Payment by results, when it is fully

implemented in 2008, will support patient choice but will also create incentives for the efficient use of resources.

3.1.6 The NHS Improvement Plan sets out to deliver a very different National Health Service for 2008, offering all patients the same access and the power to choose from a range of high quality services, based on clinical need and not ability to pay.

(Source: www.dh.gov.uk)

3.2 New guidance with the introduction of the National Service Framework for Children, Young People and Maternity Services

3.2.1 The National Service Framework (NSF) for children, young people and maternity services was released in full in October 2004 and ties in with the Children's Bill and Children's Green Paper –Every Child Matters. It is a 10 year programme which aims to promote long term and sustained improvement in children's health. This will be achieved through ensuring fair, high quality and integrated health and social care from pregnancy through to adulthood.

3.2.2 The 11 standards are split into three parts:

- **Part one** of the NSF addresses standards which will aid the NHS, local authorities and their partners to achieve high quality service provision for all children, young people and their parents and carers.
- **Part two** encompasses standards six to ten and relates to those with particular needs.
- **Part three** addresses the specific needs and choices of women and babies before and during pregnancy, throughout birth and for the first three months of parenthood

3.2.3 The standards necessitate services to:

- Increase the amount of information, power and choice to children, young people and their parents, ensuring they are involved in planning their care and services
- Promote the health and well-being of children from pre-birth to adulthood by introducing a new child health development programme
- Encourage children and their families to develop healthier lifestyles
- Concentrate on early intervention based on timely and comprehensive assessment of needs
- Improve access to services, particularly through co-locating services, and developing managed Local Children's Clinical Networks for children who are ill or injured
- Tackle health inequalities
- Promote and safeguard the welfare of children

- Ensure that pregnant women receive high quality care throughout their pregnancy, are involved in decisions about what is best for them and their babies, and have choices about how and where they give birth.

3.2.4 The Healthcare Commission is charged with assessing Acute Trusts against the National Service Frameworks. For further details on the composition of the 11 standards, please refer to appendix one.

3.3 Department of Health Consultation: Keeping the NHS Local-A New Direction of Travel

3.3.1 'Keeping the NHS Local - A new direction of travel' was a consultation document released by the Department of Health in February 2003. This document outlined the direction for the NHS, particularly in considering service expansion and redesign, and in the context of the challenges created by the working time directive. The focus of this consultation document was to redesign services and not purely to relocate and centralise services into fewer, larger, 'super hospitals'

3.3.2 The consultation document defined three core patient principles to be followed:

- 'Developing the options for change *with* people, not *for* them, starting from the patient experience and a commitment to improve choice, and working with staff to develop new ways of delivering services
- Focus on redesign not relocate. Redesign can offer a high quality alternative to relocation of services extending the range of options for developing new configurations that meet local needs and expectations
- Taking a 'whole systems' view. The NHS needs to exploit the contributions of different hospitals, primary, intermediate and social care providers within a whole system, centralising pressures but working in partnership, with genuine integration and joint planning of services'.

3.3.3 A summary of the responses to this consultation was produced in July 2004. Many organisations had raised issues related to inconsistency in guidance, raising the question of 'how do you keep the NHS local when there is also speciality specific guidance that recommends the centralisation of services?' The guidance relating to keeping the NHS local is clear that where there is evidence showing that concentrating a particular service leads to better outcomes for patients, then it should be centralised but that this doesn't necessarily have to apply to the follow up care and outpatient services.

3.3.4 Specific issues raised within the response to this consultation, related to maternity and paediatrics. Maternity and paediatric services were recognised as areas where some dedicated work is required, with the Royal College of Obstetrics and Gynaecology proposing that a national strategy for the provision of maternity services should be developed.

3.3.5 Accompanying the 'Keeping the NHS local – A new direction of travel', consultation response are two evidence files. Part one provides an overview of clinical trials, service audits and reports of service innovation from peer-reviewed medical journals, whereas part two provides examples of service innovation and good practice from the NHS relating to the values of 'keeping the NHS local'.

3.3.6 The evidence files display that there is a growing number of midwife-led units, and according to the Royal Colleges of Midwives, in July 2004 there were 60 such units with more combined GP/midwife units becoming autonomous midwife units. The key messages related to birthing centres within the evidence files state that:

- Recent research suggests that childbirth at such units is as safe as consultant-led units, providing that the admission is restricted to those considered low risk, and if the midwife-led unit is not located adjacent to a consultant-led unit there are efficient escalation protocols for transferring the women to an acute site.
- Research demonstrates that training and facilities in midwife-led units has enabled midwives to deal efficiently with crisis situations. Most midwives have Advanced Life Support Training for Obstetrics (ALSO) and many units are equipped with resuscitators.
- Intervention is less common in midwife-led units and patient satisfaction is stated as being 'high' in midwife-led units.
- The document cites relatively high transfer rates in some units as a difficulty in identifying low-risk women.

3.3.7 In respect to ambulatory care, the evidence files suggest that this is a relatively new concept within the UK. However it has been operational in the US for the past decade. The government is extremely committed to ambulatory care, and developing one-stop healthcare services is an important element of the NHS plan and current reforms of primary care. A summary of those studies and examples of best practice relevant to this review, relating to maternity services and ambulatory care, can be found in appendix two.

3.4 Royal College of Midwives (RCM) Position statement –Birth Centres

3.4.1 The Royal College of Midwives released a position statement in May 2004 stating:

> "T*he RCM believes that birth centres offer a cost effective, safe and satisfying alternative for women who are experiencing normal pregnancy and birth - they provide an alternative to home birth and there is no evidence to suggest that they are unsafe.*
>
> *Birth centres should be midwife led services - organised and run by midwives with a senior midwife responsible for service operation. In addition, they should have a discrete identity and offer midwifery care to predominantly low-risk women throughout the antenatal, intrapartum and postnatal periods."*

3.4.2 The RCM recommends that guidelines and operational standards should be developed for birthing centres in partnership with relevant stakeholder groups. The RCM recommends that the guidelines should incorporate intrapartum transfers.

3.5 Introduction of the European Working Time Directive

3.5.1 The European Working Time Directive (EWTD) already applies to UK employees, however, Doctors in training were previously exempt but have now been included. By 1st August 2004, NHS organisations were legally required to ensure all staff are compliant.

3.5.2 The main points of the EWTD are that employees should have:

- 11 hours' rest in every 24 hours (includes junior doctors as of August 2004)
- A minimum 20 minute break when a shift exceeds 6 hours
- 24 hours' rest in every 7 days as a minimum, or 48 hours' rest in every 14 days
- A minimum of four weeks' annual leave
- A maximum of eight hours work in every 24 hours for night workers
- By August 2004 a general reduction in junior doctor working hours to 58 hours per week and a further reduction to 48 hours by 2009 or by exception 2012.

