

# Developing cardiology services at Maidstone and Tunbridge Wells NHS Trust – an overview of public engagement and analysis of responses

## 1 Introduction

As part of its wider clinical strategy, Maidstone and Tunbridge Wells NHS Trust is developing plans for cardiology services to improve the quality of cardiology care.

The trust's cardiology outpatient clinics are currently provided in four locations: Maidstone Hospital; Tunbridge Wells Hospital; Crowborough Hospital and Sevenoaks Hospital. From the outset the trust has been clear that the proposals under discussion do not include any changes to the delivery or location of outpatient clinics – these will stay as they are now.

Inpatient beds and cardiac catheter lab services for cardiac procedures are currently split across the two main hospital sites – Maidstone Hospital and Tunbridge Wells Hospital.

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

At its meeting on 21 July 2021, Kent HOSC received an update on these proposals to improve cardiology services. HOSC members agreed that while they did not deem the cardiology proposals to be a substantial variation of service, they did think they represented potential significant change warranting engagement. At the Committee's recommendation, the trust has undertaken a 14 week programme of staff, stakeholder, patient, and public engagement to gather views, feedback, and comments on the proposals. Hood & Woolf, specialists in communication, engagement, and consultation, were commissioned to support the trust with this work.

The engagement period ran from 22 October 2021 to midnight on 14 January 2022 and a comprehensive range of activity, materials and supporting information was developed and delivered to describe the proposals in more detail, and proactively seek and record people's views.

This report outlines the results from this public engagement period. It will be considered by Maidstone and Tunbridge Wells NHS Trust board, alongside other evidence and data (clinical, workforce, estates, financial etc), before the board makes a decision about the way the trust organises its specialist and inpatient cardiology services in the future. The report will also be presented to Kent HOSC members at their March meeting and sent for information to East Sussex HOSC.

## 2 Background

### 2.1 About cardiology services at MTW

Figure 1 below shows some key facts about cardiology services at Maidstone and Tunbridge Wells NHS Trust.

**Figure 1: Cardiology services at MTW**



## 2.2 The case for change

The case for change for cardiology services is set out in more detail in papers discussed and considered with HOSC at the 21 July 2021 meeting

(<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8758&Ver=4>). It is also described in the engagement document that was produced to support the engagement activity in the autumn/winter of 2021/22 which can be found on the MTW website at <https://www.mtw.nhs.uk/cardiology-engagement/>

The key challenges are shown in figures 2 and 3 below.

Figure 2: Case for change



Figure 3: Key challenges



After careful consideration of ways to improve care, the cardiology programme team identified four potential options for improving the way services are delivered. The proposed changes would not affect the outpatient services MTW provides, which will stay as they are now.

The four options are:

1. Do nothing - leave services as they are and seek to make small incremental 'business as usual' improvements

2. Consolidate specialist and inpatient services at Maidstone Hospital by reconfiguring existing space – MTW's preferred option for the future shape of cardiology services
3. Consolidate specialist and inpatient services at Tunbridge Wells Hospital by reconfiguring existing space
4. Consolidate specialist and inpatient services at Maidstone Hospital by building a new space and reconfiguring existing space.

As Kent HOSC members determined that the proposals represented potential significant change but did not amount to 'substantial variation', they confirmed that consultation with HOSC (under section 244 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) and under The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013), was not required.

However, in recognition of the potential significant change outlined in the proposals, HOSC members supported at least a 12-week engagement period with the public, building on earlier patient and public engagement on cardiology services.

As there are patients based in East Sussex who use MTW cardiology services, the MTW cardiology programme team also presented their case for change and proposals for improvement to East Sussex HOSC. East Sussex HOSC also determined that the proposals did not amount to substantial variation because of the relatively low numbers of East Sussex residents involved with regards to inpatient care. East Sussex HOSC similarly supported a robust engagement period on the proposals and wanted to ensure views from patients and residents in East Sussex were heard.

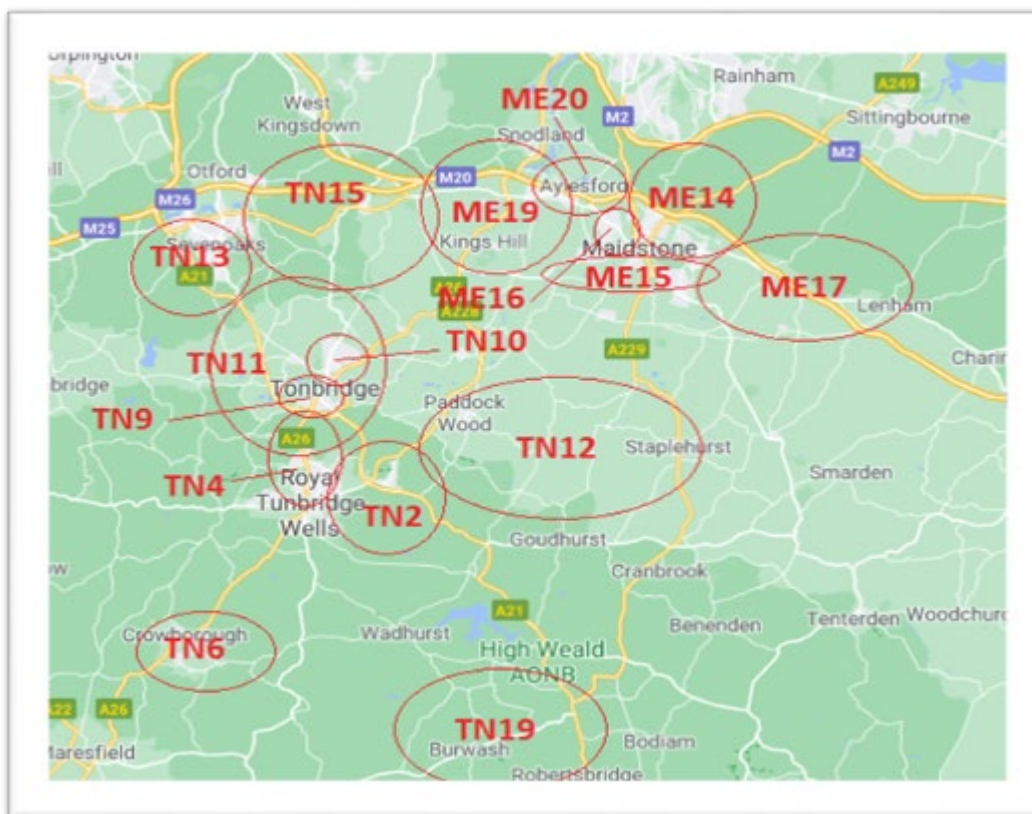
MTW launched a 14-week engagement period on 22 October 2021 to midnight on 14 January 2022 with the aim of gathering views and feedback from patients, their loved ones, the public, staff, and stakeholders about the case for change and the different options to address it. Originally scheduled to last for 12 weeks, the engagement period was extended by two weeks to accommodate the Christmas 2021 holiday period, giving more time for stakeholders and other audiences to respond and share their views.

### 3 An overview of engagement activity

Engagement activity was focussed in the following geographic areas:

- The catchment area served by MTW's cardiology service - Maidstone, Tonbridge, Tunbridge Wells, Crowborough, Sevenoaks, and Paddock Wood, as well as patients from the East Sussex border
- In the top 20 postcode areas with the highest admissions to the service between 2017-2019
- We also welcomed and sought views from people across Kent and East Sussex.





### 3.1 Engagement aims

The 14-week engagement programme was developed to meet best practice principles, the legal duty to engage and involve under Section 242 of the Health and Social Care Act (2006), and recognise that for some groups, engagement preferences may have permanently changed due to Covid-19.

Aims for the engagement period were to:

- Raise awareness of the engagement period and make sure appropriate information about it is available and accessible in different formats/places
- Build on the engagement already undertaken to close any gaps and/or further target people most impacted by the proposals
- Provide opportunities to explore more deeply the themes and issues that have arisen, and identify appropriate mitigations
- Engage with staff and professional groups, those with protected characteristics under the equalities' legislation, and those who are seldom heard
- Ensure the MTW board considers the engagement feedback and responses and takes them into account in its decision-making.

### 3.2 SMART objectives

The following SMART objectives were agreed as part of an overarching communications and engagement plan to guide the focus of the communications and engagement activity'.

