

Designing future health services in east Kent

Feedback from patients out of area using east Kent services

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Prepared by



The Public Engagement Agency™

1. Executive Summary

1.1. Introduction

The NHS in east Kent is developing proposals for potential changes to local care and hospital services. The aim is to design modern health services that are high quality, meet people's changing needs and are sustainable for years to come.

Patients and public in east Kent were recently asked for their feedback on the proposals and in December 2018 and January 2019, targeted engagement was conducted by the *Public Engagement Agency (PEA)* and the relevant clinical services, to gain feedback on the current thinking from *people outside of east Kent* who use/have used the following services:

- Haemophilia outpatient services
- Primary Percutaneous Coronary Intervention (pPCI)
- Paediatric surgery (e.g. dental extractions)
- Acute Renal service
- Neurological rehabilitation (Swale patients)

1.2. Context

The proposals are still being developed, led by clinicians and health leaders, and they are now testing the current thinking on two potential options, to inform the next stage of development. Both potential options propose bringing all specialist inpatient services together onto one hospital site.

- In **option one** all specialist inpatient services would be at the William Harvey Hospital (Ashford).
- In **option two** all specialist inpatient services would be at the Kent and Canterbury Hospital (Canterbury).

The proposed benefits of centralising all specialist inpatient services onto a single site include:

- higher standards of care, improving outcomes for patients
- consistently high-quality care seven days a week
- fewer operations cancelled
- shorter stays in hospital
- better recruitment and retention of staff.

1.3. Approach

An online and hard copy survey was designed and sent out by clinical services, with a cover letter, to individual out of area patients who use/have used haemophilia, paediatric surgery, or pPCI services.

A PEA researcher visited renal dialysis satellite sites in Medway and Maidstone and talked through and completed the survey with 70 renal patients. Another 3 patients completed the

online survey at home. Staff were also encouraged to complete the survey online. The researcher also met with a Stroke Support Group in Minster, to gain their views.

A letter, with survey link, was sent to an extensive range of voluntary groups and organisations across Kent and Medway, inviting them to take part.

1.4. Key findings

The improvement deemed of most benefit to patients is ***“higher standards of care, improving outcomes for patients”*** followed by ***“consistently high-quality care seven days a week”***.

Respondents are concerned about:

- currently receiving good/excellent care at Canterbury and so would prefer to maintain this site
- Ashford is too far/difficult to get to

Almost half the respondents think the proposals will result in either ‘significant or some improvement’ to patient experience and a similar proportion ‘no improvement’.

Opinions are divided as to **whether the reasons for change are clear** with a third ‘not at all clear’, 43% ‘somewhat clear and a quarter completely clear.

Respondents would like the following **information included in or alongside the consultation document**:

- transport needs to be addressed – both patient and public
- more information, including details for individual services
- the impact on patient experience, including waiting times and care level

These findings are predominantly from the feedback from the renal patients, although the key areas of concern are mirrored in the feedback from the Stroke Support Group.

2. Engagement Methodology

2.1. Survey

An online and hard copy survey was designed, for cascade out to the relevant out of area patients, public, staff and voluntary organisations.

The survey was sent out to individual out of area patients who have used/are using the three services where patients don’t naturally come together as a group and are spread across Kent and Medway - haemophilia, paediatric surgery, pPCI – along with an invitation

letter, outlining the proposals and offering a contact name and number if they would prefer to speak to someone rather than, or as well as, completing the survey.

2.2. Patient feedback – face to face

- Neurological rehabilitation (Swale CCG patients)

A small number of Swale patients access east Kent neurological rehabilitation services, so the Stroke Association was contacted and the proposals were discussed with a Stroke Support Group in Minster, Isle of Sheppey.

- Acute Renal service

The Alan Squirrel Dialysis Unit at Medway Hospital is a satellite site of EKHUFT. Staff are employed by EKHUFT and patients are supervised by 2 visiting consultants who provide the renal opinion for the Medway region and operate 4 general nephrology clinics per week.

The Maidstone Kidney Care Centre at Maidstone Hospital is also a satellite site. Similarly, staff are employed by EKHUFT and patients are supervised by 3 visiting consultants and an associate specialist.

Two days were spent in each of the two units, to give an outline of the proposals to patients receiving dialysis and complete the survey online, through individual interviews.

