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South West Kent Primary Care Trust
Maidstone Weald Primary Care Trust
Sussex Downs and Weald Primary Care Trust

Working with: Maidstone and Tunbridge Wells NHS Trust



Excellence in care, closer to home

The future of services for women and children –
a consultation document



...EXCELLENCE IN CARE...EXCELLENCE IN CARE...EXCELLENCE IN CARE...EXCELLENCE IN CARE...

Over many months your local NHS has been testing local opinion on the best way of providing hospital services both now and in the future. We have found that process very useful in helping us to focus on the best way forward in planning our hospital services.

We want two vibrant hospitals at Maidstone and Tunbridge Wells, each with emergency care centres providing general accident and lifesaving services for the local populations.

We will have a full range of inpatient specialist care in units at either hospital and a wide range of outpatient, day case and rapid assessment at both hospitals. These services will complement each other and, working together with community teams, we will be caring for more patients closer to their own homes.

This **consultation** document looks at the way we provide hospital services for women and children and makes proposals for changes to make sure we continue to provide a safe service to women having babies and undergoing gynaecological treatment, and to continue to provide the very best and safest service for children.

On the same day that we publish this document we are also publishing a **discussion** document on orthopaedic services (accidents leading to broken bones and booked operations on the bones such as hip and knee replacements).

And both documents follow the earlier **consultation** document called **Shaping Your Local Health Services**, which focused on specific changes to:

- Services for patients who have had a stroke or need a medical bed at Pembury Hospital.
- Services for women requiring inpatient gynaecological (non-cancer) treatment
- Services for children requiring planned routine inpatient surgery.
- Inpatient clinical haematology (blood disease).

That consultation period formally ends on 4 October, and the comments received will be fed into the decision-making process.

What this debate is about

This document is part of the launch of a public debate into two very important topics – how we care for patients who break bones or who need routine operations on their bones (orthopaedics), and how we provide the best possible services for children and women, including maternity services.

It is useful to understand the difference between discussion and consultation. With a discussion document we want to have an open debate about the future provision of services, before proceeding to formal consultation, whereas with a consultation document we want your formal views on proposals before we go ahead and make decisions.

Both approaches demonstrate our commitment to a continual engagement with local people about how they are cared for in hospital and in the community.

The consultation period on women's and children's services will last for three months, until **31 December 2004**. Then we will consider all your views and make a decision about the future shape of these services.

The whole of this debate is underlined by our overall vision for the future of hospital services in our area, which has as its aim the establishment of two major hospitals working together, each with its own centres of excellence in clinical care, together with our ambition to provide more and more services in outpatient clinics and in community and home services, closer to where you live.

Women increasingly want more choice about where and how they have their babies and we want to focus on midwife-led care in supporting mothers who want natural deliveries and home births, as well as providing expertise for women with complications and babies who are born prematurely.

We want your views about both the location and the type of service we should provide for the future, what a new style birthing centre might look like and where best these centres should be situated.

We also need to provide safe, sustainable services for children that meet modern standards both in hospital and the community. We must also ensure that we can provide high quality care for premature babies.

Why are we doing this now?

As you know, we have Government approval for a £300 million new hospital which will be

built at Pembury, replacing both the existing Pembury Hospital and the Kent & Sussex Hospital in Tunbridge Wells.

This is really excellent news for local people, because we have been waiting for this decision for 25 years and finally, in 2010, the new hospital will be up and running.

We need to decide as soon as possible how we will provide the full range of services at both our hospitals. We want to get this right.

We are also faced with pressures that mean we must act now. In women's and children's services these include:

- Europe-wide laws on the number of hours people can work mean we have real difficulty recruiting enough doctors to keep all services running at both our hospitals.
- Because we are especially short of skilled staff at Maidstone we have had to move a number of babies from the Special Care Baby Unit there to other hospitals. This means transferring premature babies soon after they are born, often separating them from their mothers.
- We do not currently meet the national standards for labour ward cover at Maidstone.
- We currently have a 12% vacancy rate in the numbers of children's nurses with some specialist areas having to manage with over 20%. This makes sustaining services difficult.
- Full obstetric services cannot be maintained if we cannot staff our paediatric service. It is important to understand that premature babies are cared for by paediatricians and they need to be available around the clock.

Why should hospitals change?



Pembury Hospital

Not all hospitals provide identical services. Local people will be aware that Pembury Hospital is different from the Kent & Sussex, which is different from Maidstone. We know there are specialist hospitals for cancer like the Royal Marsden, and specialist hospitals for children like Great Ormond Street.

The 21st century NHS can provide many more specialist services than before, and because they need specialist doctors and other staff they cannot all be at every hospital. We need to concentrate our specialist care so that we can deliver safer standards and an increased range of services.

At the same time patients are having much shorter stays in hospital than they used to. For example, only 20 years ago a woman would stay in hospital for a week after having her baby, whereas now the majority of women go home within a day or two.

Our ambition is that when the new hospital opens, we will have two superb modern hospitals, providing the widest possible range of services to our local population.

