



Direct Dial/Ext: 03000 416512
e-mail: kay.goldsmith@kent.gov.uk
Ask for: Kay Goldsmith
Date: 13 Dec 2019

Dear Member

HEALTH OVERVIEW AND SCRUTINY COMMITTEE - MONDAY, 16 DECEMBER 2019

I am now able to enclose, for consideration at next Monday, 16 December 2019 meeting of the Health Overview and Scrutiny Committee, the following report(s) that were unavailable when the agenda was printed.

Agenda Item No

6 **North Kent CCGs - Urgent Care Review Programme - Dartford, Gravesham and Swanley CCG (Pages 1 - 88)**

Yours sincerely

A handwritten signature in black ink, appearing to read 'Ben Watts', is written over a faint circular stamp.

Benjamin Watts
General Counsel

This page is intentionally left blank



1. ADDITIONAL ANALYSIS POINTS

1.1 WHERE THESE POINTS COME FROM

The following points are based on **additional analysis of free text comments** provided in response to Questions 5, 6 and 7.

This was undertaken after the main evaluation report was compiled. The purpose was to compare the frequency of comments for those favouring Options 1 and 2 against the headline themes to see if the data indicates different issues of interest or concern between these two groups.

1.2 Q5/6 – PREFERENCE FOR OPTION 1 / OPTION 2.

For both groups

- Ease of journey is the main driver for choice of UTC site, with this being the most commonly stated reason for **both** those preferring Option 1 **and** those preferring Option 2.

For those preferring Option 1 – Gravesham Community Hospital

- Respondents that selected Gravesham as their preference claimed it was easier, as Darent Valley Hospital is harder to access, mainly due to traffic and because it is further from where they live
- In response to this question parking is a significantly greater issue among those that selected Option 1. This is due both to a lack of spaces and the cost of parking at the Darent Valley site.
- Those that preferred Option 1 are more likely to believe that the facilities at Darent Valley are overstretched by current patient numbers and that it may not be able to cope with the added patient load the UTC would bring.

For those preferring Option 2 – Darent Valley Hospital

- There is an implication that those who chose the Darent Valley site as their preference did so due to their proximity to the site
- Those that selected Option 2 were more likely to cite co-location with hospital facilities as a reason, implying that respondents were in favour of the Darent Valley because they believe the hospital has on site a more appropriate set facilities to respond to urgent care needs.



The Fold Space,
20 Clyde Terrace
London SE23 3BA

REG VAT GB 858230025
Registered in England Company
Number 05358457
Registered office:
24 Old Bond Street, London W1S 4AP



+44 207 017 2011



hello@vervecommunications.co.uk
www.vervecommunications.co.uk

1.3 Q7 – COMMENTS ON TOP 3 ISSUES: PARKING; ACCESS TO PUBLIC TRANSPORT; WAITING TIMES

For both groups

- Once again, access is the main issue, and most commonly stated by those that selected **both** Option 1 **and** Option 2
- **In responses to this question**, parking is an issue of equal concern among both groups
- Concern about the level of level of service at the site they did not prefer is shared by **both** those who prefer Option 1 **and** those who prefer Option 2.

For those preferring Option 1 – Gravesham Community Hospital

- Once again, the cost and general anxiety about parking at Darent Valley Hospital are the main reasons why parking is seen as an issue for respondents that preferred Option 1
- Respondents who selected Gravesham are more likely to be worried about longer waiting times
- Not enough or good enough public transport links to the Darent Valley site is another concern more commonly stated by those who preferred Option 1
- The overall cost for the patient (both parking and overall perceived cost to get to the UTC) is more likely to be cited by those in favour of Gravesham.

For those preferring Option 2 – Darent Valley Hospital

- There were no comments in response to this question which were significantly higher for those who preferred Option 2 – although it should be noted this was a small minority of respondents.

verve

Independent evaluation of consultation

Dartford, Gravesham and Swanley
Clinical Commissioning Group

Author: Clive Caseley
Date: 19 November 2019



The Fold Space,
20 Clyde Terrace
London SE23 3BA

REG VAT GB 858230025
Registered in England Company
Number 05358457
Registered office:
24 Old Bond Street, London W1S 4AP



+44 207 017 2011



hello@vervecommunications.co.uk
www.vervecommunications.co.uk

CONTENTS

1.	EXECUTIVE SUMMARY	4
1.1	ABOUT THE CONSULTATION	4
1.2	ABOUT THE ENGAGEMENT	4
1.3	KEY FINDINGS	5
1.3.1	Quantitative analysis from the questionnaire	5
1.3.2	Comments and key themes	6
1.3.3	About local communities and successful service change	7
1.3.4	About urgent care and delivery of the UTC model	7
1.3.5	About the consultation process	8
2.	THE CONSULTATION	9
2.1	CONTEXT	9
2.2	PRE-CONSULTATION ENGAGEMENT	9
2.3	DEVELOPMENT OF THE CONSULTATION OPTIONS	10
2.4	ABOUT THE CONSULTATION PROCESS	11
2.4.1	Best practice, statutory framework and compliance	11
2.4.2	Publicity	14
2.4.3	Information provided and channels to provide views	14
2.4.4	Roadshow meetings and events	15
2.4.5	Listening Events	15
2.4.6	Stakeholder meetings	17
2.4.7	Equalities – how EIA informed consultation	17
3.	EVALUATION	18
3.1	ABOUT THIS EVALUATION	18
3.1.1	The purpose of consultation	18
3.1.2	What this report aims to do	18
3.1.3	Methodology	19
3.2	THE CONSULTATION RESPONSE	20
3.2.1	Questionnaire responses received	20
3.2.2	Engagement by diverse communities	21
3.2.3	When responses were received	24
3.2.4	Volume of response	24
3.2.5	Responses from different parts of the CCG catchment	25
4.	FINDINGS AND ANALYSIS	27
4.1	HEADLINE FINDINGS	27
4.1.1	Does area of residence matter?	28
4.1.2	Does the late surge in response skew preferences?	29
4.2	ANALYSIS OF COMMENTS - WHAT DID PEOPLE SAY?	30
4.2.1	Q5/6 – Please state your reasons for your choice	30
4.2.2	Q7 - The top three issues ...	33
4.2.3	Q8 - We welcome any other ideas and suggestions ...	37
4.2.4	Feedback from Roadshow and Listening events	38
4.2.5	About accessibility	38
4.2.6	About urgent care and the UTC model	38
4.2.7	About the consultation process	39
4.3	MEETINGS / CORRESPONDENCE WITH STATUTORY CONSULTEES	40

5.	APPENDICES	42
	APPENDIX A – QUESTIONNAIRE	42
	APPENDIX B – MATERIALS AND PUBLICITY	45
	APPENDIX C – LISTENING EVENTS	48
	APPENDIX D – CCG SUMMARY OF ENGAGEMENT WITH EQUALITIES GROUPS	71
	APPENDIX E – ENGAGE KENT REPORT – SELDOM HEARD GROUPS	73
	APPENDIX F – QUESTIONNAIRE THEMES CODE FRAME	83

1. EXECUTIVE SUMMARY

1.1 ABOUT THE CONSULTATION

This document contains an independent analysis of responses to the consultation about the future location of a new Urgent Treatment Centre (UTC) at **either** Gravesham Community Hospital **or** Darent Valley Hospital (DVH).

Verve has analysed the data provided to us and in the following sections we have set out to:

- Summarise the quantitative response received via the consultation questionnaire
 - Set out the proportion of responses favouring each of the two options
 - Summarising the responses to other quantitative questions (e.g. services used)
 - Where justified by the data, identifying where there may be significant differences of view between different groups of respondents.
- Review free text responses received through the questionnaire and consider alongside comments made through other channels (roadshow notes; written responses; meeting notes and comments from Listening events)
 - Identify the main themes of comments, picking out those most commonly referenced
 - Produced a high-level summary of the substantive points made by respondents during the consultation.

Based on the information provide to us, we believe that the CCG made considerable efforts to engage widely and reach relevant groups of residents and stakeholders through an inclusive process, invited response through a variety of channels, and can provide evidence to show how the exercise met the key requirements and best practice for public involvement.

1.2 ABOUT THE ENGAGEMENT

Overall the level of engagement and response to this consultation was very high:

- 16,474 questionnaires were completed or partially completed, either print or online
- 10,000 consultation documents were printed and distributed and a total of 10,200 posters and postcards circulated to promote the consultation and events along with local news coverage and Facebook advertising
- A total of 81 people attended three Listening events and a further 1,166 were engaged through a roadshow visiting 30 community venues
- The roadshow included meetings and locations specifically addressing equalities (older people; disability; parents of young children; BAME communities; faith communities) and Engage Kent were commissioned independently to engage people with physical disabilities and residents of rural areas
- Formal meetings were held with key stakeholder groups.

Written responses were invited from statutory and political stakeholders and eight were received. Healthwatch were involved throughout the process from pre-consultation and options appraisal.

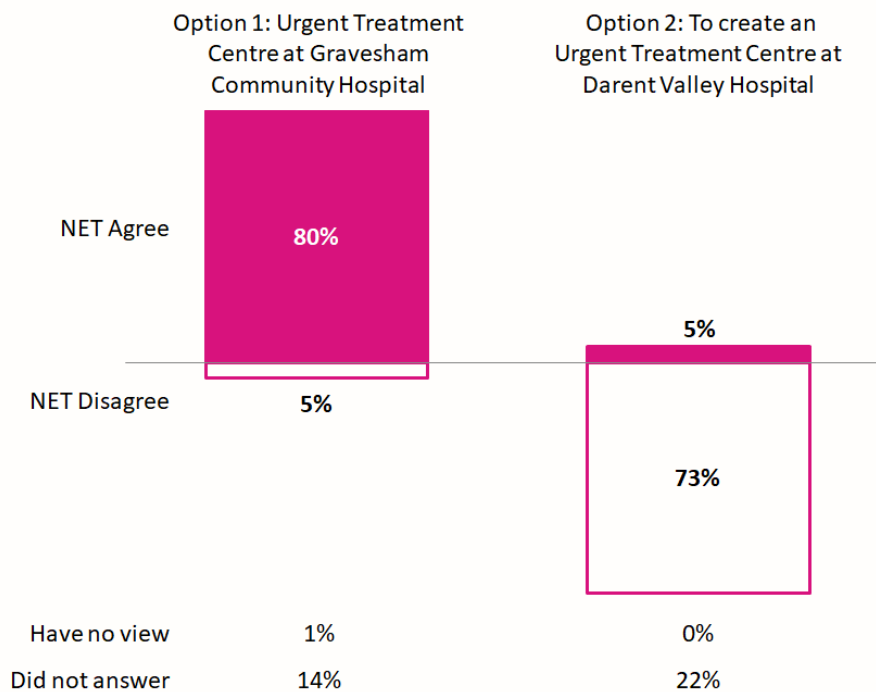
1.3 KEY FINDINGS

1.3.1 QUANTITATIVE ANALYSIS FROM THE QUESTIONNAIRE

The preferences between Options and the following break-down of participants are based on the whole questionnaire dataset (aggregating both printed and online responses).

Overall, 80% agreed or strongly agreed (NET agree) that the UTC should be located at Gravesham vs. 5% (NET agree) that the UTC should be based at Darent Valley Hospital.

Please indicate whether you agree or disagree with the two proposed options...



Base: Total (16,474)

There seems to be a very strong preference for location at Gravesham among those who live closer to the area, which people living close to DVH are more balanced in their preferences.

This consultation was characterised by a very large late surge in responses, with an overwhelming majority in favour of Option 1. Of a sample of the late responders, around 93% favoured Option 1. vs. 3% favouring Option 2.

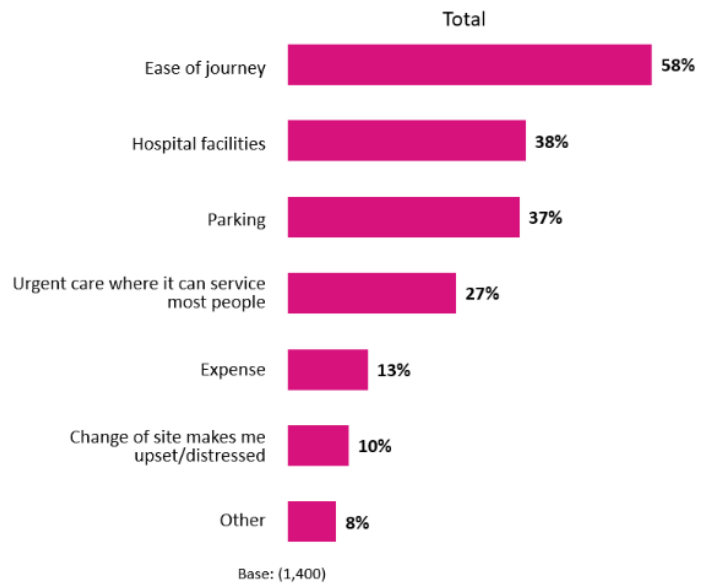
However, even among the cohort of responses received earlier (based on a sample the same size) 75% favoured Option 1. vs. 22% in favour of Option 2.

1.3.2 COMMENTS AND KEY THEMES

The questionnaire asked for additional comments explaining the reasons for views on the two Options; feedback on the impact of location, car parking, public transport and waiting times; and additional ideas and suggestions.

We have analysed samples of free text comments provided through the questionnaire in detail. Key themes were:

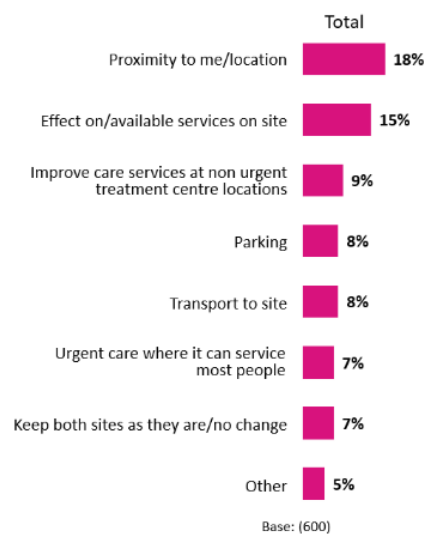
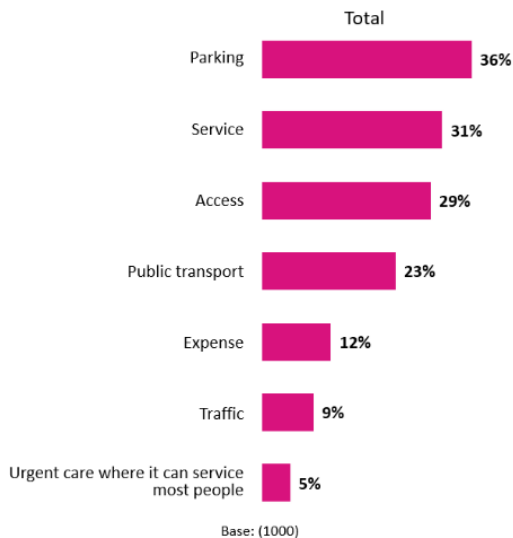
Please state your reasons for choice...



In order to draw conclusions for this report, we have undertaken detailed analyses of samples of free text comments provided through the questionnaire. Where this approach was adopted, we used sample sizes large enough to enable reasonable conclusions to be drawn and have been specific about the baseline number of responses considered in each case.

We want our changes to make it easier for people to get the right care in the right place when they need it. What impact will the proposed options have on you and your family?

We welcome any other ideas and suggestions that you would like us to consider regarding the proposed new Urgent Treatment Centre



In addition to the questionnaire responses, qualitative data was received through the roadshow and Listening events. As would be expected, these were more wide-ranging discussions and provide feedback on a broader range of topics.

Analysis of these comments shows some preferences expressed for each Option and the greatest number of comments, consistently with the questionnaire response, related to: proximity; traffic; public transport; and parking.

1.3.3 ABOUT LOCAL COMMUNITIES AND SUCCESSFUL SERVICE CHANGE

There are a significant number of comments about the need to communicate effectively when the new services when they are introduced and general views about sign-posting, including the NHS111 telephone service, and suggestions for where and how to publicise the most appropriate local services for urgent care.

There are also a significant number of comments about the access needs of local communities, particularly residents who may not have English as a first language or with access issues linked to deprivation or age (e.g. reliance on public transport). There are some specific comments about the need to integrate with mental healthcare.

The changing nature of the local population, particularly the rapid growth in some areas such as Ebbsfleet Garden City and the resulting pressures on local services, is also a common theme.

1.3.4 ABOUT URGENT CARE AND DELIVERY OF THE UTC MODEL

Main messages relating to delivery of services in the new model include concern to ensure that there are enough staff to deliver the new system, and aspects of quality and patient experience including:

- The general pressure on services, including comments about the level of activity at Darent Valley Hospital
- Opening hours and arrangements for out-of-hours urgent care
- Waiting times across all urgent care services
- The potential benefits of co-location of UTC with A&E services and having everything "in one place"
- Triage especially on-site between UTC and A&E.

Within this, a common theme is the need for greater accessibility (especially easier appointments) and more urgent care provided in non-acute settings, in particular general practice. There were also calls for the retention of GP walk-in services, not necessarily limited to urgent care.

1.3.5 ABOUT THE CONSULTATION PROCESS

More broadly, there are comments about the consultation and decision-making process, with themes including:

- That participants¹ at the events could have been better informed (e.g. with more data) and the events could have been set up better (e.g. venues)
- Suspicion expressed that the outcome of the consultation has already been decided
- That the events and the consultation could have been publicised better.

That the proposal to develop UTCs may represent:

- Cuts to services or the availability of care
- A step toward privatisation of NHS services.

¹ Please note, however, that overall feedback via evaluation sheets on the consultation events was positive (79% rated excellent or good).

2. THE CONSULTATION

2.1 CONTEXT

This document contains an independent analysis of responses to the consultation about the future location of a new Urgent Treatment Centre (UTC) at **either** Gravesham Community Hospital **or** Darent Valley Hospital.

Urgent care means care to treat illnesses and injuries that are not life threatening but require an urgent clinical assessment or treatment on the same day.

The consultation ran for a period of 12 weeks between 12 August and 4 November 2019. The consultation process was led by Dartford Gravesham and Swanley Clinical Commissioning Group (CCG). More information about the consultation can be found on the CCG website:

<https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>.

The consultation was part of a long-term programme, which developed proposals to create a new UTC by autumn 2020, and detailed information on the underpinning case for change, development of the clinical model and options, the NHS assurance process and engagement before consultation is contained in the Pre-consultation Business Case document (PCBC).

<http://www.dartfordgraveshamswanleyccg.nhs.uk/wp-content/uploads/sites/3/2019/09/Final-DGS-CCG-Urgent-Care-PCBC-09.08.19-amended-03.09.19-v2.pdf>

2.2 PRE-CONSULTATION ENGAGEMENT

As set out in the PCBC, the key engagement milestones were:

- February - May 2015: Dartford Gravesham and Swanley CCG and Swale CCG Patient and Clinician Reference Groups
- November 2016: GP Engagement Event
- November 2016: Dartford Gravesham and Swanley CCG and Swale CCG Urgent and Emergency Care 'Whole Systems Event'
- 10 and 13 February 2017: Dartford Gravesham and Swanley Listening events (public and stakeholders)
- June 2017: Intensive Stakeholder Engagement Piece
- July 2017: Kent Health Overview and Scrutiny Committee
- December 2018 to March 2019: Continued engagement with residents (4000 participated and 2000 survey responses were received)
- March 2019: Briefings for local MPs
- April 2019: Engagement with the chairs of the Health Overview and Scrutiny Committees in the surrounding boroughs where residents may also be affected.

