Developing Cardiology Services at Maidstone and Tunbridge Wells NHS Trust

Frequently Asked Questions

1. What is the engagement period about?

Maidstone and Tunbridge Wells NHS Trust (MTW) has been looking at ways to improve the quality of their cardiology care.

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 the glossary in our engagement document 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 potential options to improve care which are outlined in our engagement document. The proposed changes will not affect the outpatient services we provide, which will stay the same.

During the engagement period we would like to know what patients, the public, staff and stakeholders think about the proposals.

1. How can I get involved in the engagement on cardiology services?

The engagement period will run for twelve weeks, from Friday 22 October 2021 through to midnight on Friday 14 January 2022. There are lots of ways to find out more about the proposals and share your views, including online public meetings, pop-up information stands in shopping centres, our engagement document, questionnaire, and some background information on our website. You can visit our web pages [www.ntw.nhs.uk/cardiology-engagement](http://www.ntw.nhs.uk/cardiology-engagement) for more details.

1. Why does the NHS need to organise specialist and inpatient cardiology services differently?

The way our cardiology services are currently organised presents some 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.

1. How would the proposal benefit patients?

Our proposals would help us meet all the national best practice recommendations for cardiology care including:

* Dedicated (ring-fenced) cardiology inpatient beds
* 7-day a week cardiology consultant ward rounds for all cardiology patients
* 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.

1. How would the proposal benefit staff?

The way services are currently organised makes it difficult for staff to provide the best possible care to patients. There are 25 national best practice recommendations for cardiac care and MTW is providing care in line with 12 of those recommendations and partially in line with 4 recommendations. Our proposals would help us to meet all the best practice standards and recommendations for care. We know from experience elsewhere this is likely to help us attract and retain the best possible staff.

The proposals also mean we would have more sustainable on-call rotas for the cardiology team, with staff being on-call no more than one in every six weeks. At the moment we have to ask our consultant cardiologists to be on-call more frequently. This makes our hospitals less attractive places to work than hospitals with less demanding on-call rotas.

1. How have patients, the public and staff been involved in developing the proposals?

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. 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 case 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.

Full details of the engagement so far is available on [www.mtw.nhs.uk/cardiology-engagement](http://www.mtw.nhs.uk/cardiology-engagement)

1. Will there be any cardiology staff left at the site providing day-to-day and routine care?

Yes, outpatient cardiology clinics with doctors and nurses and non-invasive cardiology diagnostic tests, such as ECGs, would remain on that site and there would be consultant onsite presence who will also support the wards.

1. Does this impact outpatients at Crowborough and Sevenoaks hospitals?

No, the services currently provided at Crowborough and Sevenoaks Hospitals which include outpatient clinics and non-invasive tests, such as ECGs, will continue to be available.

1. Has a decision already been made?

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.

1. What will happen after the engagement period, and when will a decision be made?

After our engagement period closes on 14 January 2022, an independent organisation will review the feedback we have received and prepare a report. Maidstone and Tunbridge Wells NHS Trust Board will carefully consider this alongside other evidence and information we have. We expect the Board to decide how specialist and inpatient cardiology services would be organised in the future later in 2022. We will communicate the decision and continue to let people know how the changes are being implemented and what this would mean for patients, their loved ones, and staff. There won’t be any sudden overnight changes and we will provide detailed information in good time for all those who would be impacted by any change.

1. When would the new service be ready to start?

There won’t be any sudden, overnight changes and there would be a carefully planned transition if the MTW Board decides to consolidate specialist and inpatient cardiology services onto one hospital site. We will keep people updated on progress and plans for implementation once a decision has been made by the MTW Board. There are a number of practicalities to work through, including decisions on funding any move and direct consultation with individual staff members affected by any move.