But we recognise that both hospitals will not be the same and that instead of working as they have in the past as stand alone hospitals serving their local communities, they will be working together and become more integrated with community clinical teams, to provide for the 500,000 people who use them.

We also recognise that if we are to make changes to the services provided at each hospital that may mean changes to travel arrangements both for patients and their relatives. Although road connections are relatively good between Maidstone and Pembury, public transport is not.

So we will be engaging in active discussions with the public transport providers and drawing up a detailed travel plan as part of the work we are doing in the run-up to the Pembury opening.



Kent & Sussex Hospital

We welcome the widest possible debate on the ideas in this document, and we are meeting local groups and organisations to outline our thinking and to pick up your ideas.

What we would ask is that, in considering these proposals, you try to look at the whole picture – the services that will be provided by two modern hospitals, with expert medical teams complementing each other at both hospitals, rather than looking only at your local hospital.

This is about improving hospital services for all patients and making sure they get expert care and treatment from the professionals in our Trust. Hospitals don't care for patients – doctors, nurses, midwives and many other special staff do.

The local NHS organisations are all totally committed to keeping both Maidstone and the future hospital at Pembury as fully functioning hospitals providing the best possible range of services to local people.

As part of our commitment to Maidstone, in the last year alone we have opened the £3.07 million Peggy Wood Breast Centre, designed with the help of patients, and the £11.3 million Eye, Ear and Mouth unit. We are also about to open a £1.7 million emergency care department that will dramatically improve the treatment people receive when they are taken ill or have an accident.

Our proposals for the future of services for women and children

There are a number of critical challenges that are particularly visible in services for women and children, and that we must solve before we move forward.

Local people will remember a consultation that was carried out into these services back in 2000 by the then West Kent Health Authority.

The conclusion of that consultation was that the services provided at Maidstone and Pembury could not be sustained over a long period and that the Trust would need to centralise:

- Neonatology – care of premature babies in special care baby units
- Inpatient care for children
- Consultant-led obstetrics (maternity care by specialist doctors).

The situation remains the same today and we are faced with the same pressures, only magnified.

We need to:

- Reduce the hours that doctors work to bring them into line with the new laws across Europe. This means in simple terms that we cannot provide 24 hour cover at both hospitals without employing many more doctors, and this at a time when there is a national shortage of doctors within paediatrics and obstetrics and gynaecology.

- Make sure the doctors in training see sufficient patients within their reduced hours to gain the skills they need to do their work most effectively
- Benefit from improved drug treatment and surgical techniques that have reduced the need for inpatient gynaecological care for women. Many more procedures are carried out as day cases, with the woman going home the same day, as well as in outpatient clinics and GP surgeries. We do not need as many inpatient beds for this specialty as we did.
- Follow the new National Service Framework for Children, recently published by the Government. Their Standard for Hospital Services provides a framework for us to follow on how services for children in hospital should be provided.
- Manage the Trust as a single organisation, rather than as a collection of separate hospitals.
- Meet the demands of more technological and complex care.
- Provide a greater range of both routine and specialist care locally.
- Focus on day case, outpatient care and rapid assessment to maintain the vast majority of services locally.
- Services are set up in local communities, such as Children's Community Teams, which would both prevent hospital admission and enable children to return home from hospital more quickly.
- More choice provided for women who would prefer to have their baby in a midwife-led unit or at home.
- A better outcome for patients by concentrating scarce clinical resources, for example in neonatal care.
- A better working life for doctors under the new law, so they no longer work exhausting hours.
- Sufficient numbers of patients seen at both hospitals, so that doctors maintain their skills.

We believe that the proposals we are making will:

- The new hospital at Pembury provides us with a unique opportunity to reshape services to patients, make best use of all our staff and work with patients and users to achieve the following:
- Modern effective hospitals in Pembury and Maidstone providing 21st century care across all the medical and surgical specialties.
 - Closer working with GPs, community nurses, social services and other specialists to bring more care and treatment closer to the patient's own home.
 - Improve specialist care for our youngest and most vulnerable patients
 - Improve access for women and children to local rapid assessment, day case and outpatient services
 - Modernise and develop services in line with the latest clinical practice
 - Improve both the standards of care and outcomes for patients
 - Maintain clinically safe and viable services
 - Stand us in good stead to develop more specialist services in Kent.

The proposals in detail

Children's services

The essential point about treating children is that it is increasingly uncommon for a child to need an overnight stay in hospital. Children do not like to be away from home even for a night, and if we can help by treating them in their home, or in a local clinic or outpatient department, that is always the best solution.

Factfile:

Last year we treated 68 percent of children as day cases. For those who were admitted the average length of stay was around two days.

This shows already that most children are not admitted and with changes to how we care for children many more could be seen on the same day.

The time that children need to spend in hospital is falling and we want to take advantage of that trend, while ensuring that whenever a child does need inpatient treatment, they will get it.

The new National Service Framework for children, published in September 2004, sets out for the first time a set of national standards that the NHS and local councils should meet. As it says, the standards 'promote high quality, women and child-centred services and personalised care that meets the needs of mothers, children and their families.' We believe our proposals will fully meet the NSF standards.