Source: PCBC

2.3 DEVELOPMENT OF THE CONSULTATION OPTIONS

Two options went forward to consultation. As set out in the consultation document, these were:

Option 1: To create an Urgent Treatment Centre by relocating services at the White Horse Walk-in to join the Minor Injuries Unit at Gravesham Community Hospital

Option 2: To relocate both the Minor injuries Unit at Gravesham Community Hospital and the services at the White Horse Walk-in to create an Urgent Treatment Centre alongside the existing A&E department at Darent Valley hospital.

Both proposed options would bring together existing services provided at the Minor Injuries Unit at Gravesham Community Hospital and the White Horse Walk-in Centre at Fleet Health Campus onto a single site.

The PCBC describes the process by which consultation options were developed from a review of potential configurations and the longlist of options which would meet the needs of the local population. This structured process involved two stages:

1. April 2019: Development of essential and desirable criteria for shortlisting
These were proposed by the Clinical Cabinet and the Patient Participation Group (PPG) Chairs Group representing patients in Dartford, Gravesham and Swanley ratified the longlist of options and shortlisting criteria.
2. May 2019: Applying shortlisting criteria to develop options for consultation
This process involved senior clinicians, Healthwatch, patient representatives, members of the CCG Executive team, an Equality and Diversity representative and senior staff.

The PCBC sets out how views representing patients and the public were taken into account during development of options for consultation:

- Through the programme of engagement with residents (December 2018 to March 2019), through which there was a high level of participation and which sought views on priorities and alternative models and locations
- Through defining appraisal criteria, which involved Healthwatch and patient representatives
- Through a process of confirmation and agreement of the options to go forward to consultation, which also involved Healthwatch and patient representatives.

2.4 ABOUT THE CONSULTATION PROCESS

2.4.1 BEST PRACTICE, STATUTORY FRAMEWORK AND COMPLIANCE

We understand that this consultation was conducted under the following statutory framework:

- Involvement – NHS Act 2006 (amended)
 - s1472 (CCGs), 242/244
 - *Planning, assuring and delivering service change for patients* guidance (NHSE)
<https://www.gov.uk/government/publications/consultation-principles-guidance>
- Secretary of State's '4 tests'
- Equalities – Equality Act 2010
 - s149 public sector equality duty
 - Other obligations including duty to reduce inequality
- Consultation
 - Code of Practice - consultation principles (amended 2018)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/691383/Consultation_Principles_1_.pdf
 - Gunning Principles

Please note, this report is based on information and documents relating to the consultation provided by the CCG, which we have taken 'as read', and Verve's analysis of quantitative data and comments received from the CCG.

Based on this, we believe that the CCG made considerable efforts to engage widely and reach relevant groups of residents and stakeholders through an inclusive process, invited response through a variety of channels, and can provide evidence to show how the exercise met the key requirements and best practice.

In Table 1, below we have set out the relevant requirements and standards in respect of **public and stakeholder consultation** and alongside a commentary on the engagement undertaken. More detail is provided in the sections which.

In addition, the CCG has developed a communications and engagement framework which sets out its approach and ambition in respect of involving local people in this exercise.

<http://www.dartfordgraveshamswanleyccg.nhs.uk/wp-content/uploads/sites/3/2019/03/Helping-us-shape-health-CE-framework-July-2018-FINAL.pdf>

Table 1 Commentary on how the consultation process addressed requirements and best practice

Requirement	Comments
The Secretary of State for Health's four tests	(NB. only one of these relevant to public engagement)
1. Strong public and patient engagement	<ul style="list-style-type: none"> The response and participation level in this consultation was high, and a variety of channels were provided through which people gave views
Code of Practice	
A. Consultations should be clear and concise	<ul style="list-style-type: none"> The consultation document set out clear Options for location of the new UTC
B. Consultations should have a purpose	<ul style="list-style-type: none"> This consultation set out two clear Options for location of the new service, and detail is provided on the governance and decision-making process which will follow
C. Consultations should be informative	<ul style="list-style-type: none"> A great deal of information was provided about the case for change, the process for developing options and making decisions and the relative strengths of each Option
D. Consultations are only part of a process of engagement	<ul style="list-style-type: none"> This consultation builds on strong previous patient and public engagement exercises, and used existing well-established communication channels developed by the CCG and its partners
E. Consultations should last for a proportionate amount of time	<ul style="list-style-type: none"> The consultation lasted for 12 weeks, which is considered appropriate for public sector engagement exercises (set out in <i>Code of Practice</i>)
F. Consultations should be targeted	<ul style="list-style-type: none"> Both in respect of groups sharing protected characteristics - and more broadly – groups likely to be high-level users of urgent care, or face access issues were identified, and clear efforts made to ensure that representatives and individual voices from these groups provided insight to inform the consultation
G. Consultations should take account of the groups being consulted	<ul style="list-style-type: none"> This report provides a detailed analysis of the views of people participating in the consultation, as well as including separate independent reports focused on seldom heard groups and mitigations to perceived weaknesses in the Options Together, these provide a summary of views heard to inform the CCG's decision-making meeting and local authority scrutiny
H. Consultations should be agreed before publication	<ul style="list-style-type: none"> This builds on a significant period of pre-consultation development and engagement, and there was a rigorous, inclusive process through which Options were evaluated (set out in the consultation documents), and broad agreement by commissioners and providers to proceed to consultation
I. Consultation should facilitate scrutiny	<ul style="list-style-type: none"> The CCG has engaged widely during the development of the Options and consultation plans, including with local authority scrutiny - this report will form part of the papers for forthcoming review The consultation documents are clear about the relative strengths of each Option and the broader challenges for urgent care in Dartford, Gravesham and Swanley – this information enables well-

	informed analysis through which proposals can be scrutinised by stakeholders and residents
J. Government responses to consultations should be published in a timely fashion	<ul style="list-style-type: none"> • Not relevant
K. Consultation exercises should not generally be launched during local or national election periods.	<ul style="list-style-type: none"> • Not relevant
Gunning Principles	
1. Consultation must take place when the proposal is still at a formative stage	<ul style="list-style-type: none"> • This is a genuine process to explore views between two alternative Options for location of the UTC
2. Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response	<ul style="list-style-type: none"> • The consultation document and other materials provided a great deal of clear, 'in context' information about the case for change and relative strengths of different Options to enable well-informed responses
3. Adequate time must be given for consideration and response	<ul style="list-style-type: none"> • The consultation lasted for 12 weeks, which is considered appropriate for public sector engagement exercises (set out in <i>Code of Practice</i>)
4. Feedback from consultation must be conscientiously taken into account.	<ul style="list-style-type: none"> • This report provides a detailed analysis of the views of people participating in the consultation, as well as including separate independent reports focused on seldom heard groups and mitigations to perceived weaknesses in the Options • Together, these provide a summary of views heard to inform the CCG's decision-making meeting and local authority scrutiny
Equality	
Equalities impacts	<ul style="list-style-type: none"> • Likely impacts were identified before consultation began through an Equalities Impact Assessment which was published by the CCG, and this was repeated post-consultation • Engagement with seldom heard and equalities groups is summarised in this report and as Appendix C and an independent engagement exercise with three specific communities commissioned, with report at Appendix D.
Public sector equality duty (PSED)	<ul style="list-style-type: none"> • The consultation process was inclusive and participation levels high, notably by residents sharing protected characteristics: minority ethnic communities, older people, people with disabilities, faith communities (see demographic breakdown)

2.4.2 PUBLICITY

Considerable efforts were made by the CCG to ensure that local people knew about the consultation, and the activities and materials distributed are shown in Table 2, below.

Table 2 Materials and publicity

Material	Number of copies produced (or appropriate measure of activity)	How distributed (if relevant)
Consultation document	10,000 print + download	GP surgeries, hospitals, clinics, libraries, community venues (leisure centres, town halls) and roadshows and distributed at briefing sessions
Posters	5,000 printed	
Postcards	5,000 printed	
Event posters	200	
Email		Link sent to local residents mailing list (CCG's Health Network)
Articles in Council magazine Your Borough		Your Borough magazine is distributed door-to-door in Gravesham
Press release to launch the consultation	N/A	Coverage secured in: <ul style="list-style-type: none"> • Kent Online • News Shopper • Dartford and Gravesend Messenger
Social media – Facebook and Twitter	Paid Facebook ads	Targeted key community groups and series of posts / shares linked to website
Communications with staff		Consultation document cascaded to staff via Comms leads and managers in: <ul style="list-style-type: none"> • Darent Valley Hospital • Gravesham Community Hospital • Northfleet Health Campus

2.4.3 INFORMATION PROVIDED AND CHANNELS TO PROVIDE VIEWS

A great deal of information was provided to the public through a range of channels. Central to the public engagement was a discrete section on the CCG website, which provided both full versions of the key programme documents and also clear and well-structured information for the public in short segments which made the complex proposals as easy as possible to understand.

The website also contained an online version of the consultation questionnaire, through which some 15,549 responses were received. In addition, the public-facing consultation information was provided in a print version, with a tear-out paper version of the questionnaire which could be returned via Freepost. 925 print questionnaires were received and added to the online survey, bringing the total response to 16,474.

The CCG also undertook a roadshow and ran a series of events, details of which follow, and invited comments and views through a wide variety of channels in addition to the questionnaire:

- At a meeting or event (including CCG staff offering to attend local meetings)
- Email
- Telephone.

Views received through these channels were collated or noted by the CCG and provided to Verve. We included these comments in the evaluation which informs this report.

2.4.4 ROADSHOW MEETINGS AND EVENTS

The level of face-to-face engagement was high, and the CCG undertook a roadshow, visiting local groups, community meeting points and offering to send speakers to local meetings and events.

Three dedicated Listening events were also conducted as part of the consultation exercise, which are detailed separately below.

The events and meetings are summarised in Table 3 below, which also identifies those directly relevant to groups and communities sharing protected characteristics (as defined in the Equality Act).

A total of 1,166 people were engaged through the roadshow meetings and events.

2.4.5 LISTENING EVENTS

A total of 81 people attended a series of three listening events held to consider the Options in more depth during facilitated table discussions. The questions asked during these sessions were wider than simply considering Option 1 vs. Option 2 and included exploring issues and potential solutions.

A separate report was produced from these events to inform the consultation, which is attached in full (see Appendix C).

In addition, comments were collected from participants. Due to the broader nature of the discussions, these have been included within this analysis as a separate section along with roadshow comments.

Table 3 Listening events

Listening events		
Wednesday 16 October	Clocktower Pavilion, St Mary's Road, Swanley BR8 7BU	6.00pm - 8.00pm
Monday 28 October	Princes Suite, Princes Park Stadium, Darenth Road, Dartford DA1 1RT	6.00pm - 8.00pm
Wednesday 30 October	Kent Room, Gravesham Civic Centre, Windmill Street, Gravesend DA12 1AU	6.00pm - 8.00pm

Table 4 Face-to-face engagement with local residents

Date	Location	Time	Equalities Act
Roadshow locations and community events			
Monday 12 August	Gravesham Hospital	9.30am – 12.30pm	
Tuesday 13 August	Walk-in Centre, Fleet HC	9.30am – 11.30am	
Wednesday 14 August	Golden Girls - Shearsgreen Community Hall, North Fleet		A
Thursday 15 August	Asda Swanley	9.30am – 12.30pm	
Friday 16 August	Walk-in Centre, Fleet HC	9.30am – 12.30am	
Monday 19 August	Dartford Healthy Living Centre	1.30pm – 4.30pm	
Wednesday 21 August	Cascades Leisure Centre	9.30am – 12.30pm	
Friday 23 August	Bluewater Safer Homes	10am – 12.30pm	A
Sunday 25 August	Gurdwara Gravesend Family Sports Day	12pm – 5pm	F,G
Tuesday 27 August	Swanley Link	1pm – 4pm	
Wednesday 28 August	Darent Valley Hospital	9.30am – 12.30pm	
Thursday 29 August	Cygnat Leisure Centre	9.30am – 12.30pm	
Wednesday 4 September	Gravesham 50+	10am – 2pm	A
Thursday 5 September	Dartford High Street	9.30am – 12.30pm	
Monday 9 September	Gravesham Community Hospital	9.30am – 12.30pm	
Tuesday 10 September	Swanley Link	9.30am – 12pm	
Tuesday 10 September	Walk in Centre, Fleet Health Centre	1pm-4pm	
Thursday 12 September	Asda Gravesend	9.30am – 12.30pm	
Saturday 14 September	Crockenhill Harvefayre	12pm	
Sunday 15 September	Gurdwara Gravesend Event	10am – 1pm	F,G
Thursday 19 September	Darent Valley Hospital	9.30am – 12.30pm	
Friday 20 September	Asda Swanley	9.30am – 12.30pm	
Tuesday 24 September	Dartford Healthy Living Centre	10am – 1pm	
25 September	Rethink Sangam Group - Gravesend Library		B
Friday 27 September	Gravesend Central Mosque	12pm – 2pm	G
Saturday 05 October	Caribbean Fun Day, Gravesend Borough Market	12pm-3pm	F
Monday 7 October	Gravesham Civic Centre	9.30am – 12.30pm	
Thursday 10 October	Trees Community Centre, Dartford	10am – 12pm	
Thursday 17 October	Dartford Library	10.30am – 11.30am	
Monday 21 October	White Oak Leisure Centre	10am-12pm	

Key: Where relevant to protected characteristics defined by the Equality and Human Rights Commission, these are referenced: <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

A. Age	B. Disability	C. Gender reassignment
D. Marriage and civil partnership	E. Pregnancy and maternity	F. Race
G. Religion or belief	H. Sex	I. Sexual orientation

2.4.6 STAKEHOLDER MEETINGS

In addition, meetings were held with these stakeholder groups:

Table 5 Stakeholder meetings

Meeting dates	
17 July	Gravesend Labour Councillors (pre-consultation briefing)
21 August	Swanley Councillors
22 August	DGS PPG Chairs - ASDA Gravesend
28 August	A&E Delivery Board
03 October	Dartford Council staff briefings
04 October	Sevenoaks District Council

2.4.7 EQUALITIES – HOW EIA INFORMED CONSULTATION

In order to meet its equality duties (Equality Act 2010), the CCG commissioned an Equality Impact Assessment. This both identifies the likely barriers to access or drivers for inequality and also provides significant insight from engagement with equalities groups, which informed the consultation planning.

<http://www.dartfordgraveshamswanleyccg.nhs.uk/wp-content/uploads/sites/3/2019/09/Equality-Impact-Assessment.docx>

For the consultation engagement, all nine groups sharing 'protected characteristics' were scoped in with the addition of socially-deprived communities and rural communities. Through the consultation process, specific activities were undertaken to ensure that these groups and communities were fully engaged in the process, and where supported by the data, issues raised more commonly by these groups are highlighted within the analysis.

Groups engaged to meet this requirement included:

- Age UK Gravesend
- Dartford Elders Forum
- Gravesham 50+ Forum
- Local faith communities and venue including the local Gurdwara and Christian churches
- Gravesend Rethink Mental Health Group (meeting)
- Charities supporting disabled children and their families (e.g. We Are Beams).

A written response was also received from NW Kent Mind.

In addition, the CCG has:

- Prepared a summary of engagement during consultation with equality groups
- Commissioned an independent organisation *Engage Kent* to undertake targeted engagement with three specific seldom heard communities, through outreach visits and street surveys to gather in-depth feedback face-to-face:
 - People with physical disabilities
 - Residents in rural areas.

Both reports contain useful insights and are attached in full (see Appendices D and E).

3. EVALUATION

3.1 ABOUT THIS EVALUATION

3.1.1 THE PURPOSE OF CONSULTATION

Consultations to support NHS major service change programmes present a rare opportunity to involve local people in key decisions about their healthcare and services, and to open a large-scale dialogue about priorities and options for the future. They fulfil several different purposes which include:

- Providing an opportunity for everyone to have a say and identify the issues most important to them in a complex system
- Evaluating the preferences and strength of opinion among different groups who may be impacted differently
- Supporting decisions on proposals for change which may involve multiple objectives and trade-offs.

While they draw on similar methodologies such as questionnaires, it is important to bear in mind that consultations are not the same as either:

- Quantitative market / social research which sets out to extrapolate from a representative sample of a given population in order to estimate the views of the whole population
- Referenda which set out to establish the majority opinion on a binary question.

“True consultation is not a matter of simply ‘counting heads’; it is not a matter of how many people object to proposals but how soundly based their objections are.”²

3.1.2 WHAT THIS REPORT AIMS TO DO

Verve has analysed the data provided to us and in the following sections we have set out to:

- Summarise the quantitative response received via the consultation questionnaire
 - The proportion of responses favouring each of the two options
 - The responses to other quantitative questions (e.g. services used)
 - Where justified by the data, identifying where there may be significant differences of view between different groups of respondents.
- Review the free text responses received through the questionnaire and consider alongside comments made through other channels (roadshow notes; written responses; meeting notes and comments from Listening events)
 - Identify the main themes of comments, picking out those most commonly referenced
 - Produced a high-level summary of the substantive points made by respondents during the consultation.

² Lady Justice Arden, Court of Appeal Judgement, Royal Brompton and Harefield NHS Foundation Trust vs. JCPCT

3.1.3 METHODOLOGY

Quantitative data from the questionnaire (see Appendix A) is presented in charts and tables which summarise:

- The scale of response, showing the profile of respondents e.g. demographic characteristics (age, gender, ethnicity etc.); which services they use; special needs (e.g. disability); where they live (as far it is possible to do so)
- The overall views on Options 1 and 2 for location of the new treatment centre, indicating where the data suggests there may be significant differences between the views of different groups within the population. (These are the answers to Q5 and Q6³)

The total preferences between Options and break-down of participants are based on the whole questionnaire dataset (aggregating both printed and online responses).

Free text comments were provided through the questionnaire on three topics:

- Reasons for preference between Options 1 and 2 (Qs 5 and 6)
- Impact of 'top three' issues on respondent / their family (Q7)
- Other ideas and suggestions (Q8).

Based on an initial sample n=100, the most common themes in responses to these questions were identified. Once the data was collected, all the comments received were reviewed and allocated to the main themes, and a further level of analysis was undertaken to sub-divide and understand comments at a more detailed level.

The categories developed for this analysis is shown at Appendix F (code frame).

Please note that each individual free text response could include multiple comments, and in some cases the answer to an individual question included up to five separate points.

The level of response and the length and complexity of comments made were unusually high and coupled with the great bulk of response received in the final 72 hours before close of consultation, it has not been possible to analyse the free text comments fully for this initial report.

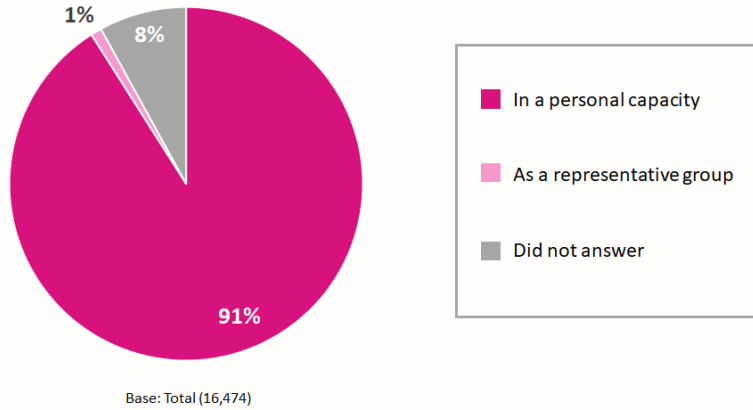
In order to draw conclusions for this report, however, we have undertaken detailed analyses of samples of free text comments provided through the questionnaire.

