MTW

NHS
Maidstone and Tunbridge Wells
NHS Trust

Developing cardiology services at Maidstone and Tunbridge Wells NHS Trust

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1. How to find out more and get in touch

You can find lots more information about the proposals set out here, the process we have followed so far and next steps on our website at www.mtw.nhs.uk/cardiology-engagement.

Translation/alternative format information

If you would like this document in an alternative format or language, please contact us by telephone 01622 225771 or email: mtw-tr.cardioreconfig@nhs.net.

Contact us

If you would like to get in touch you can:

- **Email: mtw-tr.cardioreconfig@nhs.net**
- **Call: 01622 225771**
- **Write: MTW Developing Cardiology Services programme, c/o Communications Team, Maidstone Hospital, Hermitage Lane, Maidstone, Kent, ME16 9QQ**

GLOSSARY

We have included a glossary at the end of this document to explain the medical and technical terms we use.

2. Introduction

At Maidstone and Tunbridge Wells NHS Trust (MTW for short) we have been looking at ways to improve the quality of our cardiology care. Cardiology is the care of people with heart problems. At the moment our cardiology outpatient clinics are provided in four locations: Maidstone hospital; Tunbridge Wells hospital; Crowborough hospital; and Sevenoaks hospital. Inpatient beds and cardiac catheter lab services for cardiac procedures (see our glossary for further explanation) are split across our two main hospital sites - Maidstone hospital and Tunbridge Wells hospital.

Having our inpatient and cardiac catheter lab services on two sites means our staff and other resources are thinly stretched and, despite the hard work of our fantastic cardiology team, meeting some of the national best practice recommendations is a challenge in some areas. This impacts on the quality of care we can provide to patients requiring a procedure in our cardiac catheter labs and patients requiring an inpatient stay.

After careful consideration of ways we could improve care, our cardiology team has identified four potential options that we set out in this document. The proposed changes will not affect the outpatient services we provide, which will stay the same.

We want to know what patients, the public, staff and stakeholders think about these options. We are holding a 12-week engagement to gather views that we will use to inform our decision making.

To help you form your views and give feedback this document explains more about why we need to make changes to services, the process we followed to identify potential options, the options we're considering and their potential advantages and disadvantages.

We also set out how you can find out more about the proposals, how to give your views and what the next steps in the process will be.

Our engagement period closes at midnight on 14 January 2022. We hope you will take the opportunity to let us know what you think.

The questions we are asking you as part of this engagement

We have five key questions we are looking to hear your views on, these are:

- Do you think there are clear reasons to change cardiology services at MTW?
- What are your views on our proposal to centralise specialist care at one hospital?
- What do you think are the advantages and disadvantages of the potential options?
- How could we reduce the impact of any disadvantages?
- Are there any other options, evidence or information we should consider before making our final decision?

3. Why do we want to change cardiology services?

Our current services

At the moment MTW provides a range of inpatient and outpatient cardiology care at both Maidstone and Tunbridge Wells hospitals, and cardiology outpatient clinics at Sevenoaks and Crowborough hospitals. We provide some specialist cardiology services at both Maidstone and Tunbridge Wells hospitals and some at just one of them. The table below sets out what services are where at the moment.

Service*	Maidstone Hospital	Tunbridge Wells Hospital
Emergency care (A&E) for heart problems (e.g. heart attacks)	✔	✔
Cardiac critical care unit	✔	✔
General inpatient cardiology care	✔	✔
Dedicated cardiology ward	✘	✘
Cardiology patients cared for on general medical wards	✔	✔
Weekend consultant ward rounds for all cardiology patients	✘	✘
Monday to Friday consultant ward rounds	✔	✔
24/7 on-call consultant	✔	✔
Catheter lab for PCI (angioplasty)	✘	✔
Catheter lab for simple pacing procedures	✔	✔
Catheter lab for complex pacing procedures	✔	✘
Catheter lab for electrophysiological intervention	✔	✘
Non-invasive tests such as ECGs	✔	✔
Outpatient appointments (also provided at Sevenoaks and Crowborough hospitals)	✔	✔

*Please see our glossary on page 18 for descriptions of these services

The challenges we face

The way our services are currently organised presents some key challenges, for example:

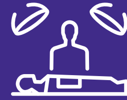
- patients who are admitted to hospital with heart problems often need to be transferred to a different hospital to get the care they need as the catheter labs on each site specialise in different elements of cardiac care
- our specialist cardiology staff are spread across two sites, making it difficult to provide 7-day a week services
- not having the right number of staff in one place also means we sometimes have to cancel planned cardiology care because of peaks in emergency care
- we have to ask our consultant cardiologists to be on-call (for out-of-hours cover overnight and at weekends) very frequently. This makes our hospitals less attractive places to work than hospitals with less demanding on-call rotas
- we can't work as efficiently across two sites meaning we aren't able to see as many patients or make the best use of our resources.