SMART objective	Measure/assessment
<p>Raising awareness through opportunities to see or hear about the engagement period – informing a minimum of 56,000 people (approximately 10 per cent of the target population) about the proposals during the engagement period.</p> <p>Core targeted population = 560,000 people living in the south of West Kent and the north of East Sussex. Core catchment areas are Maidstone and Tunbridge Wells and their surrounding boroughs</p>	<p>To be achieved through advertising, editorial coverage, social media activity and targeted advertising, display of materials in local communities – and through working with local community and voluntary organisations.</p> <p>*NB: We recognise that ‘opportunities to see or hear’ do not necessarily equate to people reading or listening and are a relatively superficial measurement, so we will put more focus on and weight into the engagement and response figures below.</p>
<p>Target for active and direct engagements – 1,120 people (approximately 0.2 per cent of the target population)</p>	<p>To be achieved through meetings and events, social media interactions, focus groups, targeted outreach work etc.</p>
<p>Target for responses – 560 separate responses to the engagement on this issue overall (approximately 0.1 per cent of the target population - building on and including the 220 responses captured in the first engagement phase)</p>	<p>Collecting responses during the engagement period including questionnaire, focus groups, emails, social media interactions, phone calls, letters, comments at events etc.</p>
<p>Focus on geographic ‘hot spots’ - e.g. areas that have a higher reliance on/likelihood of being impacted most by the proposed changes will have the opportunity to engage and respond during the engagement period.</p> <p>We will run five pop-up stand events and actively engage with 100 people (in total) in the most impacted areas – Tunbridge Wells, Maidstone, Crowborough, Sevenoaks, Burwash (or nearby postcodes).</p> <p>We will run four focus groups (including at least 20 people in total) recruiting people from the most impacted areas during the engagement period to understand the impacts on people based on geography and proximity to the facility.</p>	<p>Measured by the number of people attending the drop-in events and geography specific focus groups, and the number of events/focus groups run.</p>

SMART objective	Measure/assessment
<p>Protected characteristics, seldom-heard/hard-to-reach and most impacted groups – targeted engagement work through focus groups, surveys, links with local networks to demonstrate that all protected characteristics are represented within the engagement feedback, and that seldom heard voices are represented in the engagement responses.</p> <p>We will run x2 online focus groups for specific protected characteristic groups including those people with disabilities, and LGBTQIA+ community (including the voice of trans people)</p> <p>To reach ethnic minority and deprived communities we will undertake x2 community visits to engage with these communities face to face</p> <p>The objective of these activities is primarily to understand whether the proposed changes have specific impacts on people with these characteristics as a result of these characteristics (as opposed to any impacts due to geography and proximity to the facility). See equality and health impact assessment section for additional work related to people with protected characteristics and those most impacted by the proposed changes.</p>	<p>Measured by the number of people attending the focus groups/individual depth interviews, and the number of focus groups/IDIs run.</p>
<p>Staff involvement (1) – all affected staff (120.09 WTE) will have the opportunity to access information about the proposals, complete the questionnaire and/or join one of two staff workshops during the engagement period. We will use a variety of appropriate channels (as set out within this plan) to achieve this.</p> <p>Staff involvement (2) – all MTW staff (5,000 full and part-time staff) will have the opportunity to access information about the proposals, complete the questionnaire and/or join an all-staff briefing during the engagement period.</p> <p>Target for active and direct engagements - 50 people (1% of staff)</p> <p>Target for responses – 25 people (0.5% of staff)</p>	<p>Measured by the OTS and OTH about the proposals, numbers attending the staff briefings, and the number of staff briefings run</p>
<p>Patients, families, and carers involvement – patients in affected services and their families/carers will have the opportunity to respond during the engagement period.</p> <p>Patients and their families will have the opportunity to complete a questionnaire or respond to the engagement period in another way by email, via the post or phone.</p>	<p>Using a variety of appropriate channels (as set out within this plan) to ensure affected patients, and/or their families/carers have the opportunity to respond to the engagement period. We will</p>



SMART objective	Measure/assessment
We will undertake proactive outreach to at least two carer support groups and at least two patient representative groups – which are representative of the cohort of patients affected.	look to achieve direct engagement with affected patients and their families.  Assessment will be based on the opportunities to engage, and responses received
Stakeholder attitudes – we will deliver proactive engagement with key groups and influencers during the engagement period – and achieve positive attitude feedback about the engagement process from at least three different stakeholder groups by the end of the engagement period and achieve responses from five different stakeholder groups.	Including voluntary and community sector, democratic representatives, patient representatives (e.g., Healthwatch/PPGs/other patient fora), clinical/staff representation or group, including GPs  Demonstration of proactive engagement with elected representatives and patient representative groups at least twice throughout the engagement period.
Delivery within an agreed budget	TBC once amount is agreed/identified.

The SMART objectives were either fully or partially met by the engagement activity and responses, as detailed in the report below.

### 3.3 Engagement audiences

The key audiences for the engagement period are set out in the table below, grouped by audience type.

**Table 1: Engagement audiences**

Patients, public, community	MTW and system workforce	Elected representatives
<ul style="list-style-type: none"> <li>Cardiology patients, former patients, families, carers</li> <li>Kent residents</li> <li>Patient and carer support and voluntary groups – high blood pressure, high cholesterol, diabetes, overweight, smokers, sedentary</li> </ul>	<ul style="list-style-type: none"> <li>MTW staff - particularly cardiology staff, including staffside and trade unions</li> <li>South East Coast Ambulance Service NHS Foundation Trust</li> <li>Kent and Medway Integrated Care System</li> <li>West Kent ICP</li> <li>Provider Alliance</li> <li>General Practice</li> </ul>	<ul style="list-style-type: none"> <li>MPs – Tunbridge Wells, Chatham and Aylesford, Tonbridge and Malling, Maidstone and the Weald, Faversham, and Mid Kent, Sevenoaks, Wealden, East Sussex</li> <li>Kent councillors</li> <li>East Sussex councillors in the north and east of</li> </ul>

Patients, public, community	MTW and system workforce	Elected representatives
lifestyles/inactive <ul style="list-style-type: none"> <li>Healthwatch Kent</li> <li>League of Friends TWH, MH</li> <li>Those who are seldom heard</li> <li>Protected characteristic groups</li> <li>CCG's local health/community engagement networks</li> <li>GP patient participation groups</li> <li>Via local, regional. print, broadcast, and online media</li> </ul>	(including GPs and primary care teams) <ul style="list-style-type: none"> <li>Kent County Council (including social care and public health teams)</li> <li>Trade media</li> </ul>	the county
Regulators, Scrutiny	System leaders and partners	Clinical experts and professional bodies
<ul style="list-style-type: none"> <li>NHS England and NHS Improvement</li> <li>Care Quality Commission</li> <li>Kent Health Overview and Scrutiny Committee (HOSC)</li> <li>Kent and Medway Joint Health and Wellbeing Board</li> <li>East Sussex HOSC</li> </ul>	<ul style="list-style-type: none"> <li>Kent and Medway CCG governing body</li> <li>Kent and Medway Integrated Care System Partnership Board</li> <li>ICPs in Kent and Medway</li> <li>West Kent primary care</li> <li>KCHFT</li> <li>KMPT</li> <li>PCNs – Malling, Sevenoaks, Tunbridge Wells, Tonbridge, South Maidstone, north and east of East Sussex PCNs</li> <li>Provider alliance</li> <li>Council officials – Kent County Council; Tunbridge Wells, Maidstone, Tonbridge and Malling, Sevenoaks, Wealdon Councils</li> <li>East Sussex CCG, ESHT cardiology teams</li> <li>Kent and East Sussex Healthwatches</li> </ul>	<ul style="list-style-type: none"> <li>Kent LMC</li> <li>West Kent LMC</li> <li>KSS Academic Health Science Network</li> <li>Royal College of Surgeons</li> <li>Royal College of Physicians</li> <li>Cardiology network</li> </ul>

Core engagement materials (including the engagement document, a summary version, survey, frequently asked questions, an animation and 'talking heads' videos) were published on a [dedicated engagement page](#) on MTW's website. Ensuring widespread awareness and

understanding of, and engagement with, these materials formed the basis of engagement activity. The website was updated as new information or details about events and activities went live. A communications cascade to key stakeholders and audiences was used to highlight the start of the engagement period and offer recipients easy access to engagement materials. This cascade approach was repeated halfway through the engagement period and in the week before the engagement closed, to encourage last minute responses. A communications cascade will be used to inform stakeholders about the decision-making process and next steps.

Engagement activity was a mix of online and face-to-face engagement (working in a COVID-safe way and within government guidelines), exploiting digital means to reach people, but also recognising that not everyone can or wants to engage digitally. Pop-up information stands and telephone polling were also used to reach people who may not engage via digital means. Anyone without access to the internet could write to or telephone MTW's engagement team and ask for information to be sent to them.

In addition to the activity outlined, we worked with our stakeholders and partner organisations to promote the proposals and opportunities to engage and respond to the proposals across multiple channels and interactions and are grateful for their support for this engagement work.

### 3.4 Core engagement collateral

#### 3.4.1 Engagement document

A comprehensive and accessible engagement document was developed and produced. It outlined the case for change, details about the options and their development, and set out areas for discussion and proposals for feedback. The document was used as the basis for all engagement work. An EasyRead version was created to enable additional accessibility for our audiences and stakeholder groups.

*Figure 5: Engagement document cover*



### 3.4.2 Core slide pack

A comprehensive PowerPoint presentation was developed and adapted during the engagement period as a means of describing the case for change and proposals in an engaging and accessible but consistent manner during meetings and briefings.

