PUBLIC FEEDBACK ABOUT CHANGES TO INPATIENT CARDIOLOGY IN WEST KENT

For Maidstone & Tunbridge Wells NHS Trust

By EK360

JANUARY 2022

Maidstone & Tunbridge Wells NHS Trust (MTW) asked EK360 to collate and analyse the feedback from their online survey about changes to their inpatient Cardiology services.

The Trust currently has a Cardiology service at both Maidstone & Tunbridge Wells Hospital, but it believes that the service, and the experience of their inpatients, could be improved. They have identified a number of options and wanted to hear the thoughts of the public to help inform their decision making.

The survey was open to the public for 12 weeks from October 22nd until January 14th and people were encouraged to share their thoughts about the potential changes to Cardiology services in West Kent.

EXECUTIVE SUMMARY

93 individuals and 5 organisations completed the public survey about the future of cardiology service in Maidstone and Tunbridge Wells.

The individual responses can be broken done into three categories:

1. A third of responses were from patients and carers who had directly experienced a cardiology service.
2. Another third are from members of the public
3. Final third of responses are from staff who work in associated health and social care services.

91% of respondents felt that the reasons why change to cardiology is needed were clearly explained.

86% of respondents felt the suggested changes would improve the inpatient experience, but there were notable differences in the levels of confidence within the different groups.

86% of respondents supported the idea of bringing cardiology services together onto one hospital site.

The most frequently mentioned advantage was the same across all respondent groups, that of improved staffing ratios and improved quality of care for patients. Other themes of efficient and cost effective use of resources, staffing levels and staff retention, reduced waiting times and a reduced need to travel between the two current sites, were mentioned by all groups, but with differing frequencies.

The most frequently mentioned disadvantage of journey times, transport and distance to travel was the same for all respondent groups. Other disadvantages were themed around, impact on staff, use of resources and physical space within hospital sites, internal transfers between sites and a negative impact on patient care.

Each respondent group had a different perspective on how the impact of disadvantages related to moving to one site, could be mitigated. Of those that had received cardiology services, their carers and staff working in services, the most frequently mentioned mitigations were around innovations in how cardiology services are delivered. For the public and organisations that responded, the most frequently mentioned areas of mitigation focused on innovation in transport and parking.

46.5% of survey respondents selected Option 2. This was the most popular option within the group identified as 'direct recipients of cardiology services' and those that currently 'work in an associated health or social care services'. However, the groups of 'general public' and 'organisations' equally selected options 2 and 3.

The case for change document was most frequently cited as having influenced people's option choice, the second most frequently mentioned influence on decision making, were factors of geography and transport.

66% of the 93 individual respondents had no suggestions or comments around other potential options to be considered. However, those that had used cardiology services made suggestions around improvements to current services, whereas staff working in associated services had questions about the detail of the proposal and some suggested innovations around services. The most frequent comments from members of the public most were around maintaining two sites, whilst organisational feedback included a request for a risk assessment around the options.

75% of the 93 individual respondents made no request for issues for further consideration. Those that had used cardiology services asked that implications of transport and travel, practical improvements and population growth be considered in the decision making process. Those working in associated services asked that issues around staffing and technological innovation factors be considered in the decision making.
Members of the public asked that transport and road infrastructure issues be considered. There were also a few suggestions from across the groups that SECAmb are considered in the decision making process.

Finally, organisations asked for reassurance around further engagement, especially with populations travelling across from east Sussex, as well as raising a number of questions about the data provided in the case for change.

PROFILE OF PARTICIPANTS

The survey was completed by five organisations and 93 individual people, giving 98 complete data sets for analysis.

58% of individual respondents were female, 76% were white British and 11% identified as coming from other white, Asian, Black or mixed race ethnic groups.

62% of respondents were working age adults (25yrs-64yrs), 32% were older adults (65yrs and over) and 3% were young adults (under 24yrs).

The data gave a mixture of quantitative and qualitative feedback and to enrich the thematic analysis survey, feedback has been divided into 4 groups. This enables a review of differences in responses between key groups of respondents. These groups are:

Group name	Description of group	Number of responses in group	
A direct recipient of Cardio services 27% of total survey sample	A family member/carer of someone who is/has been a heart patient using our services	10	27
	Someone who is/has been a heart patient at Maidstone and Tunbridge Wells NHS Trust	17	
Someone working in associated health or social care role 35% of total survey sample	An NHS, council, or primary care employee	34	34
A member of the public 32% of total survey sample	A member of the public/local resident	25	31
	Prefer not to answer	6	
An organisational response 6% of total survey sample	Part of a voluntary organisation/charity	1	6
	On behalf of an organisation	5	
Total number of data sets		**98**	

The organisations that submitted an organisational response were:

- Cardiomyopathy UK
- High Weald Primary Care Network
- Kent Community Health Foundation Trust
- The Beacon Surgery Patient Participation Group, Beacon Surgery, Crowborough
- Ashdown Forest Health Centre, patient reference group

SURVEY FINDINGS

All the responses from the survey questions have been analysed, using the 4 key respondent groups to build a complete picture but also enable a review of differences between groups or respondents.

The submitted survey comments have been grouped into themes and these themes have been reported in order of frequency, with those mentioned most frequently within each group of respondents being listed first.

'To what extent do you agree or disagree that the reasons why Maidstone and Tunbridge Wells NHS Trust wants to change the way specialist and inpatient cardiology (heart) services are delivered across the two main hospital sites at Maidstone and Tunbridge Wells have been clearly explained?'

	Agree fully	Partly Agree	Partly disagree	Disagree Fully	No comment	Total responses
Direct recipient of Cardio services	25 (93% of group)	1 (3.5% of group)	1 (3.5% of group)	0	0	27
Someone working in associated health or social care role	27 (79% of group)	5 (15% of group)	2 (6% of group)	0	0	34
Member of the public	18 (58% of group)	9 (29% of group)	1 (3% of group)	3 (10% of group)	0	31
An organisational response	3 (50% of group)	1 (16.66% of group)	0	1 (16.66% of group)	1 (16.66% of group)	6
Total responses	73 (74.5% of total survey)	16 (16.5% of total survey)	4 (4% of total survey)	4 (4% of total survey)	1 (1% of total survey)	**98** (100%)

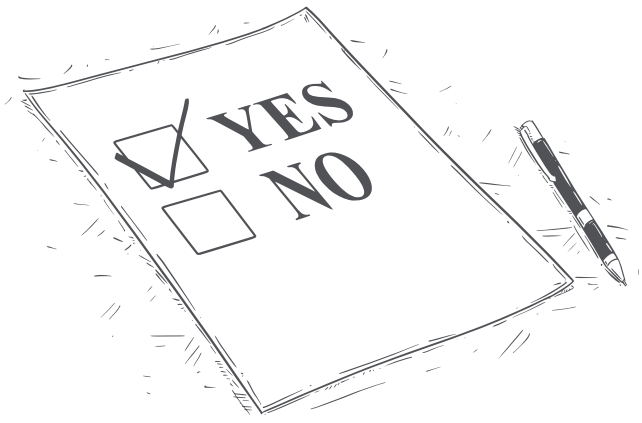
The majority (91%) of survey respondents felt that the reasons why Maidstone and Tunbridge Wells NHS Trust wish to review specialist and inpatient cardiology (heart) services being delivered across two main hospital sites, (Maidstone and Tunbridge Wells) were clearly explained.

However, there are differences between the groups in terms of the levels of respondents who 'agreed fully'. Those who had either directly received, or been carers of someone who had directly received services and those working within an associated health or social care setting had the strongest positive responses, 93% and 79% respectively. The public and organisational responses were more spread out.

‘To what extent do you agree or disagree that this will improve care and the experience of being in hospital for heart patients?’

