

**MAIDSTONE BOROUGH COUNCIL**

**MINUTES OF THE EXTERNAL OVERVIEW AND SCRUTINY  
COMMITTEE MEETING HELD ON TUESDAY 18 NOVEMBER 2008**

**PRESENT:** Councillors Hotson (Chairman), Mrs Gibson, Marchant, Mrs Parvin, Pollington, Schnell, Vizzard and Warner.

**APOLOGIES:** Councillor Paterson.

**51. Notification of Substitute Members**

It was noted that Councillor Warner was substituting for Councillor Paterson.

**52. Notification of Visiting Members**

There were no visiting Members.

**53. Disclosures by Members and Officers**

Councillor Hotson declared a personal interest in Agenda Item 7, Healthcare Provision in Maidstone, by virtue of his being Chairman of the MASH (Maidstone Action for Services in Hospital) Group.

Councillor Pollington declared a personal interest in Agenda Item 7, Healthcare Provision in Maidstone, by virtue of his position as Medical Director at the Heart of Kent Hospice, which received funding from NHS West Kent. He also chaired an end-of-life care partnership for the Kent and Medway Cancer Network, which received support from NHS West Kent, and had a licence to operate with the Maidstone and Tunbridge Wells NHS Trust.

**54. Exempt Items**

**Resolved:** That all items on the agenda be taken in public as proposed.

**55. Minutes**

**Resolved:** That the minutes of the meeting held on 21 October 2008 be agreed as a correct record and duly signed by the Chairman.

**56. Healthcare Provision in Maidstone**

The Chairman introduced Steve Phoenix, Chief Executive of NHS West Kent (the Primary Care Trust, or PCT), and Glenn Douglas, Chief Executive of the Maidstone and Tunbridge Wells (MTW) NHS

Trust and requested an update on performance and developments within those organisations.

Mr Phoenix referred to the outcome of the Healthcare Commission Annual Health Check and highlighted that NHS West Kent had improved its financial standing from 'weak' to 'fair'. It had achieved better than 'fair' in a number of areas and therefore expected to achieve a 'good' rating next year. However, the 'quality of service' rating had regressed from 'fair' to 'weak', and problems within the MTW NHS Trust had contributed to this. In order to achieve a rating higher than 'weak', the Healthcare Commission required full year compliance with targets, therefore although NHS West Kent was compliant with many targets by the end of the year it had still received a 'weak' rating. It was highlighted that NHS West Kent had only been in existence for six months at the start of the assessment year and therefore some problems were inevitable. With regard to core standards, Mr Phoenix expressed disappointment that these had not been met and explained that dealing with the October 2007 Healthcare Commission report, "Investigation into outbreaks of *Clostridium difficile* at Maidstone and Tunbridge Wells NHS Trust" had led to some core standards relating to internal issues being neglected. He was confident that this would be rectified by the end of the year. Considerable progress was being made on achieving national targets, for example:

- 98% of patients had been admitted and transferred or discharged within the target Accident and Emergency (A&E) waiting time of 4 hours for the previous five consecutive weeks, compared to 75% a year ago;
- The proportion of occupied bed days due to delayed transfers had been reduced from 7% to 1.7%. This was compared to a national target of 3.5%;
- Over 90% of patients were meeting the target of 18 weeks from GP referral to completion of treatment, compared to 18% a year ago; and
- A Healthcare Commission report in September 2008 had rated A&E and urgent care in West Kent as 'better performing', despite the 2007/08 full year target not being met.

Mr Phoenix stated that the PCT Board and management were clear that a 'weak' rating was unacceptable. He emphasised that 2007/08 had been a difficult year for both NHS West Kent and the MTW NHS Trust, but progress was being made and results would be significantly better for 2008/09. He was keen to restore people's confidence in their local healthcare services.

Mr Douglas highlighted that the PCT and the MTW NHS Trust had delivered a lot together in the last year, which was positive as the healthcare system in West Kent had previously been quite fractured. It was explained that the *Clostridium difficile* (*C diff*)

issue meant that it was virtually impossible for the MTW NHS Trust to achieve a rating other than 'weak' and this was justified. The clearest improvement in the quality of services in the Trust over the previous year was with regard to infection control, particularly at Maidstone Hospital. The Trust was significantly below the MRSA target of 1-2 cases per month, and was now the second-best performing Trust in the South East Coast Strategic Health Authority area with regard to *C diff*. The Trust was now seen as exemplar in the management of *C diff*. There had also been significant organisational changes including the introduction of a new board of non-executive directors. Major changes planned for Maidstone Hospital included:

- The installation of a new MRI scanner, which was the only one in the country outside of the major London teaching hospitals. This would be linked to the Cancer Centre, though would also be available for use by general hospital services;
- An expansion to the teaching centre, including a centre of excellence for keyhole surgery.