³ Please note the question numbers differ slightly between the printed and online form – for this section we are using the online version shown at Appendix A. Written and online datasets were combined before the analysis, so both are included in the analysis.

3.2 THE CONSULTATION RESPONSE

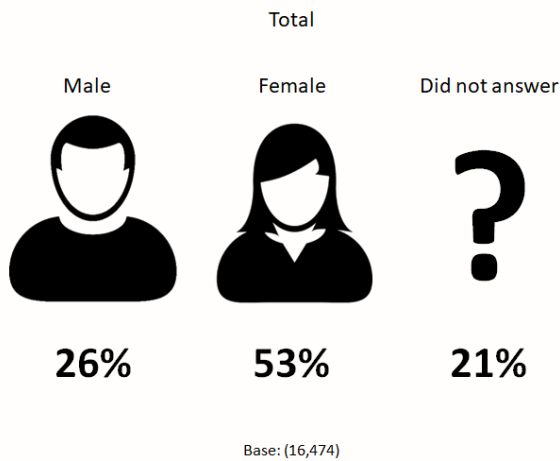
3.2.1 QUESTIONNAIRE RESPONSES RECEIVED

I am providing a response...

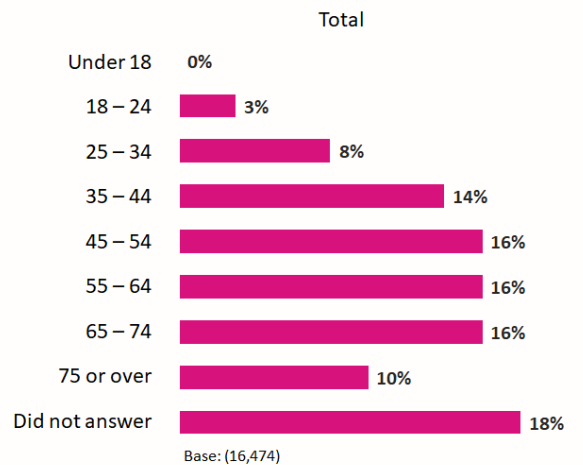


Almost all respondents were answering in a personal capacity. This would indicate that the responses given throughout the survey are their own and uninfluenced by anyone else.

What gender do you identify as?

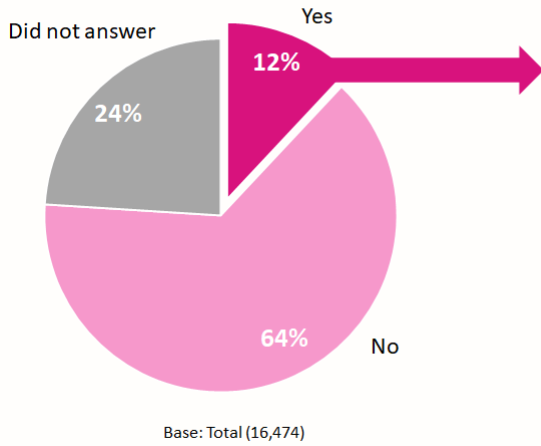


What is your age group?

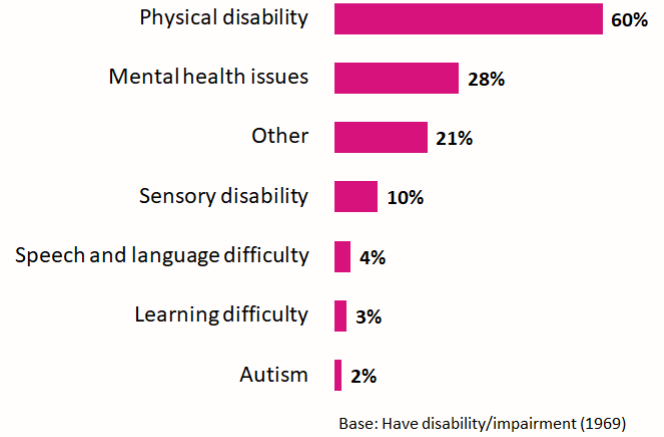


Although reasonably representative, the sample of respondents does skew slightly towards **women over 45 years old**. Around **1/5 of respondents** were unwilling to state their age or gender.

Do you consider yourself to have a disability/impairment?



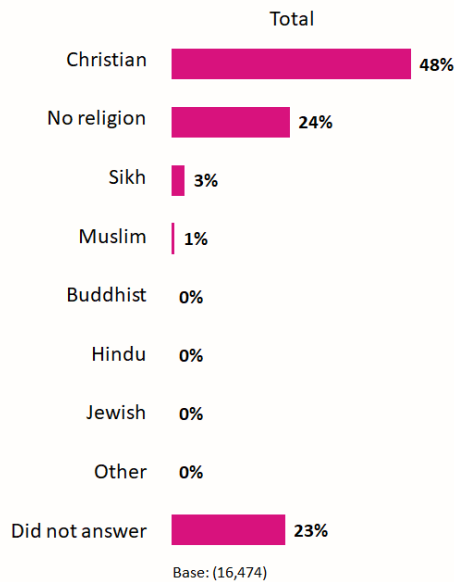
Disabilities/impairments experiencing...



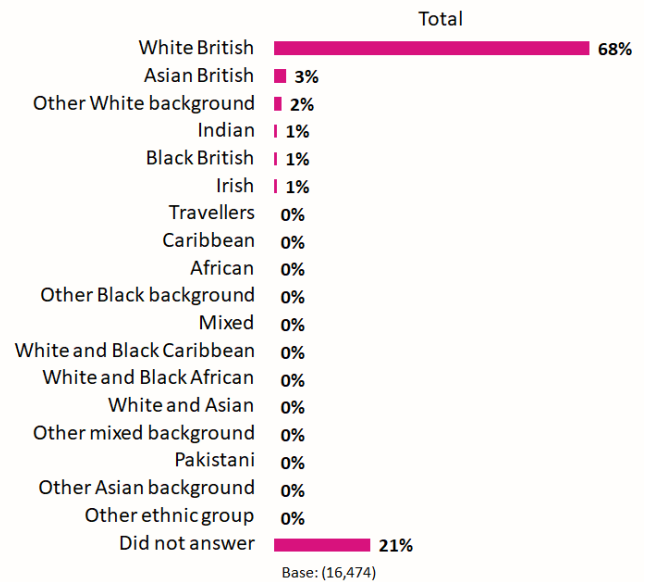
The majority of the sample **do not consider themselves to have a disability or impairment**. Of the **12% of respondents** who do have a disability, they are most likely to have a **physical disability** or a **mental health issue**.

3.2.2 ENGAGEMENT BY DIVERSE COMMUNITIES

Which of the following describes your religion or belief?



How would you describe your ethnic origin?



The majority of those who responded describe their ethnic origin as **White British**, while 20% of respondents did not answer. **Nearly half** of the sample describe themselves as **Christian**, while a **quarter of people claim to have no religion**.

If **those who did not answer this question are excluded**, the headline figures are as shown (compared with the approximate demography of the CCG's population):

Respondents describing their ethnic origin as...	Questionnaire (%)	Population of the CCG footprint (%) (approximate)
White British	86.96%	85%
Other White background	3.68%	
A different ethnic group	9.36%	15%

This suggests that the questionnaire respondents were skewed towards those identifying as White British. The level of response by people not identifying as White British seems low given the considerable efforts made by the CCG to reach diverse communities with this exercise and the groups and meetings engaged through the roadshow.

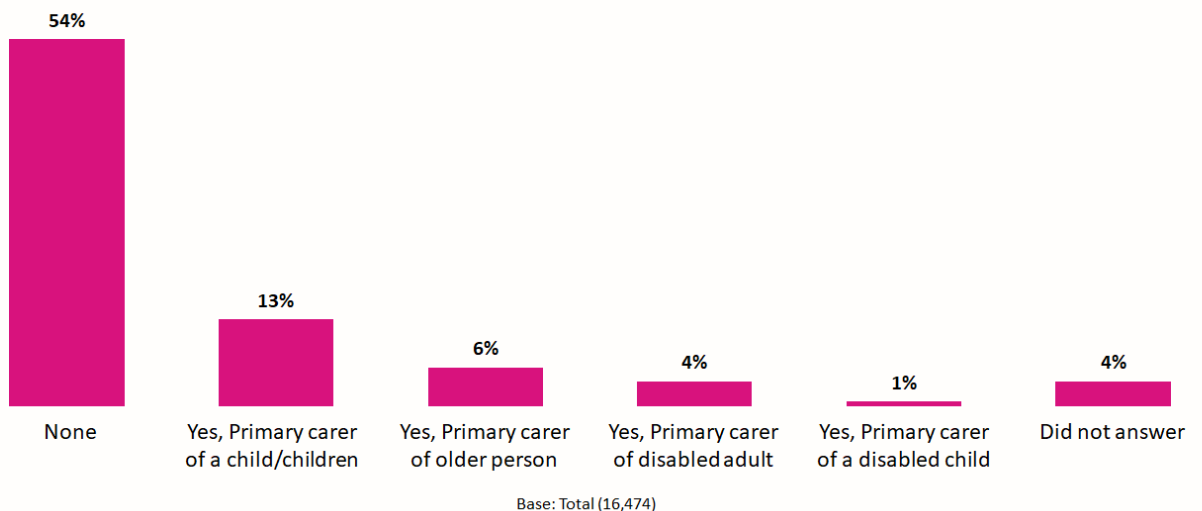
However, this should be seen in context. It is also worth noting that the age profile:

Age	Questionnaire (%)	Population of the CCG footprint (%) (approximate)
0-17 years	0.38%	24%
18-64 years	68.45%	60%
65+ years	31.17%	16%

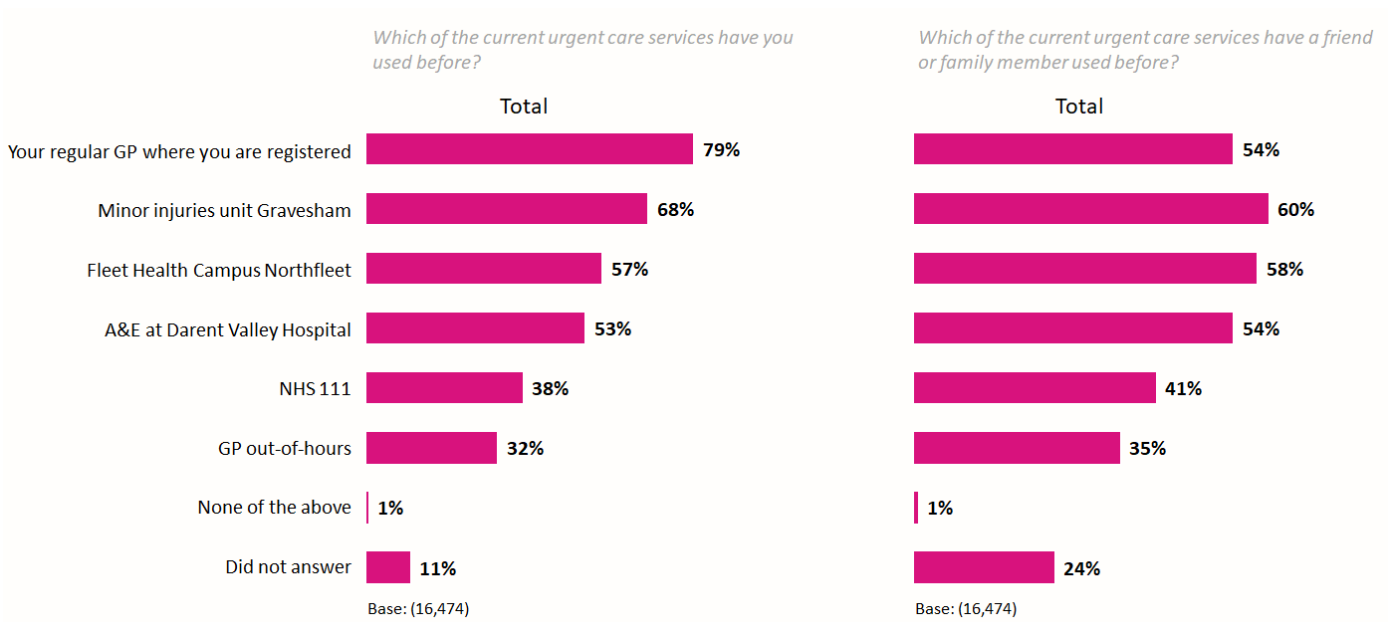
In general, non-white communities tend to be younger and elders may not use English as a first language - so if the response is significantly skewed towards older people, we may expect disproportionately overall lower participation from people not identifying as White British.

In addition, it may be that the relatively high-level of respondents identifying with a religious faith (48% Christian; 3% Sikh; 1% Muslim) suggests respondents more prepared to identify by faith than by ethnic background.

Do you have caring responsibilities?

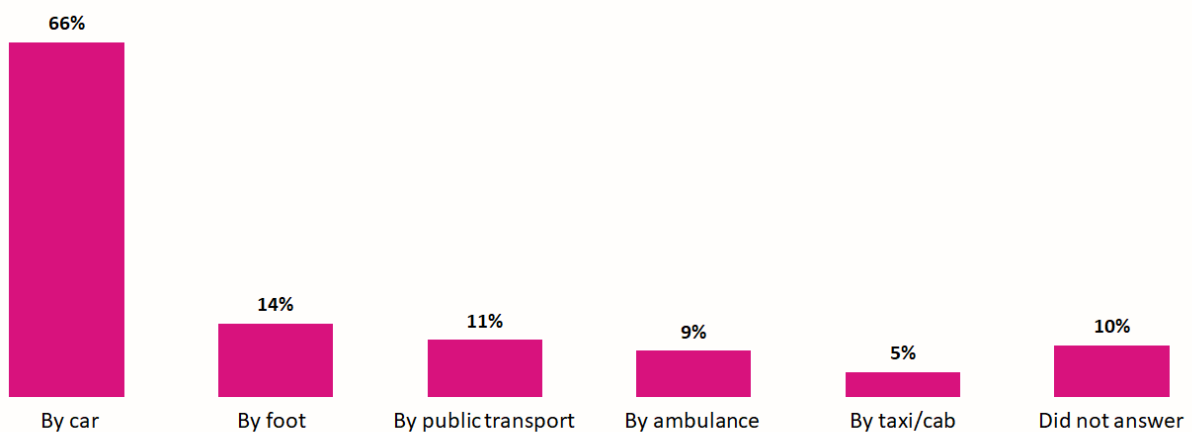


Just over half of all respondents do not have caring responsibilities. **Primary carer of children** is the most likely caring responsibility.



Respondents use different local urgent care services, either by themselves or their friends and family. Of those responding for themselves, 68% have used the Minor Injuries Unit at Gravesham community hospital. However over half have also used Fleet Health Campus Northfleet and A&E Darent Valley, indicating that all these services have been important for the local area.

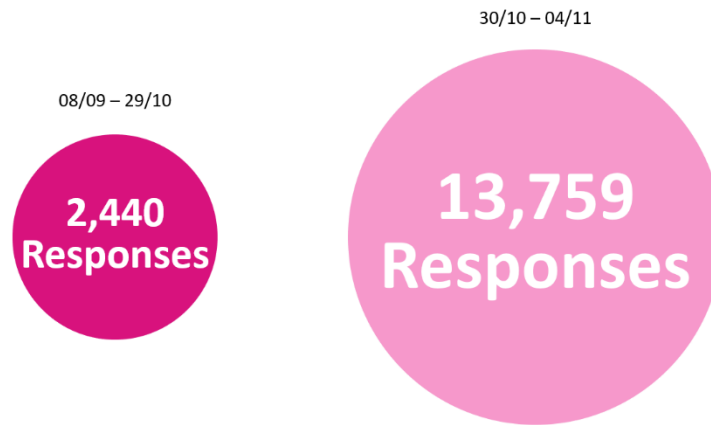
Thinking of the last time you used an urgent care service how did you travel there?



Base: Total (16,474)

Parking facilities and traffic could be a factor in choice as **66%** of respondents claim to have **used a car** when accessing urgent care services previously. Only **11%** of people said they used **public transport**.

3.2.3 WHEN RESPONSES WERE RECEIVED⁴



There is a very large disparity in when questionnaires were received. As shown in the figure above, **over 5 times as many** people responded via the online survey **in the final weekend** of the consultation **compared to the first 51 days** of the consultation being open.

3.2.4 VOLUME OF RESPONSE

As shown in the summary response table, this consultation exercise was characterised by:

- An initial response of 2,440** completed or partially completed⁵ questionnaires from the date the consultation opened until 30/10/11 (i.e. the first 51 days).

The questionnaire asked for additional comments explaining the reasons for views on the two Options; feedback on the impact of location, car parking, public transport and waiting times; and additional ideas and suggestions.

These initial responses included a high number of free text comments against all three relevant questions and notably long statements covering multiple topics.
- A further 13,759 questionnaires** completed or partially completed by 04 November⁶ (i.e. in the final 5 days).

Despite these later responses including fewer free text responses, this brought **the total free text comments received to 24,958** (many of these contain more than one substantive point).

We cannot be sure of the reason for this remarkable late surge in response, but one explanation is a widely circulated letter by the Member of Parliament for Gravesham (dated 28 October) which expressed strong concerns about the Option 2 location at Darent Valley Hospital and encouraging his constituents to complete the online survey.

⁴ Figure above made up of 2,008 completed and 432 incomplete surveys between 08/09 – 29/10, 11,796 completed and 1,963 incomplete surveys between 30/10 – 04/11. No postal entries after 04/11 were included

⁵ The survey portal on which the questionnaire was hosted records all data entered whether or not the final command button to complete and submit the response is pressed. By the end of the exercise, 2,395 such "incomplete" questionnaires were on the system. The majority of these included valid responses, so it was agreed to include within the same dataset as "completed" forms.

⁶ The completed questionnaires were collected at the end of 05 November to ensure time for all printed questionnaires received by the close to be uploaded, giving a slightly higher total for analysis of 16,474.

There are indications that the late responses were more likely to oppose Option 2 and tend to live closer to Gravesend (see also section below on geographic responses).

In order to provide as full an analysis as possible within the required timeframe, the qualitative comments were reviewed and analysed as follows:

- A sample of comments received were reviewed and the main topics noted against the main themes identified within the code frame
- Additional samples of the questionnaire responses were reviewed and analysed against the more detailed categories in the code frame.

Where this approach was adopted, we used sample sizes large enough to enable reasonable conclusions to be drawn and have been specific about the baseline number of responses considered in each case.

3.2.5 RESPONSES FROM DIFFERENT PARTS OF THE CCG CATCHMENT

The questionnaire asked respondents to give the first three digits of their postcode (Q2) with a view to enabling analysis according to where respondents live within the CCG catchment. In the event, people expressed this in a variety of ways. The most common responses were:

- First three digits (e.g. DA1)
- First segment of postcode (e.g. DA12)
- Whole postcode.

By far the highest coded postcode response was DA1 (n=6884). However due to the way the question was worded, asking for the first three digits rather than the first half of the postcode presented a challenge for analysis.