(Modernisation Agency Survey of Models of Maternity Care June 2004)

3.5.3 This reduction in the availability of junior doctors has created huge new challenges to the NHS. Despite PCTs providing funding for Acute Trusts

to employ more junior doctors, this reduction and the further reduction expected in 2008 has necessitated new, innovative ways of working and the redesign of hospital services.

3.6 Transport issues-The Social Exclusion Unit

3.6.1 The Government Social Exclusion report from 2003 – 'Making the Connections: Final report on transport and social exclusion' (February 2003) identifies that 31% of people without a car have difficulties travelling to their local hospital, compared to 17% of people with a car. Over 1.4 million people are reported as having missed, turned down or chosen not to seek medical help over the past 12 months because of transport issues. The report states that nearly one in three households do not have access to a car.

3.6.2 There are several barriers to accessing services, including:

- The availability and physical accessibility of transport
- Cost of transport
- Services and activities located in inaccessible places
- Concerns related to the safety and security of public transport
- The distance, some people are unwilling or unable to travel long journey times or distance

3.6.3 To combat these problems, the report states that within healthcare, changes will be made to specialist travel to healthcare services so that services are organised around the patient. The report states that the Department of Health will widen the criteria for those eligible for Patient Transport Services and increase the advice and information given to patients on accessing healthcare.

4. The Consultation of 2000

4.1 Background to the review of 2000

4.1.1 From 1 April 2000, Mid Kent and The Kent and Sussex Weald NHS Trusts merged to form Maidstone and Tunbridge Wells NHS Trust. Soon after, in June 2000, West Kent Health Authority conducted an acute service consultation that led onto a consultation for women's and children's services in September 2000, as a result of the type of pressure the Acute Trust is experiencing now.

4.2 Proposals in September 2000

4.2.1 The 'Future Health Services for Women and Children in Maidstone and Pembury' consultation document (September 2000) proposed following a 'hub and spoke' model, as is proposed at present. It was suggested that Maidstone and Pembury (the two spokes) would offer the following services:

- Community children's nursing teams
- Extensive hospital based children's services linked to the Accident and Emergency Department
- Midwife-led maternity care
- Routine Gynaecology services

4.2.2 Whereas either the Maidstone or the proposed new development for Pembury would offer more specialised needs services, such as:

- 24 hour paediatrics
- Special care for babies
- Higher risk maternity care
- More complex gynaecology services

4.3 Responses to the consultation

4.3.1 Many of the professional staff were reported as accepting the pressure on the system and the case for change. However, there were discrepancies in opinion as to the extent to which those proposals represented the best or most workable options. It was believed this was compounded by the speed of the review process and the recent merger of two Acute Trusts with differing 'clinical practice and priorities'.

4.3.2 Relevant stakeholder groups were reported as agreeing with the need for a 'hub and spoke' model but generally desired the hub to be on their local patch. It is important to note that although the Community Heath Councils (CHCs) raised concerns, none of them made any formal objections that would have necessitated referral to the Secretary of State. The general public did not accept the case for change and raised concerns related to transport and safety of transferring patients.

4.3.3 It was reported to the Health Authorities board meeting that at the conclusion of the consultation, clinicians felt that more time was needed before the proposed models of care could be developed in sufficient detail. This was linked to continuing lack of clarity from national advisory bodies about how and when problems related to medical training posts would materialise.

4.4. Results of the consultation

4.4.1 As a result of this, the Acute Trust proposed that it should be allowed to make further efforts to provide core women's and children's services at both sites, although special care baby services and neonatology would be based at Pembury and paediatrics shared oncology at Maidstone.

4.4.2 In November 2000, the West Kent Health Authority agreed to approve the Acute Trust's revised proposals, whilst recognising that, if pressure in the future required further specialisation of women's and children's services, these should be sited in Pembury. It was also agreed at this time that the Health Authority write to local authorities and transport organisations to seek a whole system approach to the problems of transport access to hospital services.

4.5 Women's and Children's services care group

In 2003, a meeting was held and attended by a variety of staff, including 18 senior staff members, to discuss the way forward. There was general agreement to gain a critical mass of work in order to develop specialist skills and therefore better services for patients. It was agreed in principle at this meeting by a majority of staff that centralising high risk obstetrics at Pembury was the most suitable option. The Committee has repeatedly requested the minutes from this meeting, however has yet to receive a copy.

5 Process of Consultation 2004

5.1 Consultation document

5.1.1 The Committee Members expressed concern related to the consultation document. Members were concerned that the document was not fully comprehensive and, in places, unnecessarily complicated, such as in the description of the proposals. The pictures used within the consultation to illustrate services were inappropriate, such as the baby on the front cover being bottle fed (despite national initiatives to promote breast feeding) and the young man pictured was not appropriate for a consultation on women's and children's services. These perhaps demonstrate the haste in which the consultation document was developed. The Committee's concern with the document was echoed by staff members, even those supporting the proposals. Acute Trust representatives acknowledge that the consultation document was issued within a tight timescale.

5.1.2 Consultations reflecting changes to a health economy are generally managed by the local Primary Care Trusts (PCT). In this case that would include Maidstone and Weald PCT, South West Kent PCT and Sussex Downs and Weald PCT. It is understood the proposals have been driven by the Acute Trust and have been fully supported by the local PCTs.

5.2 Engagement of the public and stakeholder groups

5.2.1 Public meetings frequently have low public attendance. Consequently the Acute Trust and PCTs held focus groups with relevant stakeholder groups and gave out patient questionnaires through midwives to ensure the target population was reached.

5.2.2 In addition to this, the Acute Trust and PCTs held six public meetings in Maidstone, Tonbridge, Pembury, Sevenoaks, and Crowborough. However there was no representation from the Ambulance Trusts at these meetings to answer questions related to transfers. The Acute Trust and PCTs also had a stand with representatives present in the Chequers Centre, Maidstone, on the 19th November. The consultation document is available on the internet at the Acute Trust website – www.kentandmedway.nhs.uk or www.mtw.nhs.uk.

5.3 Engagement of Acute Trust staff

5.3.1 Some staff employed by the Acute Trust have reported a lack of engagement by the Trust in developing the proposals and the consultation process. However the Acute Trust contests this and states there have been copious opportunities to be involved in the process and information has been communicated to staff and the proposals were developed with the support of the majority of staff. The Acute Trust described for the Committee numerous channels that have been utilised to disseminate information to staff, including letters to staff, newsletters, updates in team briefings, open staff meetings led by the chief executive, and the option to 'call direct' to the project leads. In addition to these, project leads involved in the care group, are reported to have held meetings with their own staff and offered to attend meetings and give presentations on request to other wards and departments.

5.4 Engagement of neighbouring Acute Trusts

5.4.1 The Committee has received responses from East Kent Hospitals NHS Trust and Medway NHS Trust stating that the Acute Trust has actively involved them in discussions. However Brighton and Sussex University

Hospitals had not seen the consultation documents and appeared unaware of the proposals. This is a concern when the main justification for locating services in Pembury is the changes across the whole health economy in Kent and Sussex. Both Sussex Ambulance and Kent Ambulance Trusts report being involved in the development of the proposals.