Facts and figures

PATIENTS PER YEAR

- **3731** inpatient stays
- Almost **20,000** outpatient appointments
- Over **500** cath lab procedures and over **3700** diagnostic tests

NATIONAL STANDARDS



- There are **25** national best practice recommendations for cardiac care
- MTW is providing care in line with **12** recommendations and partially in line with **four** recommendations

To help us meet all the best practice recommendations we need to provide

- **Dedicated** (ring-fenced) cardiology inpatient beds
- **7-day** a week cardiology consultant ward rounds for **all** cardiology inpatients
- **24/7** cardiac catheter lab for emergencies
- **Weekend access** to elective/urgent echocardiography
- **More sustainable** on-call rotas for the cardiology team (on-call no more than once every six weeks)
- **Weekend access** to coronary angiography and pacing for inpatients

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IMPACT ON PATIENTS

- **5%** of planned heart procedures cancelled because of winter pressures in 2019
- **28%** of 'NSTEMI' patients (see our glossary on p18) at Maidstone and **66%** at Tunbridge Wells admitted to a specialist cardiac ward, against a best practice target of **80%**
- Around **three** patients are transferred between the two hospital sites each week after being admitted, to get the treatment they need

Our ambition for the future

We want our cardiology services to meet all the best practice standards and recommendations for care. We want to make the best use of our resources and run services efficiently so that we can treat as many patients as possible.

The way our services are currently organised makes it difficult to achieve this ambition and we know we need to make changes to improve care. The next section of this document explains how we identified what changes are most likely to help us deliver good quality services.

Engagement so far and what we've heard

As part of the process of considering how we could improve cardiology services, we have already been speaking to staff, stakeholders and past patients about their views. We have carried out a staff survey, met with local councillors and carried out research with local people. Full details of the engagement so far is available on our website at **www.mtw.nhs.uk/cardiology-engagement**. Some of the key themes we have heard about current services include:

- Staff feel facilities could be better and the service is disjointed because it is on two sites. They would like to see a 'centre of excellence' developed
- Patients feel staff are rushed and they don't get enough information about their care or feel listened to
- People feel there are not enough staff available, both staff and patients are concerned about not having 24/7 services and about waiting times for treatments
- Patients are concerned about waiting over a weekend for a cardiac procedure.

4. How the proposals were developed

We considered a range of evidence and information to identify the best way to improve care for patients. The process we followed to identify possible options for change is set out in more detail in a factsheet which is available on our website at www.mtw.nhs.uk/cardiology-engagement or by contacting us using the details shown on page 1. A summary is set out below.

Evidence and information

We looked at evidence and information about our current services to understand more about:

- numbers of patients, what areas they come from, the treatments they have and how long they stay in hospital
- our performance against current national best practice recommendations and how our services would need to change to meet all the recommendations
- the number of staff we have and how many we would need to deliver care in line with national recommendations
- the cost of current services and the cost of providing services in line with best practice recommendations
- how to make our cardiology service attractive to potential new members of staff to help us recruit and retain the best people
- the likely availability of funding to reconfigure existing hospital space and/or build new hospital space.

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Identifying a 'model of care'

The term 'model of care' is used to describe what types of services and treatments are provided, what type of setting they are provided in (in a hospital, in local communities etc) and which health professionals are involved in providing care.

We believe that the information and evidence we considered shows that the best model of care for cardiology services at MTW is to consolidate some specialist care at one hospital while continuing to provide more day-to-day and routine care at the other hospital.