2.3. Voluntary groups and organisations

A letter was sent out across each of the CCG areas, with survey link embedded, inviting relevant voluntary groups and organisations to take part – either by completing the survey or in a group discussion - and asking them to cascade to their group members. This was sent out to a wide range of organisations and groups including:

- Healthwatch Kent and Healthwatch Medway
- Condition-specific groups
- Community and voluntary support networks
- Patient Participation Group (PPG) Chairs

A telephone discussion was held with the Medway Heartcare Support Group Co-ordinator, the Stroke Association Support Co-ordinator, Swale – who then set up the group meeting in Minster - and the Kent Kidney Patient Association Chair, who met with the researcher at Maidstone Dialysis Unit and introduced her to staff and the first wave of patients.

3. Engagement Feedback

3.1. Survey

The number of responses from patients using the services that sent out the invitation letter and survey – haemophilia (2 respondents), paediatric surgery (no respondents), pPCI (4 respondents) - was very low. Responses are in Appendix 1.

Visits to the renal dialysis satellite sites in Medway and Maidstone resulted in 73 surveys completed by patients – 70 uploaded directly to the survey site by the PEA researcher, in her discussions with patients at the renal dialysis units, 3 completed by patients at home. Of those responding, 93% use/have used renal inpatients in Canterbury, 59% attend the renal dialysis unit in Maidstone and 40% attend the renal dialysis unit in Medway. The following provides a demographic profile of the respondents (where number in brackets represents all those responding to each question):

CCG Area (71)	
Medway	46%
West Kent	32%
Swale	18%
DGS	3%

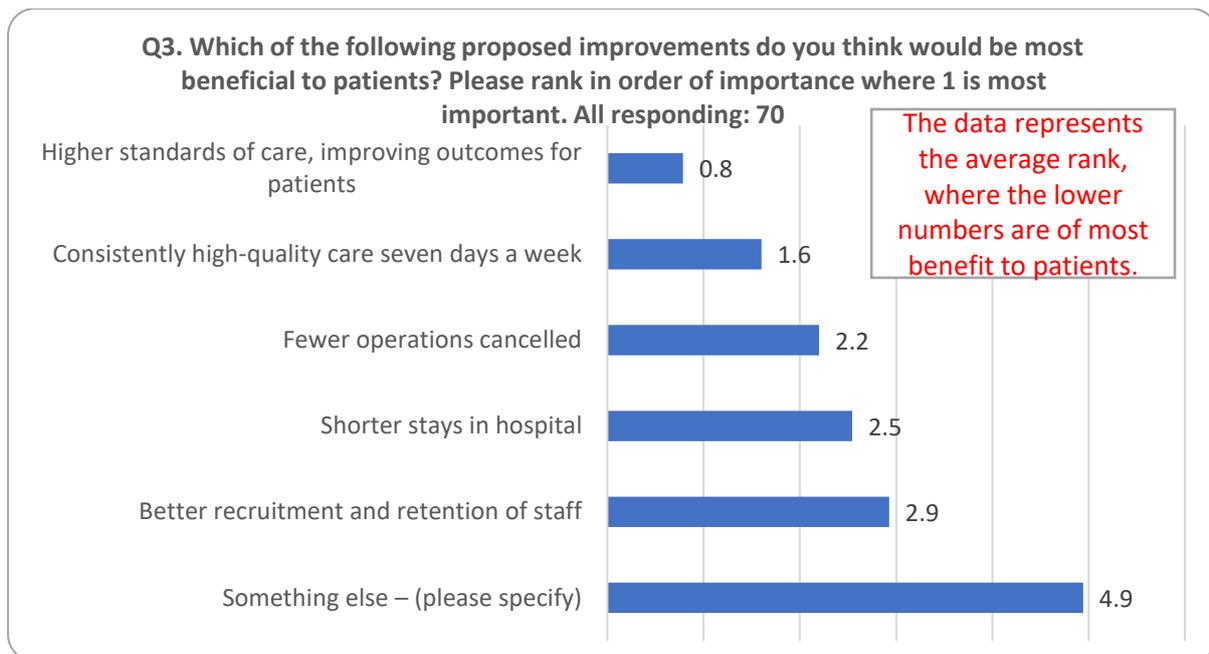
Disability (71)	
Yes, limited a little	18%
Yes, limited a lot	66%
No	15%
Prefer not to say	0%

Age (71)	
16-24 years	0%
25-34 years	1%
35-44 years	4%
45-54 years	10%
55-64 years	24%
65-74 years	18%
75 years or more	42%
Prefer not to say	0%

Gender (71)	
Male	46%
Female	32%
Ethnicity (71)	
White	90%
Non-white	10%

The **improvement deemed of most benefit to patients** is “higher standards of care, improving outcomes for patients” (ranked position 0.8 on average), followed by “consistently high-quality care seven days a week” (ranked 1.6 on average).