	Agree fully	Partly Agree	Partly disagree	Disagree Fully	No comment	total number of responses
Direct recipient of Cardio services	22 (82% of group)	2 (7.5% of group)	1 (3% of group)	2 (7.5% of group)	0	27
Someone working in associated health or social care role	22 (65% of group)	10 (29.5% of group)	2 (5.5% of group)	0	0	34
Member of the public	15 (48% of group)	10 (32% of group)	2 (6.5% of group)	4 (13.5% of group)	0	31
An organisational response	1 (16.66% of group)	2 (33.33% of group)	1 (16.66% of group)	1 (16.66% of group)	1 (16.66% of group)	6
Total responses	60 (61.5% of total survey)	24 (24.5% of total survey)	6 (6% of total survey)	7 (7% of total survey)	1 (1% of total survey)	**98** (100%)

It is interesting to note that 82% of respondents who identified as direct recipients of cardio services ‘fully agreed’ that they felt the suggested changes would improve the inpatient experience. 65% of those working in associated health and social care services also ‘agreed fully’, whilst organisations that responded were more cautious with 16% of respondents, and 48% of the general public saying they ‘agreed fully’ that the changes would improve inpatient experience.

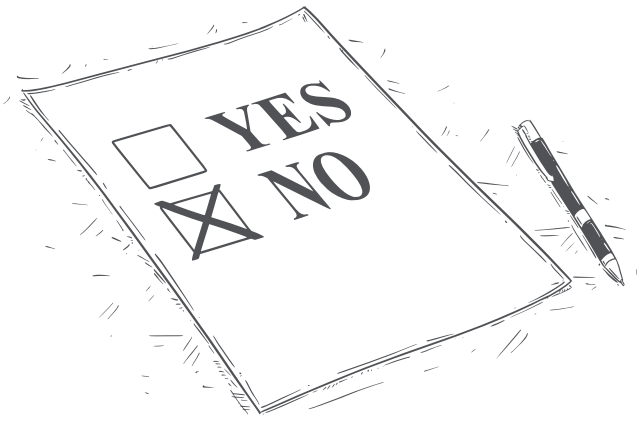


‘To what extent do you agree or disagree with the proposal to bring specialist and inpatient cardiology services together onto one hospital site?’

	Agree fully	Partly Agree	Partly disagree	Disagree Fully	No comment	total number of responses
Direct recipient of Cardio services	22 (82% of group)	1 (3% of group)	1 (3% of group)	3 (11% of group)	0	27
Someone working in associated health or social care role	25 (74% of group)	5 (15% of group)	4 (11% of group)	0	0	34
Member of the public	16 (52% of group)	9 (29% of group)	1 (3% of group)	5 (16% of group)	0	31
An organisational response	1 (16.66% of group)	2 (33.33% of group)	1 (16.66% of group)	1 (16.66% of group)	1 (16.66% of group)	6
Total responses	64 (61.5% of total survey)	17 (24.5% of total survey)	7 (6% of total survey)	9 (7% of total survey)	1 (1% of total survey)	**98** (100%)

Overall, 86% of respondents supported bringing cardiology services together onto one site.

There were consistently high rates of those working in health and social cares services (89%), those that had been a direct recipient of cardiology services (85%) and the wider public (81%). While only 50% of respondent organisations supported services coming together on one site.



‘What do you think are the advantages of bringing services together in this way?’

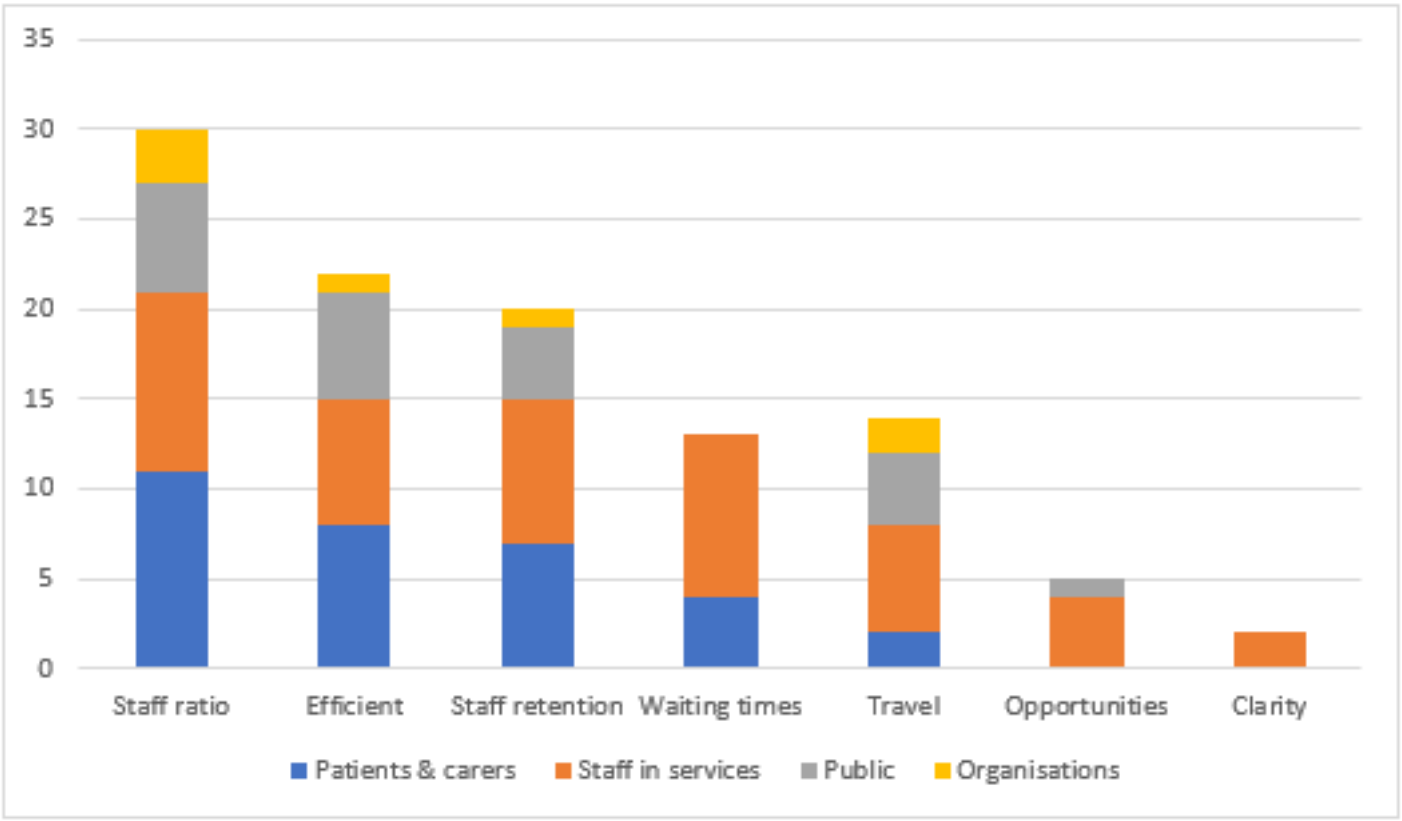


Chart 1. Perceived advantages of bringing two sites together

The most frequently mentioned advantage was the same across all respondent groups; that of improved staffing ratios and improved quality of care for patients. Other themes of efficient and cost effective use of resources, staffing levels and staff retention, reduced waiting times and a reduced need to travel between the two current sites, were mentioned by all groups, but with differing frequencies.

DIRECT RECIPIENTS OF CARDIOLOGY SERVICES

Staffing ratios to patients and quality of care (11 comments)

- Staff can work together to get to know the patient and establish best care, staff are not thinly spread across services
- Patients are less likely to be 'overlooked' and will be altogether safer in the correct place with the experienced staff
- An improvement in the extent of specialist care, improved care in an increasingly complicated medical world
- Staff will be able to consult each other more easily if they are all in one place

Efficient and cost effective use of resources (8 comments)

- There will be improved specialist staff available, especially doctors, who will have the opportunity to spend most of their time within the unit. This is dependent on the unit being well designed and all elements of the Cardiology department (including the Cath and pacing lab) being in the same location
- Having dedicated expertise in one place. Enhancing the teamwork approach of a dedicated centre of excellence.
- More economic and effective to have services located in one place than spread across two sites. It makes sense to concentrate expertise and resources
- Enables one site to meet more NHS guidelines

Staffing levels, staff retention (7 comments)

- Better support for staff in times of sickness and annual leave absences
- Recruitment of nursing and physiologists should be improved. There will be a wider variety of patients and conditions and it will be a perfect training environment for those undertaking specialist courses and degrees. Physiologists wanting training in new areas will be able to remain in post rather than leave
- Able to cover workload more easily if all specialist staff are at the same site
- Co-ordinated care and weekend cover
- More efficient use of existing staff could encourage recruitment of new staff