HOSPITAL 1

For patients with serious and/or complex conditions:

- 24 bedded dedicated specialist cardiology ward
- 12 bedded coronary care unit (CCU)
- acute cardiology assessment unit (ACAU)
- 2 co-located cardiac catheter labs (one specialising in coronary artery intervention procedures and one for electrophysiology studies and pacing/complex devices), for both elective and emergency procedures
- recovery ward for up to 12 patients, separate to the ward area

HOSPITAL 2

For patients with less complex cardiac conditions:

- Monday – Friday morning ward rounds by a designated consultant cardiologist
- access to advice from the specialist site available 24/7

BOTH HOSPITALS

- A&E able to treat people with potential cardiac emergency
- outpatient cardiology clinics with doctors and nurses (as well as at Sevenoaks and Crowborough hospitals)
- non-invasive cardiology diagnostic tests (as well as at Sevenoaks and Crowborough hospitals)
- 24/7 on call telephone service provided by consultant cardiologist (based at hospital 1)

Identifying possible options

Having identified the model of care we looked at how it could be applied to our existing hospitals and services. We came up with four possible options:

1. Do nothing: leave services as they are
2. Consolidate specialist services at Maidstone Hospital by reconfiguring existing space
3. Consolidate specialist services at Tunbridge Wells Hospital by reconfiguring existing space
4. Consolidate specialist services at Maidstone Hospital by building a new space and reconfiguring existing space

Services at each site under each option

The services available at each site under the different options would vary. The table below shows an overview of what would be where. Our glossary on page 18 gives a description of the different services.

Service	Option 1: Do nothing		Option 2 and Option 4: Consolidate specialist services at Maidstone Hospital		Option 3: Consolidate specialist services at Tunbridge Wells Hospital	
Hospital site	**MH**	**TWH**	**MH**	**TWH**	**MH**	**TWH**
Emergency care (A&E) for heart problems (e.g. heart attacks)	✓	✓	✓	✓	✓	✓
Acute cardiac assessment unit	✗	✗	✓	✗	✗	✓
Coronary care unit	✓	✓	✓	✗	✗	✓
General inpatient cardiology care	✓	✓	✓	✓	✓	✓
Dedicated cardiology ward	✗	✗	✓	✗	✗	✓
Weekend ward rounds for all patients	✗	✗	✓	✗	✗	✓
Monday to Friday consultant ward rounds	✓	✓	✓	✓	✓	✓
24/7 on-call consultant	✓	✓	✓	✓	✓	✓
Catheter lab for angioplasty	✗	✓	✓	✗	✗	✓
Catheter lab for simple pacing procedures	✓	✗	✓	✗	✗	✓
Catheter lab for complex pacing procedures	✓	✗	✓	✗	✗	✓
Catheter lab for electrophysiological intervention	✓	✗	✓	✗	✗	✓
Non-invasive tests such as ECGs	✓	✓	✓	✓	✓	✓
Outpatient appointments	✓	✓	✓	✓	✓	✓
Potential to develop PPCI centre	✗	✗	✓	✗	✗	✓
On-call rota maximum of 1 week in 6	✗	✗	✓	✓	✓	✓

Evaluating the options

We assessed each option against a set of criteria to evaluate its strengths and weaknesses. A summary is shown below, and more detail is available in our factsheet at www.mtw.nhs.uk/cardiology-engagement. We scored how well each option met the criteria out of five, with one being the lowest score and five the highest. All the criteria were considered to be equally important.

The scoring is shown in the table below.

Will the option…	Option 1: Do nothing	Option 2: Consolidate at Maidstone	Option 3: Consolidate at Tunbridge Wells	Option 2: Consolidate at Maidstone with new build
Help achieve national best practice recommendations	2	5	4	5
Deliver efficient and joined-up care	2	5	4	5
Improve patient experience (including reducing transfers between hospitals)	2	5	4	5
Offer value for money	2	4	1	2
Support our longer-term aspirations to provide PPCI	1	5	5	5
Offer acceptable travel times to patients and visitors	5	3	3	3
Be acceptable to our clinical team	2	4	4	4
Make the service sustainable for the long term	1	4	3	4
Be achievable in a reasonable time and for an affordable cost	4	3	1	2
TOTAL	**21**	**38**	**29**	**35**

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Why doesn't Tunbridge Wells evaluate as positively as Maidstone?