5.5 Joint Select Committee conclusions on the consultation process

5.5.1 The Committee was concerned that the main driver for the timescales of this consultation was the deadline for the Private Finance Initiative in January 2005. It was evident that the consultation process was hastily assembled, a feeling echoed by some clinicians. This was evidenced by the extremely limited time clinicians were reported to have been given in which to comment on the draft consultation document, the late distribution of the consultation document, the lack of thought given to the illustrations within the document and the fact that the public meeting dates were not available and not advertised until November.

5.5.2 However, despite this, the Committee is satisfied that the Acute Trust and the PCTs have met their obligation to consult with the public and stakeholders, who have had ample opportunity to respond to the consultation. The Committee believes the Acute Trust and the PCTs have learnt from the communication mistakes of priority two and conducted a more thorough consultation on this occasion. The Acute Trust and PCTs have also willingly engaged the Joint Select Committee. However, the Committee recommends that the Acute Trust and PCTs conduct future comprehensive consultations with more structured planning and less time restrictions and the process is developed in partnership with relevant Patient and Public Involvement Forums. The Committee also recommends that where possible, options be given for the public to comment on.

6. The Proposals 2004

6.1 Current configuration of services

6.1.1 The Acute Trust currently provides:

- Two maternity units delivering 2500 women at each hospital/community
- Level one SCBU at Maidstone
- Level two Neonatal services at Pembury
- Gynaecology services at both sites

- Full range of children's inpatient/outpatient services at both Maidstone and Pembury
- Community children's team (5 WTE)

SCBU definitions: **Level one** - Units provide Special Care but do not aim to provide any continuing High Dependency or Intensive Care. This term includes units with or without resident medical staff.
Level two - Units provide High Dependency Care and some short-term Intensive Care as agreed within the network.
Level three - Units provide the whole range of medical neonatal care but not necessarily all specialist services such as neonatal surgery.
(Standards for Hospitals Providing Neonatal Intensive and High Dependency Care – BASP Dec. 2001)

6.2 <u>The proposals for 2010/11</u>

6.2.1 The proposals are to develop:

- ***Ambulatory care*:** This would be provided at both Maidstone and Pembury, providing emergency assessment of children, short stay treatment and stabilisation of complex cases for transfer.

- ***Midwife-led care*:** It is proposed to create two Midwife-led units, one in Maidstone and one on the new development in Pembury.

- ***Obstetrics and gynaecology*:** High-risk consultant-led obstetrics care would be concentrated on the Pembury site, as would inpatient non-cancer gynaecology, whereas specialist gynaecology for cancer care is at the Maidstone site.

- ***Inpatient children's care and special care baby unit (SCBU)*:** Inpatient children's care would move to the new development and the Acute Trust would provide a single SCBU (level 2) at Pembury.

- ***Community children's nurses*:** To expand community children's nursing so that more care can take place in a child's home.

- ***Both sites*:** To develop rapid access early pregnancy services, antenatal care, day case surgery and out patient departments at both hospitals.

6.2.2 Therefore, if the proposals were to go ahead services for women and children would consist of:

Pembury	**Maidstone**
Gynaecology	**Gynaecology**
Outpatient service	Outpatient service
Day care	Day care
Early pregnancy assessment	Early pregnancy assessment
Inpatient service, non-cancer	Gynaecological cancer
Paediatrics	**Paediatrics**
Outpatient service	Outpatient service
Assessment and ambulatory care including medical and surgical day beds	Assessment and ambulatory care including medical and surgical day beds
Community nursing team – seven days per week	Community nursing team – seven days per week
Child & Adolescent Health and Development Centre	Treat and transfer facility
Neonatal service	Child & Adolescent Health and Development Centre
Inpatient service	
Obstetrics/Maternity	**Obstetrics/Maternity**
Midwife-led birthing centre	Midwife-led birthing centre
Outpatient service	Outpatient service
Antenatal care	Antenatal care
Day and fetal assessment	Day and fetal assessment
Community midwifery	Community midwifery
Consultant-led maternity unit	

6.2.3 The Acute Trust foresees 80% of children requiring hospital care at the Maidstone hospital as being treated at Maidstone. The Acute Trust envisages the new ambulatory care centre as being able to treat 80% of children without the need for transfer to the Pembury child inpatient service.

6.2.4 In terms of obstetrics the Acute Trust predicts the following number of deliveries at the new Pembury development.

Deliveries in Maidstone 2003/04	2551
Suitable for birthing centre	487
Leakage to other units	424
Other	29
Total transfer to Pembury	**1640**
Deliveries at Pembury 2003/04	2387
Transferred from Maidstone	1640

Potential 'new hospital' growth	402
Growth from Haywards Heath	402
OBC growth at 2012/13	296
Total (at 2012/13)	**5226**

6.2.5 However it is important to remember that all antenatal care will continue locally. It will also be possible to access community midwifes and have homebirths and access a birthing centre locally. It will therefore only be necessary for those women considered high risk or those who decide against these first two choices to travel to Pembury to deliver their baby. The Acute Trust predicts based on 2003/04 figures that this will affect 1640 women per year from the Maidstone area.

6.2.6 The Acute Trust foresees the proposals creating two vibrant hospitals, providing services for women and children that will:

- Improve specialist care and develop more specialist services in Kent
- Improve access for women and children to local rapid assessment, day case and outpatient services
- Modernise and develop services in line with latest clinical practice
- Improve both the standards of care and outcomes for patients
- Maintain clinically safe and viable services

6.3 Investment in Maidstone Hospital

6.3.1 Much of the public concern has centred on the perceived downgrading of the services at Maidstone Hospital. The Committee has been assured that this is not the case. The Acute Trust aims to provide two modern hospitals complementing each other in the services they offer.

6.3.2 As the consultation document shows the Acute Trust has recently opened the £3 million Peggy Wood breast centre, £11 million eye, ear and mouth unit and is in the process of opening a £1.7 million emergency care department.

6.3.3 If the proposals were to be accepted the eventual overall configuration of services would be:

Services -although not exhaustive	Maidstone	Pembury
Diagnostics & X-ray	✓	✓
Children's OPD, day case and assessment	✓	✓
Children's inpatients	✗	✓
Antenatal, OPD, day case and EPA	✓	✓
Inpatient gynaecology	✓	✓
Gynaecological cancer	✓	✗
Inpatient obstetrics and SCBU	✗	✓
Midwife led care and birthing centre	✓	✓
Orthopaedic booked inpatients*	✓✗	✓✗
Orthopaedic emergency inpatients*	✓✗	✓✗
ITU/HDU	✓	✓
Cardiology & angiography	✓	✓
Urology and Cancer Surgery (complex)	✓	✗
Urology, orthopaedic & Surgery OPD, day case	✓	✓
Urology inpatient	✓	✗
Ophthalmology day case & OPD	✓	✓
ENT day cases, inpatient &OPD	✓	✓
Haematology inpatients	✓	✗
Acute medicine	✓	✓
Emergency care centres	✓	✓
Emergency Surgery	✓	✓
*To be consulted on in early 2005		

6.3.4 The Committee is satisfied that the Acute Trust is committed to Maidstone Hospital, as demonstrated by the huge investment into its services. However the Committee also recognises that it is not possible to offer all services at all sites. Indeed Maidstone hospital is recognised for its cancer care, with many patients travelling large distances to attend these services at Maidstone.