The proposed improvements were ranked by respondents and allocated scores based on their ranking. The first ranked item receives a score of 6, a score of 5 if ranked second and so on. The chart below represents the average ranking allocated by the 70 respondents who answered this question and therefore the lowest score equates with the most beneficial for patients.



Where respondents selected 'something else', these included travel distance (7 mentions), improved transport (5 mentions) and accessibility (3 mentions).

When asked about **any concerns they might have about the proposals** the most frequent themes are:

- Currently receiving good/excellent care at Canterbury and so would prefer to maintain this site (25 mentions)
- Ashford is too far/difficult to get to (20 mentions)
- Similar distance/travel time to Ashford and Canterbury (8 mentions)
- Ashford is easier/better to access (7 mentions)

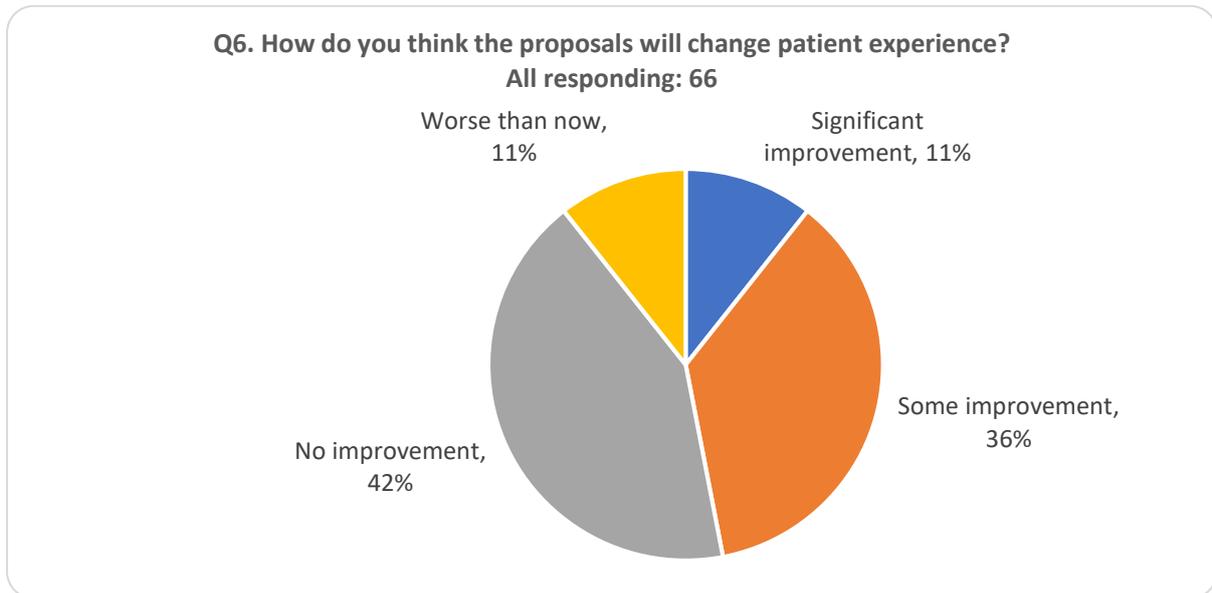
"Distance. About an hour and a half to Ashford and about an hour to Canterbury if move to Ashford I'm a captive audience so don't have a choice". [Medway 65-74 years, male]

"Travel time. Transport is a nightmare. Poor listening skills. Would be too large, based on experience in Canterbury. What tends to happen is that treatment is one size fits all. Errors made in care/treatment. This view is shared by many of the patients. No tailored care - too vast and only 38 beds, so wouldn't be manageable or achievable to be successful if moved and was larger. Seems more like a cattle market - dialysed then go." [Swale, 55-64 years, female]

In terms of addressing these concerns only a few responses were received, to leave services as they are (4 mentions), keep services in Canterbury (2 mentions) and improve public and patient transport (2 mentions).