There are two key reasons why the score for Option 3 is not as good as Options 2 and 4:

- Due to space constraints at Tunbridge Wells Hospital it will be challenging to develop and maintain a dedicated cardiology ward, meaning we will not be able to meet all national best practice recommendations. Not having dedicated cardiology beds will in turn impact on our ability to provide efficient, joined up care, improve patient experience and have a sustainable service that can attract and retain staff.
- Tunbridge Wells Hospital is a NHS hospital, but its construction was funded through a private finance initiative (PFI). This means that changes to the building require special legal approval which is costly and time consuming. This impacts on value for money and achievability within a reasonable time frame.

5. The options we are engaging on

In this section we explain more about the four options and their strengths and weaknesses to help you respond to this engagement.

Strengths of the options

<table>
<tr><th>Option 1:
Do nothing</th><th>Option 2:
Consolidate at Maidstone</th><th>Option 3:
Consolidate at Tunbridge Wells</th><th>Option 4:
Consolidate at Maidstone with new build</th></tr>
<tr><td rowspan="12">Potentially less worrying and disruptive for patients, visitors and staff than making changes to services</td><td colspan="3">Able to meet key clinical standards of care such as 7-day a week ward rounds and 24/7 on-call consultant cover</td></tr>
<tr><td colspan="3">Patients with chest pain continue to be seen at both A&Es</td></tr>
<tr><td colspan="3">Both hospitals continue to provide cardiology outpatient appointments and non-invasive tests such as ECGs</td></tr>
<tr><td colspan="3">Fewer transfers between hospitals for inpatient cardiology treatment</td></tr>
<tr><td colspan="3">Cardiac critical care unit and dedicated general cardiology beds/wards</td></tr>
<tr><td colspan="3">Likely to be fewer cancellations of planned procedures at short notice</td></tr>
<tr><td colspan="3">Two cath labs on one site providing full range of procedures</td></tr>
<tr><td colspan="3">Adequately sized recovery area for cath lab to allow more patients to be treated</td></tr>
<tr><td colspan="3">Likely to be more attractive to staff due to best practice care and better on-call rota</td></tr>
<tr><td>Fastest to implement no need for planning permission due to internal reconfiguration</td><td rowspan="3"></td><td rowspan="3">More likely to guarantee ring fenced beds for cardiology</td></tr>
<tr><td>Likely to require the least amount of capital investment</td></tr>
<tr><td>More likely to guarantee ring fenced beds for cardiology</td></tr>
</table>

Weaknesses of the options

<table>
<tr><th>Option 1:
Do nothing</th><th>Option 2:
Consolidate at Maidstone</th><th>Option 3:
Consolidate at Tunbridge Wells</th><th>Option 4:
Consolidate at Maidstone with new build</th></tr>
<tr><td rowspan="2">Not possible to consistently meet all best practice recommendations</td><td colspan="3">Change can be worrying for patients and visitors, and disruptive to staff</td></tr>
<tr><td colspan="3">Some patients and visitors may need to travel further for care</td></tr>
<tr><td rowspan="2">Patients continue to be transferred between hospitals</td><td colspan="3">Some staff may need to travel further for work, or stay where they are now but with a different role (in agreement with individual staff)</td></tr>
<tr><td colspan="3">Some disruption to services while changes are implemented</td></tr>
<tr><td>No dedicated cardiology beds/ward Significant gap in staffing</td><td rowspan="4"></td><td>Most expensive to deliver as will involve legal and PFI costs</td><td>Will require planning permission because of new build element</td></tr>
<tr><td>Not possible to deliver 7-day consultant cover or 24/7 on-call cover</td><td>Will take longer to implement than other options</td><td rowspan="3">Will require more funding than Option 2 because of new build element</td></tr>
<tr><td>Planned care and number of cancelled planned procedures continues to be impacted by peaks in emergency care</td><td>There is less suitable ward space available at Tunbridge Wells, and no space to expand, so ringfencing beds for cardiology patients may be a challenge</td></tr>
<tr><td>Not possible to develop a highly specialist PPCI service (currently provided for the whole of Kent and Medway in Ashford)</td><td>Not as close to road network for access for emergency cardiology services including PPCI</td></tr>
</table>

Additional staff needed

In order to meet the best practice recommendations we will need the following additional staff:

- 4 consultants
- 34 nurses working across cardiology ward, coronary care unit, acute coronary assessment unit and cath lab (including recovery)
- 10 cardiac physiologists (staff who carry out investigations to diagnose heart problems using specialist equipment)
- 2 radiographers.