Our proposals are:

- To develop rapid assessment and treatment for children in ambulatory care (walking, not overnight) facilities at both hospitals, allowing us to see and treat the vast majority of children locally
- To expand community children's nursing to enable more care to take place in the child's home, keeping children out of hospital
- To create one Special Care Baby Unit at Pembury to care for children who need specialist help immediately after birth, especially those born prematurely. This would be where our current unit is, close to paediatricians and inpatient care for children.
- To centralise the decreasing number of children needing inpatient care at the new Pembury Hospital
- To further develop specialist paediatric facilities at the new hospital by building on clinical expertise.

We believe this new way of working will provide a very safe service for children and their families, designed to meet their personal needs and provide as much care as possible close to the child's home.

If these proposals go ahead children will still get to be seen by experts at both hospitals, will receive rapid assessment at both, but will only go into hospital for overnight stays at Pembury. Much more care and treatment will be provided in the community and the child's home.

Maternity and Gynaecology services

Factfile:

Last year 2,700 babies were born at Maidstone. Of those, 490, or one in every five – possibly more – would be suitable for midwife-led care.

Our ambition is to provide women with the best possible choice over where to have their babies, in safety at all times. We will continue to provide antenatal care at both hospitals and in the community. Midwives will support home births and midwife-led units and we will concentrate inpatient obstetric care at Pembury.

We have put specialist gynaecology for cancer at Maidstone and want to put inpatient gynaecology that is not cancer-related at Pembury. We also want to develop rapid access early pregnancy services at both hospitals. This would make best use of highly

skilled clinical teams and enable both hospitals to work very closely together. This would:

- Create a focus on normal deliveries, give women choice and continue providing outpatient and antenatal care locally
- To develop day case surgery, early pregnancy services, foetal medicine outpatients and diagnostics, and urgent assessment and short stay treatment on both sites
- Create a single, consultant-led unit for high risk obstetrics at the new Pembury Hospital.

We would create at both hospitals:

- Midwife-led care, with a high focus on normal deliveries, home births and the provision of birthing centres.

Both hospitals would continue to see the vast majority of women in outpatients and as day cases.

The location and extent of the services provided at the birthing centres is yet to be decided and we want your comments to help inform how best we can provide this care.

All services will have agreed protocols and 'patient pathways' in place to ensure the safest possible treatment and care for local women.

Factfile: Of the 2,700 babies born at Maidstone, 1,640 could safely be transferred to Pembury. With extra growth from other areas, Pembury could deliver 5,226 babies a year. This allows us to concentrate expertise and increase the range of specialist services such as foetal medicine.



This is how services will be provided for both women and children if our proposals go ahead:

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	



If these changes are approved, when would they happen?

We want to have these services in place for 2010 to coincide with the opening of the new hospital at Pembury.

Some of our questions for you:

- Q1. **Are midwife-led units a good idea? Would you welcome a unit at both Pembury and Maidstone? What do you think should be provided at such a unit?**
- Q2. **Do you agree it makes sense to have specialist gynaecological cancer treated at one hospital rather than two?**
- Q3. **Would you prefer your children to be seen and treated without the need to stay overnight in hospital?**
- Q4. **Would you like to have a midwife-led unit away from the hospital or closer to the obstetric service?**

Some of the questions you may have for us:

Q1. My daughter has frequent asthma attacks and has had to go into hospital a number of times. Will I still be able to take her to Maidstone for treatment, or will she have to go all the way to Pembury?

A. She will certainly be able to be seen at Maidstone for an assessment and treatment, and would only be transferred to Pembury if there was a need for an overnight stay. Most children get better very quickly, especially when treated by highly skilled staff in an assessment unit.

Q2. At a time when there are so many childhood ailments and risks surely we need more children's wards, not fewer?

A. Most children can be very effectively treated for the majority of conditions outside hospital. Most care is already provided by your GP and community nurses and we want to expand that part of the service in the future.

Q3. Are you trying to move the cost of treating children away from your Trust, because of its financial problems, into the primary care sector?

A. No, we are trying to design the very best service for the future, involving both hospitals and community teams. The question of who picks up the bill does not come into it, but the whole of the local NHS is working together on this.

Q4. It is difficult enough to book a maternity bed these days and now you are reducing choice by closing the unit at Maidstone.

A. We want the focus to be on providing as many opportunities for women to have natural pregnancies as possible. We want to support women at home or in midwife-led birthing centres. However, if you need to be transferred during your antenatal care or in labour the facility will be there at the new hospital at Pembury.

Q5. What if complications develop while I am having my baby at Maidstone?

A. The midwives are highly experienced and competent to handle most problems, but when necessary we will be able to transfer mother and baby to Pembury for obstetric care.

Q6. Why do you say we will get a better service when you divide up the teams between the two hospitals rather than leaving them as they are?

A. It is about strengthening the teams at the two hospitals. At both inpatient units for children and women we will be able to have a team of sufficient size to handle any clinical problem that arises.

To get involved...

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Please send your responses by 31 December 2004