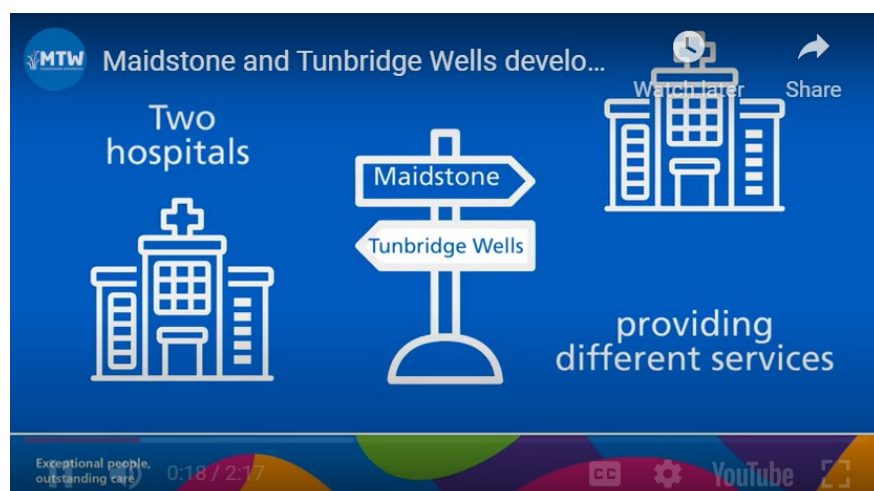
*Figure 6: Example opening slide from core slide deck*



### 3.4.3 Animation

An animation, outlining how the proposals were developed and what they would mean for patients was developed, produced, and posted on the MTW website. It was linked to from various other communication channels used during the engagement period. The animation received 1,006 reach, 6 likes, 2 shares on Facebook and 58 views directly through the website to YouTube.

*Figure 7: Still from animation*



### 3.4.4 Videos

Videos of clinical staff and programme representatives, describing the case for change and the proposals were developed to bring the plans 'to life' during the engagement period. These videos were hosted on YouTube and linked to from the MTW website. When highlighted in social media posts, the videos achieved the following:

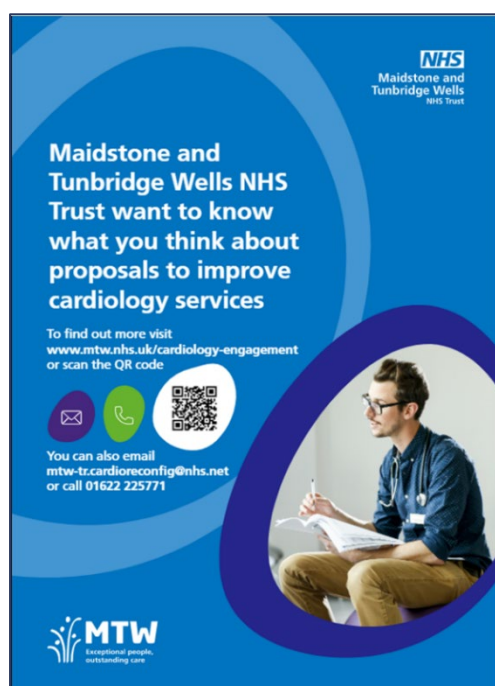
- Video of Dr Laurence Nunn: 983 reach, 3 likes
- Video of Georgina Neary: 1,714 reach, 13 likes, 3 comments
- Video of Sara Emberson: 2,036 reach, 14 likes, 4 shares
- Video of Dr Amanjit Jhund: 4,569 reach. 6 likes, 5 shares

Each video achieved approximately 75 views from the MTW website and through the YouTube channel.

### 3.4.5 Posters – electronic and printed

100 posters in A4 format and 20 in A3 format including details of how to find out more about the proposals and respond during the engagement period were developed for use across healthcare and community areas. QR codes were included to help signpost people to furthermore detailed information and activity.

*Figure 8: Example poster for use in community and health care settings*



### 3.4.6 Print and digital advertising

Advertisements were produced and appeared in a range of local newspapers in print and online.

#### *East Sussex newspaper advertising:*

- Sussex Express Weekly Print Readership: 22,642
- Sussex Express Weekly Online Readership: 14,000
- Adverts' size: Quarter Page (17 cm x13.2 cm)
- 8 adverts in total (4 per publication)
- Position in the paper: As close to the front as possible
- + 60k targeted online impressions on the EH news site

#### *Kent Online newspaper advertising (targeting Maidstone and Tunbridge Wells):*

- Kent Messenger estimated weekly readership: 67,748
- Kent Messenger weekly circulation: 15,415
- 3 x quarter page ads between 28 October 2021 and 09 December 2021



Figure 9: Example of print media advertising



### 3.4.7 Social media assets:

Custom graphics were produced for Facebook, Instagram and Twitter.

Five YouTube videos were produced and published: 1 Animation, plus 4 interviews with key staff

A series of organic and boosted posts were produced and delivered to attract link-throughs to the cardiology engagement page, further information, and a call to action to give feedback in a variety of ways.

Figure 10: Example social media graphic



### Social media reach

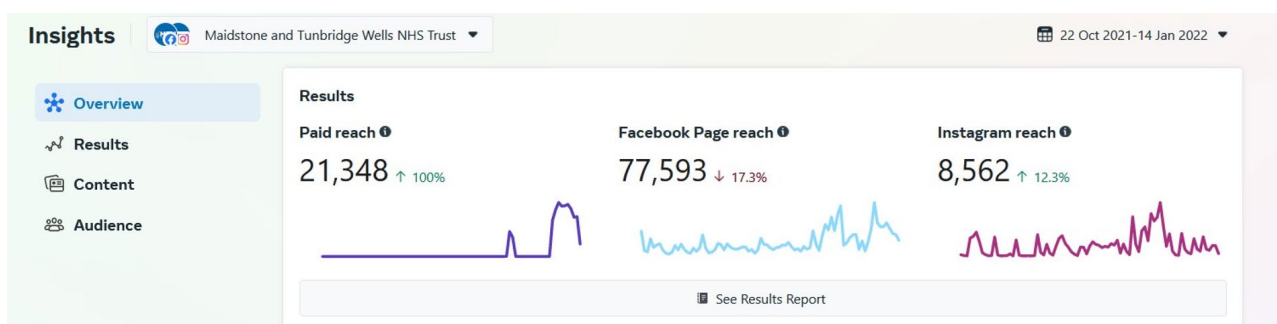
- Facebook page reach: 75,446
- Instagram reach: 8,473
- Facebook and Instagram paid advertising reach: 20.9k

- Facebook and Instagram paid impressions: 48.7k
- Twitter impressions: 34,046

Figure 11: Social media metrics for Twitter

	Tweet preview	Tweet status	Impressions	Spend	Results	Results rate	Cost per result
			31,638	£40.00	15 Link clicks	0.05% Link click rate	£2.67 Cost per link click
MTW Hospitals	Help us improve #NHS inpatient #cardiology services for #heart patients across #Maidstone & #TunbridgeWells. We need your views on our proposals, read more & respond online at <a href="https://mtw.nhs.uk/cardiology-eng...">mtw.nhs.uk/cardiology-eng...</a> Deadline for responses: 14 January 2022	Expired	5,618	£18.12	4 Link clicks	0.07% Link click rate	£4.53 Cost per link click
MTW Hospitals	We need your views... Dr Amanjit Jhund, #MTW Dir of Strategy Planning & Partnerships explains why we need to improve inpatient #NHS #cardiology services at #Maidstone and #TunbridgeWells #hospitals. Do you agree with our proposals? Read more & respond at <a href="https://mtw.nhs.uk/cardiology-eng...">mtw.nhs.uk/cardiology-eng...</a>	Expired	21,417	£19.35	10 Link clicks	0.05% Link click rate	£1.93 Cost per link click
MTW Hospitals	Do you use #Maidstone or #TunbridgeWells #hospitals? #MTW Clinical Lead for #Cardiology, Consultant Dr Laurence Nunn explains why & how we could improve inpatient #NHS #cardiology services. We'd like your views on our	Expired	4,603	£2.54	1 Link clicks	0.02% Link click rate	£2.54 Cost per link click

Figure 12: Social media metrics for Facebook



### 3.4.8 Information provided through dedicated webpages

A dedicated webpage was set up on MTW's website and signposted from the home page. The page held links to all of the engagement documentation, including the core engagement document and EasyRead format (and alternative languages on request), a series of frequently asked questions and an animation explaining the proposals and why change is needed.

MTW and other NHS partners signposted to the web page from their website and/or through their bulletins and newsletters.