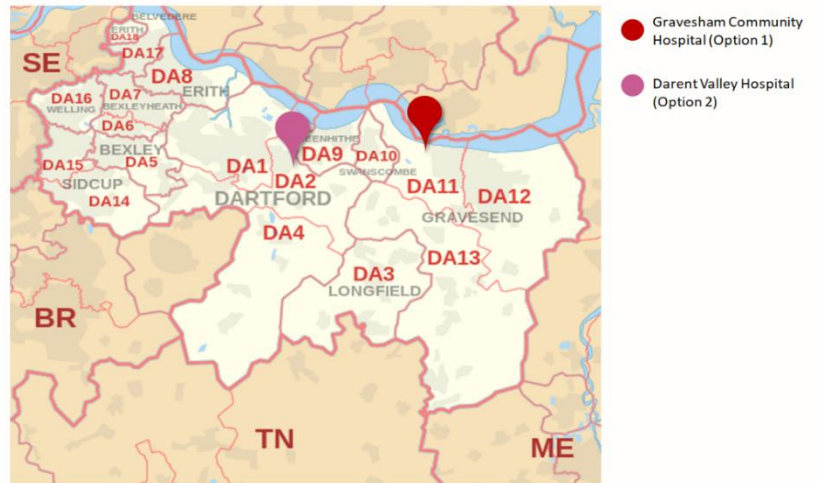
It is impossible to tell whether a response "DA1" means DA1 or DA10, DA11, DA12, etc. This is exacerbated because DA1 is at the west side of the CCG catchment and significantly closer to Darent Valley Hospital whereas the other postcodes beginning DA1 are further east and closer to Gravesham Community Hospital (which is in DA11).

However, a significant number of respondents (n=2744), despite being asked just for the first three digits, specified that they live in the DA11 postcode where Option 1 is located. A comparatively much smaller proportion of respondents live in DA2 (n=162).

This enabled direct comparison of responses by residents of DA2 and DA11 to see whether their options preferences differ, and is taken into account in the analysis (also detailed in the analysis charts) by comparing responses from:

- People who identified as living in DA2 (i.e. within the postcode area of Darent Valley Hospital)
- People who specified DA11 (i.e. within the postcode area of Gravesham Community Hospital).

Given the volume and distribution of response, these two groups provide the most practical proxy for the populations most likely to be impacted by travel distance through choice of Option 1. Vs. Option 2.

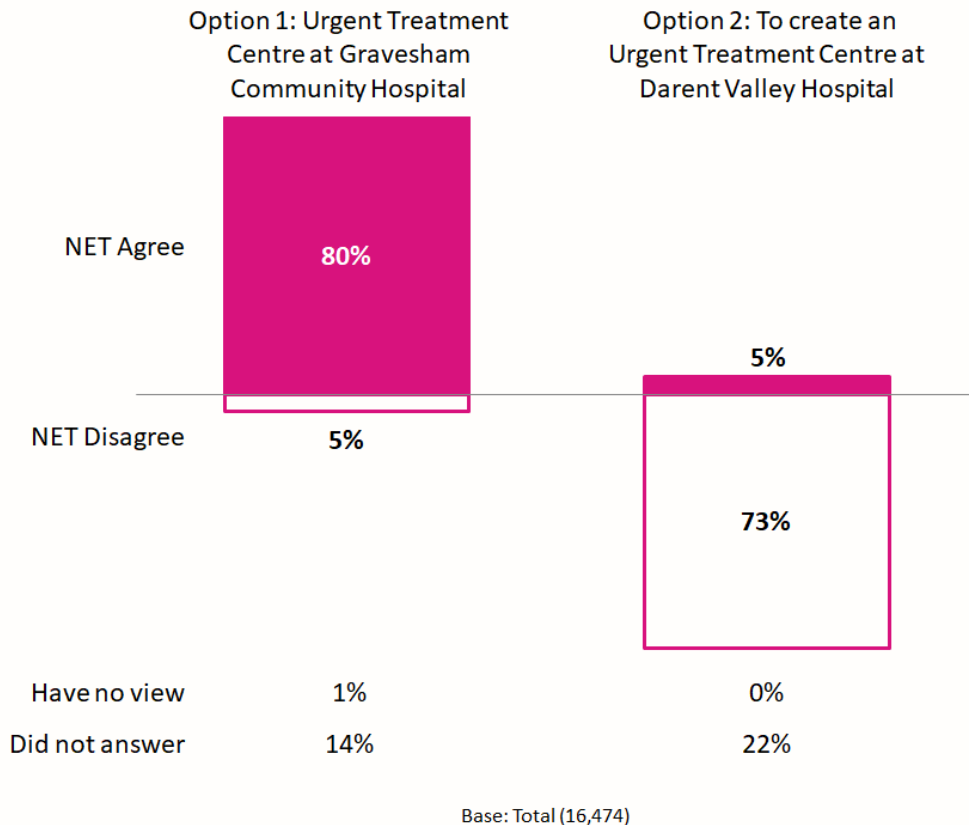


The uneven distribution of respondents, linked to a preference for services close to home, may have influenced the higher preference towards Option 1 as many more people live in a much closer proximity to the Gravesham Community Hospital site.

4. FINDINGS AND ANALYSIS

4.1 HEADLINE FINDINGS

Please indicate whether you agree or disagree with the two proposed options...



Urgent Treatment Centre at Gravesham Community Hospital (option 1) is the overwhelming preference.

- There is a very **strong preference towards Option 1 – 75% of respondents Strongly Agree** that Gravesham Community Hospital is the right site for an urgent treatment centre (UTC)
- Consequently, there is **also high negativity towards Option 2 – only 5% agree** that it should be the chosen site for the UTC and **68% Strongly Disagree** with this option completely
- Respondents were also **significantly less likely to give any response about Option 2** with around 1/5 choosing not to give any opinion at all
- While there is no significant demographic group particularly driving the preference towards Option 1, those that do Strongly Agree with the option are **a little more likely to be over 55 years old**
- With no real demographic factors pointing towards a preference for either option, respondent choice must have a basis in more emotional or practical issues.

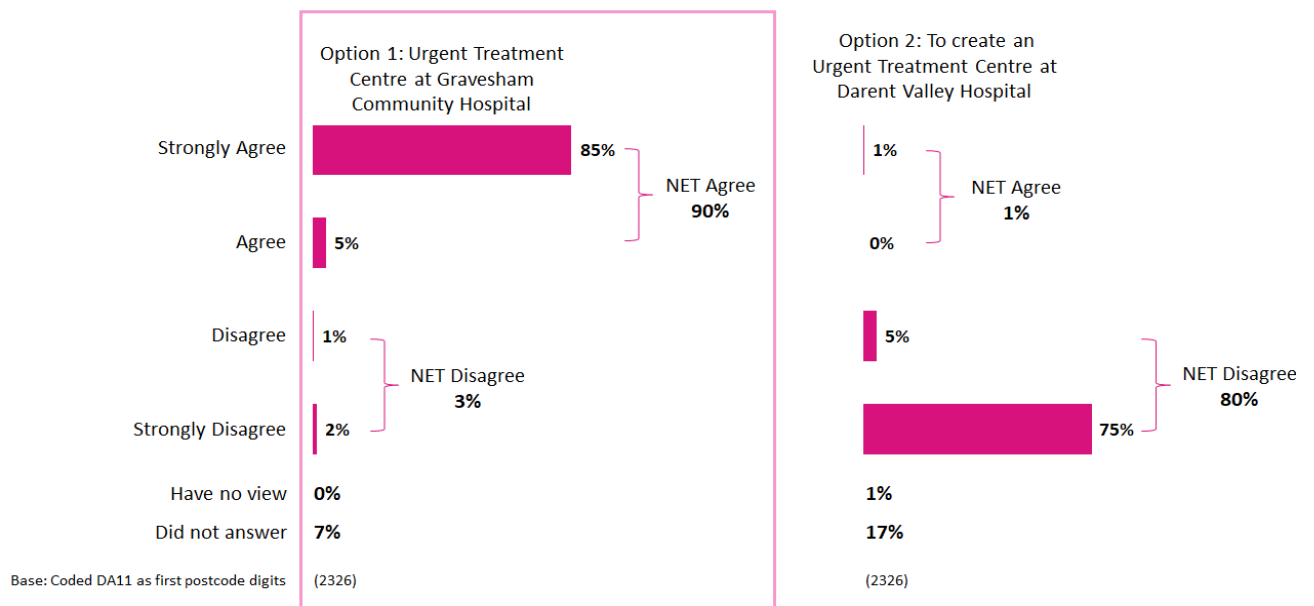
4.1.1 DOES AREA OF RESIDENCE MATTER?

In the charts above and below, we chose to look at DA11 and D2 more closely (DA11 being the postcode area for the proposed UTC at Gravesham Community Hospital and DA2 the postcode area for the proposed UTC at Darent Valley hospital).

As expected, **respondents in DA11 very highly endorsed Option 1** as this option sits within their local postcode and is therefore much easier to access for local residents. **85% of people who claim to live in this area Strongly Agree** that Gravesham Community Hospital is the better site for the new UTC and **90% Agree overall**. (See chart above)

Option choice by postcode: Lives in DA11

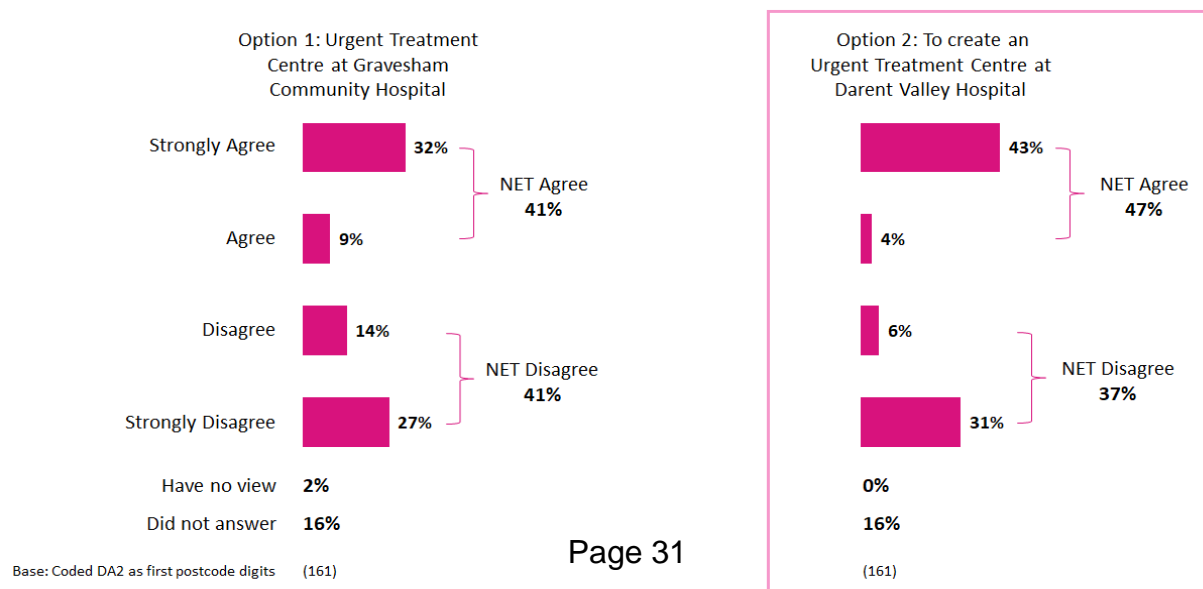
Please indicate whether you agree or disagree with the two proposed options...



There is not, however, as much positivity towards Option 2 among those who live in DA2. Residents of DA2 are far more balanced in their opinion of moving the UTC to Darent Valley hospital. **Less than half (43%) Strongly Agree** that it would be the best option, while **nearly a third (31%) Strongly Disagree** with this option. (See chart below). The responses to Option 1 echo this.

Option choice by postcode: Lives in DA2

Please indicate whether you agree or disagree with the two proposed options...



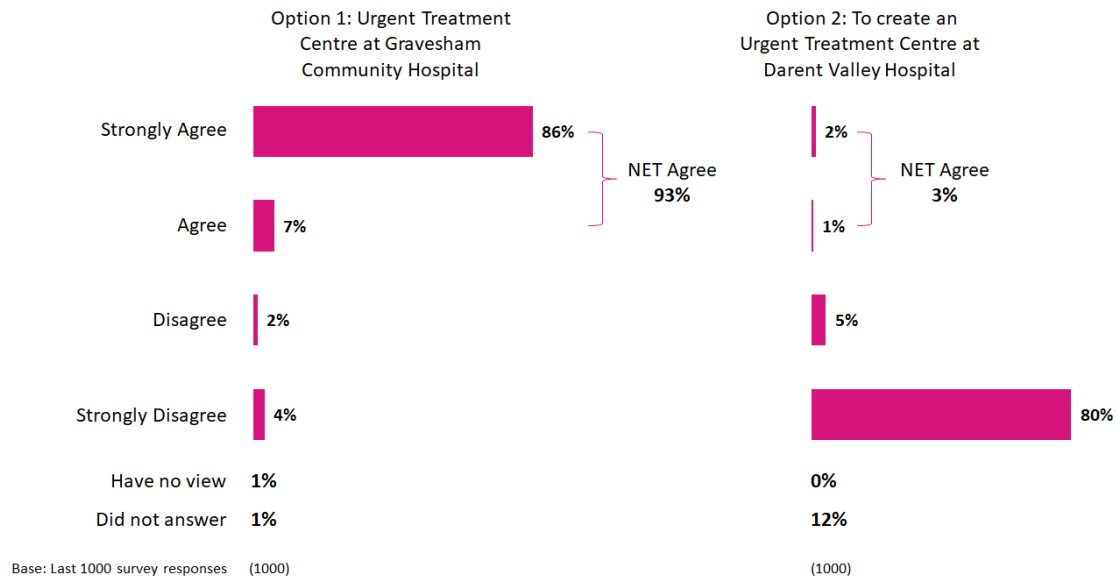
4.1.2 DOES THE LATE SURGE IN RESPONSE SKEW PREFERENCES?

A sample of the **final 1000 respondents**, who participated at the end of the study when it was experiencing very high response rates, was examined more closely.

An **overwhelming number of people** responded in favour for the UTC to be moved to Gravesham Community Hospital (Option 1). **86% of respondents Strongly Agree with Option 1, with 93% agree overall.** (See above)

Last 1000 responses from online survey (postal submissions excluded)

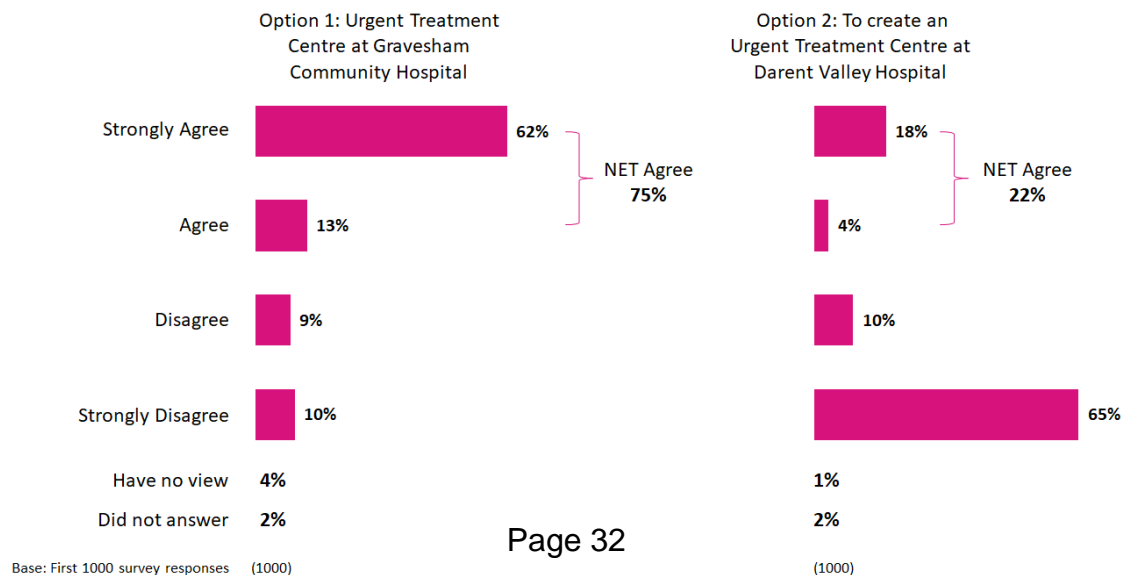
Please indicate whether you agree or disagree with the two proposed options...



However, the overall popularity towards Option 1 isn't solely driven by those who responded later. In the chart below, a sample of the **first 1000 people** to respond to the survey was also taken. It clearly shows that **Option 1 was still the preference**, even at the earlier stage of recruitment. **3/4 respondents still Agree** that Gravesham Community Hospital is the favourable choice. There is significantly more affinity towards **Option 2** within the first 1000 respondents, however **only 18% Strongly Agree** with this option.

First 1000 responses from online survey (postal submissions excluded)

Please indicate whether you agree or disagree with the two proposed options...



4.2 ANALYSIS OF COMMENTS - WHAT DID PEOPLE SAY?

Three open questions were included in the survey to gather more detailed opinions on their reasons for endorsing either option, and the issues effecting the proposed locations of the new Urgent Treatment Centre.

4.2.1 Q5/6 – PLEASE STATE YOUR REASONS FOR YOUR CHOICE

Ease of journey

How easy it is to access the UTC was the top issue driving preference between the Options.

- The main concern for respondents is their ability to access their UTC site overall, mostly in relation to the Darent Valley location
- People also had a preference towards a site that was closer to them, a subject that is more is more heavily weighted towards choosing Option 1, given how many more respondents were gathered from the DA11 postcode
- Traffic in the local area was another concern, with many seeing Darent Valley being too congested, particularly around peak or rush hour traffic. Respondents also raised concerns about how traffic might impact on patients that need urgent treatment if they are unable to access treatment in a timely manner.
- The ability to access the UTC at DVH by public transport is also an issue. Although only 11% or respondents claim to have accessed Urgent treatment services by public transport previously, they do desire a site that has frequent and easy public transport links. Some responses cite that good public transport links are necessary if it is yourself that requires urgent treatment and you are unable to drive, a sentiment shared by people who chose both sites
- Some stated that a reason for choice is the ability for elderly or sick/vulnerable patients to access the urgent treatment they require. Many believed it is unfair to ask patients who are more at risk to travel to a site which cannot be easily reached by car or public transport. Although this was mainly directed towards DVH, there were a small number of people who expressed concerns about having the UTC and Gravesend.

Because for people east of Dartford the journey is easier. The traffic to Darent makes the journey very unpredictable.

Anyone analysing this document should try to travel from Gravesend to Darent during rush hours or every time the Dartford crossing is fouled up and see how impossible it is. It is vital we keep and add to services in Gravesend.

Easier to get to, as no public transport would get me to Gravesend hospital from where I live. At the last known amount it cost over £27 to get a taxi back from Darent Valley so no idea how much from Gravesend

I live in Gravesend, I do not drive, I have no-one to give me a lift, I can't afford taxis, I am mentally ill and can't travel far. Too much goes to Dartford it's like Gravesend doesn't exist.

Hospital facilities – both sites

The negative or positive impact of co-located facilities on the proposed site is another consideration for respondents when making their choice:

- There is a perception that staff numbers are already stretched at larger hospital sites and the added patient numbers that an UTC would bring to the site would further limit the availability of staff, especially at Darent Valley Hospital
- Although respondents were asked to give a choice towards their preferred site, there is still some sentiment that they prefer their current provision of hospital facilities
- Some respondents felt that the location should have both UTC and A&E service on one site, the benefit of this being that the required facilities and staff would be available and they wouldn't have to travel if your treatment is upgraded from urgent to and emergency
- There are low level concerns that an adjoining A&E department will result in issues such as longer waiting times due to patients who do not know whether to categorise their issue as urgent or an emergency, or availability of staff who may need to work across both departments
- A small number of respondents also believe that the whole treatment process is much longer in larger or major hospitals. Having the UTC at a smaller, community-based site is seen as preferable for this reason.