Reduced waiting times (4 comments)

- More frequent appointments and call backs when required
- NHS staff are under huge pressure. Creating a more efficient service by bringing two units together will be better for patients.
- Shorter waiting lists with more staff and consultants in one hospital

Reduced need to travel between sites (2 comments)

- Avoid the need for patients needing to go to William Harvey hospital for emergency treatment
- Saving time and expense transferring patients from one site to another for different treatment

STAFF WORKING IN AN ASSOCIATED HEALTH OR SOCIAL CARE ROLE

Staffing ratios to patient and quality of care (10 comments)

- Increased collaboration of cardiologists - better deal for patients
- Ability to provide more complex care at one site, improved communication between teams
- Better service for patients, 7 day a week consultant ward rounds, decrease the delays in treating patients, reduce the amount of patients transferring between sites, dedicated cardiology beds

Reduced waiting times (9 comments)

- Preventing delay in treatment/procedure
- There will be a good flow within the service as the cardiology team and specialists will be joined in one area and not set apart
- Patients who clearly have a primary cardiology problem who are younger and often less complex will get access to specialist cardiology a little quicker, especially if the proposal includes an on call (on site) Cardiologist - although I suspect this will not be available. What is more likely is that there will be an on call Cardioligist at home with the General Medical SpR (non specialist) seeing the acutely unwell patients (which is the current status quo on both sites)
- Better, faster care to cardiac patients meaning more likely to have procedures out of hours

Staffing levels, staff retention (8 comments)

- By consolidating the services on both sites, it will ensure staffing and training is supported and that specialist services are developed in line with best practice
- Make it easier to staff the Cath labs and CCU/cardiology ward
- A service like this should attract more staff to work within the area
- More flexible treatment options; joined up care/treatment; less risk of disruption during an inpatient stay; much more satisfactory and fulfilling career progression for staff

Efficient and cost effective use of resources (7 comments)

- Patients can be escalated or stepped as their care needs change without moving between sites. We can treat patients 24/7
- I can see the advantages for consolidating the services on one site to ease the pressures of the Trust
- There is likely to be a cost saving for the Trust in doing this which is good for the trust management and wider Kent NHS Health economy.

Reduced need to travel between sites (6 comments)

- More safe and convenient for the patient as there's no need to transfer to and from the two sites
- Services under one roof lends itself to one stop treatments, no potential travel across sites and continuity in staffing

Opportunities to develop new services (4)

- It would be very exciting for West Kent if the longer term outcomes of this proposal were to establish a Cardiology service that was the best in Kent and would offer advanced therapies like rotablation, Impella, TAVI, VA ECMO etc. and other valve intervention procedures - but again I cannot see this being possible without Cardiothoracic support, which is very unlikely as the powerful London Teaching Hospitals will not want this. Also Ashford who have an established Cardiac Unit for over 10 years do not have this.
- The other advantage would be if we can set up a STEMI service and win the contract locally from Ashford who unfortunately often offer a very poor service for patients from West Kent, which is a concern for clinicians who work at the trust."
- Possibility of 24Hour PCI

Clarity for patients (2)

- All the procedures can take place under one umbrella. So there will not be any confusion for the patients about where to go for the right treatment.
- Clarity for patients and staff about where to go for treatment. If this enables better treatment to be delivered and thus saving more lives then this should be supported. Additionally there is a move to have centralised services like HASU and Gastroenterology services.

MEMBERS OF THE PUBLIC

Staffing ratios to patient and quality of care (6 comments)

- Meeting national standards will mean better care for patients, 27/7 specialist care
- The service being consolidated on one site makes sense in every way. It will ensure expertise medical, nursing and imaging is not diluted as it is now. One larger CCU would be a big benefit too rather than two smaller ones

Efficient and cost effective use of resources (6 comments)

- Efficiency of costs, staff availability, equipment/facilities availability, usage and return on investment
- It will save an element of duplication, both in terms of the cardiac services provided and, to an extent, staffing.

Staffing levels, staff retention (4 comments)

- Possible improved staff recruitment and retention
- Improved shift pattern and working conditions for staff
- 24/7 on-site consultant care
- Staff could in the long term find it an advantage assuming their costs and personal arrangements can be made acceptable

Reduced need to travel between sites (4 comments)

- The service is currently disjointed with seriously ill patients required to travel cross site

Opportunities to develop new services (1)

- It will still allow both hospitals to provide other cardiac services, but will ensure that the critical specialist services can be fully staffed and fully equipped, without detriment to outpatient services at both hospitals.

ORGANISATIONAL RESPONSES

Staffing ratios to patient and quality of care (3 comments)

- From the clinical viewpoint, I imagine that the team will feel that they have the best chance to offer an optimum service under the least stressful conditions if this move is made.
- Expertise and nursing and cardiac cover is more likely to be fully implemented
- The advantages explained in the consultation document are clear and the Trust would agree that the stated benefit of being able to meet key clinical standards of care such as 7-day a week ward rounds and 24/7 on-call consultant cover would be aided by the consolidation of specialist services on one site. This would have the added value of attracting and retaining specialist cardiology staff. An increase in invasive cardiac interventions with comprehensive services provided by two catheter labs will also be beneficial to reducing local access times. KCHFT refer only to MTW for non-invasive testing and it is assumed that this will continue. An increase in non-invasive capacity (including echos and 24hr tapes) would improve the medical management of cardiac patients in the community setting. The proposal includes an increase of capacity at the weekends for elective and urgent patients so this may go some way to reducing waiting times and improving access for patients that KCHFT are managing.

Reduced need to travel between sites (2 comments)

- Firstly, it reduces the ' pillar to post' effect suffered by so many patients as we get shunted from one site to another during diagnosis and early care. We need the shortest path to get seen by a cardiologist, to receive a correct diagnosis thanks to the most appropriate tests being conducted, and then put onto a care plan

Efficient and cost effective use of resources (1 comment)

- We recognise that there are advantages in consolidating specialist and inpatient cardiology services together onto one hospital site if the proposal meets the aims described in the consultation document

Staffing levels, staff retention (1comment)

- Teaching of staff easier

‘What do you think are the disadvantages of bringing services together in this way?’