### 3.4.9 Information sent by post

Printed materials were sent out by post to public libraries to raise awareness of the engagement period:

- 100 copies of A4 engagement document – sent to libraries across Maidstone/Tunbridge Wells and surrounding areas for display
- 100 copies of engagement questionnaire – sent to libraries across Maidstone/Tunbridge Wells and surrounding areas for display
- 100 A4 posters – some sent to libraries across Maidstone/Tunbridge Wells and surrounding areas for display

### 3.4.10 Screensavers and digital screens

Infographics were used in trust-wide IT to raise awareness of the proposals and the opportunity to respond to the proposals.

## 3.5 Engagement activity

### 3.5.1 Survey

A survey was developed by an independent research agency as part of the engagement activity and feedback was encouraged from local people, organisations, and health and care staff. It was located via a click-through from the cardiology engagement [webpage](#) 'Developing cardiology services at Maidstone and Tunbridge Wells NHS Trust – share your views' on MTW's website. A total of 98 responses were received from 93 individuals and five organisations.

### 3.5.2 Targeted engagement

An independent agency (EK360) recruited 52 individuals to join targeted focus group discussions to ensure a representative mix of the general public and those from seldom heard groups. There were 28 participants from seldom heard groups, with the remainder from the general public. This targeted engagement was undertaken through conversations and meetings where reactions to the case for change and the options were explored.

### 3.5.3 Online public listening events x2

Two online public listening events were publicised through social media, through online and printed media advertisements, through cascaded information to patient and community networks, and through the trust's website. These events took place during the engagement period on 9 and 15 December 2021.

### 3.5.4 Telephone polling/interviews

A specialist independent research agency (DJS Research) was commissioned to conduct a telephone survey that collected the views of a representative sample of 200 residents across the engagement catchment area. The fieldwork took place between 24 November and 15 December 2021 and the full complement of 200 interviews were completed.

### 3.5.5 Five pop-up stands across the engagement catchment area

Five pop-up stands with information on the proposals, manned by programme representatives, were held during December 2021. Royal Victoria Place in Tunbridge Wells on 26<sup>th</sup> November, Crowborough Town Centre on 3<sup>rd</sup> December, Bligh's Walk Meadow in Sevenoaks on Friday 10 December, Fremlin Walk Maidstone, Wednesday 15 December and High Street, Uckfield on Thursday 16 December.

A pull-up banner with key information, reflecting the visual identity of other engagement collateral, was used to attract attention. Leaflets were handed out signposting people to the survey and other ways to get involved and have their say on the proposals.

Figure 13: Pop-up stand graphic



### 3.5.6 Outreach to voluntary and community sector organisations and outlets

We took a proactive approach to ensuring that a wide variety of groups and networks received and were able to share information about the engagement period with details of how people could find out more and get involved. More than 40 groups and networks were approached, and an electronic poster and a short article were provided for use through channels and communications. The offer of programme representative attendance at meetings or briefings was also made at the time of the initial contact. Cardiac/heart groups, older people's groups, faith and cultural networks, maternity groups and LGBT+ trans groups were approached.

We have been able to track some of the outputs from these groups however would not anticipate hearing back from them all given the proximity to Christmas holidays and the fact that these groups are staffed on a voluntary basis.

### 3.5.7 Direct stakeholder feedback and individual responses

Feedback was received via the dedicated email address from six key stakeholders and the programme team met with two Patient Participation Groups (PPG) as well as receiving a

written response to the proposals from one PPG. Two individuals submitted their responses via the dedicated email address.

### **3.5.8 Staff events**

Staff feedback is part of an ongoing dialogue within the cardiology team, but there was a focused discussion to consider the proposals at three staff sessions held on 17<sup>th</sup> November (10 staff), 22 November (35 staff) and 1<sup>st</sup> December 2021 (two members of staff).

### **3.5.9 E-bulletins, newsletters and scheduled internal communications with reminders of public events (both virtual and face-to-face) and encouraging responses to formal questionnaire**

Information and updates about the proposals and opportunities to engage, have been included in 20 scheduled MTW staff and stakeholder bulletins.

### **3.5.10 Updates to MPs**

All Kent and Medway MPs were included in the initial communications cascade raising awareness of the engagement period in October 2021, offering 1-1 follow up if requested. Similarly, they will be part of the communications cascade that will be delivered to communicate the decision that the MTW board makes, and to outline high level implementation plans and next steps.

### **3.5.11 Proactive and reactive media relations to encourage editorial coverage of the proposals and opportunities to engage (in addition to paid advertising)**

Media releases highlighting the proposals and opportunities to engage were sent to local media outlets on:

- 26 October 2021
- 25 November 2021
- 12 January 2022

We worked with local media outlets to ensure they had information about the proposals, and they were offered access to programme representatives as required. All stories were posted on MTW's website as news stories.

### **3.5.12 Timed communications activity – launch, mid-point, end-point**

A regular cascade of information about the proposals, highlighting opportunities to engage was undertaken via established channels and networks. This ensured that proposals remained high on the agenda for our partners and stakeholders. Activity included website and social media updates, stakeholder and email bulletins.

## **4 Headline findings from the public engagement period**

As describe above variety of research, engagement, and involvement methodologies were used to elicit views, feedback, and ideas in response to the cardiology proposals. The results from these primary methodologies are set out below.

### **4.1 Key questions**

The following questions were at the heart of the engagement process, underpinning the survey, targeted engagement, focused conversations, telephone polling, meetings, and briefings:



### Our questions to you

- ❓ 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?



Exceptional people,  
outstanding care

## 4.2 Survey responses



The majority of survey responses came from individuals (93) and five responses were received on behalf of organisations. The organisations were:

- Kent Community Health Foundation Trust
- The Beacon Surgery Patient Participation Group; c/o Beacon Surgery, Crowborough
- Ashdown Forest Health Centre, patient reference group.

The individual responses can be broken down into three categories:

- A third of responses were from patients and carers who had directly experienced a cardiology service
- Another third were from members of the public
- The final third of responses were from staff who work in associated health and social care services.

91% of respondents felt that the reasons why change to cardiology services 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.

A review of these responses, set out in the table below, shows the following in support of the options outlined within the proposal. Out of the 98 respondents 62 (63%) expressed preference for the Maidstone site, with 24 (24.5%) expressing preference for the Tunbridge Wells site and 8 (8%) preferring no change.

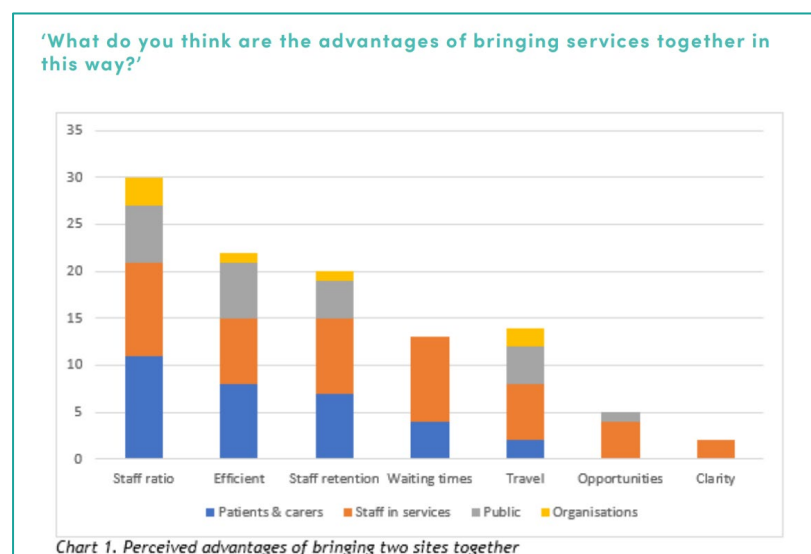
**Table 2: Summary of survey feedback**

Support for option	Number of responses
Option 1 – Do nothing	8 (8%)
Option 2 - Internal reconfiguration to centralise on the Maidstone site by redeveloping current estate for the cardiac catheter lab	45 (47%)
Option 3 - Internal reconfiguration to centralise on the Tunbridge Wells site	24 (25%)
Option 4 - Part new build and part internal reconfiguration to centralise the service on the Maidstone site	17 (17%)
No preference recorded	4 (4%)

#### 4.2.1 Advantages

The most frequently mentioned perceived advantage of the proposed changes 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.