With regard to the Cancer Centre, targets for cancer treatment had been consistently met for the past 12 months and there had been significant investment in reducing waiting times for radiotherapy.

With regard to finance and budget control the MTW NHS Trust broke even last year and hoped to sustain this. This did not mean there were no issues with finances, but the Trust was in a better position that it had been.

In summary, Mr Douglas stated that the MTW NHS Trust had started the year in a poor position but had targeted key areas and made significant improvements to try and restore the public's confidence. One of the ways in which the Trust was trying to restore confidence was by being more transparent in its operations, which included inviting Panorama into Maidstone Hospital to view the improvements. Work was also being carried out with GPs to improve the image of hospitals within the Trust.

The Committee then discussed a number of issues:

#### Patient's Choice

A Councillor asked whether figures were available on where patients at Maidstone Hospital resided, and whether patients were opting to go to other hospitals. Mr Phoenix confirmed that this data was available and monitored. Mr Douglas stated that immediately after the publication of the *C diff* report there was evidence that some patients were choosing to go elsewhere, but this was no longer the case. No NHS Trust could be complacent about referral rates, however, as it was increasingly simple for patients to find out information about hospitals and choose where they wished to be treated. Mr Phoenix informed Members that the NHS Choices

website gave assessments of all hospitals in the country. He worked to ensure that where patients did exercise choice, this was made easy for them.

#### Relationship with GPs

In response to a question, Mr Douglas confirmed that there was a monthly meeting with GPs to provide information and highlight key areas with regard to MTW NHS Trust hospitals. Most doctors working for the Trust were supportive of it and wanted it to succeed and were therefore keen to improve its public image. The relationship between GPs and hospital consultants was also important.

Mr Phoenix highlighted that rules had recently been changed to allow hospitals to advertise both to GPs and directly to the public, so this would begin soon.

#### Dentistry

The PCT had committed an extra £3.5 million to dentistry for more practices and extra dentists, though one of the organisations contracted to deliver this had withdrawn from the deal due to the current financial climate. The PCT was working to rectify this. There would also be extra investment next year as improving access to dentists was vital. A commissioning plan for oral health services had been agreed by the West Kent PCT in May 2008.

#### Training of Junior Doctors

Previous concerns with regard to junior doctors moving departments too frequently had now been resolved. Junior doctors now stayed with the MTW NHS Trust for longer, allowing them more time in each department. The Postgraduate Dean had recently produced a report on the training at the Trust and had found it to be very good.

Mr Douglas highlighted that there were lower numbers of doctors in training than previously in specialist areas, which could cause problems with regard to rotas.

#### Reconfiguration of Surgical and Orthopaedic Services

Mr Douglas informed the Committee that the date to proceed with the reconfiguration of services between Maidstone and Kent and Sussex hospitals would be finalised by the end of January 2009. It could either take place imminently, or wait until Pembury Hospital was complete in 2011 as this was closer to Maidstone and a better quality hospital to 'sell' to residents. The decision would be taken at a public board meeting. It was emphasised that 98% of patients that currently received their care at Maidstone Hospital would continue to do so. There would still be a surgical presence at

Maidstone, and anyone attending the Maidstone A&E department would be assessed by a fully functioning triage service. If necessary, they would then be transported by ambulance to Pembury or Kent and Sussex, rather than finding their own transport.

In response to concerns about transport between Maidstone, Pembury and Tunbridge Wells, Mr Douglas informed Members that the Trust would subsidise three bus services to Pembury from Maidstone, Tonbridge and Tunbridge Wells. Kent County Council (KCC) was currently undertaking a review of bus routes in the County and was working with the Trust to try and ensure Pembury Hospital was easily accessible by bus. Mr Douglas stated that he had recently met with Members from Tonbridge and Malling Borough Council who were lobbying KCC with regard to the proposed Colts Hill bypass on the A228. This would make access to Pembury easier. A proposal by the Highways Agency to dual the carriageway on the A21 around Castle Hill would also improve access to the hospital. Mr Douglas reminded Members that the model of care at Pembury would be to provide acute care for patients for a short period of time before transferring them back to their local hospital. This would hopefully limit the number of journeys relatives would need to make to Pembury. Councillors recommended that representatives from KCC be invited to a future meeting to discuss transport issues.