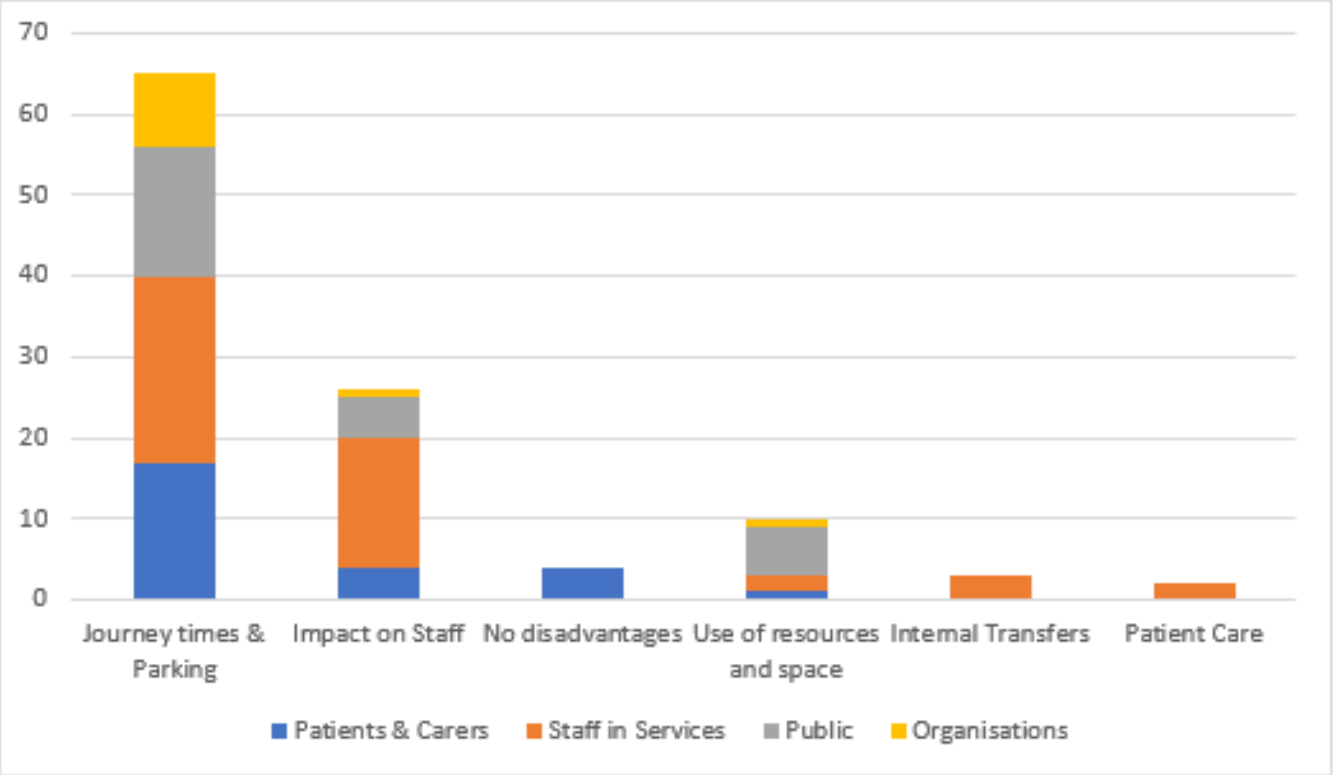


Chart 2. Perceived disadvantages of bringing two sites together

The most frequently mentioned disadvantage of journey times, transport and distance to travel was the same for all respondent groups
Other disadvantaged were themed around: impact on staff, use of resources and physical space within hospital sites, internal transfers between sites and a negative impact on patient care.

RECIPIENTS OF CARDIO SERVICES

Journey time and distance to travel (17 comments)

- Especially patients who live in rural parts of Kent where transportation is a big problem
- Whichever site is chosen the other site will be disadvantaged, in that it will be further for patients and visitors to travel
- Transport for subsequent consultant appointments and for visitors if the hospital choice is so far away
- Need to address car parking availability

Impact on Staff (4 comments)

- Staff might not want to change
- More travel for some staff
- Moving staff between hospitals will require good HR management

There are no disadvantages (4 comments)

- I do not see disadvantages except maybe distance could affect some patients
- There isn't any disadvantages. All needs to be at the same site

Use of current resources and space (1 comment)

- Outpatient clinics at Maidstone are in a good position near the hospital entrance, although the space is, and always has been, wholly inadequate for the number of patients and staff who use it. However, I feel clinics would be ideally positioned within the Cardiology unit, to have speedy one stop clinics, and for flexible utilisation of staff

STAFF WORKING IN ASSOCIATED HEALTH OR SOCIAL CARE ROLE

Journey time and distance to travel (23 comments)

- Critical cardiac care will only be on one of the sites, patients will need to be brought to the relevant A&E, or travel to the cardiac centre from A&E on the other site
- If a patient develops a cardiac problem on the site without the cardiac centre they will need to travel to the cardiac centre
- Just the journey time for some and any interdependency with clinical services on the other site...Presumably people will still attend either A&E with chest pain and still need transferring although hopefully many of the serious ones go by ambulance and that service will know where to take them
- The population of the borders will be hugely disadvantaged, you can see the travel time will increase significantly for some postcodes, is there a way to work more collaboratively with other counties such as East Sussex

Impact on staff (16 comments)

- I would start a staff shuttle like now between TW and Tonbridge to keep and attract staff
- You do not consider the TW staff who need to travel to Maidstone, who maybe leaving because of the fact of travelling. The shift starts at 7 am, the first 6 x bus is at 6:50 so at the moment no travel option from TW to Maidstone
- Resistance from individuals who do not want to change work base that risks losing staff to other trusts
- MTW has a large recruitment problem across all AHP groups, indeed the problem is national, hence the plan at present is unrealistic. Furthermore, there is an issue recruiting speciality nurses in particular to the cath labs, the service can barely run safely at present. I suggest putting forward a robust recruiting plan across all clinical disciplines for this project.
- There are not enough staff to cover what is required
- Staff that work at Pembury at the moment, might leave

Internal transfer, working across sites (3 comments)

- Tunbridge Wells ICU has always been the busier and better staffed ICU from the Trust. Having cardiology services at Maidstone and plans for more complex cardiac procedures and a PPCI centre may not be sustainable if ICU services at Maidstone will not have enough staff, beds, resource to cater for an influx of cardiac patients. Will patients need to be transferred to TWH ICU?
- I do not think that this proposal will prevent patient avoiding an in-hospital transfer as the cardiac patients admitted to cold site will inevitably be transferred to the AMU whilst awaiting ambulance transfer to hot site. Having worked in site team this is often the case to avoid breach times in ED. with the reconfiguration of surgery and urology and stroke pathway

Use of current resources and space (2 comments)

- Large team to coordinate, already lack of space at Maidstone in CCU and wards
- Could be seen to inadvertently disadvantage a section of patients served by the other hospital.

Impact on Patient care (2 comments)

- The main disadvantage will be that inpatients at TWH with Cardiac illness will get significantly worse care, there is no way of getting round this. The diagnosis in acute medicine is often not clear in the first 12 or 24 hours, often it can take a number of days to establish a diagnosis. This is particularly the case in older patients, who will get disproportionately disadvantaged by this proposal. What that means is that patients will sit on medical wards being declined for transfer to Maidstone or without specialist cardiology review despite having a primary cardiac problem or a cardiac problem complicating their admission. E.g post surgical MI or arrhythmia, pericardial effusion related to lung cancer, infective endocarditis, Takotsubo Cardipmyopathy etc
- Having both Cardiac and Stroke emergencies at Maidstone, means a much busier AE which will have impact on care, so increase number of nursing staff per shift at AE would be sensible to keep waiting times low

MEMBERS OF THE PUBLIC

Journey time and distance to travel (16 comments)

- It may increase travel times for some
- Unfortunately with house building increasing to a ridiculous level, there will be more patients, roads that can be a problem now, will be worse, bus services being cut, is making it even more difficult to get to either hospital
- Patients needing to travel further for outpatient services.
- Travel times for the people who are used to going to one hospital and now having to go to another
- Additional travel for patients and visitors. Parking will be a problem at either site
- Some patients may have to travel from the west Kent areas to Maidstone, if that proposal is adopted, but patients from both areas are already travelling for outpatient and surgical services.

Use of current resources and space (6 comments)

- Both Hospitals struggles with patients. No beds in both Hospitals, A&E waiting time worsening every day
- Maidstone will need a major upgrade in the near future due to more people in area. Any building must be flexible and easily adapted
- Maidstone Hospital is not well equipped or convenient. It may not attract the quality of staff that Pembury does (it's clear that the consultation document is encouraging people to support a move to Maidstone).

Impact on Staff (5 comments)

- A percentage of staff may have to travel further to work, or face being moved to roles which they may not be happy with
- Distance needed to travel to work for staff, change in staff working conditions and relationships due to different cultures at each site.

ORGANISATIONAL RESPONSES

Journey time and distance to travel (9 comments)

- The journey times are, without question, longer. I hope that this will be seen by patients as an acceptable snag given the benefits of faster, better treatment from specialists who are working in the best possible environment to help us.
- Basically travel. This proposal was not advertised or sent to patients or GP practices in the High Weald who refer to MTW. This includes postcodes not included in the proposal, such as those surrounding Mayfield and even Forest Row. Car journeys are very much longer from these regions and public transport difficult to Tunbridge Wells whereas to get to Maidstone is extremely difficult. Assuming that many of the families of the patients admitted may be elderly or infirm it means that they will be even more isolated.
- Crowborough especially seems to be being forgotten about and being the largest inland town in Sussex with around 28,000 people and growing, and without a good public transport system, there will be a lot of people very much the worse off if Maidstone is chosen.
- Parking at Maidstone Hospital is not mentioned in the consultation document. Relatives of patients from Crowborough and the surrounding locality admitted to MH are likely to have to drive due to extended public transport times and limited service especially at weekends. It is important that parking capacity at MH is sufficient to manage the expected increase in vehicles visiting the site.
- I am replying on behalf of Ashdown Forest Health Centre, patient referral group. The group are concerned that patients may be disadvantaged by this proposal. There is no direct mode of public transport from this area to Maidstone Hospital, and I also understand that should an ambulance be the method of transport, then a stop and change of vehicle is required at Tunbridge Wells Hospital, Pembury.