Travel times

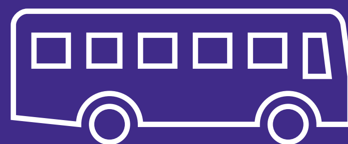
We know that the time it will take patients to reach services in an emergency is often a concern when the NHS proposes changes to care. We also understand that longer and more complex journeys impact on people visiting loved ones in hospital. For these reasons we have looked carefully at the travel times for each of the options.

It is important to note that for all the options, there will not be any changes to A&E services at either Maidstone or Tunbridge Wells hospitals. People who have chest pain or a suspected heart attack will still be able to go to either A&E. The ambulance service would continue to take emergency patients to the nearest appropriate A&E department (including to Ashford for the most severe cases – as now).

The main impact on travel times will be for visitors or for patients who, after attending A&E, need to be transferred to the hospital site with the consolidated cardiology services.

To work out this impact, we looked at which postcodes our cardiology inpatients came from for the three-year period from 2017 to 2019 for each hospital. We looked at the current journey times for these postcodes by car and public transport and at future journey times if services were to move to the other hospital. The tables below show the impact of the options on travel times for the ten most common postcodes for both Maidstone Hospital and Tunbridge Wells Hospital.

Travel times if services moved from Maidstone Hospital to Tunbridge Wells Hospital



Postcode	% of inpatients from this postcode admitted to Maidstone Hospital (2017-2019 inclusive)	Journey time by car (minutes)		Journey time by public transport (minutes)	
		To Maidstone	To Tunbridge Wells	To Maidstone	To Tunbridge Wells
ME15	15.75%	14	42	68	117
ME14	10.77%	12	36	73	124
ME16	10.60%	3	30	16	53
ME17	9.69%	17	41	63	102
ME20	7.86%	10	35	60	72
ME19	6.92%	15	26	29	82
TN12	4.29%	25	13	62	36
TN15	3.37%	23	24	57	66
ME6	3.34%	15	34	45	62
ME18	2.92%	12	22	27	38

Travel times if services moved from Tunbridge Wells Hospital to Maidstone Hospital

Postcode	% of inpatients from this postcode admitted to Maidstone Hospital (2017-2019 inclusive)	Journey time by car (minutes)		Journey time by public transport (minutes)	
		To Tunbridge Wells	To Maidstone	To Tunbridge Wells	To Maidstone
TN2	10.04%	4	26	8	43
TN6	9.47%	26	48	96	125
TN4	8.83%	11	35	31	62
TN12	7.98%	13	25	36	62
TN10	6.68%	14	24	30	69
TN13	5.01%	20	34	46	88
TN11	4.93%	17	28	46	65
TN9	4.93%	10	27	19	73
TN3	4.29%	21	44	27	93
TN8	4.11%	32	49	55	129

You can find out more detail about travel times, including for a wider range of postcodes on our website at www.mtw.nhs.uk/cardiology-engagement.

Transfers between hospitals

If we do centralise services on to one site, some cardiology patients will still need to be transferred between hospitals by ambulance. Patients who go to A&E at the hospital without specialist cardiology services who need to be admitted for cardiology care will be stabilised in A&E and then taken to the specialist site to be admitted. However, unlike now, once they are admitted, they will remain in the same hospital for their care and treatment until they are well enough to go home.

Our preferred option

While our current inpatient cardiology services provide good care to patients, we believe that we need to make changes in order to improve further. We think that the evidence and information we have considered shows that centralising specialist cardiology services at Tunbridge Wells is less likely to achieve best-practice recommendations or be a cost-effective solution.

Although both the options for consolidating services at Maidstone evaluated well, building a new space for cardiology services would be more expensive and take longer than reconfiguring existing space. Our preferred way forward, therefore, is Option 2: consolidating specialist cardiology services at Maidstone Hospital by reconfiguring existing space.

However, we remain open minded while we engage with patients, the public, staff and stakeholders on the potential options. Before deciding how to proceed, we want to know what you think about our proposal to centralise specialist cardiology services at one hospital, what you think are the pros and cons of each option and how we could reduce the impact of any disadvantages. The next section of this document tells you more about how you can share your views with us.

6. Sharing your views

You can find lots more information about the proposal and complete the engagement questionnaire on our website at www.mtw.nhs.uk/cardiology-engagement. Our website also has information about opportunities to meet with us virtually and face to face to hear more about the proposal and ask questions.