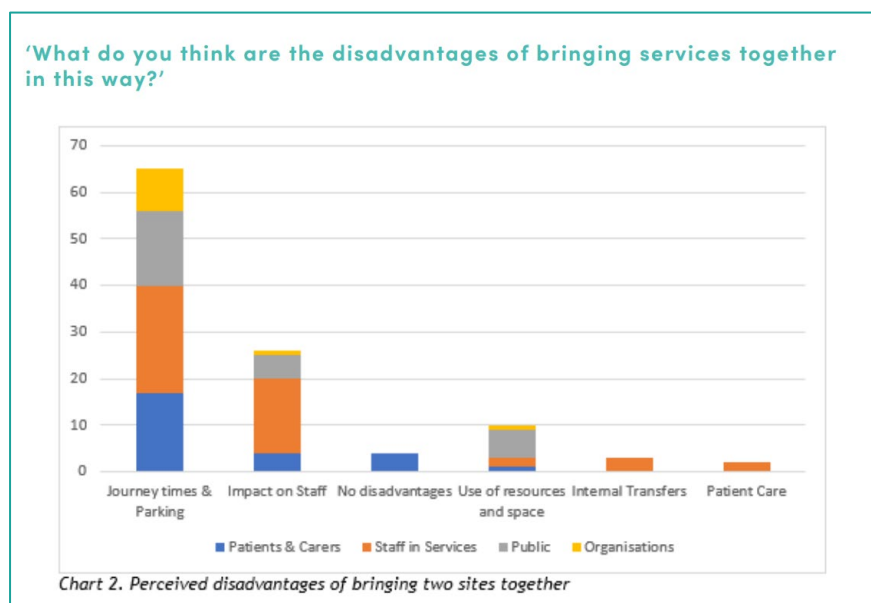
**Figure 14: Perceived advantages from survey respondents**



#### 4.2.2 Disadvantages

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 perceived negative impact on patient care.

Figure 15: Perceived disadvantages from survey respondents



The full survey report can be found [here](#).

### 4.3 Targeted engagement outcomes



The focus group discussions run by EK360 recruited 52 individuals to ensure a representative mix of views from the general public and from a sample of some more seldom heard groups. Twenty eight people from seldom heard groups were recruited with the remainder from the general public. The gender mix of the feedback was male 23, female 28, and transgender 1. The seldom heard group mix is detailed below:

- People with a physical disability (8)
- People from ethnic minority backgrounds (8)
- People from the LGBTQIA+ community (6)
- People living in areas of multiple indices of deprivation (6).

The 52 participants were engaged in detailed conversations to discuss their thoughts about the proposed changes in the cardiology service. All the conversations, regardless of their backgrounds, broadly agreed on all the topics with no significant differences between the groups. The case for change was explored in focused discussions along with the potential advantages and disadvantages of the proposed changes. In terms of outcome:

- All the groups felt that the greatest advantage of the proposals was an improved quality of care for patients, with reduced need to travel between the two current sites
- The most frequently mentioned disadvantages were journey times, transport and distance to travel. These three issues were raised by all focus groups
- The conversations involving the general public as well as those from ethnic minority backgrounds or identifying as LGBTQIA+, talked about the potential disadvantages for staff
- Other comments in the general public groups touched on concerns about finance and disruption to services
- Participants from ethnic minority highlighted the risk of infection as a concern

- Given that the most frequently mentioned disadvantage across all focus groups was that of travel time, distance, and accessibility of the hospital sites, it was also the top area suggested for mitigation
- 62% of participants expressed a preference to see development of the Maidstone site (35% Option 4, 27% Option 2)
- There was some correlation between the postcode of participants and these preferences, however only 42% of the overall participant sample identified as living in the Maidstone area, so the greater preference for Maidstone is not simply explained by correlations to participant postcode
- 14% of participants wanted to keep a service in both areas. A range of suggested alternatives were proposed focusing on improvement of the current service at current locations
- The focus groups would like the NHS to consider the issues of travel, transport, and accessibility before making a decision
- In addition, there were some requests for decision-makers to more fully consider if improvements to current services at the current sites could address the case for change/the reasons stated to combine sites.

#### 4.3.1 Suggested mitigations

Respondents came up with potential ideas to mitigate the challenges presented by the issues around transport and accessibility. These are highlighted to demonstrate the thinking that developed during the sessions.

- *'The NHS could provide travel for people who have to use public travel and do not have access to a car'*
- *'Formulate a robust travel plan to Maidstone Hospital and to Pembury Hospital for that matter'*
- *'Simplify patient transport as the process can be very stressful for patients. There's always a problem. If you need to get patient transport, you have to jump through hoops before you get it. Not everyone qualifies for patient transport. Is there a possibility of giving an equivalent of a blue badge to people who automatically are entitled to ambulance transport rather than jumping through hoops? A more streamlined service that could involve an individual reference number for each patient and an online booking system.'*

The full EK360 report, Listening to peoples' thoughts about changes to inpatient cardiology in west Kent can be found [here](#).

#### 4.4 Online public listening events outcomes



The two online public listening events did not specifically ask for views on the options, the feedback received supported the direction of travel to consolidate the cardiology inpatient and cardiac catheter lab services on one site. While, disappointingly, only two attendees came to the sessions (a few more registered but didn't attend on the day), the quality of the feedback and the depth of understanding and engagement with the proposals, meant the sessions were highly useful in drawing out detailed responses to the proposals and giving valuable feedback. Points and views raised by attendees at both meetings and in follow-up correspondence via email included:

- Broad support and understanding for the service consolidation ‘case for change’ – *‘this is the right approach’*
- Questions about the practicalities of implementation for patients and staff including the transfer of patients across sites
- Support for the consolidation approach with one attendee supporting the Option 2 proposal: *‘I can see that better recruitment and retention, better training and support, and the general move towards a centre of excellence can only be positive news for the team, the hospital, and eventually, the patients’*
- Feedback on the clarity of the case for change and engagement approach and materials: *‘...you are to be congratulated for pulling together an ambitious plan and for explaining it so clearly and rationally to all stakeholders’.*

One attendee was also a representative of Cardiomyopathy UK, where he has a role as a Change Maker. The opportunity to meet with him and explore his specific responses to the proposals gave the programme team significant insights from a patient’s perspective. After the meeting we received an email reiterating several points made during the event including:

*‘Bringing my patient perspective to bear, I picked out these thoughts which I believe will be assisted by going for the Maidstone option:*

- *I want to be seen by a cardiologist as soon as possible and not ‘sent round the houses’. If I’m admitted, I want to be under the care of that cardiologist and to receive an expert diagnosis as soon as possible*
- *I want the highest likelihood of support care from specialist nurses both during my stay and post discharge*
- *I want to have access to a well-managed, integrated care package, centrally run / hub run, delivering genetic testing, rehab facilities, emotional support, etc.*
- *I would like the fastest route possible from first presentation at my GP to a cardiologist. I know this is ‘patchy’ right now given the strain on the service, but I would hope that there are some soft benefits from GPs knowing that cardiology services have been consolidated and are running more effectively at the hospitals. Greater confidence in GIRFT?*

*If I take a slightly more holistic view, I can see that better recruitment and retention, better training and support, and the general move towards a centre of excellence can only be positive news for the team, the hospital, and eventually, the patients. I was impressed by the work that Dr Nunn is doing with St Thomas’ Hospital, and I suspect that they would also support any MTW trust development that makes liaison easier and more fruitful.’*

#### 4.5 Telephone polling/interviews responses



Key findings from the 200 telephone interviews are set out below.

Screening questions were used to ensure that the profile of participants was broadly representative of the Maidstone and Tunbridge Wells population as a whole. The age profile was skewed towards the 75+ age group as it was deemed these are the residents most likely to have need for cardiology

services. Screening questions covered:

- Location
- Gender



- Age
- Ethnicity
- Disability.

The proposals were generally very well received by participants in the telephone interviews; however there are some concerns, mainly relating to the additional travel required to access a different facility.

- There is strong support for the idea of consolidating some specialist care at one hospital. Four-fifths (80%) agreed that the plans would improve the care and experience of inpatients
- There is also strong support for the idea of bringing specialist and inpatient cardiology services together onto one hospital site. Four-fifths (80%) agreed with the proposal
- When asked to think about the most important factors to consider when evaluating the options, the fact that it provides the best clinical outcome for patients far outweighs any other factor. Travel time is a concern for around half
- Potential advantages of bringing services together focused on receiving specialised services in a single location and no changing between hospitals mid-treatment
- Potential disadvantages of bringing services together focused by far on the distance to each site – this was an equal concern for people in both Maidstone and Tunbridge Wells postcodes
- The hospitals/Trust could reduce the impact of the disadvantages of bringing the services together on one site by improving transport offerings (e.g. taxi, shuttle bus, etc)
- Other potential options that would address the need to change include better access to GPs/quicker appointment times
- Participants like to be consulted/listened to, so this needs to continue throughout the process.

Telephone polling is a highly effective way of reaching a representative group of people for whom digital engagement is not an option and those who are not usually involved in healthcare engagement activity. It offers a robust ‘check and balance’ against responses from the more vocal minority groups and individuals, demonstrating ‘silent majority’ views from local residents.

Two figures from the full report are reproduced below, showing the support for the overall proposal and plans to consolidate services at a single site. More detailed information, including demographic and geographical data, along with example comments from respondents can be found within the full report.