Impact on Staff (1 comment)

- Some operational issues might also need consideration. This includes the availability of specialist nurse provision, patient and staff education at TWH, records being pulled through to the Kent Medical Care Record (KMCR) and where the overview of pathway changes is going to be held

Use of current resources and space (1 comment)

- "Whilst creating a dedicated centre will greatly benefit many cardiac patients it is important that those at TWH also have access to the specialist care they require and it is likely this may require increase cardiac training for emergency and ward staff at TWH..."

‘How do you think we could reduce the impact of the disadvantages of bringing these services together onto one site?’

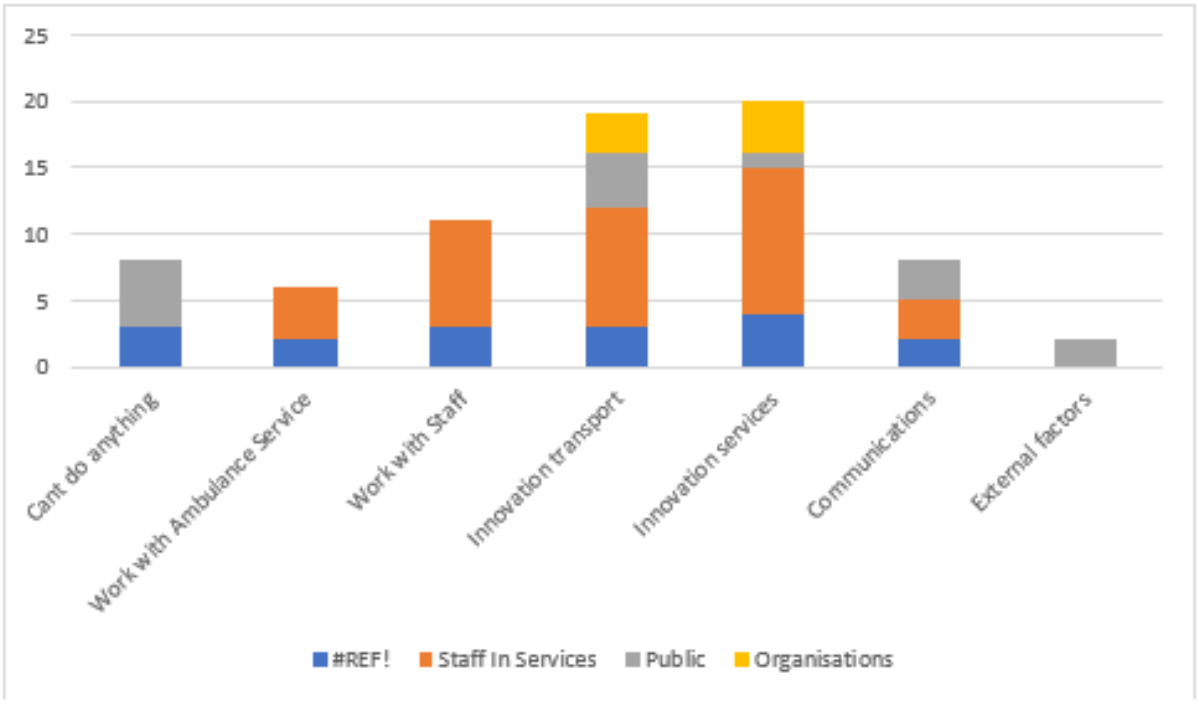


Chart 3. Suggestions to mitigate disadvantages of bringing two sites together

Each respondent group had a different perspective on how the impact of disadvantages related to moving to one site, could be mitigated.

Those that had received cariology services, their carers and staff working in services, the most frequently mentioned mitigations were around innovations in how cardiology services are delivered.

For the public and organisations that responded, the most frequently mentioned areas of mitigation focused on innovation in transport and parking.

RECIPIENTS OF CARDIOLOGY SERVICES

Innovations in service delivery (4 comments)

- Having a 24 hour helpline for patients similar to the chemotherapy helpline
- Patients sent to a recovery ward before being sent home once their treatment and stabilisation has settled
- Build a big Cardiac Unit, with dedicated parking, for patients in the vicinity of the Cath/pacing lab at Maidstone.
- Have an initial consultation clinic at each hospital and then refer on to Cardiac Centre

You cant do anything about the travel times (3 comments)

- I don't think you can reduce the impact of travel implications

Work with Staff to mitigate impact on them (3 comments)

- Allow flexible staff rotas to take into account longer journey times
- Hire more staff

Innovation in transport and parking (3 comments)

- Designated parking for patients attending cardiac out patient appointments
- The nearest train station to Maidstone Hospital is just a little too far to walk, regular transport could assist this and perhaps publicity to improve transport from areas north of Maidstone who would have gone to Pembury
- As with so much else the big disadvantage of concentration is the problem of access by people who are further away from the chosen site, particularly those who must rely on public transport. If this scheme goes ahead some attention must be paid to this either by providing more hospital transport or persuading the bus companies to provide a better service

Work with Ambulance service to address travel times (2 comments)

- Better, faster ambulance services
- Increased number of ambulances & trained ambulance staff

Communication and clarity for Patients (2 comments)

- By being absolutely honest with patients, their families and staff about the benefits and problems.

STAFF WORKING IN ASSOCIATED HEALTH OR SOCIAL CARE ROLE

Innovations in service delivery (11 comments)

- There should be a cardiac outreach nurse or any other cardiology team who could assess the patient first prior to sending the patient to Maidstone, so that if the patient is not suitable for any cardiac procedure, then the patient does not need to be transferred as this might cause frustration in the side of the patient and relative if the patient has to travel and not suitable for cardiac procedure. There should still be a cardiology team 24/7 in TWH who can fully assessed the patient
- Have a cardiology trained retrieval team of Dr's and nursing staff to travel to the other site, stabilise and collect patient if they develop cardiac problems that need a cardiology bed. This will maintain continuity of care and patient safety
- Keep the service at TWH as a potential PPCI centre needs a well staffed and sustainable ICU
- There should be contact at both sites, i.e. secretarial support/ward clerk, who can offer advice and updates. There should also be published telephone numbers for the specific wards so that families can get updates on patients if they are unable to visit.
- Think carefully about the provision of inpatient care at TWH. How will you decide who is for transfer - will it be on a needs basis or a bed basis? When you are 'full' will patients just have to sit and wait at TWH under non-Cardiologists? I have experienced this in other trusts and it has lead to deteriorating patients in the wrong clinical area experiencing worse care
- Who will decide who should be transferred to the Cardiology Unit? The attending Physician or the on call Cardiologist? Option 1 will mean that all patients who may benefit from Cardiology will receive specialist input, option 2 will mean that those receiving Specialist input will be decided by the Clinician who will become more busy by accepting the patient - this leads to human factors which will lead to declined referrals at times when they are under extra stress and will in turn mean decisions are not being made in the patients best interests.
- Look at how you offer management for patients at TWH with cardiac complications and Geriatric patients who shouldn't be discriminated against because of their age - which they will be if there isn't regular consistent Cardiology input for inpatients at TWH. Older patients will be the patients who aren't accepted for transfer / dropped down the list when younger patients arrive and take priority (despite having a higher mortality from the cardiac illness). This is already happening in other specialties like Haematology where Geriatric patients wait days for transfer to Maidstone for their emergency Haematology care
- One thing would be an assurance that if a patients family were unable to visit them a doctor would be available to speak with them on the phone.
- More utilisation of electronic devices for family contact - something we have all got used to in the last couple of years and there are strong benefits

Innovation in transport and parking (9 comments)

- Number 3 bus I believe already accepts patients with a letter for free
- If patients do need to travel to one site, capping the cost of parking i.e. patients may need to travel to Maidstone from TWH, they may still want to park at TWH and then get the 6x to MGH. The time of travel would of course be added to parking but perhaps there is a way for them to pay a fixed price?
- Staff shuttle, maybe 1 or 2 a day. to be able to start at 7 am in Maidstone and come back after 8 pm
- Engage with councils to create better public transport links to both hospitals, particularly in the more rural areas of the Tunbridge Wells catchment area.