If you don't have access to the internet, you can also contact us by email at mtw-tr.cardioreconfig@nhs.net, by phone on **01622 225771** or by writing to us at **MTW Developing Cardiology Services programme, c/o Communications Team, Maidstone Hospital, Hermitage Lane, Maidstone, Kent, ME16 9QQ** to find out more.

The questions we are asking you as part of this engagement

We have five key questions we are looking to hear your views on, these are:

- Do you think there are clear reasons to change cardiology services at MTW?
- What are your views on our proposal to centralise specialist care at one hospital?
- What do you think are the advantages and disadvantages of the potential options?
- How could we reduce the impact of any disadvantages?
- Are there any other options, evidence or information we should consider before making our final decision?

Please spend a couple of minutes letting us know your views. Your feedback is important to us and will help us make the best decisions as we plan healthcare for people who use our services. We need to hear from you by midnight on 14 January 2022.

7. Next steps

After our engagement period ends, we will review the feedback we have received and carefully consider it alongside the other evidence and information we have. We expect to make a decision about how to proceed later in 2022. We will keep our website updated on the decision-making timeline, and will also share updates with staff, stakeholders, local patient groups and the local media.

8. Glossary

Acute cardiology assessment unit (ACAU)
A dedicated assessment area, alongside or in A&E for people who are experiencing irregular heartbeats or chest pain which could be related to the heart.

Catheter laboratory or cath lab
An examination room with specialist equipment used to look at how well the heart is working, diagnose problems and to provide certain types of treatment (see below).

Coronary care unit
A ward providing highly specialised care for patients with acute or serious heart conditions such as heart attacks and heart failure.

Echocardiogram or echo
A type of ultrasound scan used to look at the heart and nearby blood vessels to detect heart problems.

Electrocardiogram (ECG)
A test used to check heart rhythm and electrical activity. Sensors attached to the skin are used to detect electrical signals produced by the heart each time it beats. These signals are recorded by a machine and are looked at by a doctor to see if they're unusual.

Electrophysiology (EP) study
A test to look at the heart's electrical activity in more detail. It is carried out in the cath lab where electrodes are inserted into a vein and up to the heart. It is used to diagnose and treat a wide variety of abnormal heart rhythms.

Heart attack
A serious medical emergency in which the supply of blood to the heart is suddenly blocked, usually by a blood clot. Also known as a myocardial infarction or MI.

Non-ST segment elevation myocardial infarction (NSTEMI)
A type of heart attack. It can be less serious than a STEMI (see below) because the supply of blood to the heart may be only partially, rather than completely, blocked. As a result, a smaller section of the heart may be damaged. However, an NSTEMI is still regarded as a serious medical emergency. Without treatment, it can progress to serious heart damage or STEMI.

Pacing and implanted device procedures
Procedures to fit devices that correct irregular heart rhythms, such as pacemakers or implantable cardioverter defibrillators. These procedures are carried out in the cath lab.

Percutaneous coronary intervention (PCI) and primary PCI (PPCI)
Also known as angioplasty or coronary angioplasty. A procedure used to treat narrowed heart arteries. A balloon is inserted into the artery to open it and a stent – a small wire mesh tube – is placed in the artery to keep it open. A primary PCI or PPCI is a PCI carried out in an emergency to treat STEMI (see below) type heart attack.

PPCI centre
A hospital that can provide PPCI to heart attack patients. To be a PPCI centre a hospital needs a 24/7 cath lab service, with at least two cath labs, and to carry out at least 400 PCI procedures a year. In Kent and Medway there is currently one PPCI centre, at William Harvey Hospital in Ashford.

ST segment elevation myocardial infarction (STEMI)
The most serious type of heart attack where there is a long interruption to the blood supply. This is caused by a total blockage of the coronary artery, which can cause extensive damage to a large area of the heart.

Translation/alternative format information

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Ak by ste chceli tento dokument v inom formate alebo inom jazyku, prosim kontaktujte nas na **01622 225771** / **mtw-tr.cardioreconfig@nhs.net**

Jeśli chcieliby Państwo ten dokument w innym formacie lub języku, prosimy o kontakt **01622 225771** / **mtw-tr.cardioreconfig@nhs.net**

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