Figure 16: Views on the overall proposal

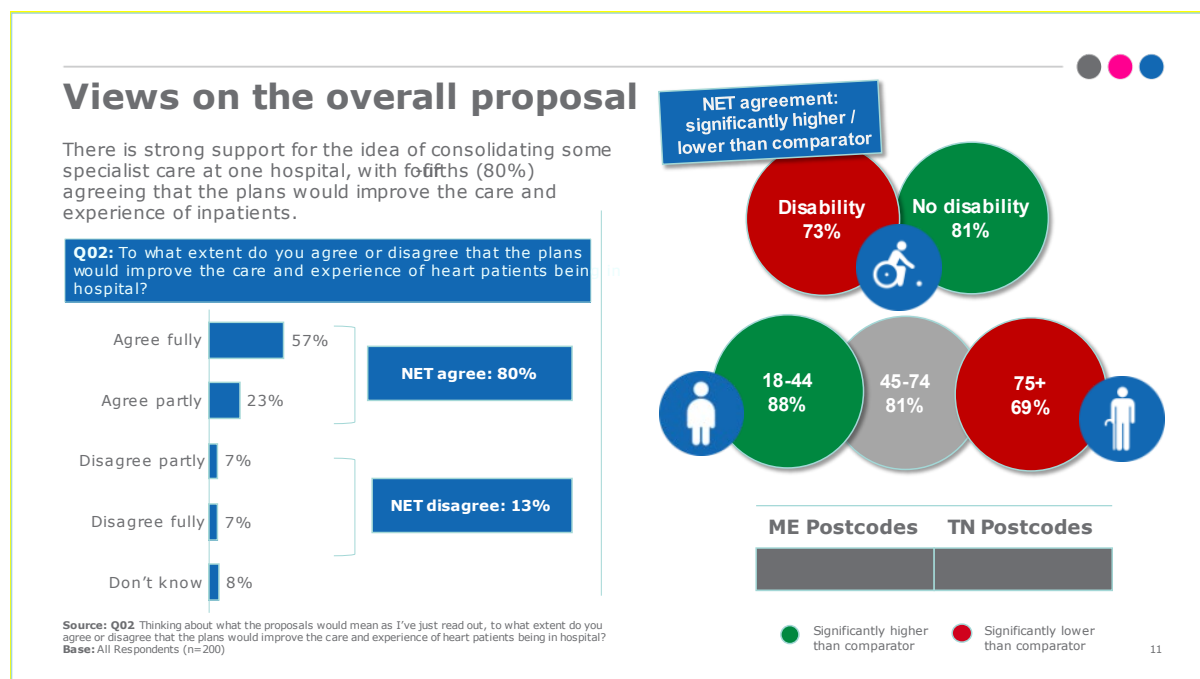
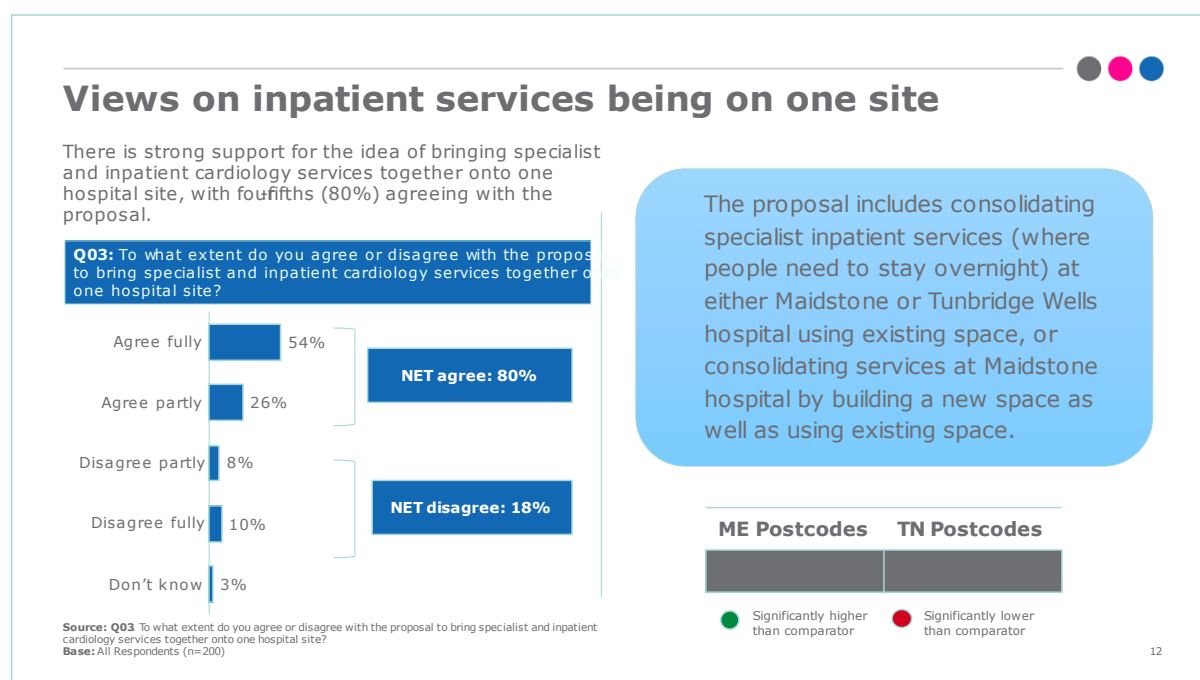


Figure 17: Views on the consolidation of services on a single site



The full report from the telephone survey can be found [here](#).

## 4.6 Five pop-up information stands/targeted information distribution across the engagement catchment area

The nature of pop-up information stalls and flyer distribution as an engagement method means that the primary function was to raise awareness and provide information. More than 300 A5 flyers were handed out. Ad hoc feedback from approximately 50 people who representatives spoke to on the days suggested:

- An understanding of the clinical case for change
- Agreement that consolidation would lead to improved outcomes for patients
- Concerns about the impact of additional travel times for patients and families in peripheral areas and the availability/cost of public transport within these areas.

Programme representatives took the opportunity to visit community areas such as shops, pharmacies, and vaccination centres during these times to hand out leaflets and information to residents.

#### 4.7 Direct stakeholder feedback



In addition to the formal engagement with Kent HOSC and East Sussex HOSC reported above, feedback was received via the dedicated email address from six key stakeholders and the programme team met with two Patient Participation Groups (PPG) as well as receiving a written response to the proposals from one PPG.

The stakeholder feedback is summarised below with the key themes being consistent with the other engagement activities:

- Five out of the six stakeholders said they understood the reasons behind the proposed changes
- One stakeholder would prefer the service to be developed with compromise to the delivery of all standards, but which keeps services across both sites.
- There was support for the Maidstone site of the two sites proposed for potential consolidation of specialist and inpatient cardiology services.

Concerns were raised about travel and accessibility for patients and visitors from the Weald and Sussex areas, and about emergency management of patients should they present to the non-inpatient site. These did not detract from the recognition of the need to undertake the reconfiguration, rather they were points made to ensure the Trust takes these issues into account and mitigating actions are put in place to support patients from these areas. Suggestions made about travel improvement and the use of technology as areas of mitigation to help reduce the concerns raised will be considered in development of the business case.

##### 4.7.1 Friends of Crowborough Hospital

A letter dated 10 January 2022 was received from the group in response to the proposals. The group welcomed the opportunity to respond and believed that local residents had been able to engage effectively. Key points raised related to the accessibility of Maidstone Hospital as set out in Options 2 and 4 for residents from the Crowborough area, the associated limitations of public transport, the need for consideration for parking at Maidstone Hospital and specific concerns about the impact of the proposals on the future of Crowborough Hospital:

*'The Friends understand the reasoning behind the clinical case for change and the need to consolidate services. We understand that the proposals offer the potential for MTW to provide an enhanced range of cardiology interventions and other related procedures so that it will be possible to develop the new site as a 'centre of excellence' over time.'*

*'Maidstone Hospital is significantly less accessible from the Crowborough area.'*

*'We believe the impact on residents of High Weald of locating the Cardiology "centre of excellence" at Maidstone can be significantly mitigated if MTW were to: 1) Commit to maintain the much-valued and various cardiology outpatient clinics at Crowborough Hospital. 2) Develop these outpatient cardiology outpatient clinics (especially diagnostic capabilities and follow-up care) so that patient travel to Maidstone is minimised. 3) Provide effective telemedicine to support remote consultant advice from the specialist site.'*

The programme team has developed a full response to this letter, addressing these specific concerns and describing how the points raised will be included in the business case and the future development of the service.

The full letter is attached as appendix 1.

#### **4.7.2 Wadhurst and Ticehurst PPG**

The group sent an email response to the proposals during the engagement period (13 January 2022). They agreed that there was a need to improve cardiology services, however, could not support consolidation at a single site as they believed that this would not benefit the wider population. Instead, they proposed that *'examining the resources to achieve the best compromise would produce a better outcome'*.

It was suggested that resources should be based across two sites as *'cardiac care is a vital service within the NHS, obesity and diabetes are going to make cardiac care an ever increasing part of the NHS workload and the service should be as close to as many people as possible.'* Concerns about the potential impact on longer journeys for patients were raised, especially within the context of how this would affect the local ambulance service.