Work with Staff to mitigate impact on them (8 comments)

- Give staff help to relocate, free travel
- Provide good transport links between the two hospitals for staff to be able to start and finish shifts without worrying about it
- Recruitment and retention plan
- It takes time to develop a cardiac nurse, so approaching staff at Pembury early, giving them a chance to decide to move or not, will give the trust more time to recruit and develop nurses to fill those gaps.
- Perhaps consider giving Band 6 positions to Nurses who will be in charge of Assessment Units, Cath Labs etc
- Free parking for a couple of years for nurses who previously located at Pembury if they move to Maidstone

Work with Ambulance service to address travel times (4 comments)

- Presumably for those losing out on travel time they will worry - is there a way to reassure them they can get access to the right initial treatments before they get to hospital?
- Ensure cardiac emergencies are brought to the relevant A&E
- There would need to be a clear pathway for SECAmb to follow, but as we know chest pain as a reason for admission to hospital is a leading cause, the hot site ED will be extremely busy.

Communication and clarity for Patients (3 comments)

- Good communication throughout and listening to all views will prevail

MEMBERS OF THE PUBLIC

You can't do anything about the travel times (5 comments)

- You can't do anything to change this

Innovation in transport and parking (4 comments)

- Provide transport between sites for patients who may have to use public transport
- If electric cars become popular, charging points will be essential at an economic price to visitor

Communication and clarity for patients (3 comments)

- Better information about correct destination
- Good communication with patients emphasising the benefits will help
- Making sure that the changes are widely advertised in local press as well as on social media.

External factors (2 comments)

- Stop building more houses in small towns. The whole county actually needs another hospital, especially with the thousands of houses due to be built in the not to distant future. If you make a decision now to only do what you propose, by the time it is implemented it will not be fit for the increase in population

Innovations in service delivery (1 comment)

- Provide some satellite outpatient services in local areas and make travelling easier between main sites

ORGANISATIONS RESPONSES

Innovation in transport and parking (3 comments)

- Increased bus services, especially from post codes where the increased journey time is longest. Better car parking on site achievable? Park & ride scheme run by Council?
- Consider buses for relatives from site to site so family can visit patients easily

Innovations in service delivery (4 comments)

- Maintain a smaller satellite unit at the other site
- Make GP access to cardiology services and answering acute cardiology queries quickly on a dedicated line
- Continue and increase cardiology appointments at both sites (and use Crowborough and Sevenoaks more for outpatient clinics)
- The KCHFT clinical team would seek to mitigate potential disadvantages through joint work with the MTW Cardiology team to best understand the criteria for the patients cared for at TWH and the level of cardiology provision that will be available at TWH (for emergencies and non-elective patients). It will remain important that each patient at TWH receives a cardiology review prior to discharge. TWH patients should also continue to have access to cardiac specialists including clinical nurse specialists that can offer patient (and staff) education as well as provide specialist input to those that are often complex, frail, heart failure patients or those that require steady unloading to reduce oxygen demand and allow their heart to recover. KCHFT would welcome any increase in non-invasive cardiac intervention capacity to minimise waiting times for those patients who are waiting changes in their medication requiring an echo prior to an MDT discussion. Our clinical team would therefore wish to work with MTW to understand the operational implications for the proposed weekend access to non-invasive interventions for elective/urgent patients.

'Which of these options do you think would best address our need to change?'

	Option 1	Option 2	Option 3	Option 4	No comment	total number of responses
Direct recipient of Cardio services	3 (11% of group)	10 (37% of group)	7 (26% of group)	7 (26% of group)	0	27
Someone working in associated health or social care role	1 (3% of group)	23 (67.5% of group)	5 (15.5% of group)	4 (12% of group)	1 (3% of group)	34
Member of the public	3 (10% of group)	10 (32% of group)	10 (32% of group)	6 (19% of group)	2 (7% of group)	31
An organisational response	1 (16.66% of group)	2 (33.33% of group)	2 (33.33% of group)	0	1 (16.66% of group)	6
Total responses	8 (8% of total survey)	45 (46.5% of total survey)	24 (24.5% of total survey)	17 (17% of total survey)	4 (4% of total survey)	**98** (100%)

46.5% of survey respondents selected Option 2 which is to consolidate the service at Maidstone. This was the most popular option within the group identified as 'direct recipients of cardiology services' and those that currently 'work in an associated health or social care services'.

However, the groups of 'general public' and 'organisations' equally selected options 2 (consolidate at Maidstone) and 3 (consolidate at Tunbridge Wells).

DIRECT RECIPIENTS OF CARDIOLOGY SERVICES

Geography and transport (7 comments)

- From a selfish perspective Maidstone Hospital is my nearest hospital. My partner has also been treated there for his heart conditions and his treatment has been excellent. Travelling to Tunbridge Wells hospital is too far for us.
- Edenbridge, Cowden, Hever, Four Elms, to name a few.... it is impossible to get to Maidstone via public transport.
- Maidstone Hospital is near the M20 and so has excellent access to London for patients requiring emergency intervention.
- Purely geographical as we live nearer to Pembury. However if outpatient facilities were similar to the Kent oncology centre either site would work. Designated parking would be a deal breaker for patients (my opinion). The downside of TWH would be having the hill to climb to park your car and with a cardiac condition this would not be a great idea.

The Case for Change (10 comments)

- As you have reported PFI hospitals, such as TWH, have problems, and will continue to be an extremely expensive option for many years. Maidstone still has plenty of space to build at the rear of the hospital, and in the vicinity of the Cath/pacing lab. However this must include parking for Cardiology patients as the unit is a long way from the main car parks.
- Although Pembury is nearest to me, I can see the wisdom of Maidstone especially considering the PFI problem. Often West Kent patients go to London hospitals for special heart treatment/operation and train transport similar to Maidstone. Would open heart surgery take place at Maidstone not London?
- The evaluation seems logical and if the experts think its the right option after clearly evaluating different elements of the situation then we should go with that option.
- Because I think concentration is the right approach and because it's clear that you have no intention of selecting Tunbridge Wells for the reasons given. Clearly the NHS can't afford to squander money on the more expensive option of Tunbridge Wells. Nevertheless I must express surprise that the spanking relatively new hospital at Pembury has thrown up the financial problems described. It is really appalling that the PFI contract has thrown up such a major obstacle to progress.

Other factors (4 comments)

- Because Tunbridge Wells has more space and would not involve building as far as I know
- More people live in that area

STAFF WORKING IN ASSOCIATED HEALTH OR SOCIAL CARE ROLE

The Case for Change (14 comments)

- Recommendation of expert panel
- As explained in the leaflet, TWH requires planning /legal advice, being a PFI initiative with only 15yrs to go before the Trust can purchase the building [if viable].Option 4 would take longer to implement because of the new build aspect as well as the reorganisation of existing services. In order to improve existing services, option 1 is a non-starter as there are currently staffing issues and longer waiting lists. Therefore, option 2 is the least disruptive and easiest to implement option.
- Based on the presentation, the Maidstone site due to less cost than TW and combining with stroke care sounds like the best option proposed
- Figures in the booklet suggest best option looks like building at the back by cath lab etc could be extended
- As explained, it's the cheapest, fastest and most efficient

Geography and transport (5 comments)

- The travel times are quicker to Maidstone in all but one postcode area
- Because TW is in the middle of the Maidstone, Sevenoaks, Crowborough circle
- Geographically seems to make more sense with PPCI centre 20 minutes away in Ashford, not the case at Tunbridge

Cost (5 comments)

- More cost-effective at Maidstone than Tunbridge Wells
- Maidstone has the space to develop the cardiac centre. It is the most cost effective
- Most cost efficient and timely to implement
- A new building for all the services would take a long time and not sure financially best option now

STAFF WORKING IN ASSOCIATED HEALTH OR SOCIAL CARE ROLE

Existing services (6 comments)