If services are available locally, it would also reduce the strain on the A&E department at Darent Valley Hospital, leaving staff to tend to people in real need of emergency treatment.

DVH is already full to bursting and understaffed. It's overcrowded... the temptation to send patients to AE would be greater as its on site

If someone goes to the urgent care centre and it is then decided their case needs escalated to A&E then they are already in the correct building which gives continuity of care.

Lack of staff, funding and capacity for the current structure. How would they cope with the added pressure?

Parking

Issues surrounding patient parking is also a major factor driving preference for UTC site:

- The main worry for most people is how difficult it might be to park at the DVH site with many seeing Gravesham as having alternative parking options available if the site car park is full
- Respondents also clearly indicated that felt that the price of parking at the DVH site is too high
- This is more of a problem for those who may be less able to travel on public transport but for who cost is an issue

- Cost is exacerbated as a problem if waiting times are high or treatment takes longer than expected
- There is also a perceived lack of parking spaces at Darent Valley, with concern that it can be impossible to park onsite in an urgent situation with no alternative options in the surrounding area
- The cost and availability of parking resulted in a general feeling of anxiety about the issue as a whole, and some stated their preference for a site which could at least enable parking in the local area if there is none available on site.

Moving to Darent Valley will make it difficult for people in Gravesend and surrounding areas to access it... Parking would be extortionate, and people shouldn't have to worry about being able to afford to park to access the facilities.

There is not enough parking to merge all these services at the same place, would be chaos and will cost everyone too much money to travel to and from it by bus or taxi

Gravesham Community Hospital is closer to me, however there is no parking at the hospital. If you have a disability it is a long way to walk. Alternatively, Darent Valley does not have sufficient parking for the number of people already using it. Whichever option is chosen parking needs to be considered.

The parking facilities at Darent Valley are inadequate and costly. there is nowhere else to park when the car park is full - everywhere is double yellow lines & residential areas.

Many expressed that the reason for their preference was to have a location that provides the optimal journey for the majority of residents. This suggests a site that is most accessible to the greatest number, and views were also expressed that this should take into account the accessibility issues for those with financial or mobility challenges in particular.

Getting to Darent valley hospital is a problem for most people, if you can get there the parking is a nightmare. Many elderly people haven't got cars. Getting to Gravesend there are many bus routes.
We need to keep local services.

If you are feeling so unwell that you are seeking medical that you cannot get from your own GP you are not feeling well enough to get on a bus. Cost of a taxi from Gravesend area to Darent Valley would be prohibitive for most people. **Please keep this service local for local people.**

Expense

Some respondents claimed that the overall cost to them or their families was a factor in their decision making. This broke down to two specific issues:

- As previously, the price of parking is the main concern
- Although we have already seen that respondents would prefer ample public transport provision in order to access both proposed UTC sites, there are also concerns about how much it might cost to use. There are some who suggest that free transport to the UTC should be provided.

The parking at DVH is expensive and non-existent. I have been late for appointments before due to this problem

I remember one night at 4am having to drive there in the snow, along the A2. Parking there during the day is a nightmare and expensive & public transport very time consuming.

My reasons are logical for me as a non-driver I have to access public transport and Gravesham community hospital is easier to get to and it comes down to cost of transport too.

4.2.2 Q7 - THE TOP THREE ISSUES LOCAL PEOPLE RAISED WITH US ABOUT THE LOCATION OF THE NEW URGENT TREATMENT CENTRE DURING PREVIOUS ENGAGEMENT WERE: PARKING, ACCESS TO PUBLIC TRANSPORT AND WAITING TIMES. WHAT IMPACT WILL THE PROPOSED OPTIONS HAVE ON YOU AND YOUR FAMILY?

Parking

As seen in the reasons for choosing their preferred site, the issue of Parking at the UTC is high on the agenda when assessing the impact of change may have on a respondent or their family.

- Provision of parking spaces is the most common issue that was raised. Many people have spoken of their experience of using car parking facilities at DVH previously and their worry that the extra patient load might affect this further under Option 2.
- Respondents also clearly indicated that they felt that the price of parking at DVH is an issue. Parking is seen to be too expensive which can also have a negative impact on patients who do not have the means or the ability to pay for parking. This is something that becomes more of a problem if waiting times are high or treatment for issues is longer than expected.
- Some respondents also expressed concern about the availability of disabled parking at the DVH site.

Having nothing local to home (Higham).... dread any appointments at Darent due to the parking!

Parking - availability and cost. Darent is already a very busy car park. Assuming the urgent treatment centre is placed here, additional car parking would need to be provided.

We are fortunate to have several vehicles to access, but parking in Gravesend would be an issue. There is more parking available at Darent Valley (albeit very very busy)

Darent Valley Hospital has problems with shortage of parking especially for the disabled. The area easily gets gridlocked. Having more emergency services would only compound the problems.

Service

The level of service a patient might receive at the new UTC site was also seen as a major issue for respondents:

- As highlighted in previous engagement studies, longer waiting times are an issue and were raised again. There is a perception that receiving urgent care at a larger hospital site, such as Darent Valley would potentially cause patients to wait longer for treatment. Larger hospitals are seen to be already overstretched by patient numbers
- Some respondents expressed an affinity towards the service they currently use and reluctance to change for this reason
- Having to travel further is a concern, and many highlighted the importance of having urgent treatment locally. Although this was mainly aimed at DVH, there were some who expressed concerns about having to travel to Gravesham
- Having the correct mix, or indeed sufficient numbers, of staff at the UTC site is another issue that some claim could affect the level of service. There is some concern that not enough new staff will be provided for the UTC site at both locations.

Longer waiting times as it will open up to bigger areas such as Dartford and Swanley.

Easier parking cut down on waiting times due to overpressure on staff at a hospital that is not big enough to cope with the amount of people & the impact of other Emergency departments in the area being closed down. Absolutely need somewhere else with the amount of houses that are being built in the Gravesham area

Waiting times for A&E are too long as the staff are under so much pressure and this new service would suffer the same

Anyone who turns up at A&E with minor injuries should be signposted to local services like the walk-in or minor injuries. Another idea would be for local GP surgeries to offer more weekend appointments

Access

How easily accessible the site is overall is seen to be an impactful issue for respondents:

- There are concerns that the DVH site might not be easily accessible for respondents or their family in an urgent situation, many feeling that they may have to travel too far to access the care they require.

Gravesend would be much more convenient and easier to access.

Gravesend is much more convenient & easier to access in an emergency.

Dartford is too far to access quickly Bus transport in Gravesend is better than to Dartford to get to in an emergency appointment

Public Transport

Service users expressed a number of worries about the level of public transport options available to them if the site is moved to Darent Valley and how this would impact them when they require care:

- Of those who gave an opinion, the main issue is how much public transport is available to them. Users feel that they would be heavily impacted by a site which does not have adequate public transport links
- Another issue relate to public transport is how quickly it can get you to the urgent treatment centre. There are concerns that standard public transport routes may take too long, stop at too many stops or travel a route which is not direct enough if the service user needs urgent treatment. Although there were some very low-level concerns about this in Gravesham, it was mainly Darent Valley where there seemed to be a perceived issue.
- Some anxiety is also felt towards having to use public transport if a service user is unwell or travelling with children.

Public transport in the Dartford area is currently under review with less busses routed via DVH to further frustrate patients.

Relying on public transport for really sick people just isn't enough and if it is the only the option the closer the better. being built in the Gravesham area

The impact on me personally will be huge. Public transport is not easily accessible for me and to have to travel further will make things harder

The public transport links between Gravesham and Darent Valley are dreadful. There is no train option at all. On one occasion I had an outpatient appointment at DVH hospital. Despite allowing 90 minutes to get there (a 15-minute car journey), I missed the appointment as no bus arrived. Getting a taxi would cost £50 plus.

Expense

A smaller percentage of respondents felt that the cost of having to use the service at a different site could impact themselves or their family, particularly among those who agreed to the Gravesham UTC site and disagreed with the Darent Valley option.

Public transport is expensive, parking is expensive then add on long waiting times and it makes for an extremely stressful situation

The parking at Darent hospital is often nightmarish and can also be very expensive

Traffic

Traffic is also commonly raised as potentially having impact on patients, mostly at DVH. There are many similar themes here as in response to previous questions:

- The volume of traffic a patient may have to contend with to reach the Darent Valley site
- How slowly the traffic moves in an urgent situation and the anxiety this causes is perceived to be an issue that could impact on respondents, especially those with families
- A cause for concern for some is the Dartford Crossing as a traffic hotspot. Any site near to the Dartford Crossing would appear to create an issue for them, and this would especially affect DVH.

It would have a big impact if things were moved to DVH, travelling either by public transport or by car is always dependent on the amount of traffic, accidents and hold-ups on the road

Traffic issues travelling to DVH especially when Dartford Crossing and the A2 is affected.

Build up traffic in the area. Make parking at the hospital even more difficult

4.2.3 Q8 - WE WELCOME ANY OTHER IDEAS AND SUGGESTIONS THAT YOU WOULD LIKE US TO CONSIDER REGARDING THE PROPOSED NEW URGENT TREATMENT CENTRE

Generally, far fewer people responded to Q8, perhaps because respondents felt that they had ample opportunity to discuss their issues in the previous two open questions.

Location of site

- Some respondents used this opportunity to reiterate their preference for location, while others suggested alternative sites for the UTC
- Respondents also used this question to restate their preference for affirm their desire to have an UTC local to where they live, that is easily accessible for their family.

The final decision concerning the location of the Urgent Treatment Centre should be based on what is best for the Community as a whole and not on any financial considerations.

Gravesham hospital would be an ideal location.

Suggestions were made which echo comments to previous questions including provision of ample, cheap parking and making sure enough public transport links are available.

Available services on site

Other suggestions chiefly related to the range of services available at the UTC suggestions for an improved service, including:

- X-ray facilities are available on site
- Improving the waiting times at local GP surgeries to take pressure off the UTC
- Making sure that a well-functioning triage service is in place, particularly to reduce waiting times in A&E if co-located
- Making use of the current Gravesend maternity ward
- The need for a walk-in GP service (not necessarily linked to urgent care) if the Gravesham walk-in service is withdrawn.

There is the old Maternity Unit in Gravesend next to Gravesham Community Hospital, why don't you knock that down and build a purpose built unit that will have ALL the facilities you need for the Urgent Treatment Centre which will cope with ALL the residents that live in the 3 Boroughs and the extra residents that will be moving into all the new Properties that are being built.

It would be useful if this new service incorporates an out of hours x-ray service / cover. This would take the pressure off A&E for minor injuries and fractures.

It would also be great if this service could incorporate a walk-in doctor for illnesses not just injuries, for example, prescription of antibiotics when urgently required.

4.2.4 FEEDBACK FROM ROADSHOW AND LISTENING EVENTS

4.2.5 ABOUT ACCESSIBILITY

In addition to the questionnaire responses, qualitative data was received through

- The CCG's roadshow
- Listening events.

These were more wide-ranging discussions and provide feedback on a broader range of topics.

Analysis of these comments shows some preferences expressed for each Option and the greatest number of comments, consistently with the questionnaire response, related to:

- The proximity of services and the distance and difficulty of travel
- Specifically, traffic and congestion
- Car parking at NHS sites
- Public transport accessibility.

4.2.6 ABOUT URGENT CARE AND THE UTC MODEL

There are a significant number of comments about the need to communicate effectively when the new services when they are introduced and general views about sign-posting, including the NHS111 telephone service, and suggestions for where and how to publicise the most appropriate local services for urgent care.

There are also a significant number of comments about the access needs of local communities, particularly residents who may not have English as a first language or with access issues linked to deprivation or age (e.g. reliance on public transport). There are some specific comments about the need to integrate with mental healthcare.

The changing nature of the local population, particularly the rapid growth in some areas such as Ebbsfleet Garden City and the resulting pressures on local services, are also a common theme.

Main messages relating to delivery of services in the new model include concern to ensure that there are enough staff to deliver the new system, and aspects of quality and patient experience including:

- The general pressure on services, including comments about the "busyness" of Darent Valley Hospital
- Opening hours and arrangements for out-of-hours urgent care
- Waiting times across all urgent care services
- The potential benefits of co-location of UTC with A&E services and having everything "in one place"
- Triage especially on-site between UTC and A&E.

Within this, a common theme is the need for greater accessibility (especially easier appointments) and more urgent care provided in non-acute settings, in particular general practice.

4.2.7 ABOUT THE CONSULTATION PROCESS

More broadly, there are comments about the consultation and decision-making process, with themes including:

- That participants at the events could have been better informed (e.g. with more data) and the events could have been set up better (e.g. venues)
- Suspicion expressed that the outcome of the consultation has already been decided
- That the events and the consultation could have been publicised better.

That the proposal to develop UTCs may represent:

- Cuts to services or the availability of care
- A step toward privatisation of NHS services.

4.3 MEETINGS / CORRESPONDENCE WITH STATUTORY CONSULTEES

The PCBC provides detail of involvement by local authority scrutiny and local Healthwatch organisations in reviewing the case for change and development of consultation options. During the consultation process, Table 6 shows a summary of engagement responses from these groups.

Table 6 Formal responses from statutory and political stakeholders

Statutory and political stakeholders	Who?	Document	Preference expressed? (Option 1 vs. Option 2)	Summary points (if available)
Local Authority Overview and Scrutiny	LB Bexley Communities OSC (HOSC)	Email 17/10/19	Preference expressed for Option 2 Agreed to participate in joint scrutiny arrangements	<ul style="list-style-type: none"> Potential impact on services for Bexley residents (especially in Option 1), notably Queen Mary's Sidcup and Erith
	LB Bexley Health Service Development Scrutiny Sub-Group	Email 29/10/19		<ul style="list-style-type: none"> Potential impact on services for Bexley residents (especially in Option 1), notably Queen Mary's Sidcup and Erith Concern about accuracy of forecasts about which alternatives patients may choose, and need to signpost effectively
	Dartford BC Policy Overview Committee	Letter 01/11/19	Preference expressed for Option 2	<ul style="list-style-type: none"> Darent Valley Hospital location more accessible by car (main roads) and public transport by bus Note plans to build a new multi-storey care park to ease pressure at Darent Valley Hospital Future local population growth, particularly in Ebbsfleet Garden City
	LB Bromley Health Scrutiny Committee	Email 12/08/19	Declined to comment	<ul style="list-style-type: none"> Potential impact on urgent and emergency care services at Princess Royal University Hospital
Local authorities	Swanscombe and Greenhithe Town Council	Email 04/11/19	No preference expressed	<ul style="list-style-type: none"> Concern at reduction of sites providing urgent care services
	Meopham Parish Council	Letter 04/11/2019	Preference expressed for Option 1	<ul style="list-style-type: none"> Need to retain local urgent care services at Gravesham Community Hospital Potential impact on GP Walk-in Centre in Northfleet Potential impact on already busy Darent Valley A&E Difficulty of getting to Darent Valley, especially by car

Statutory and political stakeholders	Who?	Document	Preference expressed? (Option 1 vs. Option 2)	Summary points (if available)
Members of Parliament	Gareth Johnson, MP for Dartford	Letter 31/10/19	No preference expressed	<ul style="list-style-type: none"> • Potential impact on other services at Darent Valley Hospital through take-up of space for UTC and additional pressure of numbers at the hospital (e.g. car parking)
	Adam Holloway, MP for Gravesham		Preference expressed for Option 1	<ul style="list-style-type: none"> • Travel distance / time for Gravesham residents • Gravesham Community Hospital closer to population centre, better located for public transport and more accessible (e.g. car parking)

5. APPENDICES

APPENDIX A – QUESTIONNAIRE

1. I am providing a response:

- In a personal capacity
- As a representative of a group

If you are responding as a representative of a group, please give details below:

2. What are the first three digits of your post code?

3. Which of the current urgent care services have you (or a friend or family member) used before? (Tick all that apply)

	You	Friend/Family
Fleet Health Campus in Northfleet (White Horse Walk-in)	<input type="checkbox"/>	<input type="checkbox"/>
The Minor Injuries Unit at Gravesham Community Hospital	<input type="checkbox"/>	<input type="checkbox"/>
Your regular GP practice where you are registered	<input type="checkbox"/>	<input type="checkbox"/>
GP out-of-hours	<input type="checkbox"/>	<input type="checkbox"/>
A&E at Darent Valley Hospital	<input type="checkbox"/>	<input type="checkbox"/>
NHS 111	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

4. Thinking of the last time you used an urgent care service how did you travel there?

- By car
- By public transport
- By taxi/cab
- By ambulance
- By foot

Please indicate whether you agree or disagree with the two options proposed

5. Option 1: To create an Urgent Treatment Centre at Gravesham Community Hospital by moving services from the current Fleet Health Campus in Northfleet (White Horse Walk-in) to join the Minor Injuries Unit at Gravesham Community Hospital

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Have no view

6. Option 2: To create an Urgent Treatment Centre at Darent Valley Hospital by moving services from the current Minor Injuries Unit at Gravesham Community Hospital and the Fleet Health Campus in Northfleet (White Horse Walk-in) to Darent Valley Hospital

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Have no view

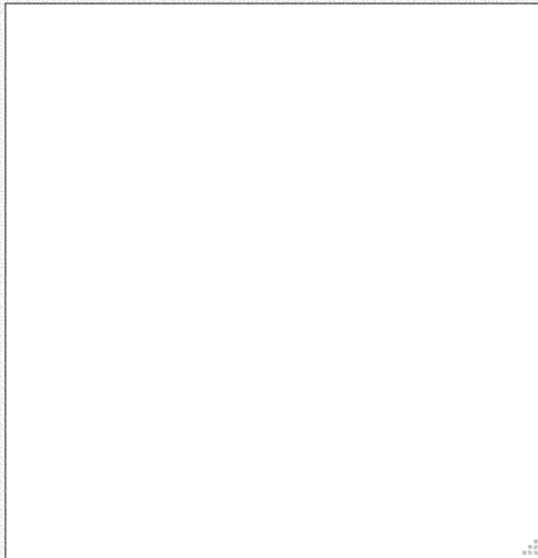
Please state your reasons for your choice

7. The top three issues local people raised with us about the location of the new Urgent Treatment Centre during previous engagement were: parking, access to public transport and waiting times.

What impact will the proposed options have on you and your family?