7. Geographical Context

7.1. Introduction

7.1.1 Understandably the proposals have been a cause of serious concern, particularly for the Maidstone population. However, in understanding the proposal for utilising the Pembury site for providing services for Women and Children, it is important to consider the location of services in

neighbouring Acute Trusts across both Kent and East Sussex. On the following page a map can be seen depicting the location of neighbouring hospital Acute Trusts. Those most relevant to this consultation are the location of services provided by Medway NHS Trust, East Kent Hospitals NHS Trust, Brighton and Sussex University Hospitals, East Sussex Hospitals NHS Trust and Surrey and Sussex Healthcare NHS Trust. The Acute Trust also expects a certain level of 'leakage' to other Acute Trusts. In particular from Maidstone to Medway and Ashford. The Acute Trust predicts this level to be approximately 425 deliveries per year (at 2003/04 figures).

7.2 Medway NHS Trust

7.2.1 The main focus of Medway NHS Trust is Medway Maritime hospital, which provides a full range of services for women and children including:

- Fully integrated hospital and community children's service
- Maternity
- Neonatal intensive care unit
- Obstetrics and gynaecology

7.3 East Kent Hospitals NHS Trust

7.3.1 East Kent Hospitals NHS Trust is currently investing over £24 million to develop services at its three major hospitals, which include the Kent & Canterbury Hospital (K&C) in Canterbury, the William Harvey Hospital (WHH) in Ashford and the Queen Elizabeth The Queen Mother Hospital (QEQM) in Margate. This reconfiguration began in July 2004 and will take approximately two years. These changes are similar to those proposed in the South of West Kent Health Economy and again reflect the national trend.

7.3.2 The changes to services for women and children in East Kent are summarised below:

- Women's health on two sites – WHH at Ashford and QEQM in Margate
- In patient child health on two sites - WHH at Ashford and QEQM in Margate
- Development of a Paediatric Assessment Unit at K&C in Canterbury
- Ambulatory Child Development Centre at K&C in Canterbury
- Neo-natal Intensive Care Unit to transfer from K&C to WHH in Ashford

- Special Care Baby Unit on two sites - WHH in Ashford and QEQM at Margate

7.4 Services available across Sussex

7.4.1 Obstetrics and gynaecology and paediatric services are provided by East Sussex Hospitals NHS Trust at both Hastings and Eastbourne. Brighton and Sussex University Hospitals NHS Trust provides main obstetrics, full paediatric services and a SCBU level three in Brighton. Haywards Heath provides a low risk obstetrics unit and the Acute Trust is currently consulting to support the SCBU by neonatal nurse practitioners. Surrey and Sussex Healthcare NHS Trust provides maternity services at Crawley and Redhill. It is important to appreciate the configuration of services across Sussex and understand the deficit of services on the boundaries of Kent and East Sussex. It is estimated that across all hospital services 30% of the patients are from the Kent and East Sussex borders (with a TN postcode) south of Tunbridge Wells.

7.5 Proximity of services for women and children

7.5.1 To move the inpatient children services and complex obstetrics and routine inpatient gynaecology services from Maidstone to the new Pembury development is the most viable option geographically as opposed to centring these services at Maidstone. Another influential factor is the Pembury location is nearer the centre of the 500k population in the Trust's catchment area

7.5.2 For Maidstone residents, there are closer alternatives to Pembury including Medway Maritime Hospital and the William Harvey Hospital at Ashford, which also has good motorway links. If services were to be provided at Maidstone there would be a vast gap in services for those resident both in East Sussex and West Kent. As the map depicts, when looking at the location of alternative Acute Trust services, Pembury appears the most appropriate location for services, if it is agreed that centralisation is necessary.

7.5.3 During this process concern has arisen related to the expected housing increase in the Maidstone Borough area. However, current estimations suggest that increases in the Maidstone Borough area will not be disproportionate to those in other boroughs and districts in Kent, including Tonbridge and Malling. The Acute Trust states it has accounted for growth within its projected patient figures.

7.5.4 Members of the Committee also expressed concern over the viability of the Crowborough birthing centre, should the proposals be accepted. However, Crowborough birthing centre, Sussex Downs and Weald PCT and lead midwives at the Pembury site do not believe the introduction of a birthing centre within the new Pembury development poses a significant risk to the viability of the Crowborough birthing centre. Sussex Downs and Weald PCT state they have no plans to close the centre.

8. Current Pressures on Services

8.1 Recruitment issues

8.1.1 The Acute Trust is currently experiencing severe recruitment problems. At Maidstone hospital there is a lack of middle grade paediatric doctors. The Acute Trust currently has three vacancies out of eight essential posts. This is leading to consultants working long hours to sustain services and increased usage of short term locum staff. However, this is only a short term solution and with tighter restrictions on junior doctors' hours in 2008, the problem is unlikely to improve. In August, the Acute Trust recruited a junior doctor from Poland to sustain services. However a more recent recruitment drive in Poland proved unsuccessful. The Acute Trust has offered accommodation and financial incentives, however the few staff that are available are drawn to centres of excellence that provide modern, high quality services that allow sub-specialisation and enhanced roles.

8.1.2 This shortage is not restricted to doctors and the Acute Trust states it also has vacancies for paediatric and neo-natal nurses. The consultation documents cites a vacancy rate of 12% for children's nurses, with some specialist areas having to manage with over 20%. The Committee has been told that in the last three months the Acute Trust has had to close its Special Care Baby Unit (SCBU) to new admission on 44 occasions. Regularly this relates to staff and equipment shortages. The Committee has been informed that it is not uncommon for staff to be working extra shifts to ensure services remain open, which is not sustainable in the long term.

8.1.3 The Committee has been advised that frequently decisions are being made as to where to transfer babies from the SCBU in Maidstone out to other areas, which can lead to mother and baby being separated. In the last six months it has been necessary for a baby to be transferred from Maidstone to Portsmouth.

8.2. Recruitment and retention of staff

8.2.1 The Committee has expressed concern as to how the Acute Trust will ensure that the valuable professional staff it currently employs will be encouraged to stay during this period of change and the vacancies it is experiencing will be filled. The Acute Trust has assured the Committee that it has a robust human resource strategy to support staff undergoing work change and is already helping staff who are part of the cross site service change at the moment. The Acute Trust states it is confident staff will see the changes as a move to a service they want to work in.