- I believe the Cath Lab is a better set up at Maidstone than TWH
- Maidstone site is not impacted so much with patient flow so it would be better supported
- Tunbridge Wells ICU has always been the busier and better staffed ICU from the Trust. Having cardiology services at Maidstone and plans for more complex cardiac procedures and a PPCI centre may not be sustainable if ICU services at Maidstone will not have enough staff, beds, resource to cater for an influx of cardiac patients. Will patients need to be transferred to TWH ICU?
- This option will also enable the radiology department at TWH to better reconfigure the space to deliver CT and interventional radiology services
- Pembury already has Emergency surgery and maternity departments. It makes no sense to increase flow here, plus there is nowhere to put a unit like this

Other factors (1 comment)

- Re-structuring a single room in TWH is more complicated than in Maidstone

MEMBERS OF THE PUBLIC

Geography and transport (11 comments)

- I live in Tunbridge Wells and it will be much more convenient for me
- The travel times quoted to Maidstone are unrealistic both by car and bus. When I checked them myself the travel time was over 90 minutes and involved two buses. I don't think you can expect a heart patient or their relatives to do this
- Although I would prefer option 1, I have answered option 3 because Pembury (and this is not Tunbridge Wells as that description is misleading) is more central to the whole area covered by this trust than Maidstone.
- Parking is marginally better at Maidstone

MEMBERS OF THE PUBLIC

The Case for Change (6 comments)

- Consolidating cardio services in Maidstone seems to be the logical next step with least disadvantages and inconvenience to patients and staff.
- It will enable the critical services to be implemented sooner, as there will be no need for additional building. It will provide a large (24 bed) dedicated cardiac ward and a coronary care ward.It will provide better 24/7 Consultant on-call services both on weekdays and at weekends, as well as Consultant Ward Rounds, seven days a week. Although it should not be an over-riding factor, the cost of Option 2 will be considerably less than other viable options. #This option also appears to satisfy national best practice recommendations for cardiac services.
- I agree with the scoring of option 2 in the document
- Probably 4 is the best option but the delay in implementation because of planning/ building of new facilities is a definite downside, therefore, if the accommodation/ services provided by 2 are an adequate step forward with a good life span before something else has to be done then that would be the way to go

Other factors (4 comments)

- Both towns' populations growing so please don't change anything
- Any development must be part of a future master plan for site as it will need to be upgraded soon due to increase people in local are served by hospital

Cost (3 comments)

- Presumably there is not a bottomless pit of financial resource so that would support option 2 also.

Existing services (2 comments)

- Pembury is a better equipped hospital that can provide the intensive care required by post-surgery cardiac patients. Maidstone requires updating and the building of a new space would be costly.
- Tunbridge is by far the larger and more modern of the two hospitals. If you want a regional cardiology centre then that's where it should be

‘Are you aware of any other potential options that would address our need to change (as outlined in Section 3 of our document), that we should take into consideration?’

66% of the 93 individual respondents had no suggestions or comments around other potential options to be considered. However, those that had used cardiology services made suggestions around improvements to current services, staff working in associated services had questions about the detail of the proposal and some suggested innovations around services. Members of the public’s most frequent comments were around keeping two sites, whilst organisational feedback included a request for a risk assessment around the options.

DIRECT RECIPIENTS OF CARDIOLOGY SERVICES

78% of respondents in this group had no comments to make.
Comments received included:

Improvements in current services

- When you send a reading from a care link monitor you should get a call back from a doctor like they said you would
- More follow up appointments please - we weren't offered follow up appointments on several occasions when they were necessary because of lack of staff and resources
- Our family experience of my mother having a heart attack was that she was taken to the William Harvey by ambulance while having a heart attack and have a cardiac stent inserted within 15 minutes of her arrival. Brilliant service. It would be great to have this arrangement with the ambulance service more locally.
- very clean cath lab at TWH, beds cannot be used for inpatients whereas at Maidstone this happens

PFI

- How about reviewing the PFI contract and getting us out of it as it clearly is an obstacle to progress in this and other important decisions you no doubt will be needing to make.

STAFF WORKING IN ASSOCIATED HEALTH OR SOCIAL CARE ROLE

53% of respondents in this group had no comments to make.
Comment received included:

Questions about detail

- No mention of primary care cardiology services which are established at Maidstone end of patch but not T Wells
- If option 4 is the best option, what will be the consequences of cardiac physiology services at TWH impacting on ICU service?
- I have concerns about staff access to cardiology. If we have to walk through Culpepper, there will be significant footfall all day long as we all go see in-patients with echo machines/programmers etc which we cannot take outdoors into the main site
- I have concerns regarding patient access to cardiac OPD for investigations/ device clinic if we consolidate at Maidstone.
- CIU is located a very long walk from the main entrance. Working a lot in pacing clinic as I do at least 30% of patients complain about this. They often arrive with us and have to take a rest before coming into the room to see us. It would be good if they can access the department through the main MGH site without having to go outside.

Service innovations

- The existing CCU at TWH can be given back to ED for their use and beds utilised on Ward 12 for the less complex cardiac patients. In my opinion the CCU at TWH is not fit for purpose
- Perhaps some of the diagnostic elements can be in the CDH
- We have had patients with NSTEMI waiting for days on AAU where specialist staff are not available to monitor patients correctly. This can be detrimental to their recovery maybe a fast track system to cardiology from A&E

Staffing

- Staffing is always an issue and not just clinical. There needs to be sufficient non-clinical support to ensure the smooth running of all aspects of the department, e.g.: booking appointments for elective clinical investigations, secretarial support working in the background to help the consultants with the smooth running of OPA clinics and general admin work.
- Just think about the staff as well please, their travelling time as well, the time what they are loosing if you move

STAFF WORKING IN ASSOCIATED HEALTH OR SOCIAL CARE ROLE

Engagement

- Approximately 50% of people with Downs Syndrome have congenital heart defects. When considering the cardiology service development there will be a need to consider how we ensure people with disabilities access equal treatment as those without. This could include provision of side rooms for those who need carer support or who have behaviours that challenge, also provision of additional beds to enable carers to stay with patient overnight, to name a few examples.

MEMBERS OF THE PUBLIC

68% of respondents in this group had no comments to make.
Comment received included:

Services at both sites ice innovations

- Make both larger and better, to serve the future increase in the population.
- Simple diagnostic coil be kept on both sites and then more invasive treatment focus on one site
- Designated ring fenced ward at TWH site. Implement 24/7 cover at TWH site.

Transport and infrastructure

- The major problem with a visit to Maidstone hospital is the car parking. If this extra facility is to be developed more car parking is a must. Does the site have such an option?

Staffing

- Potential issues in staff recruitment due to national shortages across all staff groups. Need to rerun to previous salaried/ bursary supported training for nurses and physiologists

Technology

- Technology developments are moving fast. Possible future developments must be considered by making changes to building easy to adapt.

ORGANISATIONS RESPONSES

- I think the current issue of 3 patients a week having to be moved is not necessarily a major thing, considering other patients are (and will continue to be) moved to Kings College Hospital in London, for example, for specialist treatment too.
- Needs a risk assessment to inform the need for further options, for example, provision of sufficient specialist facilities and care at Hospital 2 (e.g. TWH under Option 2) such that the second transfer (e.g. to MH) is not carried out under emergency conditions.

'Is there anything else you think we should consider or be aware of before making our final decision on the future shape of specialist and inpatient cardiology services in our area?'

75% of the 93 individual respondents made no response to this final question.
Those that had used cardiology services asked that implications of transport and travel, practical improvements and population growth be considered in the decision making process.
Those working in associated services asked that issues around staffing and technological innovation factors be considered in the decision making.

Members of the public asked that transport and road infrastructure issues be considered.

There were also a few suggestions from across the groups that SECAmb are considered in the decision making process.

Finally, organisations asked for reassurance around further engagement, especially with populations travelling across from east Sussex, as well as raising a number if questions about the data provided in the case for change.

DIRECT RECIPIENTS OF CARDIOLOGY SERVICES

70% of respondents in this group had no comments to make.
Comment received included:

Transport and road infrastructure

- Please consider the elderly from rural areas who cannot get transport to Maidstone we are pretty limited in Edenbridge
- This proposal is a quick fix and doesn't address the long term inefficiency of running ambulances back and forth along an unsuitable road network. Very long term planning should include the whacky suggestion of building an underground link between the two hospitals. A vacuum loop system would reduce the journey time to a couple of minutes opening up many more possibilities for integration of services.
- Access to Maidstone Hospital by public transport is really bad. Something will have to be done if this change goes ahead.
- Distance to other surrounding treatment facilities, ie Medway Maritime to the north, Darent Valley to the west, etc. Which option is most central across the region?