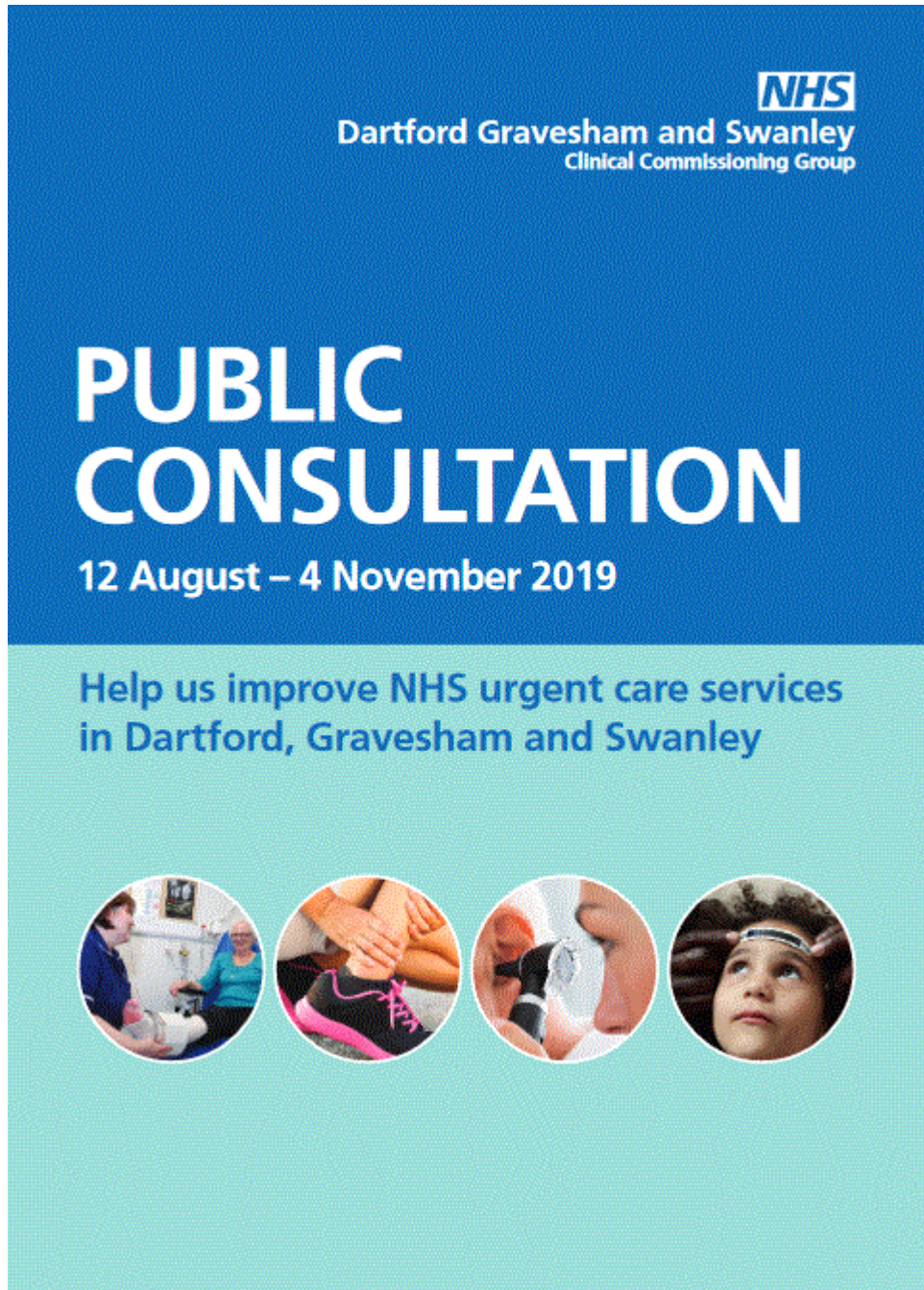


8. We welcome any other ideas and suggestions that you would like us to consider regarding the proposed new Urgent Treatment Centre



APPENDIX B – MATERIALS AND PUBLICITY

A suite of material was designed and produced to explain the options and encourage participation in the consultation



14pp document + reply-paid print questionnaire

Website consultation pages (including document download and questionnaire)

Latest news

First public consultation event in Swanley takes place

[Read more >](#)

Go-ahead for one CCG for Kent and Medway

[Read more >](#)

Goodbye to devoted nurse who gave 41 years to NHS – but wanted to be a vet

[Read more >](#)

Other digital engagement through social media posts and the CCG website

Home > Get involved > Health Network

Join in and help shape services

Our Health Network is a virtual group of patients, public and voluntary groups who are interested in getting more involved in how services are planned and designed.

By becoming a member you can take part as much or as little as you like.

You will also:

- Receive our regular e-newsletters
- Share ideas and views about local health services
- Stay up-to-date with the health topics that interest you
- Take part in focus groups, consultations and surveys about healthcare.

To sign up, please send your name, email address and preferred contact details to dgs.communications@nhs.net and we will add you to our subscription list.

Get involved

[Engagement and involvement](#)

[Listening post events](#)

[Patient involvement](#)

[Public Consultation: Proposed changes to NHS urgent care services in Dartford, Gravesham and Swanley](#)

[Roadshows](#)

[Surveys and consultations](#)

[Health Network](#)

Generic posters

PUBLIC CONSULTATION

12 August to 4 November 2019

Proposed changes to NHS Urgent Care services in Dartford, Gravesham and Swanley

WE WANT TO CREATE A NEW URGENT TREATMENT CENTRE at either Gravesham Community Hospital or Darent Valley Hospital by autumn 2020. This will mean moving services from Fleet Healthcare Campus in Northfleet (White Horse Walk-in) to the Minor Injuries Unit at Gravesham Community Hospital or moving services from both White Horse Walk-in and Gravesham Community Hospital to Darent Valley Hospital.

HAVE YOUR SAY MAKE YOUR VOICE COUNT
 EMAIL: dgs.communications@nhs.net
 PHONE: 03000 424903
 WEBSITE: dartfordgraveshamswanleyccg.nhs.uk A full timetable of events is available online

Follow us at @DGS and on Facebook for regular updates

Postcard

Public consultation
 12 August to 4 November 2019
 Proposed changes to NHS Urgent Care services in Dartford, Gravesham and Swanley

HAVE YOUR SAY MAKE YOUR VOICE COUNT
 WEBSITE: dartfordgraveshamswanleyccg.nhs.uk
 EMAIL: dgs.communications@nhs.net
 PHONE: 03000 424903
 A full timetable of events is available online

Public consultation
 12 August to 4 November 2019

We want to create a new Urgent Treatment Centre at either Gravesham Community Hospital or Darent Valley Hospital by autumn 2020

Help us to decide on the best option for everyone in Dartford, Gravesham and Swanley

Promotion of events and roadshow

PUBLIC CONSULTATION EVENTS

Proposed changes to NHS Urgent Care services in Dartford, Gravesham and Swanley

We want to create a new Urgent Treatment Centre at either Gravesham Community Hospital or Darent Valley Hospital by autumn 2020.

This will mean moving services from the White Horse Walk-in Centre in Northfleet to the Minor Injuries Unit at Gravesham Community Hospital or moving services from both the White Horse Walk-in Centre and Gravesham Community Hospital to Darent Valley Hospital.

Come along to one of our public consultation events to find out more and have your say.

Dates for the Diary

Wednesday 16 October from 6-8pm
 Alexandra Suite, St Mary's Road, Swanley, Kent, BR8 7BU

Monday 28 October from 6-8pm
 Princes Suite, Princes Park Stadium, Darenth Road, Dartford, DA1 1RT

Wednesday 30 October from 6-8pm
 Kent Room, Gravesham Civic Centre, Windmill Street, Gravesend, Kent, DA12 1AU

To book your place at one of the events, email dgs.communications@nhs.net or call 03000 424 903

Follow us at @DGS and on Facebook for regular updates

APPENDIX C – LISTENING EVENTS

The full report from facilitated Listening events, provided by Hood and Woolf are contained in the following pages.

Dartford, Gravesham and Swanley Clinical Commissioning Group consultation on a new urgent treatment centre: Report on public consultation events

November 2019

Part 1: Executive summary

As part of a wider public consultation, Hood & Woolf were commissioned by Dartford, Gravesham and Swanley Clinical Commissioning Group (DGS CCG or DGS) to deliver three public meetings to support the CCG's consultation on the location of a new urgent treatment centre.

The two options for consultation were:

- Option 1: an urgent treatment centre at Gravesham Community Hospital
- Option 2: an urgent treatment centre located alongside the A&E at Darent Valley Hospital.

Both these options would mean that the current GP-led walk-in service would close, and its services be replaced within the new urgent treatment centre. Under option 2 the minor injuries unit at Gravesham Community Hospital would also close, again, with services to treat urgent minor injuries to be delivered for the local population from the new urgent treatment centre. Under both options the A&E service at Darent Valley Hospital would remain unchanged.

In addition to twelve weeks of consultation activity, three public consultation events were delivered in October; one each in Dartford, Gravesham and Swanley:

- Wednesday 16 October: Alexandra Suite, St Mary's Road, Swanley, BR8 7BU
- Monday 28 October: Princes Park Stadium, Darent Road, Dartford, DA1 1RT
- Wednesday 30 October: Gravesham Civic Centre, Windmill Street, Gravesend, DA12 1AU

We worked closely with the DGS CCG Communications and Engagement team to support them in their promotion of the events, making the most of their existing communications channels and networks, as well as seeking support from local provider organisations. Promotional activity included:

- publicity posters
- cascade correspondence and publicity to stakeholder network
- publicity information clearly posted on DGS CCG website
- traditional media – proactive press release

- social media – regular pulses of awareness raising activity, call to action and signposting on Twitter and Facebook
- promotion by other local NHS organisations through their extensive staff, stakeholder and community networks.

To make it as easy as possible for people to register for the events we used Eventbrite to set up an online registration portal. In addition, people without access to the internet were able to telephone to register to attend.

Each event followed the same format. The meeting room was set up in a cabaret style with several tables each able to seat around 8 attendees. Every venue had capacity for up to 70 attendees.

The meeting began with a context-setting and overview presentation, followed by a plenary Q&A session and then facilitated individual table discussions, where we focused conversations around the following questions:

- What do you think about these two options?
- Are there any other benefits or disadvantages for each of them we haven't already noted (as per the presentation and table materials)?
- Which are the potential disadvantages and concerns that worry you most? How could we address them?
- What other thoughts or comments about these two options do you have?
- Are there any other options we should consider?

We purposely designed the format to include both plenary and smaller, more focused, table discussions. In our experience not everybody is confident or wants to give their views to a large plenary group, although this is a helpful way to convey context-setting information and to answer common questions. In addition, plenary discussions can become dominated by one or two individuals, leaving others feeling they haven't had the chance to properly give their views too. Table discussions allow for richer, more detailed conversations and exploration of themes, and allow a greater number of people to properly 'have their say'.

The table discussions were based on a 'world café' format, with the tables set up with paper tablecloths and refreshments to create an informal atmosphere. Each table had some infographic-type materials highlighting key facts and figures, and clearly setting out the two options to prompt discussion. Facilitators encouraged discussion and invited attendees to write their thoughts on the tablecloth, so everyone had the chance to have their say. The facilitators also took on the 'main scribe' role, making sure that key points from the discussion were noted in addition to individual comments written on the tablecloths by participants.

After the table discussions, each facilitator fed back to the rest of the room some of the key headlines from their table's discussions and there was a final short plenary session in which the CCG Clinical Chair/Director of Strategic Transformation fed back to participants what they had heard and thanked everyone for their involvement. The tablecloths were collected, and the comments were written up to inform this report.

Overall 81 people attended the listening events, most of whom were in the 50 to 69 or 70+ age bracket. The feedback from the events was broadly very positive, with 79% of attendees rating the event format as excellent or good.

The key themes that emerged from the events which were common to both options in the consultation, were:

- general support for urgent treatment centres (UTCs), with participants seeing the benefits of an alternative to A&E
- concerns about ease of access to UTCs by both private and public transport, wherever it is located
- a call for more to be done to help people understand what services are available and which is the most appropriate for their needs
- comments on the wider NHS context, including other changes to services and whether these will improve access to primary care, and concerns about the availability of workforce to staff the UTC
- concerns about the changing and growing population in Dartford, Gravesham and Swanley and how this would impact on a new UTC.

The key themes and beliefs raised by event participants on option 1, a UTC at Gravesham Community Hospital, were:

- access to Darent Valley Hospital from the Gravesham area is very difficult by both car and public transport. However, access to Gravesham Community Hospital will also be difficult for people who do not live in the Gravesham area
- the population of Gravesham is too large to be without urgent care services in the local area
- there are vulnerable groups who will be particularly impacted if there is no UTC in Gravesham
- there are clinical risks to patients if there is no urgent care service in the Gravesham area, but there are also clinical risks of not having an A&E co-located with a UTC
- people living in the Gravesham area have confidence in their current urgent care services and see them as an important asset to the community. However, some people are worried that Gravesham Community Hospital would not cope with an increase in patients if the UTC were located there.

Key themes and beliefs raised by event participants on option 2, a UTC at Darent Valley Hospital, were:

- access to Darent Valley Hospital is very difficult by both car and public transport; it is difficult and expensive to park there
- there should be a UTC at Darent Valley Hospital because this would serve the largest number of people, but people in the Gravesham area will be disadvantaged
- the clinical benefits of being located alongside an A&E are very compelling, and a UTC would help to reduce pressure on A&E

- Darent Valley Hospital is very busy already and a UTC could make this worse.

The most common alternative options and mitigations suggested by attendees at the public consultation events were:

- to have two urgent treatment centres, one at Darent Valley Hospital and one at Gravesham Community Hospital
- to ensure the changes in primary care, such as the creation of GP hubs and extended opening hours deliver improvements that could help reduce the need for urgent care
- to find ways to improve access at either site by increasing parking spaces and reducing parking costs, considering a shuttle bus service or other ways of improving public transport.

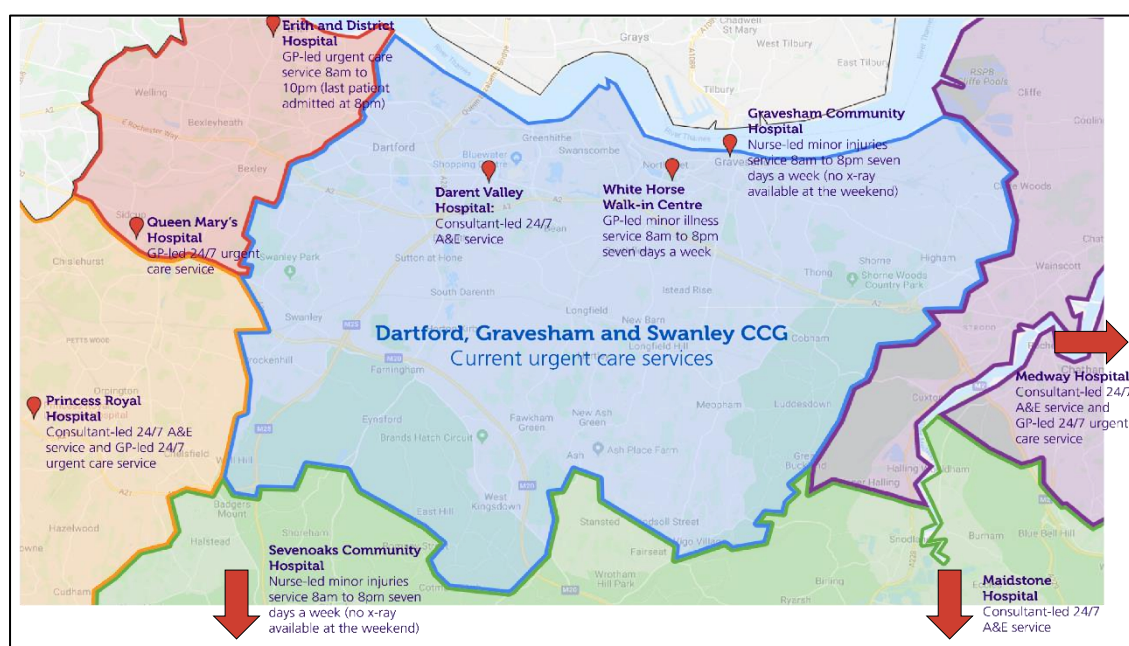
Part 2: Introduction and overview of events

1. Introduction

Hood & Woolf were commissioned in September 2019 by Dartford, Gravesham and Swanley Clinical Commissioning Group (DGS CCG or DGS) to design and deliver three public meetings to support the CCG’s consultation on the location of a new urgent treatment centre.

As part of national NHS policy, local NHS areas are expected to reconfigure current urgent care services (usually minor injuries units and/or urgent care centres) to create urgent treatment centres, or UTCs. The new UTCs will have a consistent service offer and will need to adhere to 27 nationally set standards. They are intended to address a number of issues with current service provision, including confusion and uncertainty among the public about, when and how to access urgent care services appropriately and the growing pressure on emergency departments (A&Es), caused in part by a high number of inappropriate attendances.

At present, DGS CCG have a number of different services for people with an urgent care need, including a minor injuries unit at Gravesham Community Hospital, a GP-led walk-in service just outside Gravesham town centre, and a GP led service at Darent Valley Hospital A&E department. The map below provides more detail.



DGS began a public consultation in August 2019 on the location of a new UTC for the area. They presented two options for consultation:

- Option 1: an urgent treatment centre at Gravesham Community Hospital
- Option 2: an urgent treatment centre located alongside the A&E at Darent Valley Hospital.

Both these options would mean that the current GP-led walk-in service would close, and under option 2 the minor injuries unit at Gravesham Community Hospital would also close. Under both options the A&E service at Darent Valley Hospital would remain unchanged.

In addition to the three public meetings, the consultation comprised a number of different elements in order to gather the views of local people, staff and stakeholders, these included:

- a consultation document, which included a consultation questionnaire
- web pages on the CCG website about the consultation, with links to an online version of the consultation questionnaire
- a series of ‘roadshow’ events about the consultation in local communities, shopping centres and supermarkets
- targeted outreach to seldom heard groups
- social media activity.

The consultation closed on 4 November 2019 and a decision is expected in early 2020, with the new urgent treatment centre planned to open by summer 2020.

2. What we did

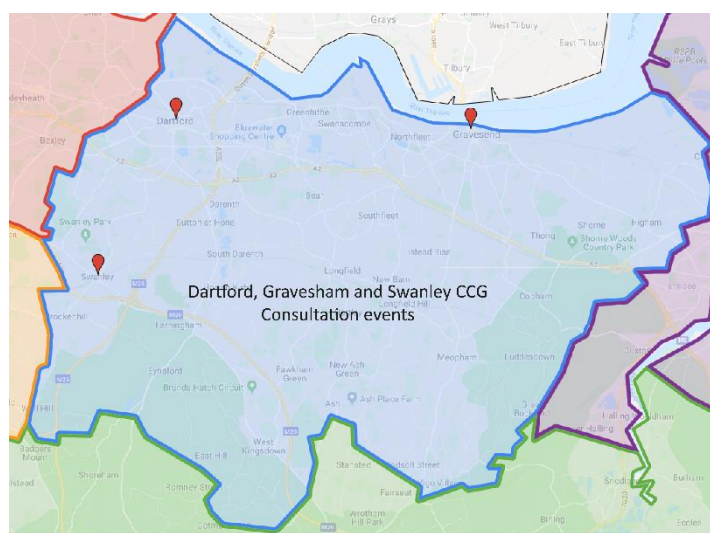
2.0 Scheduling the events

At the time of being commissioned, the DGS CCG Communications and Engagement team had already booked three venues for the consultation events to take place in October; one each in Dartford, Gravesham and Swanley:

Wednesday 16 October: Alexandra Suite, St Mary’s Road, Swanley, BR8 7BU

Monday 28 October: Princes Park Stadium, Darent Road, Dartford, DA1 1RT

Wednesday 30 October: Gravesham Civic Centre, Windmill Street, Gravesend, DA12 1AU



The events were scheduled to take place on weekday evenings from 6pm to 8pm, to allow as many people to attend as possible.

The first event was originally planned for 7 October in Dartford, but at our recommendation this was rescheduled to 28 October as only a small number of people had registered to attend.

2.1 Publicising the events

The DGS Communications and Engagement team had started work to promote the events when Hood & Woolf were appointed to deliver the meetings. We worked closely with the DGS CCG Communications and Engagement team to further promote the events, making the most of their existing communications channels and networks. The table below summarises the publicity activity.