8.3 Contravening national standards

8.3.1 The Committee has also been advised that the Maidstone site is not meeting minimum standards for labour wards. For example, a labour ward with over 2500 deliveries should have 40 hours a week cover by an obstetrician. However, Maidstone is not achieving this. The Acute Trust envisages 24 hour cover in the new development. The Maidstone site is also not complying with the standards set out for the future of maternity and children's services, within the recently published children's NSF. The Chief Executive of the Acute Trust states that if changes are not made, the Acute Trust will continue to fall behind national standards, and if this continues and the Acute Trust loses accreditation it will be forced to close those related services.

8.4 Services reaching critical point of sustainability

8.4.1 The Acute Trust services in their current form are not sustainable for a number of reasons, including:

- Lack of middle grade doctors for Maidstone paediatrics
- Problems recruiting and retaining lead obstetrician posts in Maidstone
- High vacancy rate for paediatric nurses
- Tighter restrictions on junior doctor's hours with the European Working Time Directive
- The closure of the SCBU unit at Maidstone 44 times in the last three months to the emergency bed service
- The need to comply with the recently published NSF
- Not meeting labour ward minimums at Maidstone
- The fact that obstetrics is unviable without paediatrics

8.4.2 Even those not in favour of the proposals agree that the status quo is not sustainable, and that 'doing nothing is not an option'. Many of those the

Committee has spoken to agree that two sites are not sustainable for the future. The Committee was advised that if these proposals were not to go ahead then this would lead to:

- Units closing
- A reduction in services
- Increased difficulty in recruiting and retaining staff
- More patients would be transferred out of area

8.4.3 The Committee unanimously agrees that the services in their current form are not sustainable and is concerned as to how the Acute Trust plans to sustain services until 2010 if the proposals are accepted. The Committee therefore recommends that the Acute Trust develops and reports to the Committee its intermediate plan to sustain services for the next six years and reports on these issues on a six monthly basis, either in writing or by attendance at the NHS OSC's.

9. The Committee's Views on the Proposals

9.1 <u>The case for change</u>

9.1.1 The NHS is experiencing a national shortage of key staff, particularly paediatricians. The NHS across the UK is also experiencing new pressures and challenges with the introduction of the working time directive impacting on junior doctors. This reduction in the availability of staff is set to worsen in 2008 when junior doctors' hours are restricted further. As seen in the strategic context section 3.5, the new restrictions are leading to more creative service provision and the redesign of services.

9.1.2 The changes suggested in West Kent are a reflection of national priorities. The proposals are on a par with those changes in East Kent and the current consultation for changes to services at Brighton and Sussex University Hospitals NHS Trust.

9.1.3 The Acute Trust is convinced that the impact of retaining services in their current form will result in a rapid decline in service provision, as they will not be able to provide safe care for patients. Many of the Acute Trust representatives presenting evidence to the Committee have stated that to keep services as they are will force closures and drastic unplanned changes to services.

9.2 <u>Children's services</u>

9.2.1 Nationally, there is a steer to reduce the number of hospital admissions for children. The Acute Trust states that last year 68% of children were treated as day cases and for those who were admitted the average length of stay (ALOS) was two days. The Acute Trust believes that through new models of working, such as rapid assessment by staff specially trained to care for children, they will be able to reduce hospital admissions, and that 80% of children needing hospital care will still be treated in Maidstone. Data analysed by the Acute Trust demonstrates that at Maidstone last year (2003/04):

	Children	**ALOS**
Day cases	605	
Elective inpatients	331	1.8 days
Emergency inpatients	1956	2.4 days
Total	2892	

9.2.2 The Committee is confident that the introduction of Ambulatory care will be a positive step to providing modern efficient hospital services and a valuable addition to hospital services in Maidstone. National guidance and examples in other areas suggest this will be an effective service to reduce hospital admissions and to keep children needing hospital care closer to home. It is regrettable that inpatient children services can not also be kept at both sites, however the Committee is convinced that to do so would equate to providing an unsatisfactory service, inadequately staffed.

9.2.3 The Acute Trust plans to create one special care baby unit at level two at the new development. The Acute Trust currently provides a level two service at Pembury and level one at Maidstone. As stated earlier, the Committee has learnt that this latter service is regularly closed to new admissions, which is often the result of staffing shortages. The Committee was informed that SCBU staff at Maidstone are very skilled at looking after all levels of care to ill, newborn babies from 32 weeks. However, they must transfer more premature babies for long term intensive care and so maintaining the skills of staff in the long term is an issue.

9.2.4 It is also understood that SCBU services work within a network providing different levels of service provision. Medway provides a level three unit. It is understood that Maidstone would therefore be unlikely to be able to offer any more than a level one service due to the proximity of other units. Coupled with the inter-reliance of such services with obstetrics and paediatric services it is essential that Pembury provides the level two SCBU service. There are plans to rotate clinical staff across the various levels of unit within the clinical network, in order to maintain skills and experience.

9.3 Maternity services

9.3.1 Changes to maternity services are extremely emotive and the changes proposed have been thoroughly discussed by the Committee. Ideally both services would be sustainable and the Acute Trust would be able to offer modern centres of excellence at both sites but this is not a viable option. The Acute Trust opted to continue without centralisation in 2000 but acknowledged then that in the future services would need to be centralised. The Committee has been advised of the low stillbirth rates compared to national comparators at Maidstone and the strength of feeling by consultants at these services. However obstetrics and paediatric services are intrinsically linked and it is not possible to provide an obstetric unit without the provision of paediatric care. It is important once again to consider the geographical picture of service provision and to understand that to provide these services at Maidstone would leave a severe gap in services for those in the far West of Kent and into East Sussex.

9.3.2 In place of a consultant-led obstetric unit, the Acute Trust proposes to establish a midwife-led birthing centre in Maidstone. It will also offer the option of a birthing centre at the Pembury site. This has been a contentious issue both for the public and the Committee; however, it is important to note that birthing centres are established all over the UK.

9.3.3 The Committee heard evidence from a representative at the Crowborough birthing centre, which is a well established birthing centre which became purely midwife-led in 1997. This centre averages 320 deliveries each year and is staffed by 10.6 (WTE) midwives. The centre has not experienced any staffing difficulties and even has a waiting list for staff wanting to work there.

9.3.4 Birthing centres are only suitable for women who are considered low risk, as they are not equipped to conduct caesarean sections or deal with serious complications. Midwife-led birthing centres focus on normal deliveries with little intervention. When this is necessary, women are transferred to a consultant led unit. There is a high level of patient satisfaction associated with these types of centres. However some members of the Committee were concerned that birthing centres have high transfer rates, and it is estimated that these are between 20 -25%.