The email and the programme team's detailed response to the points raised is attached as appendix 2. The programme team has also offered a meeting with the group to explore the issues they have raised.

#### **4.7.3 East Sussex HOSC**

As patients from East Sussex fall into the catchment area for the proposals, programme representatives presented the proposals to the East Sussex Health Overview and Scrutiny Committee (HOSC) at its meeting on 2 December. The HOSC submitted a written response to the engagement on the proposals for cardiology services on 10 December 2021.

The response was clear that HOSC members understood the reasoning behind the case for change and believed the proposals offered the potential for MTW to provide an enhanced range of cardiology interventions and develop the proposed single site as a centre of excellence. They recognised that an improved service would help reduce length of stay and improve outcomes. They welcomed the availability of telemedicine for paramedics as part of future plans for the service. Concerns were expressed about the impact of a longer journey to hospital for some patients and visitors to Maidstone, should the consolidation go ahead at this site and urged MTW to *'look to help mitigate the impact of these increased travel times, for example, by increasing available car parking or offering hospital to hospital transport.'*

*'HOSC is concerned that cardiac patients may still arrive at the Emergency Department of the hospital not chosen to host the CCU and cath labs, for example, a patient attending with chest pains. The Committee is reassured that this ED will still be able to offer emergency care and will be able to use telemedicine to receive remote consultant advice from the specialist site, including whether the patient needs transferring to the specialist site.'*

*‘The HOSC welcomes the engagement being conducted by MTW and believes that residents of the High Weald area are sufficiently aware of and able to engage with the proposals.’*

The full response is attached as appendix 3

East Sussex HOSC will receive a programme update shortly and the programme team are committed to ongoing engagement and dialogue with committee members.

#### **4.7.4 East Sussex Clinical Commissioning Group –**

The CCG gave its formal response via letter on 14 January 2022. Points raised related to the potential impact on the small cohort of East Sussex patients impacted by the proposals and patient flow activity data (elective and non-elective) was included for further discussion with MTW colleagues. There was a recognition that some patients and families might need to travel further. The CCG welcomed continued discussion with the programme team and expressed the need for joint work to communicate the outcome of the decision and implementation planning to local populations and GPs.

*‘...we completely understand the case for change, recognise your drivers for proposing this change, and agree with your proposed model of care, as the service provided to local people by ESHT is in a very similar position.’*

The full response is attached as appendix 4

#### **4.7.5 Kent Community Healthcare NHS Foundation Trust –**

The trust submitted queries regarding the level of cardiac expertise at Tunbridge Wells Hospital should the decision be made to consolidate services at Maidstone Hospital. The programme team gave a detailed response to these queries during the engagement period.

KCHFT submitted their formal response to the proposals via the survey. Specific feedback raised within their survey response includes the following points about the advantages of the proposals, mitigation of the disadvantages and a proposal to work more closely with MTW on community cardiac service provision.

*‘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.*

*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.*

*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.'*

#### **4.7.6 Forest Row Community Transport**

The coordinators of this patient transport service submitted an email response on 14 January 2021, outlining their opposition to the proposal to consolidate what they termed as 'cardiology/medical services' at Maidstone Hospital. They cited concerns about the availability of volunteer drivers: *'As with any organisation dependent on volunteers, we often find it very difficult to cover all requests, particularly appointments further away. We have between 10 and 12 drivers, all volunteers, who drive residents in Forest Row and Ashurst Wood or a patient at Ashdown Forest Health Centre, to medical appointments of all kinds and who would otherwise struggle to attend without our help.'*

Programme representatives responded to this email, reassuring the coordinators that the proposals related to inpatient and cardiac catheter lab services only and that outpatient appointments would remain unaffected by the proposals. The response recognised that travel and transport were a concern for some patients in peripheral areas and this issue would be considered as part of the decision-making work.

The full response is attached as appendix 5.

#### **4.7.7 Patient and Participation Group (PPGs) meetings**

Programme representatives met with the following PPG groups during the engagement period:

##### **West Kent PPG Chairs meeting–11 January 2022**

- Programme team representatives outlined the proposals to 23 attendees at the meeting and took feedback on the proposals. Key themes from the discussion are set out below:
- There is a clear need to consider the travel and transport impact of the proposed changes and how people will know where to go (including health and care professionals working for the ambulance service)
- Questions about the availability of step-down beds and how discharge arrangements would be made should the proposals get the go-ahead
- The desire to understand and know the timing and implementation of the proposals once a decision is made about the future
- Changes to the patient pathway that might see patients treated locally and then moved to a London hospital for further specialist procedures
- Consideration should be given to how families and loved ones might visit patients (help with parking, remote technical digital support to help maintain contact).

The Trust's preferred option at Maidstone was felt by the West Kent PPG Chairs meeting to be the best scenario, The PPG chairs also agreed the changes proposed have the potential to improve patient care and this would outweigh the travel and transport implications.

#### *West Kent ICP – Stakeholder Engagement Advisory Group – 21 December 2021*

Programme representatives presented the proposals to nine attendees at this meeting. Key themes from the discussion are set out below:

- This proposal was considered to be 'excellent' and a commitment was made to promote engagement opportunities, including the survey, through local networks to encourage people to have their say
- Clarity on how the proposed changes would meet best practice (including national standards) was requested at the meeting
- Questions were asked about the proportion of patients who would go to Maidstone and the potential impact on patient pathways if the proposals were agreed and implemented.

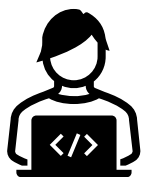
### 4.8 Staff feedback



Staff feedback from three staff sessions held on 17 November (10 staff), 22 November (35 staff) and 1 December (two members of staff) and the proposals were welcomed with the key themes from the staff discussions outlined below:

- There is a clear case for change and staff welcome being involved in the development of the proposals
- The location of non-clinical staff if Option 4 was to go ahead was raised
- Maidstone was felt to be geographically well-placed for other cardiology services across the area and this may be the same for this proposal
- Consolidating services at a single site may help with ongoing workforce issues around recruitment and staff could see the benefits of this approach however the question was raised as to whether three rather than two cath labs had been considered
- Attendees requested reassurance that staff would continue to be involved and kept up to speed as plans developed
- Participants agreed with the 'case for change' and saw that in order to meet the 'gold standard' of patient care, that consolidation is necessary
- Questions were asked about the location of a potential new build at the Maidstone site under Option 4.
- Ongoing challenges with recruitment and retention of staff were highlighted with questions asked as to how the proposals might help with these issues
- The importance of educating patients that this is happening so that they understand the benefits for their own care and treatment
- Feedback included the comment that it would be important to see the plans as 'an exciting opportunity and challenge as well as a change'.

## 4.9 Individual responses



### 4.9.1 Cardiology patient and staff nurse at Maidstone Hospital – an email was received on 13 January 2022 in response to the proposals.

Support was given for Option 4 - 'to consolidate services at Maidstone with a new build,' sounds like the best option. Not only will this improve the Cardiology services as a whole and keep all the team together, centralise equipment, staff etc, it will visually improve the Maidstone hospital and highlight that not everything that glistens is at the Tunbridge Wells hospital.'

Specific suggestions were made about the design and structure of a new building including the need for accessibility for disabled patients and staff, greater use of technology, consideration of links with cardiology charities, groups and patient networks and supporting guidance (nutritionists and physiotherapists) to support patients.

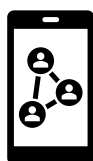
*'... I believe all ground floor rooms should house clinics and day care treatment/ pacing clinic and all staff offices (except those who are disabled/or thinking ahead for future staff) and theatres remain upstairs, purely due to stairs - even when there are lifts many of us, I include myself, think 'oh I'll take the stairs/I don't like lifts' and we just puff ourselves out and maybe some of the patients are running a tad late and push themselves too far and shouldn't'.*

### 4.9.2 Cardiology patient –

A response was received via email on 7 December 2021 outlining personal experience of being a local cardiology patient. No specific option was endorsed however the respondent cited Maidstone as a central location that would be accessible from East Sussex *'where patients look to MTW for health services'*. The respondent flagged the potential need for travel improvements and asked whether consideration had been given for space for additional parking at a new build centre.

*'I would support an "all singing and dancing" Cardiac Centre for the whole of Kent with a 24/7 service.'*

## 4.10 Social media interactions



Comments made on Facebook threads have also been recorded as part of the engagement activity.