When asked **how the proposals will change patient experience**, almost half the respondents think it would result in either 'significant or some improvement' (47%) and a

similar proportion indicate 'no improvement' (42%). One in ten respondents believe patient experience will be 'worse than now'. 66 respondents answered this question.



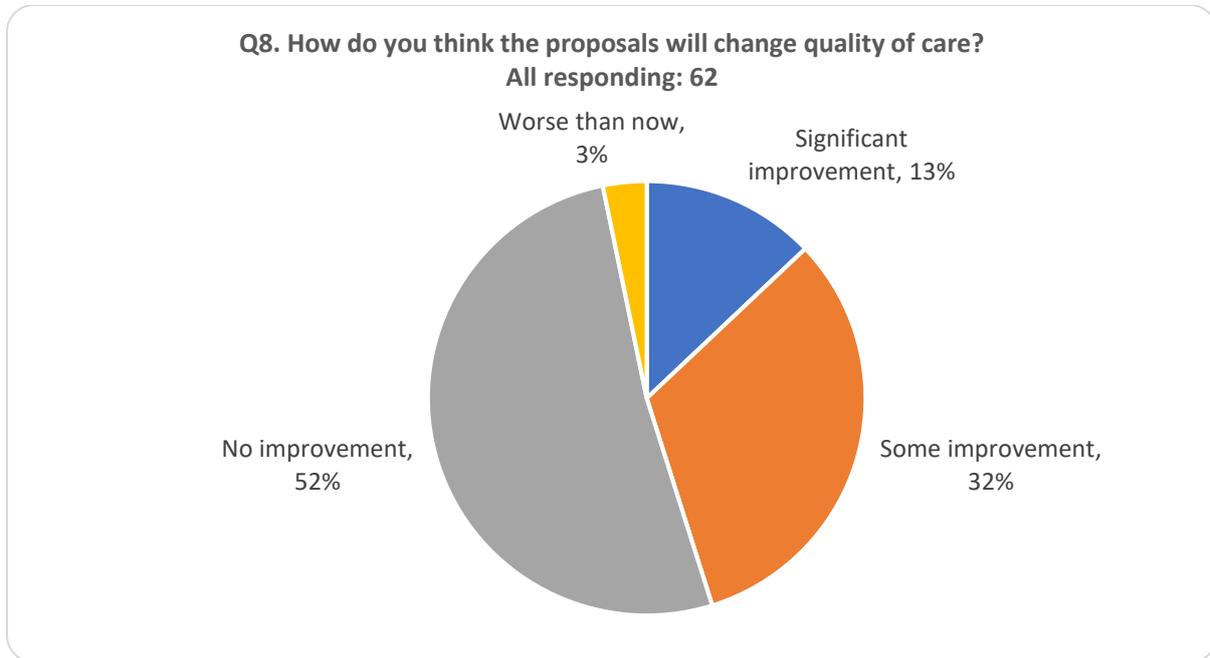
When asked to explain their responses, the following themes were mentioned:

- Difficult to say/unsure (13 mentions)
- Centralised service will result in best staff (8 mentions)
- Will need to travel further for services (5 mentions)
- No significant difference (4 mentions)
- Canterbury is already good (4 mentions)

"If it's all together in one hub all the top people will be there together." [Medway 65-74 years, female]

"May improve if stay in Canterbury but a long way to go for people in Medway if it goes to Ashford." [Swale, 45-54 years, female]

When asked **how the proposals will change quality of care**, almost half the respondents think it would result in either 'significant or some improvement' (45%), while just over half indicate 'no improvement' (52%). Just 3% believe quality of care will be 'worse than now'. 62 respondents answered this question.