9.3.5 The Crowborough birthing centre has an average transfer rate of 18%, which is lower than the national average. 39% of first time mothers require transfers and 8% second time mothers. Of the 42 women transferred last year:

- 13 women went on to have normal deliveries
- 13 had a caesarean section
- 5 needed a drip to accelerate labour
- 9 ventouse deliveries
- 2 requested epidurals

9.3.6 The Committee was informed that the Crowborough birthing centre transfers women to either, Pembury (12 miles from the centre), Eastbourne (25 miles) or the Princess Royal Hospitals (20 miles), and transfer locations depend on the needs of the patient. The midwives aim to transfer women ante-natally or in the early stages of labour and consequently midwives are trained to detect problems in their earlier stages. The Acute Trust must satisfy the NHS OSCs that when developing the proposals for the birthing centre, it follows best practice, such as the Crowborough birthing centre and as informed by the Royal Colleges.

9.3.7 The proposals aim to extend choices to women having babies. Mothers will have the option to have their baby at a low risk birthing centre in Maidstone or at a birthing centre on the Pembury site or for those considered high risk, at the consultant-led unit at the Pembury site. The birthing centre at Pembury will offer a different type of service to that of Maidstone, as it will be in close proximity to a consultant-led unit. The Committee agrees that these proposals will offer a choice to mothers, and for those in the Maidstone area who choose not to deliver at a birthing centre, there are close alternatives. With the introduction of patient choice these alternatives will be routinely available to all women. The Committee recommends that the Maidstone birthing centre is situated away from the main hospital site, to reduce public confusion about the services it offers and to ensure that when intervention is necessary patients are transferred to be cared for by the most appropriate staff.

9.4 Gynaecological services

9.4.1 The Committee heard conflicting evidence as to splitting gynaecological oncology and general gynaecology inpatient services. However, gynaecological oncology is a regional service and so it is not linked to general gynaecology at other hospital sites across Kent. Consequently, the Committee is satisfied that it is appropriate for inpatient gynaecology to be located at Pembury with obstetrics, despite gynaecological oncology being situated at Maidstone.

9.5 Community Services

9.5.1 The PCTs and the Acute Trust aim to extend their community services provision to accompany the changes to services. This is in line with national guidance, including the NHS Improvement plan. The Trusts aim to further develop and extend community paediatric services. Acute Trust representatives believe this will attract paediatric nurses. The Committee fully supports an increase in community service provision and would be interested to learn how the Acute Trusts plan to develop this and the potential intermediate care unit in Maidstone. The Committee would also be interested in the plans for current community hospitals. The Committee is keen that the Trusts devise plans for community services in partnership with East Sussex colleagues, to ensure consistency in service provision across boundaries. The Committee recommends that the Acute Trust and PCTs develop plans for community services, in terms of midwifery and children's nursing as a matter of priority. This is to ensure these are well established and sustainable and are able to demonstrate a reduction in the reliance on acute hospital services before the service changes are implemented.

9.6 Transfers

9.6.1 Members of the Joint Select Committee and members of the public have been concerned that the increase in transfers of women and children will have a detrimental effect on the outcomes of care. However, the Committee has spoken at length to Acute Trust staff, Ambulance Trust representatives and staff from the Crowborough birthing centre. The consensus is that transferring women and children is safe, providing they are stabilised before travel and if it is a woman experiencing complications in labour they are transferred early.

9.6.2 Ambulance staff are fully trained to transfer patients and do so on a regular basis, often across large distances. The transfer between Maidstone and Pembury is approximately 16 miles, the Crowborough birthing centre currently transfers women 12 miles to Pembury. The representative from the birthing centre did not perceive the transfer from Maidstone to Pembury to pose a significant risk. The Acute Trust points out that when a transfer is necessary, the patient will be transferred to the most appropriate hospital, which could also be at Ashford or Medway. The Committee asked if babies requiring transfer to another unit would suffer by having to make a long journey but were told this was not substantiated by evidence.

9.6.3 The Committee feels that ideally no transfers would be necessary. However it is important to remember that patients are transferred betweens services every day, including to London and beyond. The Committee accepts the assurances from Acute Trust staff and Ambulance

representatives that to transfer women in labour and children, providing they are stable, poses no significant risk.

9.7 The Committee's conclusion on the proposals

9.7.1 A larger specialist unit at Pembury will benefit the community, it will aid recruitment and retention and be more attractive to the desperately needed specialist staff and will become more popular for those in training. As demand for paediatric staff intensifies, those choosing employment opportunities will want to work at the very best centres, where they will have the opportunities to conduct highly specialised procedures and gain experience through witnessing a range of cases to enhance their skills. The Committee has been advised that professionals will not choose to work at a unit that is stressful due to constant staffing pressures.

9.7.2 It is also important to remember that for the vast majority of patients using the services, these will still be available locally, for example, rapid access early pregnancy services, antenatal care, day case surgery and out patient departments will be available at both hospitals. It is also important to consider the geographical issues described in section seven.

9.7.3 Any change to hospital services is difficult for a community to accept, however, the Committee is convinced that these proposals will provide modern viable services which will increase choice to patients and will meet safety expectations. The Acute Trust proposals are a reflection of modernisation programmes happening nationally, where the primary aim is the redesign rather than relocation of services. In doing so, they will also ensure modern efficient services are available locally, and will reduce the need for patients to travel out of areas for more specialist care. However the committee recognises that in redesigning services the Acute Trust has a responsibility to ensure the public are aware of these services changes, to avoid confusion. Therefore the Committee recommends that the PCTs develop and promote a communication strategy specifically for the education of the public, if these proposals are accepted.

10. Transport

10.1 Assessing the need

10.1.1 The transport infrastructure available to support the relocation of services has been the cause of considerable anxiety both for the public and the Joint Select Committee and frequently mentioned by those writing to the Select Committee. However, it is important to remember that a declining number of patients will need to travel to the Pembury development. This

can be attributed to the proposal to extend community services and the development of ambulatory care, which the Acute Trust suggests will enable 80% of children to be treated as day-cases, without the need for admission to Pembury hospital. It is also important to note that mothers having babies only need a short stay in hospital and after having their child, without complications are generally discharged from hospital care the next day.

10.1.2 A number of those admitted to the new development will travel by Ambulance, a number of children transferred from Maidstone ambulatory care and those requiring transfer from the birthing centre will be transferred by the Ambulance service. However it is important to note the findings of the Exclusion Report (2003) and for those attending the site for elective care and those visiting relatives, it is essential that the transport infrastructure is adequate to support their needs.

10.2 Current transport provision

10.2.1 At present there are a number of ways to travel to Pembury hospital including by car, bus, taxi, patient transport services or through the generosity of volunteer drivers. However these are not realistic or accessible options for all, bus journeys are lengthy and infrequent and taxis expensive, at approximately £50 return from Maidstone to Pembury. Those with disabilities can experience an added barrier, for example Kent Ambulance Patient Transport Services are not equipped to transport all electric wheelchairs.

10.2.2 It takes approximately 25 minutes to travel from Maidstone to Pembury by private car, providing there are no traffic problems. However there are several problem areas including Colts Hill and the A228. Kent County Council has a strategy to progressively upgrade the A228, Hale Street Bypass was completed in the 1990's and work is due to start shortly on the Leybourne and West Malling bypass. Through the local transport plan a bid has been made for government grant to enable the construction of the Colts Hill Strategic Link, however it is understood that this has been unsuccessful at this time.

