



**‘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**

**EXECUTIVE SUMMARY**

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December 2004

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

## **EXECUTIVE SUMMARY**

### **1. Overview and Scrutiny of the NHS**

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

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

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

### **2. Joint Select Committee**

#### Select Committee membership

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

### Terms of Reference

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 (OSCs), 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.

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.

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. The main policy documents and initiatives influencing the redesign of services were considered by the Joint Select Committee and include:

- The NHS Improvement Plan
- National Service Framework (NSF) for Children, Young people and Maternity Services
- Department of health consultation: Keeping the NHS Local – A new direction of travel
- Royal College of Midwives position statement on birthing centres
- The Social Exclusion Unit report : ‘Making the connections: Final report on transport and social exclusion’.

#### **4. The consultation of 2000**

In September 2000, the newly formed Maidstone and Tunbridge Wells NHS Trust consulted on proposals for women’s and children’s services. The proposals were similar to those currently proposed however the site for the centralised services had not been determined.

Relevant stakeholder groups were reported as agreeing with the need for a ‘hub and spoke’ model but generally desired the hub to be in their local area. The general public did not accept the case for change and raised concerns related to transport and the safety of transferring patients. 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’.

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. 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.

In 2003, a meeting was held and attended by a variety of staff, including 18 senior staff members, to discuss the way forward. It is reported that 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 is yet to receive a copy.

## 5. Process of consultation 2004

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.

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.

## 6. The proposals 2004

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 birthing 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.

## Investment in Maidstone Hospital

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.

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

## **7. Geographical Context**

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. The Pembury location is nearer the centre of the 500k population in the Trust's catchment area.

For Maidstone residents needing inpatient care, there are closer alternatives to Pembury such as the Medway Maritime Hospital and the William Harvey Hospital at Ashford, both of which have good motorway links. If services were to be provided at Maidstone there would be a vast gap in services for those resident both in the far West of Kent and the East Sussex borders. 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. Nevertheless, the Committee would like to stress that the vast majority of services will still be available locally, as the Trust plans to extend the provision of community services and to develop rapid access early pregnancy services, antenatal care, day case surgery and out patient departments at both hospitals

## **8. Current pressures on services**

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 that has occurred 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 minimum standards at Maidstone
- The fact that obstetrics is not viable without paediatrics

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 being transferred out of area

The Joint Select 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.

## **9. The Committee's views on the proposals**

A larger specialist unit at Pembury will benefit the community and will aid recruitment and retention of staff. It will be more attractive to the desperately needed specialist staff and will become more popular for those in training.

Any change to hospital services is difficult for a community to accept, however the Committee is convinced that these proposals will provide modern, sustainable services, which will increase choice for patients and 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.

## **10. Transport**

The NHS, National Government and Local Authorities have a responsibility to ensure that 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, discussions with Kent and

East Sussex County Council representatives have shown there is a willingness to consider these issues in partnership.

## **11. Conclusion**

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.

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'.

## **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.

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

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