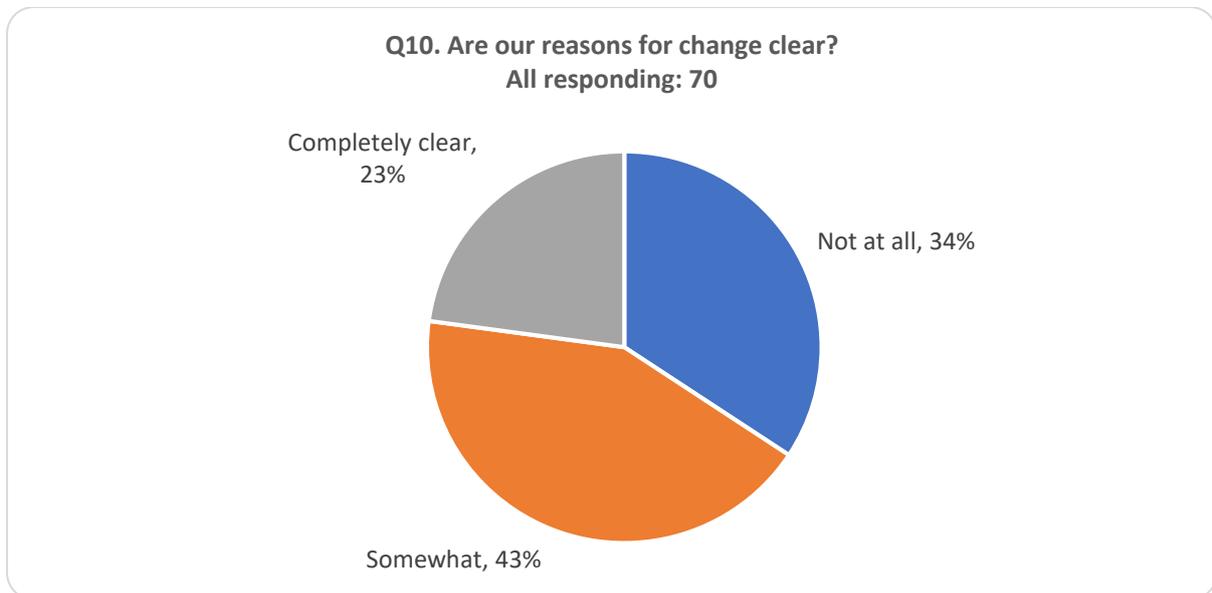
When asked to explain their responses, the following themes were mentioned:

- Care provided currently is already good (10 mentions)
- Canterbury services are good currently (8 mentions)
- Unsure (6 mentions)
- It depends on the staff (4 mentions)

"Can't improve what you've got now. Put all your eggs in one basket and you don't always get the best result. Canterbury is a big unit." [West Kent, 65-74 years, male]

"Part of care package is that it should be accessible, local and timely. Neither options are, so how does that improve my health?" [Medway, 55-64 years, male]

Opinions are divided as to **whether the reasons for change are clear**, with a third indicating the reasons are 'not at all clear' (34%) and 43% stating the reasons are somewhat clear. A quarter of respondents indicate the reasons are completely clear (23%). 70 respondents answered this question.



When asked why the reasons are unclear, the following factors were mentioned:

- Changes are about money/cost saving (13 mentions)
- No clear/need more information (9 mentions)
- No notification prior to survey of proposals (6 mentions)
- Clear need to centralise/cost savings from centralised services (4 mentions)

“Need to explain more clearly. Need more information.” [Medway, 55-64 years, male]

“Not taking into consideration the amount of people coming into the area to live. Building houses everywhere. Bringing people in from London. Got to allow for the services these people will need. So will this be an improvement? [Medway, 65-74 years, male]

Respondents mention the following points when asked **what information they would expect to see included or alongside the consultation document**:

- Transport needs to be addressed – both patient and public (16 mentions)
- Not sure (15 mentions)
- More information/details needed, including details for individual services (13 mentions)
- Details as to the impact on patient experience, including waiting times and care levels (12 mentions)
- Need for more staff (7 mentions)

- Assurance that level of service will be maintained/improved (6 mentions)

*“Staff. Getting to hospital and back. Public transport - more patient transport.”
[Swale, 75+ years, male]*

“More detail about transport and how everyone from all areas outside of east Kent are going to get there - by car, patient transport, public transport.” [West Kent, 75+ years, male]

“How it will improve the quality of care. How transport will be improved - adequate transport available to reduce the long waiting time.” [Swale, 45-54 years, female]

3.2. Patient feedback – face to face

A meeting was held with eight members of the Minster Stroke Support Group, where the proposals were discussed and the group was asked for their views. The feedback is in Appendix 2.

3.3. Voluntary organisations

Feedback from a telephone discussion with the Medway Heartcare Support Group Co-ordinator was that the heart-related services most needed by the group are provided either at Medway or London. People needing pPCI, specifically, would be taken by ambulance, so either option would make little difference to the patient.