Date	Content
15 January 2022	A comment was received on the final post about the cardiology proposals, although outside of the engagement period, we have chosen to include this comment as it was made on a post asking for feedback about the proposals, 'I would have suggested that consolidating Cardiology to Tunbridge Wells would be the best option. This is where I got great care after my Heart Attack 5 years ago and as the newer hospital I feel you should be concentrating any new service plans here where there is much better road access now that the bypass is in place. Getting to Maidstone always means a fight against traffic and it would be difficult to get Ambulances into

Date	Content
	Maidstone in a timely manner required for heart patients.'
<b>11 January 2022 -</b>	a post asking for feedback elicited positive comments from two respondents praising the quality of care they had received at the trust
<b>4 January 2022</b>	two comments were made supporting Maidstone as an option, citing travel times to Pembury Hospital as an issue for patients
<b>2 January 2022</b>	four comments were made on the post, two which did not pertain the subject matter. One comment said the engagement document was 'easy to understand' and 'hopefully our thoughts are helpful to the Trust'
<b>20 December 2021</b>	feedback on personal experience as a patient (fractures rather than cardiology was made on a post relating to the cardiology proposals
<b>10 December 2021 -</b>	Positive feedback on personal experience at Tunbridge Wells Hospital as an outpatient requiring a 24-hour ECG monitor to be fitted.

#### 4.11 Overall analysis

The engagement process was, on the whole, received positively by those who did respond in terms of the clarity of the case and raising awareness of key issues. We are delighted that this programme of work has been nominated for a Healthwatch award for the quality of the engagement undertaken on proposals for the future of inpatient cardiology services.

Analysis of the engagement responses is summarised in the table below. Overall responses demonstrate there is a clear understanding of the clinical case for change and general agreement that the consolidation of inpatient and cardiac catheter lab services on a single site will bring benefits to patient care and outcomes. The importance of improving cardiology services at MTW has widespread and unequivocal support from respondents with the majority favouring the consolidated service at the Maidstone hospital site.

The engagement was focussed on the cardiology inpatient and cardiac catheter lab services although some responses assumed the changes affected outpatient services as well. Should the Board agree to go ahead with the proposal, it will be important to ensure the post-decision communication is clear on this point.

The main challenges and concerns regarding the reconfiguration are:

- Travel times and access for patients and visitors from Sussex and the north west of Kent. In this instance public transport is sporadic and travel times may be longer so increased costs of driving and parking are a concern.
- Clinical safety of the site without the inpatient service
- Travel between sites if patients present to ED on the site without the inpatient service.

#### 4.12 Summary of feedback

Media	Volume of Responses	Main themes	Mitigations
Survey	98	<p>Advantages:</p> <ul style="list-style-type: none"> <li>Improved staffing ratios</li> <li>Improved staff retention</li> <li>Improved quality of care for patients.</li> <li>Efficient and cost effective use of resources</li> <li>Reduced waiting times and a reduced need to travel between the two current sites</li> </ul> <p>Disadvantages:</p> <ul style="list-style-type: none"> <li>Increased journey time</li> <li>Increased distance for some patients and relatives</li> <li>Lack of public transport</li> <li>Impact on some staff and patients and relatives</li> </ul>	<ul style="list-style-type: none"> <li>Travel plans which allow patients from these outlying areas to use Trust inter site transport</li> <li>Work with the bus services to extend the free bus travel with a Trust letter</li> <li>Consideration of visiting times to allow visitors to use public transport</li> <li>A robust protocol with ambulance services to support decision making to take patients to the correct site. This may involve the use of telemedicine which has been successfully implemented in the stroke service.</li> <li>Robust protocols for the management of patients who present on the non-inpatient site or those who become unwell with a cardiac condition while in hospital for another condition. These will be supported by staff</li> </ul>

Media	Volume of Responses	Main themes	Mitigations
			development on a rolling basis on the non-inpatient site.
<b>Targeted Engagement</b>	52	<p>Advantages:</p> <ul style="list-style-type: none"> <li>Improved quality of care for patients</li> <li>Reduced need to travel between the two current sites.</li> <li>Benefits to finance and staffing.</li> </ul> <p>Disadvantages:</p> <ul style="list-style-type: none"> <li>Journey times and distance will increase for some,</li> <li>Potential disadvantages for staff who live further away</li> <li>Concerns about finance and disruption to services.</li> </ul>	As above
<b>Online Public listening Events</b>	2	<p>Advantages:</p> <ul style="list-style-type: none"> <li>Support for the clinical case for change and consolidation approach</li> <li>Better recruitment and retention of staff</li> </ul> <p>Disadvantages:</p> <ul style="list-style-type: none"> <li>Practicalities of implementation for staff and patients and patient transfers</li> </ul>	As above
<b>Telephone interviews</b>	200	<p>Advantages:</p> <ul style="list-style-type: none"> <li>The plans would improve the care and experience of inpatients and improve clinical outcomes</li> <li>Receiving specialised services in a single location and no changing between hospitals</li> </ul> <p>Disadvantages:</p> <ul style="list-style-type: none"> <li>Distance to each site and impact on patient and family travel and transport</li> </ul>	As above
<b>Pop up</b>	Approximately 50	Advantages:	As above



Media	Volume of Responses	Main themes	Mitigations
<b>stands</b>	interactions and 300 flyers distributed	<ul style="list-style-type: none"> <li>Agreement that consolidation would lead to improved outcomes for patients</li> </ul> <p>Disadvantages:</p> <ul style="list-style-type: none"> <li>Impact of additional travel times for patients and families in peripheral areas and the availability/cost of public transport within these areas</li> </ul>	
<b>Stakeholder feedback</b>	7 (KCHFT's response is counted under the survey response)	<p>Advantages:</p> <ul style="list-style-type: none"> <li>Improvement to patient care, experience, and outcomes</li> <li>Opportunity for MTW to provide an enhanced range of interventions</li> <li>Reduction in length of stay</li> <li>Opportunity to further develop community-based services</li> </ul> <p>Disadvantages:</p> <ul style="list-style-type: none"> <li>Travel, transport and accessibility for patients and families, especially those coming from peripheral areas</li> <li>Impact on volunteer driver services</li> <li>Opposition to the proposal and a request to consider improving services at both sites</li> <li>Emergency transfers of patients arriving at the non-specialist site and potential confusion for both staff and patients</li> </ul>	As above, plus ongoing dialogue with clinical commissioning group colleagues across the catchment area, regular engagement with, and reporting to, council scrutiny colleagues and the offer of further meetings to explore specific issues with Wadhurst and Ticehurst PPG.
<b>Individual responses</b>	2	<p>Advantages:</p> <ul style="list-style-type: none"> <li>Improved quality of care for patients. efficient and cost effective use of resources, staffing levels and staff retention</li> <li>Reduced waiting times and a reduced need to travel between the two current sites</li> </ul> <p>Disadvantages:</p>	As above

Media	Volume of Responses	Main themes	Mitigations
		<ul style="list-style-type: none"> <li>Increased journey times, transport and distance to travel</li> <li>Impact on staff, use of resources and physical space within hospital sites internal transfers between sites</li> <li>Negative impact on patient care</li> </ul>	
<b>Staff feedback</b>	47	<p>Advantages:</p> <ul style="list-style-type: none"> <li>Opportunity to meet 'gold standards' of patient care, experience and outcomes</li> <li>Help with staff recruitment and retention, making it a more attractive place to work</li> </ul> <p>Disadvantages:</p> <ul style="list-style-type: none"> <li>The need for three rather than two cath labs</li> <li>Impact on staff if changes are made and how will this be managed</li> <li>Lack of understanding by patients and carers as to the changes and how they will help improve patient care and outcomes</li> </ul>	As above plus ongoing engagement and dialogue with all staff, especially those affected by the proposals and the inclusion of staff concerns within implementation planning for the changes/transition should the proposal go ahead.

## 5 Conclusion

Initial analysis of the engagement responses demonstrates there is clear understanding of the clinical case for change and agreement that consolidation of services at a single site will bring benefits to patient care and outcomes. While there may not be agreement on the specific location option, the importance of improving cardiology services at MTW has widespread and unequivocal support from respondents.

The majority of respondents favour a consolidated service at Maidstone Hospital. Little comment was made about the need for a new build as set in Option 4 or whether to progress with the reconfiguration of existing space as set out in Option 2 (the trust's preferred option).

Many respondents gave positive feedback on the engagement process, saying the case for change was explained clearly. Others said that the trust had raised awareness with local residents and praised the number and variety of opportunities to engage on the proposals.

Areas of concern focus on travel and transport, with increased travel times for patients and visitors highlighted as a concern. The trust is asked to consider these issues along with parking (cost and availability) at the chosen site once a decision is made.

Ensuring that respondents, especially through the targeted engagement and focus group work, had the opportunity to detail their thoughts on mitigating these issues was an important factor in helping develop a rounded and robust idea of what local people want to see in the development of the business case and implementation planning.

Some helpful thoughts on the use of technology and service support for patients alongside suggestions about the design of a new building were also submitted and these will be considered by the programme team.

## List of appendices

- Appendix 1: Letter from Friends of Crowborough Hospital
- Appendix 2: Correspondence with Wadhurst and Ticehurst PPG
- Appendix 3: Response from East Sussex HOSC
- Appendix 4: Response from East Sussex CCG
- Appendix 5: Response from Forest Row Community Transport