10.2.3 The current parking spaces at Pembury and Kent and Sussex hospitals is 698. The Acute Trust plans to extend this to 1,200 in the new development. The majority of these (900) will be provided in a new multi-decked car park. This was the maximum Tunbridge Wells Borough Council would allow when granting planning permission, however, the Acute Trust is having ongoing discussions to obtain additional spaces. Nationally there is a drive to reduce the number of those using cars and the Acute Trust is under pressure to reduce the number of staff, patients

and visitors using cars by 25% over the 5 years after the hospital opens. A condition of planning consent was for the Acute Trust to agree to fund extra buses to the value of £325,000 pa for five years.

10.2.4 Commercial bus services from Maidstone, Pembury and villages East of Pembury, all stop at in the hospital grounds. However there are no direct links provided by Arriva to East Sussex or other parts of Kent. From Maidstone Town centre to Pembury hospital it takes approximately an hour by bus and costs £4.40 for adults and £2.20 for children. The bus generally only runs once an hour. Commercial bus services choose their routes on the basis of those that are financially viable and so may choose to reconsider the provision with the opening of the new development. Arriva bus company reports to be in contact with the Acute Trust.

10.2.5 Patients in receipt of certain benefits are entitled to refunds on travel to hospital appointments via the Hospital Travel Costs Scheme (HTCS). HTCS is aimed at people who do not have a medical need for NHS Patient Transport, but cannot meet the cost of travel to hospital. Patients can reclaim travel costs for journeys to and from hospital for NHS treatment or if acting as an escort for someone and it is medically necessary.

10.2.6 Patient Transport Services (PTS) for West Kent are organised by Kent Ambulance NHS Trust.This service carries patients who are unable to travel to appointments because of a medical condition. All requests to use the PTS must be made on a doctor's authority. The Acute Trust states it has plans to review its PTS.

10.2.7 There are also various agencies that provide volunteer drivers. These types of services are essential, particularly for those not living on main public transport links. Within East Sussex the East Sussex Rural Transport Partnership (ESRTP) provides details of various agencies that provide volunteer/low cost community drivers. This was formed in 1999 to take a joint strategic view of the transport needs of local rural communities in East Sussex and is an extremely valuable service.

10.3 Acute Trust's progress to date

10.3.1 The Acute Trust is exploring the possibility of an inter-site bus link. The Trust has various groups with wide representation to consider transport issues namely a travel steering group with a sub group for patients and visitors and a further subgroup to consider the needs of staff. The patient and visitor transport group has recently conducted a small scale visitor survey to investigate methods used to travel to the Acute Trust's three

hospital sites. The trust is also in the process of developing a green travel plan.

10.3.2 It appears to date that the Acute Trust has not specifically involved either County Council in discussions related to the proposal to move women's and children's services from Maidstone to Pembury Hospital. Representatives from Kent County Council have supported the Acute Trust's Travel Plan working groups. It is understood that there is a willingness to discuss these issues, in partnership by both County Councils and the Acute Trust.

10.4 Solutions implemented in other areas

10.4.1 Although there are often many modes of transport available, awareness of these can be low. Within Hertfordshire a number of partners across local authorities, the NHS and other local transport schemes rallied together to derive a solution. These bodies set up a partnership 'Herts Transport Direct'. The aim of this was to set up one point of contact –a hot line for residents on all the transport services in Hertfordshire and make bookings where possible. To do this the project team examined the wealth of transport from buses taxis, trains, dial a ride and volunteer car schemes to non emergency ambulances and social services transport. It considered how effectively these were meeting the needs of everyday people, whether to do their shopping or making hospital appointments. Through assessing what was available the project team could develop a means of a one point of access phone line where information would be available identifying the most appropriate mode of transport for the callers' needs.

10.4.2 Within East Kent a project board has recently met to consider transport issues. A joint post between the NHS and Kent Social Services has been appointed to move the project forward and map the availability of transport across East Kent. This will encompass the private, public and voluntary sectors and it will also be necessary to examine the planning, resources and budgetary procedures adopted by health and social services departments. This will help in estimating the scale of the operation and will give the board a suitable basis for consideration of an integrated project. It is possible this will be extended to encompass West Kent. The Committee recommends extending the East Kent Integrated Transport model, if it is proved to be successful on evaluation, to include West Kent with the involvement of appropriate bodies in East Sussex.

10.5 The Committees conclusions on transport issues

10.5.1 The NHS, National Government, Local Authorities and relevant voluntary groups have a responsibility to ensure there are adequate transport arrangements for those accessing healthcare. However limitations in current transport provision cannot be the defining argument in service location, there is little point in having good local access to a poor service. It is essential that those in deprived and rural areas are not disadvantaged through the movement of services to the new development. The transport solutions cannot be developed in isolation and need to be devised in partnership. Discussions with Kent and East Sussex County Council representatives have shown there is a willingness to consider these issues in partnership. Therefore the Committee recommends that both County Councils, relevant Boroughs and District Councils and the Acute Trust identify dedicated officers, who will recognise the challenges and find solutions in partnership to ensure there is adequate transport provision to serve the new development at Pembury. The Committee also recommends extending the East Kent Integrated Transport Model, if it is proved to be successful on evaluation, to include West Kent with the involvement of appropriate bodies in East Sussex.

11. Conclusion

11.1 Making any changes to hospital services can be extremely emotive, however, when change is related to women's and children's services this sentiment is heightened. Although the Committee has some reservations with the movement of services from a densely populated area such as Maidstone to Pembury, it is satisfied that the rationale for doing so provides justification. To not move these to Pembury would lead to a severe gap in services for those in East Sussex and the far West of Kent. However, in moving such services the Acute Trust and Local Authorities have a responsibility to ensure there is fair access to these services for all, which will involve thoroughly investigating the transport issues to ensure there is adequate infrastructure to support the new development.

11.2 Consequently the Joint Select Committee fully supports the Acute Trusts vision for 'A single Acute Trust, operating from two major hospitals, with centres of excellence that work together in a complementary way'. The Committee understands and supports the key objects of the Acute Trust in terms of services for women and children, which are to:

- Create two modern ambulatory care facilities at Maidstone and Pembury providing emergency assessment of children, short stay treatment and stabilisation of complex cases for transfer.

- Support home births and midwife-led units and concentrate inpatient non cancer gynaecology and obstetrics care at Pembury with a single SCBU and inpatient children's unit
- Develop rapid access early pregnancy services, antenatal care, day cases and OPD at both hospitals

The Committee agrees with the Acute Trust that these proposals will establish a modern, vibrant service for the population of the South of West Kent Health Economy and those on the East Sussex borders.

12. Recommendations

The Committee supports the proposals for the redesign of Women's and Children's services. However, the Committee would like to make the following recommendations:

- The Committee recommends that the Acute Trust and PCTs conduct future comprehensive consultations with more structured planning and less time restrictions and the process is developed in partnership with relevant Patient and Public Involvement Forums. The Committee also recommends that where possible, options be given for the public to comment on.