Appendix 1: Survey responses – non-renal

Haemophilia Outpatients – Canterbury

There are two respondents indicating that they had used the haemophilia service, one receiving ongoing care and one that had used the service more than 12 months ago.

Only one respondent ranked the factors in terms of benefits to patients, naming ‘Higher standards of care, improving outcomes for patients’ as first most important followed by ‘Other’ (“Distance to travel”) and ‘Consistently high-quality care seven days a week’.

Both respondents indicate that the *proposals will result in patient experience ‘worse than now’* and that *quality of care would show ‘no improvement’*.

Primary Percutaneous Coronary Intervention (pPCI) - Ashford

Four respondents have used the pPCI service, all used once in the last 12 months.

Three of the four respondents ranked ‘Higher standards of care, improving outcomes for patients’ as first most important followed by ‘Consistently high-quality care seven days a week’. The remaining respondent ranked these two items in the reverse order with ‘Consistently high-quality care seven days a week’ as first most important and ‘Higher standards of care, improving outcomes for patients’.

Mixed views as to the impact of the proposals on patient experience, one stating ‘significant improvement’, one stating ‘some improvement’, one stating ‘no improvement’ and one ‘worse than now’. Of the three respondents that responded as to the impact of the proposals on quality of care, two indicated ‘no improvement’ and one ‘worse than now’.

Staff

There are ten respondents identifying themselves as either health and social care staff (7) or voluntary and community staff (3).

Of the nine staff that ranked the benefits for patients, seven identified ‘Higher standards of care, improving outcomes for patients’ as first most important, one ranked ‘Better recruitment and retention of staff’ as most important and one ranked ‘Other’ (“The need to ensure those with life threatening cardiac problems are seen quickly and care is delivered effectively e.g. people requiring emergency PCI may not get to Canterbury safely”).

‘Fewer operations cancelled’ is ranked as second most important by three of the nine staff, ‘Consistently high-quality care seven days a week’ is ranked as second most important by two of the nine staff, ‘Better recruitment and retention of staff’ by a further two staff and ‘Higher standards of care, improving outcomes for patients’ by two staff.

Mixed views on the impact of proposals on patient experience, three of the eight responding state ‘significant improvement’, two state ‘some improvement’, two state ‘no improvement’ and one ‘worse than now’. Of the seven respondents that responded on the impact of proposals on quality of care, three indicate ‘significant improvement’, two indicate ‘some improvement’ and two ‘no improvement’.

Appendix 2: Stroke Support Group, Minster

A meeting was held with eight members of the Minster Stroke Support Group.

None of the participants had used the neuro-rehabilitation services in Canterbury but, if they had to, there was consensus that Canterbury would be the best option for them, as it is easier to get to, generally, and the train service would take them near to the hospital. Ashford was seen to be nearly impossible to reach by public transport and one person said they would be unlikely to attempt using the services if they were in Ashford.

There was concern about the impact on South East Coast Ambulance Service (SECAmb), as the service has been in special measures for a long time and continues to be, so changes in location could potentially put additional pressure on the service.

There was also concern about the impact on staff and that staff would be unwilling or unable to move, due to family commitments, schools, accommodation, moving costs.

The group were asked whether they thought the proposal will make a positive improvement in the patient's experience. They thought this would depend on what they were accessing in the future and on the quality of treatment – for example: what was available, when; whether the right staff and right amount of staff were providing the service and whether the infrastructure was robust enough to take a large number of people going to one site. Travel and parking were seen as key issues.

The group said that Sheppey hospital deals with neuro-rehabilitation very effectively – a good local service – that could be even better, if given more resources.

The group considered access to speech therapy to be the most important element of this service but needs to be provided for longer, as do the other therapies. They agreed that appointments for different therapies should be on the same day, to reduce travelling times and cost, although there was concern, about how much the parking would cost.

There was strong agreement that investing in the specialist services shouldn't reduce what is available locally and it was agreed that there should be a mix of support in the unit and a home service, to reduce travel and cost pressure on patients and their relatives.

When asked what they would want to know in order to contribute when a full public consultation takes place, they said it would depend on the amount of research that had been done and how this was fed back. They would want to see the evidence behind the proposals and a guarantee that this would improve quality. As well as details about travel and transport, patient transport issues would need to be covered and there needs to be a network of transport across the whole of east Kent.

The group also asked whether the proposed new Medical School will influence the decision about locality and whether, in fact, the decision about where the specialist services will be located had already been made.