Activity	Details
Publicity posters	Posters promoting the events were displayed in community venues, GP practices and other NHS services, local shops and businesses. The poster is shown in Appendix A.
Cascade to stakeholder network	An email invitation was sent to DGC CCG's stakeholder network, which includes patient participation group members, faith and community group leaders, local branches of patient groups (e.g. Diabetes UK etc) and members of the DGS CCG Health Network. In addition, a personal email was sent to local councillors inviting them to attend and to highlight the meetings to others.
DGS CCG website	The consultation and information about the events were given a strong presence on the DGS CCG website
Traditional media	A press release was sent to local print and broadcast media. This is shown in Appendix B.
Social media	We developed some social media 'cards' for use on Facebook and Twitter (see Appendix C). The CCG published posts on their Facebook page and tweeted about the events (examples are shown in Appendix C). In addition, we issued tweets via the Kent and Medway Sustainability and Transformation Partnership Twitter account (example in Appendix C).
Promotion by other NHS organisations	We sought support from communications and engagement teams in local provider organisations, including Dartford and Gravesham NHS Trust, Kent Community Hospitals NHS Foundation Trust and Virgin Care, in promoting the events. They were asked to display posters in patient areas and to promote the events to their stakeholder networks and via their social media channels.

To make it as easy as possible for people to register for the events we used Eventbrite to set up an online registration portal. For those without access to the internet, a telephone number was included in all the publicity materials, so people could call DGS CCG to register for an event.

2.2 Event format

Each event followed the same format. The meeting room was set up in a cabaret style with several tables each able to seat around 8 attendees. Every venue had capacity for up to 70 participants.

The meeting began with a context-setting and overview presentation on the consultation given by the GP Urgent Care Lead for the CCG and the Director of Strategic Transformation. The presentation is shown in Appendix D, but in summary it covered the following:

- an overview of what urgent care is
- the 'case for change' in Dartford, Gravesham and Swanley
- an overview of current services
- details of the two options for consultation
- the currently recognised main pros and cons of each option
- an overview of other changes happening in the NHS to provide context
- a summary of key themes from feedback already heard.

After the presentation, there was a short plenary Q&A session of around 15 minutes where attendees could ask questions of the presenters. These questions were captured by the event facilitators.

Following the Q&A session, attendees participated in facilitated individual table discussions where we sought to gain greater insight into their views on the consultation options.

The table discussions were based on a 'world café' format, with the tables set up with paper tablecloths and refreshments to create an informal atmosphere. Each table had a range of information and materials to prompt discussion. Facilitators encouraged discussion and invited attendees to write their thoughts on the tablecloths, so everyone had the chance to share their views. The facilitators also took on the 'main scribe' role, making sure that key points from the discussion were noted in addition to individual comments written on the tablecloths by participants.

While discussions were allowed to flow freely, the table facilitators had five main questions to help focus the conversations, these were:

- What do you think about these two options?
- Are there any other benefits or disadvantages for each of them we haven't already noted (as per the presentation and table materials)?
- Which are the potential disadvantages and concerns that worry you most? How can we address them?
- What other thoughts or comments about these two options do you have?
- Are there any other options we should consider?

A range of additional information was available on the table to support the discussions, including:

- the consultation document
- a summary of the options and their benefits and potential disadvantages*

- a map of current services
- an overview of the case for change*
- a summary of what an urgent treatment centre is*
- a set of frequently asked questions and answers.*

The items marked with * are shown in Appendix E.

The table discussions lasted for around an hour, after which each table facilitator fed back some of the key themes of the discussions to the rest of the room.

There was a final short plenary session in which the CCG Clinical Chair/Director of Strategic Transformation fed back to participants what they had heard and thanked everyone for their involvement.

The tablecloths were collected at the end of the event and the comments were written up to inform this report. A full list of all the comments is shown in Appendix F.

3. Who came

In total 81 people attended across the three events. The breakdown of attendance was:

- Swanley: 7 attendees (NB at the Swanley event there was just one table discussion)
- Dartford: 14 attendees
- Gravesham: 60 attendees

Almost all of the attendees at the events were in the 50 to 69 and 70 plus age range. However, at the Gravesham and Dartford event there were a small number of younger attendees from the 21 to 39 and 40 to 49 age brackets.

4. Feedback on the events

At each event we asked participants to complete an evaluation form to share their feedback. The form is shown in Appendix G, but in summary we asked people to rate the following elements of the event against a scale of poor, satisfactory, good or excellent:

- parking
- venue
- accessibility
- event organisation
- format of the event
- table facilitation.

Over 65 evaluation forms were returned across all three events with an average of 81% of people selecting good or excellent against each criteria. On average 16% of the evaluation forms rated elements as satisfactory and just 3% as poor. The full feedback is shown in Appendix F.

“I found the overall event informative and was able to give views and opinions. It was a shame that not many people attended although it was publicised.” - Dartford

We also invited free-text feedback comments on the event. Again, these were mostly positive with people feeding back that they found the meeting informative and liked the round table discussions and format of the event (although a minority said they would have preferred just a plenary Q&A session).

“I liked the writing on the table – easy to make notes while listening. I liked the table talks and the team joining us for the time. Their points of view are clever and enlightening.” - Dartford

Some people commented that the round table format can make it difficult to hear because of the number of discussions happening at one time in the room.

There was also feedback that people were disappointed at the small numbers of attendees at both Swanley and Dartford, and they would have liked to have seen more publicity about the events in their communities.

“Felt listened to. Helpful to be able to relay what hasn’t worked in the past so changes can be made for the positive in the future.” - Dartford

Part 3: What we heard

Although the three meetings were quite different, with varying numbers of people attending, we were able to have detailed and insightful conversations at each event. The questions asked by participants, and the facilitated table conversations, both yielded helpful feedback about urgent treatment centres and the key concerns of local communities about what the proposed changes might mean for them.

5. Participant questions

As described above, at each event there was a short plenary Q&A session after the presentation and before the table discussions where participants could ask questions of the presenters. The questions and comments during these sessions were typically about:

- access to proposed new services, with people commonly raising concerns about:
 - whether people will understand what service to access and when, with some people raising concerns about those who don't have English as a first language and those who rely on family and friends to help them access health services
 - difficulty of access by private car because of traffic, congestion and parking, including the affordability of parking costs
 - difficulty of access by public transport, including whether it is even possible to access a site by public transport, the time it will take, the cost and whether public transport is a viable option for people who are unwell, elderly or frail
 - the cost of using a taxi to access services
- current challenges with NHS services, for example difficulties getting a GP appointment or recent closures or changes to other services, with participants seeing the proposed UTC as part of a wider downgrading or decline in local services
- the impact of the proposed changes on the most vulnerable within the community, particularly people who are elderly, frail or deprived and those who don't have English as a first language, and their family and carers
- practical considerations about the proposed options, for example what type of building work might be needed and whether the proposed sites have enough space to accommodate an urgent treatment centre
- the costs involved of implementing a UTC, and whether the proposals are about saving money
- how the consultation had been publicised and the level of awareness among the local community
- how and when a decision will be made and how it will be communicated
- the importance of communicating widely about changes to services when they happen so people understand where to go and what is available when.

The issues that were raised in the Q&A session were often discussed further during the table discussions, and unsurprisingly there is overlap between the key themes of the questions asked and

the key themes that emerged from the facilitated discussions. These are explored in more detail in the next section of this report.

6. General themes from the table discussions

Across all three events we captured over 460 written comments from attendees and the table facilitators (who were also writing the comments they heard onto the tablecloths).

The themes that emerged from each of the events were broadly similar, but with each event having a different view, dependent primarily on their geographical location and the particular needs of their local community.

6.0 Support for urgent treatment centres

Overall, most people thought that urgent treatment centres were a good idea in principle. People could see the benefit of being able to access care quickly if they were not able to see a GP, and access care for injuries and illnesses that don't require a full A&E department.

However, some people questioned why things can't stay as they are, suggesting they did not fully support the case for change. Some people said they felt that a UTC wasn't needed and instead A&E should be improved and enhanced so all urgent and emergency care is provided by A&E.

“Why do we have to change anything? Why can't they stay the same?” - Gravesend

This broad general support for UTCs by most participants came with caveats and concerns that were influenced by where they live, by their previous experience of healthcare and their current healthcare needs. These caveats and concerns are described in more detail below.

6.1 Access to services

This was by far the most commonly discussed issue at all three events. Access is a wide-reaching term, but in our evaluation of the event feedback we have used the definition 'the extent to which people are able to get the care they need from an appropriate service in a timely and convenient way'. Under this definition we have included comments about:

- whether people can reach an appropriate service in a reasonable time using the transport available to them, and that is appropriate for their condition
- whether people will have the financial ability to reach an appropriate service
- whether appropriate services will be available at a time of day, or day of the week, that is convenient (if care is not needed immediately)

“Older people don't drive, buses are infrequent. A lot of people have to take a cab and that costs a lot” - Swanley

The insights from the comments and discussions on access show that this is a very significant concern for local people at all levels of the definition.

“Access to Darent Valley Hospital almost impossible in rush hour or if there is an accident on the A2” - Gravesend

In terms of the practicalities of physically reaching urgent care, at every event almost every person made a comment, or agreed with a comment, about the specific challenges of transport in Dartford, Gravesham and Swanley.

(a) Traffic

Attendees at all three events frequently used terms such as “gridlock” and “standstill” to describe the traffic in the area and were clear that this traffic congestion impacted on access to local health services for those using private cars, taxis and buses. Attendees at all events, including Dartford, cited congestion issues around Darent Valley Hospital caused by the Dartford Crossing and Bluewater shopping centre.

“Gravesend is very difficult from Swanley – gridlock for whole area at times” - Swanley

(b) Car parking

People at all events raised concerns about the availability and cost of car parking, particularly at Darent Valley Hospital, but also in Gravesend. Many people mentioned parking further away from Darent Valley Hospital and using the bus service from Bluewater to reach the hospital.

“Parking is a nightmare at Darent Valley Hospital.” – Dartford

(c) Public transport

In terms of public transport, many people raised concerns that for those people living in the Gravesham area, access to Darent Valley Hospital by public transport is extremely difficult. People who attended the Swanley and Dartford events were also, understandably concerned about access to Gravesend. At all the meetings people acknowledged that journeys to either Darent Valley Hospital or Gravesend from across the area can involve up to three buses, which do not always run regularly, and are expensive.

Some people noted that the bus service from Bluewater was under threat too, with a recent Transport for London consultation putting forward proposals that would make travelling by bus to health services in the area even more difficult.

Access to Gravesend is far superior to Darent Valley, even if you live in Dartford – you’ve more chance of getting to Gravesend than Darent. - Gravesend

In addition, attendees expressed concerns for people living in the more rural parts of the area and flagged that in many rural communities public transport is infrequent and there can be none at all on Sundays.

“Need to ensure council works with public transport companies to increase services – no buses on a Sunday.” - Dartford

Many people questioned whether using public transport was appropriate or safe for people who need urgent care, citing concerns about people bleeding, being infectious, or becoming more unwell on the journey.

(d) **Access for vulnerable groups**

At all events, people mentioned that the cost of and time to access services needs to be taken into account, be it be the cost of car parking or of taking public transport. People talked about how those on low incomes, or those who are frail or elderly could be put off seeking the care they need because they cannot afford to make a longer journey or pay for more parking or a taxi.

“What safeguards will be put in place for vulnerable patients and those on low incomes?” - Gravesend

(e) **Opening hours**

Many attendees discussed the opening hours of the proposed UTC, with people suggesting that either the UTC should be open for longer than 12 hours, with a preference for a 24-hour service, or that the opening times should be aligned to the busiest times of current services and/or so they can better meet the needs of working people and school-aged children. Some people suggested that running the UTC from midday to midnight might make it more accessible to people and help reduce pressure on A&E services.

“If UTC is open 12 hours a day, what happens when it is shut? How will you deal with this at Gravesham?” - Swanley

6.2 Signposting and understanding what service to use

Closely aligned to access were comments about needing to ensure that whichever option is selected, there is high quality information and signposting to appropriate services.

(a) **Public awareness and information**

At all the events there was a very strong message that once a decision is made, more needs to be done to help people understand what services are available, when they are open, and what conditions they treat. Participants said they felt this would be vital to the success of the new UTC. People commented that they believe if there isn't a wide-ranging public awareness campaign, people will continue to go to A&E (if the UTC is in Gravesham) or try to access a service that is closed (if the UTC is at Darent Valley Hospital).

“The idea of an Urgent Treatment Centre is excellent but clear information about it is needed.” – Gravesend

“How do you educate people about where to go? This is important” - Swanley

(b) **NHS 111 service**

Many attendees discussed concerns about the ability of NHS 111 to provide good advice about which service was most appropriate for a particular condition, with some people saying that NHS 111 is too cautious and sends an ambulance when one isn't needed, and others saying they had found NHS 111 slow to respond or difficult to access when they were not feeling well.

Attendees fed back that they felt the NHS 111 service needs to be well informed about any changes to services and better able to advise people about what to do when they are unwell.

6.3 Wider NHS context

Attendees at the events often discussed other NHS services, and other planned changes, in relation to the proposed UTC. Some people expressed concern that their negative experience of other services meant they did not feel confident that the UTC would be successful. Other participants said they thought that wider changes to services, such as the creation of GP hubs, may help to support the UTCs.

(a) **Workforce**

A common concern raised was about the availability of GPs and other healthcare professionals to run the UTC. At every event people discussed their experiences of not being able to get a GP appointment quickly. In some cases, participants said they thought a UTC would help improve access to care, but other people said they were worried that it would be difficult to find enough staff for the UTC as there are already shortages of GPs and nurses.

*“UTCs will be GP led – who will these GPs be? Where will they come from?” -
Swanley*

At the Dartford event, attendees wanted to know whether staff at the current units have been asked for their views about the changes and were interested to know what staff thought the best option was.

(b) **GP hubs and enhancing primary and local care**

Attendees were keen to learn more about the new GP hubs and primary care networks that are being established in the area. Many were supportive in theory and hoped they would deliver in practice. Some participants talked about the potential for the GP hubs and improved primary care services to bridge a gap between local GP practices and the proposed UTC, and felt future hubs should be located in areas that didn't have a UTC, and needed to offer extended access and same day appointments.

*“New GP Hub in Swanley could be used in tandem with UTC – could be third option
in more local services in Hubs” - Swanley*

At the Swanley event there was support for more hubs in the area because although Swanley is in between several different hospitals with a range of different urgent and emergency services, none are that easy to reach by public transport.

At the Gravesend event, some participants commented that they hadn't heard about the GP hubs, and would like to know more about them, suggesting an information need that could be addressed. Some were pleased to hear that the White Horse Walk-In Centre would become a GP hub in the future, as under both proposed options the walk-in service will close.

“Glad to hear White Horse will be a Hub but how do you get an appointment?” - Gravesend

Overall, people were also supportive of the idea of more outpatient clinics being provided locally, outside of large hospitals.

(c) **Other changes to services**

At the Gravesend event there were lots of comments about other changes to local services. The attendees at this event felt they potentially have the most to lose with the walk-in centre almost certainly closing and the potential for the minor injuries service to close as well. People talked about how they feel they have seen services downgraded and closed in recent years which has caused great concern for the community.

Similar concerns were also heard, albeit less strongly, at the Dartford and the Swanley events, with participants commenting that changes to services are viewed with cynicism and concern by local people, who see them as money saving exercises.

6.4 **The changing local population**

At all the events, participants discussed concerns about the future growth in the population of Dartford, Gravesham and Swanley, in light of the extensive house building in the area. Participants wanted reassurance that this population growth has been taken into account when developing the options for a new urgent treatment centre. They were concerned not only about the future sustainability of the service and its ability to cope with increasing demand, but also about how population growth would impact on traffic and transport in the area.

“Why isn't it in the centre of the population? Which site is nearest the epicentre of the population?” - Swanley

People also talked about the ageing population and the impact this may have on the types of services people need, and the ability of elderly and frail people to access services, as discussed in section 5.2 above.

Many attendees felt that the urgent treatment centre should be based where the largest populations of people are, although there was some discussion about making sure that people in more remote areas could also reach services.

7. Feedback on the specific options

Overall, those who attended the consultation events tended to favour the option that was geographically most convenient for them. However, there were still more nuanced discussions at the meetings about the strengths and weaknesses of each option.

Some of the general themes described in section 6, particularly those about travel and access, also feature strongly in the feedback on the specific options. Although we do repeat some of the feedback described above here, we felt it was important to fairly reflect the comments made about each option and we have tried to draw out more specific feedback related to the option where possible.

7.0 Option 1: a UTC at Gravesham Community Hospital

The main arguments in favour of a UTC at Gravesham Community Hospital centred around the needs of the local community and the challenges people living in the area face accessing Darent Valley Hospital.

In contrast, those who did not think this was the best option described the access challenges of traveling from the Swanley or Dartford area to Gravesend and expressed concerns about the disadvantages of not co-locating the UTC with an A&E department.

(a) Access

Those in favour of option 1 said that the town centre location of Gravesham Community Hospital, the relatively easy and inexpensive parking in Gravesend, and the proximity to both trains and buses meant the access to that site was more favourable than Darent Valley Hospital.

Can see there is a medical advantage to the Darent Valley Hospital site BUT it is outweighed by the practical difficulties – parking, travel, cost of parking, etc and infrastructure in public transport for those who use it. - Gravesend

People highlighted that those living in Higham to the east of Gravesend, and those in Swanscombe and Northfleet are able to reach the community hospital site by train.

Those who did not support option 1 described the heavy traffic they encountered reaching Gravesend and the time it would take to travel from Swanley to the community hospital site.

(b) Population size

At the Gravesend event participants felt that while their local population may not be as large as Dartford, it was still too large to be without any urgent care service, and there were similar comments at the Dartford event. While overall, those who attended the Dartford meeting supported a UTC at Darent Valley Hospital, some said they felt that removing the current minor injuries and walk-in services in Gravesend would leave residents in that area “stranded”.

“Concerned that 120,000 people in Gravesham may be ‘cut off’ from a service they have now but actually does make more sense to have [a UTC] at Darent Valley

Hospital as near to A&E. However, need to make sure there are still some services for people in Gravesham.” - Dartford

In Swanley the point was made that the decision on where to locate the UTC should be based on where the largest number of people are (i.e. Dartford), regardless of issues around traffic, parking and transport.

(c) **Vulnerable groups**

There was particular concern in Gravesend for the ability of elderly and frail people, and those who don't have English as a first language, to be able to access a service based at Darent Valley Hospital.

“I work with vulnerable families – especially where English is not their first language ... How will people understand how to access them when the services change?” - Gravesend

Attendees cited the ease of access to the community hospital site for the more vulnerable in their community and were very concerned about the impact on these groups if the new UTC were at Darent Valley Hospital.

“Most first generation population of the Indian community cannot drive so it is hard to travel to Darent Valley Hospital.” - Gravesend

Faith leaders from the Sikh community in Gravesham highlighted that many of the older women in their community do not drive and many don't speak English. They may rely on younger family members, who often work full time, to support them to access services. Placing urgent care services further away could have wider implications for these families.

(d) **Possible risks to patients and impact on other services**

People who supported option 1 said that they were concerned that without urgent care in the local area, people would call for ambulances because they had no other way of getting to Darent Valley Hospital, or potentially come to harm because they may try to access a service that no longer existed. Some of those who attended the Gravesend event work at the current minor injuries service and gave examples of people walking in with very serious conditions that they were able to provide immediate first aid for before calling an ambulance.