Members felt that issues around the reconfiguration had not been communicated well as many residents still believed that Maidstone Hospital was losing its A&E service. The Trust was looking at ways to address this, though it was felt that it was now in a better position to do this because it had regained some of the public's confidence. Six months ago, the public was still wary of messages from the Trust.

### Public Health

Mr Phoenix stated that £3.9 million had been allocated to Choosing Health this year. NHS West Kent was the only PCT in the South East of England to achieve its smoking cessation target this year. Access to sexual health services was also being improved.

Overall, health in the West Kent area was among the best in the country, however there was a 14 year mortality gap between the most and least affluent wards. The PCT was working on a programme to target cancer, heart attacks, strokes and diabetes in the least affluent areas to try and tackle these inequalities. Partnership working was important in reducing health inequalities, and the Kent Agreement 2 had a health improvement element which was very positive. The PCT played an active part in both the Kent Partnership and the Maidstone Local Strategic Partnership. A key problem was persuading partners to focus resources on areas of deprivation as there were concerns over neglecting more affluent

areas. It was important to remember that in areas of affluence and general good health, like West Kent, it was easy to miss some of the health inequalities.

### Waiting Times

Mr Douglas outlined steps taken by the MTW NHS Trust to tackle the backlog of patients on waiting lists. These included contracting activity out to the private sector and taking internal measures such as Saturday lists. He was hoping to stop contracting work to the private sector soon due to the cost of this, however this would only be stopped when processes were in place to ensure that the 18 week referral-to-end of treatment target could be maintained. There were concerns with regard to orthopaedics as a lack of capacity for this across the country meant that meeting the 18 week target for this was problematic.

### Maternity Services

Mr Douglas explained that consultant-delivered obstetrics would be moved to Pembury Hospital because this would have a children's hospital within it. There would be a midwifery-led birthing centre at Maidstone. A business case was being developed for the Maidstone birthing centre to ensure that the services provided there were appropriate and was likely to be available in April. Members requested that this document be forwarded to them, and Councillor Warner also asked that the risk analysis for the reconfiguration of maternity services be sent to him. Across the Trust area, a full range of birthing options would be available, from home births to the full medical model.

### Local Involvement Networks (LINKs) and Kent Health Watch

In response to a question, Mr Phoenix stated that the host organisation for the Kent LINK had been appointed and the PCT and NHS Trust would work closely with it to ensure the effective implementation of the LINK.

Kent Health Watch was a service run by KCC in partnership with the NHS and acted as a sign-posting service to help people raise issues about the NHS. It was operating and 7 questions or comments had so far been raised with regard to West Kent. Despite some doubts about what value Kent Health Watch would add, Mr Douglas highlighted that it was more valuable for the Trust to work with it than against it, and he valued the opportunity it provided to be open with patients.

### **Resolved: That**

- a) Kent Highways Services and the Highways Agency be lobbied with regard to the

- progression of the Colts Hill bypass and the dualling of the A21 at Castle Hill respectively;
- b) The Committee's support for improved public transport to Pembury be communicated to Kent County Council;
  - c) Representatives from Kent County Council be invited to a future meeting to discuss transport issues to Pembury Hospital; and
  - d) The business case for maternity services at Maidstone Hospital be forwarded to the Committee when available.

## **57. Future Work Programme**

The Senior Overview and Scrutiny Officer informed the Committee that at its meeting on 24 November 2008, it would be interviewing the Chief Executive of Maidstone Citizen's Advice Bureau with regard to the Diverse Communities Review, and also considering the Sustainable Community Strategy – Vision and Objectives. The scheduled meeting on 16 December 2008 would be an informal consideration of the evidence gathered so far for the Diverse Communities Review.

The Chairman also requested an update on the review of past reports.

### **Resolved: That**

- a) An update on the review of past reports be requested; and
- b) The future work programme be noted.

## **58. Duration of the Meeting**

6:30 p.m. to 8:15 p.m.