Practical improvements

- I have spent a few weeks in the Cardiac Unit at Maidstone hospital where my care was excellent. The only problem I had is nothing to do with Cardiac care but the lack of toilets. There were two for each ward which also doubled as wet rooms. I know it would not be possible for each patient to have their own toilet nor would I have wanted to be in a room on my own for six weeks. I would therefore suggest that there is a toilet block of say ten toilets with hand washing facilities and separate shower rooms. This may seem a trivial point but if you are expanding it must be on the agenda for the comfort of the patient.

Population growth

- The amount of building in Maidstone and Malling will make a huge impact on the numbers of patients in this area, now and for many years to come. I suspect the amount of building in the Tunbridge Wells area is likely to be less, although I do not know this.

A service at both sites

- A cardiac rehab outpatient service at both hospitals for patients post heart attack. This would allow for local rehabilitation close to where you live.

STAFF WORKING IN ASSOCIATED HEALTH OR SOCIAL CARE ROLES

74% of respondents in this group had no comments to make.
Comment received included:

Staffing

- National staff shortage needs to be addressed. The new unit can't run without correct staffing levels. Recruitment and potentially training of current staff is needed.
- Staffing, both recruitment and retention particularly in physiology, will be a significant challenge particularly if out of hours PPCI is to be considered even in the mid to long term
- How and where specialist nursing staff are coming from . Will you be able to fund specialist training?
- Consult with existing staff, including the non-clinical staff, who are generally ignored or overlooked and not considered to be relevant or important to be involved in such significant changes.

Technology and innovation

- Will evolving technology change the art of the possible in terms of operating models?
- Will you consider a private cardiac ward for private cardiology Work?

SECAmb

- SECAMB need a pathway for PPCI to the appropriate site rather than WHH

MEMBERS OF THE PUBLIC

81% of respondents in this group had no comments to make.
Comments received included:

Transport and road infrastructure

- Improvement in access to Maidstone hospital by car/ public transport. Area is often gridlocked at peak times and continuing building of new houses is making this worse.
- To think more about the patients and their relatives who will be using this service.How do people get there if they don't have access to transport? Even if they do, journey times should be considered. It's not just about what is convenient for the administration of the Trust.
- Environmental impact - both in terms of the building footprint but also emissions from patient and visitor driving.
- Impact on a vast amount of patients due to increased travel time from TN postcodes. Impact on staff due to increased travel time to and from work.
- As a Crowborough resident I would like an assurance that any extra support such as transport to hospital is not cut off as it was for patients travelling to Pembury hospital. Now virtually impossible to each by public transport.

Questions about services

- Not sure if there is a plan to offer emergency PCI for STEMI patients at MTW but if not then this should be considered as Ashford is a long journey for a critically ill patient and is under pressure for beds.

SECAmb

- I don't necessarily agree that putting all our eggs in one basket is the best way particularly in respect of cardiology where getting quick attention (say for a heart attack) is so crucial. What would have been useful to have seen is what impact on getting patients to just one hospital by ambulances covering current Cardiology Hospitals.

ORGANISATIONS RESPONSES

Engagement

- Please discuss the proposals with GP practices and patient participation groups in all affected areas.
- We would like to work with you to agree any changes you may deem helpful or necessary to community cardiac services or other community services as a result of the change. For example, this may be a good opportunity to jointly explore with Commissioners and MTW subcontracting KCHFT to undertake cardiac rehab and treatment initiation services.
- From the list of TN postcodes referenced in the consultation document, it seems likely that a considerable number of patients in other areas (including parts of the Weald) may be similarly affected by these changes. This underlines the criticality of ensuring that the proposal fully addresses the risks to all patients before implementation

Questions about data and detail

- The assessment of the proposal is incomplete and lacks rigour:
  -There is no criterion assessing risk to patients from the proposal
  -There is no criterion assessing impact on support services (e.g. ambulances)
  -The number of patients living in Crowborough and the surrounding locality* likely to require two journeys under the new proposal is not given. There are no figures showing the number of likely transfers required for consolidation at either hospital and there is no comparison of this data with the data applicable to the status quo. Such data may well impact the assessment scores
- The scoring of the criterion "Improving patient experience (including reducing transfers between hospitals)" seems to have overlooked the fact that many patients initially taken to TWH will require a second journey to reach MH
- The impact on patients admitted to TWH for other conditions, including those who are post-operative, who then need specialist cardiology input has not seemingly been considered

A risk assessment

- The consultation document makes no reference to risks associated with the proposal. It is of vital importance that a comprehensive risk assessment is carried out before the proposal is finalised and that all identified risks are fully addressed. In our view, the scope of the risk assessment should be carefully established in advance and not be limited to assessing impact alone.

ORGANISATIONS RESPONSES

Care plans

- As a patient, I really want a mutually agreed care plan going forward. Specialist heart failure nurses have been central to my care and I hope that option 2 gives you the best chance to optimise specialists such as the HF nurses. Thinking a little wider, does option 2 improve the situation when thinking about ancillary services I might need such as specialist physio or rehab, mental health care, genetic testing for inherited conditions, advanced heart failure care? At the very least, ensure that it doesn't make things worse.

Appendix 1 Profile of Participants

Participant's Postcodes

TN1	Royal Tunbridge Wells (town centre)	1
TN2	Pembury	7
TN6	Black Hill, Boars Head, Burnt Oak, Castle Hill, Friars Gate, Mark Cross, Rotherfield, St Johns, Stone Cross, Town Row	3
TN8	Crockham Hill, Edenbridge	1
TN10	Tonbridge	2
TN11	Pinehurst, Hildenborough, Hadlow	2
TN12	Paddock Wood, Staplehurst, Brenchley, Horsmonden, Marden, East Peckham	1
TN 13	Riverhead, Dunton Green	2
TN14	Cudham, Otford	6
TN15	Kemsing, Ightham, Plaxtol, Wrotham, Sevenoaks Weald	5
TN17	Cranbrook, Goudhurst, Benenden, Frittenden	2
TN18	Hawkhurst, Sandhurst	1
TN19	Burwash, Robertsbridge, Ticehurst, Hurst Green, Burwash Common, Burwash Weald, Etchingham, Etchingham	1
TN22	Buxted, Isfield, Maresfield, Nutley, Uckfield	1
TN24	Willesborough	1
TN27	Headcorn, Biddenden	1
TN31	Iden, Northiam	1
ME2	Strood, Halling, Cuxton, Frindsbury	1
ME3	Rural, Hoo St Werburgh	1
ME12	Isle of Sheppey, Minster, Sheerness, Eastchurch	1
ME14	Maidstone, Bearsted, Grove Green	1
ME15	Bearsted (Madginford), Downswood, Shepway, Senacre, Maidstone Town Centre, Loose, Mangravet, Park Wood, Tovil, East Farleigh, West Farleigh	2
ME16	Barming, Allington and west Maidstone	8
ME17	Hollingbourne, Hucking, Harrietsham, Lenham, Boughton Monchelsea, Linton, Coxheath, Chart Sutton, East Sutton, Langley, Kingswood, Sutton Valence	2
ME19	West Malling, Kings Hill, Leybourne	1
ME20	Aylesford, Ditton, Larkfield, Eccles	3
	Prefer not to say	35
		93

Appendix 1 Profile of Participants

Age	Number of respondents
Under 18	1
18 to 24 years	2
25 to 34 years	11
35 to 44 years	12
45 to 54 years	20
55 to 64 years	14
65 to 74 years	13
75 years or older	17
Prefer not to answer	3
	93

Gender	Number of respondents
Female	57
Male	33
Prefer not to say	3
	93

Sexuality	Number of respondents
Gay Man/ Woman	1
Heterosexual/straight	80
Prefer not to say	12
	93

Ethnic Group	Number of respondents
White: British	71
White: Other	5
Asian/British Asian	3
Black/British black	2
Mixed race	1
Prefer not to say	11
	93

Religion or Belief	Number of respondents
Christian	55
No religion	27
Prefer not to say	11
	93

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We engage
We reflect
We improve peoples lives