- The Acute Trust must satisfy the Committee that the pressures facing the services at present are to be addressed, and produce an intermediate plan for sustaining services until the new development is operational and reports on these issues on a six monthly basis, either in writing or by attendance at the NHS OSCs.

- The Committee recommends that the Maidstone midwife-led birthing centre is situated away from the main hospital site.

- The Acute Trust must satisfy the NHS OSCs that when developing the proposals for the midwife-led birthing centre, it follows best practice, such as the Crowborough birthing centre and as informed by the Royal Colleges.

- The Committee recommends that the Acute Trust and PCTs develop plans for community services, in terms of midwifery and children's nursing as a matter of priority. This is to ensure these are well established and sustainable and are able to demonstrate a reduction in the reliance on acute hospital services before the service changes are implemented.

- The Committee recommends that the PCTs develop and promote a communication strategy specifically for the education of the public on the service redesign, if these proposals are implemented.

- The Committee recommends that both County Councils, relevant Boroughs and District Councils and the Acute Trust identify dedicated officers, who will recognise the challenges and find solutions in partnership, to ensure there is adequate transport provision to serve the new development at Pembury

- To extend the East Kent Integrated Transport Model, if it is proved to be successful on evaluation, to include West Kent with the involvement of appropriate bodies in East Sussex.

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 Trust to account in regard to these proposals.

Appendix one

National Service Framework for children young people and maternity services

The 11 standards are split into three parts:

- **Part one** of the NSF addresses standards that will aid the NHS, local authorities and their partners to achieve high quality service provision for all children, young people and their parents and carers.
- **Part two** encompasses standards six to ten and relates to those with particular needs.
- **Part three** addresses the specific needs and choices of women and babies before and during pregnancy, throughout birth and for the first three months of parenthood

Part one

Standard one: *Promoting health and well-being, identifying needs and intervening early*
The NHS to led on initiatives to promote the health and well being of all children and young people. This is to be achieved through a co-ordinated programme of action, including prevention and early intervention and in partnership with local authorities.

Standard two: *Supporting parenting*
Parents and carers are enabled to receive information, services and support which will help them to care for their children and equip them with the skills they need.

Standard three: *Child, young person and family centred services*
High quality services that are co-ordinated around individual and family needs, incorporating their views.

Standard four: *Growing up into adulthood*
Services available to young people should be age appropriate, responsive to their specific needs as they grow up into adulthood.

Standard five: *Safeguarding and promoting the welfare of children and young people.*
Agencies to work in partnership to prevent children suffering harm and to promote their welfare, providing them with the services they require to address their identified needs and safeguard children who are being or likely to be harmed.

Part two

Standard six: *Children and young people who are ill*
All children and young people who are ill, or thought to be ill or injured will have timely access to appropriate advice and services that will address not only their health needs but also their social, educational and emotional needs, throughout the period of their illness.

Standard seven: *Children and young people in hospital*
High quality hospital care, which is evidence based, should be developed through clinical governance and delivered in appropriate settings.

Standard eight: *Disabled children and young people and those with complex health needs*
High quality child and family centred services, based on needs, that promote social inclusion and where possible for them and their families to live ordinary lives

Standard nine: *The mental health and psychological well being of children and young people*
All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality multidisciplinary mental health services to ensure effective assessment, treatment and support for them and their families

Standard ten: *Medicines for children and young people*
Children, young people, their parents or carers and health professionals in all settings make decisions about medicines based on information about risk and benefit. They have access to safe and effective medicines that are prescribed on the basis of the best available evidence

Part three

Standard eleven: *Maternity services*
Women have access to supportive, high quality maternity services, designed around individual needs and those of their babies

Appendix two

Examples from the department of health evidence files (July 2004)

Ambulatory care

An example from Northern Ireland found that an ambulatory paediatric service provide a good alternative to District General Hospitals.

- The service was set up after the closure of an in-patient paediatric department at Mid-Ulster Hospital, a small district general hospital, after it lost Royal College accreditation.
- Following consultation, it was replaced by a paediatric ambulatory assessment service, open 9–5 Monday to Friday 22 miles from the hospital
- After the ambulatory service was set up, there was a 47% reduction in inpatient paediatric admissions to the DGH.
- There was a very high level of satisfaction with the new service among parents and GPs who had strongly opposed the closure of the DGH unit.
- This study provides evidence, which suggests that, rather than resulting in a loss of service, closure of an inpatient unit and replacement with an ambulatory service can enhance local services and help to reduce hospital waiting lists and admissions.

C. Macleod et al, Ambulatory Paediatrics: does it work? Royal College of Paediatricians 2002. Taken from www.dh.gov.uk

Maternity Services

Gilchrist Maternity Unit, Suffolk (Ipswich Hospital NHS Trust)

- The ten bedded unit in rural Suffolk is 25 miles from the nearest consultant unit at Ipswich Hospital. It has been running since 1970 as a GP-led service. Since the GP's retirement in 1994, the unit has been led and staffed entirely by midwives.
- There are ten full-time midwives supported by healthcare assistants with back-up from a reserve pool of midwives in the local community.
- The unit is equipped with ultrasound scanner as well as CTG monitor linked to Ipswich Hospital so that consultant advice can be obtained in an emergency.

- Emergency equipment on site for intravenous infusion, forceps delivery and resuscitation
- Ambulance with paramedic support available in 7 minutes.
- In the two and half years since the start of midwife-led care at the unit, only four mothers have had to be transferred to the hospital during labour.

Crowborough Birthing Centre

- Small unit, located adjacent to the Crowborough War Memorial Hospital
- Open 24 hours a day.
- Run entirely by midwives.
- The centre offers complete ante-natal care, tests (with an ultrasound scanner available), parent education classes.
- Low transfer rate.

Taken from www.dh.gov.uk

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.

Ambulatory: Referring to patients who are able to walk to appointments etc.

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.

Elective: Used to describe operations, procedures or treatments that are planned rather than carried out in an emergency

Gynaecology: Healthcare that focuses on women's reproductive systems.

Low-risk: Often applied to maternity services and means that a normal birth with no complications for mother or baby are expected.

Neonatal: To do with newborn babies, up to the age of four weeks.

NSF: National Service Frameworks - guidance on how services should be provided across the country.

Obstetrics: To do with childbirth and the processes immediately before and after childbirth.

Paediatric: Relating to the medical care of children

PCTs: Primary Care Trusts, locally managed free-standing NHS organisations responsible for improving health, plus commissioning and delivering health care for local residents.

SCBU: Special Care Baby Unit

Level 1: Units provide special care but do not aim to provide any continuing high dependency or intensive care. This term includes units with or without resident medical staff

Level 2: Units provide high dependency care and some short-term intensive care as agreed within the network

Level 3: Units provide the whole range of medical neonatal care but not necessarily all specialist services such as neonatal surgery

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