“Gravesham Minor Injuries Unit has saved many lives where people have just turned up and may not have made it to Darent Valley Hospital.” - Gravesend

Those who did not support option 1 felt the clinical benefits of having the UTC located alongside an A&E department should be a priority in the decision making. They were concerned that patients who need more intensive care would be at risk if they had to be transferred by ambulance from Gravesend to Dartford. They also said they were concerned that option 1 would probably not help reduce the pressure on the A&E at Darent Valley Hospital.

“Pressure off A&E is important” - Swanley

“Preference is Darent Valley Hospital as there is no need to be transferred to another site if the condition deteriorates.” - Dartford

(e) **Confidence in current services**

There was a great deal of praise for the current services at both Gravesham Community Hospital and the White Horse Walk-In Centre. People described that they felt they got more personal care, in a more comfortable environment, and the staff had more time for them at these sites. In contrast people said they felt more “like a number” at Darent Valley Hospital and described the A&E as busy and that, at times, they felt unsafe because of aggressive or violent behaviour of others using the service.

“The walk-in service at Gravesend is brilliant – lots of positive experiences – staff care about you; it has a community feel.” - Gravesend

“Darent Valley is not safe after dark, especially by the entrance to A&E with people loitering, smoking and ‘domestics’.” - Gravesend

7.1 Option 2: a UTC at Darent Valley Hospital

The main reasons given in support of option 2 were the clinical benefits of locating the new UTC alongside an A&E department and Darent Valley Hospital’s geographically central location, particularly in terms of population density.

“Having a UTC at Darent Valley Hospital seems to make sense – has all the services and facilities etc.” - Swanley

The strongest objections to this option were around access, including traffic congestion, public transport and parking issues. Some people also raised concerns about capacity at Darent Valley Hospital.

(a) **Access**

Most people, including those who felt that a UTC at Darent Valley Hospital was the best option, acknowledged and/or expressed concern about difficult access to the site. People spoke about the very heavy traffic around the hospital, the difficulty finding a parking space and the cost of parking. People without access to a private car were very concerned about being able to quickly and easily reach the site on public transport.

(b) **Population size**

However, in support of the site, people felt that it was geographically more centrally located for everyone living in the Dartford, Gravesham and Swanley area. At the Swanley event there was a detailed discussion about how the new UTC should be closest to the largest population(s), and that Dartford, rather than Gravesend, more closely meets this criterion.

“Which site is nearest to the epicentre? Which would be accessible to most people?” - Swanley

(c) **Possible risks to patients and impact on other services**

At both the Swanley and Dartford events participants were persuaded by the benefits of having the UTC co-located with an A&E department. People were concerned that a stand-alone UTC could carry more risk for patients, and they spoke about how they wanted the UTC to have the clinical advantage of being able to quickly and easily transfer a patient who becomes more seriously ill to the A&E.

“Want to know that wherever you go you can get the care you need and can escalate to higher care if needed” - Swanley

Many people at Swanley and Dartford felt that reducing pressure on the A&E department should be a key factor in the decision-making process, and people said that unless there was a UTC at Darent Valley Hospital, people would continue to attend A&E, rather than travel to Gravesend.

Attendees thought it would be easier to have a front door triage system where people can be directed to the most appropriate service if the UTC and A&E are in the same place. People expressed concern that it would not be possible to turn people away from A&E, even if their condition did not really need to be seen there.

“My preference would be Darent Valley Hospital – I think it is the only way to reduce pressure on A&E as people will always be turning up at A&E not realising it isn’t the appropriate place for them.” - Dartford

(d) **Confidence in current services**

At all the events, some participants talked about experiences of care at Darent Valley Hospital, both positive and negative. At the Dartford event there was discussion about how the reputation of the hospital was important, and some people did not appear to have confidence that Darent Valley Hospital would be able to deliver the best standard of care. However, there were also many people who said that Darent Valley Hospital had a good reputation and they believed it would be clinically the best place to site the UTC.

“Reputation important – I trust Darent Valley Hospital, I trust the services available.” - Dartford

“In my opinion Darent Valley is a more popular site with superior care.” - Dartford

Many attendees at all three events also talked about the capacity of Darent Valley Hospital to cope with additional services, with people saying they thought the hospital was already very busy and “jam packed”. In contrast however, some people also raised that they didn’t think Gravesham Community Hospital was big enough to cope with a UTC, and the wider range of services available at Darent Valley Hospital were an advantage.

“I don’t think Gravesend is big enough to cope with the amount of influx that will go that way. Dartford is bigger and better.” – Dartford

8. Suggestions for alternative options and mitigations

An important aim of the consultation events was to understand from attendees whether they felt there were other options DGS CCG should explore, and what they felt the CCG could do to mitigate people's concerns and the potential disadvantages of the two options. The most common suggestions are described below.

8.0 Two urgent treatment centres

“Keep the MIU in Gravesend and reinstate the urgent care at Darent Valley Hospital. More people will call ambulances if no easy access to MIU.” - Gravesend

The strongest feedback about a possible alternative option was that there should be two UTCs for the area. Most people felt there should be a UTC at Darent Valley Hospital and Gravesend Community Hospital, although some people gave other possible locations such as Ebbsfleet, or at the White Horse Walk-In Centre.

“Why not keep Gravesend Hospital Minor Injuries Unit and merge with White Horse Walk-in. Have a small unit at Darent Valley Hospital?” - Dartford

“Have two UTCs – one in Darent Valley Hospital and one in Gravesend.” - Gravesend

8.1 Enhanced primary care

As described in section 6.4 above, other attendees said that increasing access to GP services and more GP hubs with extended services could help to mitigate the impact of not having a UTC in either location.

8.2 Mitigations for access

“Should the NHS put on bus services ie a community bus?” - Gravesend

There were a range of suggestions on ways to improve access, including:

- reducing parking costs at Darent Valley Hospital
- increasing the parking spaces at Darent Valley Hospital
- having a bus service from Bluewater to Darent Valley
- implementing a local 'shuttle bus' service between different health sites across the area
- working with the local authorities to improve bus services.

“Can adaptations be made re transport/infrastructure?” - Gravesend

9. Conclusion

As set out in this report, there were a wide range of opinions about the options being presented. Overall, the feedback shows the following three key themes:

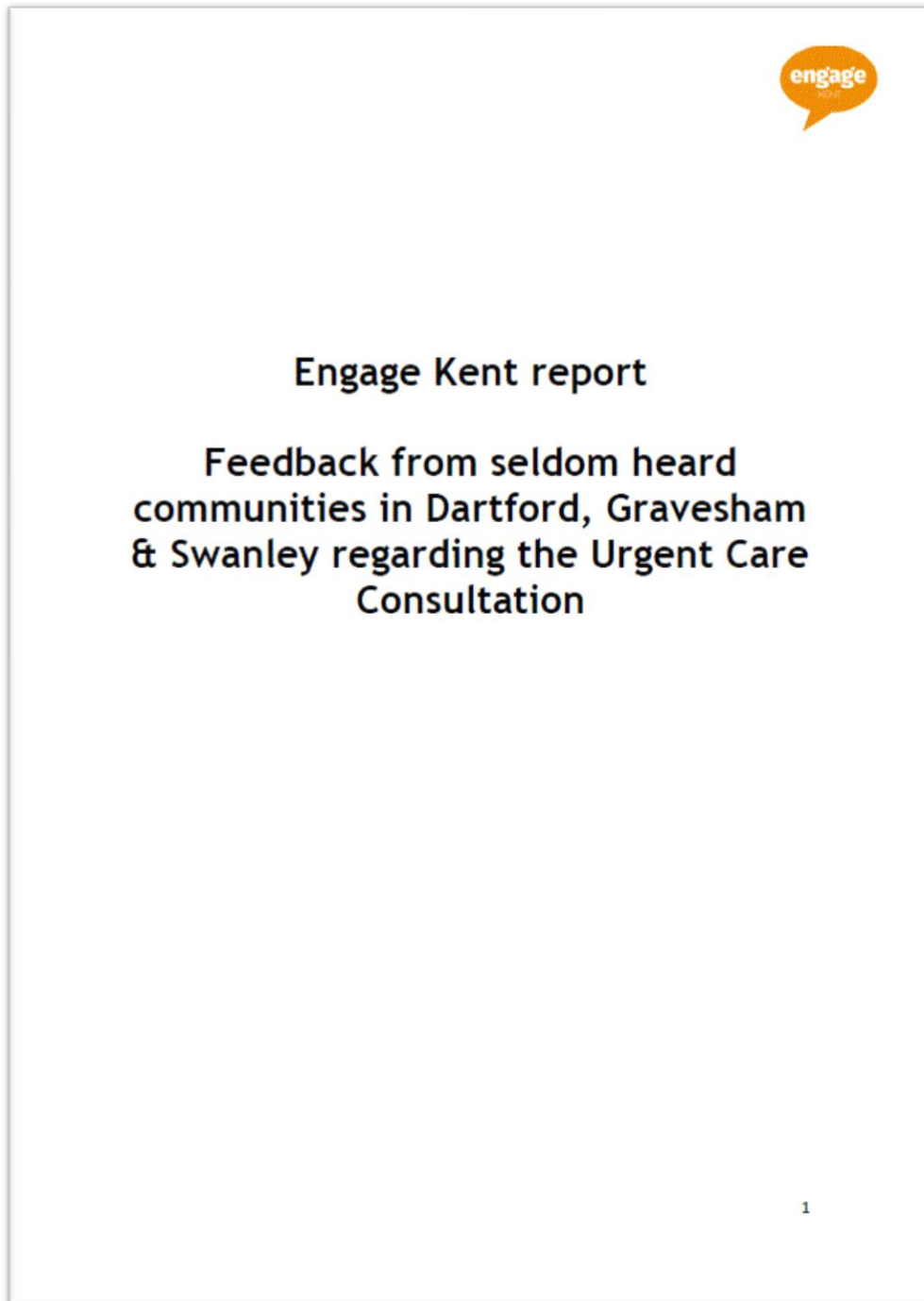
1. Those who attended the consultation events at both Dartford and Gravesend in particular, wanted to have a UTC at both Darent Valley Hospital and at Gravesham Community Hospital.
2. Those who attended Dartford and Swanley were clear that they thought there should be a UTC at Darent Valley Hospital because of the clinical benefits and to relieve pressure on A&E.
3. At all three events, attendees said they are very concerned about access to either site, by both private car and public transport.

APPENDIX D – CCG SUMMARY OF ENGAGEMENT WITH EQUALITIES GROUPS

Protected Characteristic	Engagement and issues raised
age	<p>Engaged: Gravesend 50+ Forum, Golden Girls – public transport for people without cars, concerns whether DVH infrastructure could cope with additional service/s; disabled parking</p> <p>Distribution of materials to local Children Centres: no specific issues raised</p> <p>Face to face attendance at Temple Hill Children's Centre (Dartford) AGM; concern regarding traffic congestion to DVH, size of current A&E space at DVH and access to GP appointments generally</p>
disability	<p>We are Beams (Carers/ Parents of children with disabilities), Saxon Community Group Crockenhill (umbrella group for disabled people): Distributed materials and outreach Both groups raised no specific concerns</p> <p>BSL/Deaf Group Gravesend plus other disability groups (Engage Kent report).</p> <p>Mental Health – CCG team conducted focus group with Rethink Sangam Group at Gravesend Library: Issues raised included need for language translators, improved staff awareness of dealing with people in distress, difficulties getting to Gravesend from the country side parts of DGS, DVH offers more privacy than GCH when discussing sensitive matters; accessible patient records good thing so that patients don't have to repeat their stories; Extended opening hours preferred</p>
gender reassignment	<p>Engaged with Beaumont Society (Transgender, gay – LGBTQI group) by distributing materials and conversations with the Chair of the group: No specific issues for feedback</p> <p>Distributed materials to BeYou (young people from gay and transgender community) and outreach to management. No specific concerns for feedback</p>
marriage and civil partnership	<p>Distributed materials to local registry offices</p> <p>Held stall at Gravesend Gurdwara on family days: Surveys completed. Feedback in general report</p>

<i>pregnancy and maternity</i>	Engaged women and families at the Maternity Clinic at Darent Valley Hospital: Encouraged to complete survey. Feedback in general report Outreach to Maternity Voices via CCG Commissioner for Maternity: no specific concerns raised
<i>race</i>	South Asian communities at Gurdwara Gravesend BME – African Caribbean Festival – Both these groups encouraged to complete survey and feedback in general report
<i>religion or belief</i>	Engaged Sikh (Gurdwara) and Muslim (Gravesend Mosque) communities Engaged with lead from Jehovah Witness Congregation: Indicated that due their beliefs, UTC would need to have a “Cell machine” to re-cycle blood and therefore DVH would be most appropriate as the hospital already has such a machine
<i>sex</i>	Golden Girls (over 60s club in North Fleet) public transport for people without cars, concerns whether DVH infrastructure could cope with additional service/s; disabled parking Mosque roadshow had proportionate high number of men: feedback as part of general report
<i>sexual orientation</i>	No specific issues identified through engagement with BE YOU and Beaumont Society
<i>socio-economic deprived</i>	Outreach at Dartford & Swanley Jobcentre Plus Issues around public transport, TFL proposals and costs of parking at DVH
<i>Rural Gravesham</i>	Engaged with patients in GP surgeries in Meopham and Istead Rise. Feedback part of general report Engage Kent report attached

APPENDIX E – ENGAGE KENT REPORT – SELDOM HEARD GROUPS





Context

In October 2019, Engage was commissioned to undertake targeted engagement with seldom heard communities within the Dartford, Gravesham & Swanley area to gather insights and thoughts around the potential changes to Urgent Care services in the area.

The Clinical Commissioning Group had launched a public consultation to gather feedback from local residents about options for new Urgent Treatment Centres.

The brief highlighted the need to engage with three distinct communities who live and work within the area. These communities are classed as seldom heard as they do not traditionally get involved in public consultations. The target communities were:

1. People with physical disabilities
2. Residents living in rural communities
3. People living within Traveller communities

The CCG wanted to specifically understand how the two options outlined in the public consultation would affect people from these three communities.

We have spoken with 104 people face to face so far about their views.

Methodology

To meet the brief, we proposed a programme of outreach visits and street surveys to enable us to gather indepth feedback through face to face conversations. For each of the three target communities, we visited two different groups to gather a range of feedback.

Using our framework of 'seldom heard' against recent data on Health Inequalities in Kent and Medway, alongside our knowledge of local groups and communities we identified the following groups across a range of locations to reach the desired target audiences:

Target group	Geography / rationale/ conversation
People with physical disabilities	Physical disability group in in Gravesend
	Deaf community group in Gravesend
Rural communities	Village of Shorne - selected by the CCG
	Residents from Vigo - selected by the CCG
Traveller communities	Traveller site in Ash
	Traveller site in New Dunton

Two different methodologies were used to meaningfully engage these target groups

1. Outreach engagement - talking to targeted community groups geographical areas using a facilitated conversation framework.
2. Street surveys -in a range of locations, Surveyors walked around the rural villages approaching people and undertaking a short questionnaire designed to capture their reaction to the proposal and an indication of its impact in their families and communities. (Copy of facilitated conversations can be found in Appendix 2).

Quantitative findings



We've spoken with 104 people face to face during these activities so far with two further visits planned to hear from the Traveller community.

Target group	Geography / rationale/ conversation	Number of people engaged
People with physical disabilities	Physical disability group	57
	Deaf community group	15
Rural communities	Village of Shorne	15
	Residents from Vigo	17
Traveller communities	Traveller site in Ash	To be completed
	Traveller site in New Dunton	To be completed
	TOTAL	104

Qualitative findings

We have grouped the feedback for each question and after a thematic analysis have listed below the key themes in order of frequency they were mentioned. Where a significant differences or group specific issue has been identified this is reported separately.

What details or facts struck you about the current situation and the proposed options?

Parking

Of the 4 communities we spoke to, everyone we spoke to mentioned the difficulties parking at Darent Valley Hospital currently

- 'Where are we going to park if it goes to Dartford?'
- 'It's so expensive to park there'

Location

People generally wanted the Urgent Treatment Centre to be located nearest to them

- 'All the people who live in Gravesend will want it in Gravesend and the Dartford people will want it in Dartford!'
- 'Gravesend would be better for us as it is nearer'

Happy with the status quo

People were generally comfortable with the current provision but understood that A&E was over crowded

- 'Happy as it is, we go to Gravesham'
- 'We are OK as we are'
- 'Our Dr's surgery is effective and efficient, they deal with all our non-emergency needs. It's better than A&E, therefore better for us'
- 'Less queues would enable A&E to be more focused on real emergencies'
- 'It's too busy now at Darent Valley'
- 'The current situation with Darent A&E needs to be addressed'

What's your reaction to proposed changes?

Surprise

No-one of the 104 people that we spoke to were aware of the proposed changes to Urgent Care or had heard of the public consultation

Interpreters

All 15 members of the Deaf community wanted to know if the changes would enable them to have an Interpreter in an urgent health situation. All of them reported that currently they do not have Interpreters within the current emergency and urgent health service.

- 'It is a real challenge now for us to access urgent treatment because of the lack of interpreters. How can it be made better?'
- 'We have to write things down to try and communicate currently which is very time consuming and can result in lots of confusion'
- 'We have to rely on gestures to communicate currently in an urgent situation'
- 'I recently had urgent treatment at Darent Valley. I had to lie face down so I couldn't lip read or see the gestures. It was very scary'
- 'My Mum comes with me to interpret but I wish sometimes she could be there just as my Mum and not as my Interpreter'
- 'I struggle to get an Interpreter at routine appointments. How will it work in an urgent situation?'
- 'It is really stressful worrying about an interpreter'
- 'If I broke my leg, I wouldn't know what to do. English isn't my first language so I wouldn't be able to write down what I want to say'
- 'Doctors write medical jargon down to try and communicate with me but I don't understand'

Transport

All the residents we spoke to in rural communities were concerned about getting to the Urgent Treatment Centre. Even those who had private transport were concerned about how people would get to the Centres.

- 'Public transport is few and far between'
- It will take 2 buses to get to Darent and only 1 to Gravesham'
- 'If you knew what the A2 road was like you wouldn't make it an option'

In favour versus not convinced.....

The people we spoke to were equally divided about whether they supported the idea for Urgent Treatment Centres or not. Some felt it was a positive move and they could understand the rationale, others were not so sure. The Deaf community were primarily concerned about Interpreters. If there was going to be provision for an Interpreter service then everyone we spoke to would be in favour of it

- 'No! Don't muck us about'



- 'Leave as is'
- 'Positive - bring it on'
- 'Totally in favour'
- 'Another waste of money'
- 'Darent cannot cope as it is and couldn't handle anymore'
- 'Good proposal to reduce bottleneck at A&E less stress on both patients and staff'

Where will it be located?

Initial thoughts for most people were focused on the location of the Urgent Treatment Centre

- 'I think the obvious place is Gravesend because of the walk in, and the location. It's already very busy so let's have it there'
- 'I'm really worried about parking'
- 'Gravesend only needed to be maintained properly and it would still be a very good functioning hospital'
- 'I would like it to be nearer to me'

What is not covered in the options?

Getting to the Urgent Treatment Centre

Everyone from rural communities (32 people) commented on how they would get to the Urgent Treatment Centre regardless of where it is located.

- 'Transport for people without cars'
- 'Transport to either is difficult without a car'
- 'Bus routes are being reduced'
- 'Where is the Public transport plan?'
- 'Very limited bus service from where we live'
- 'The Public transport is being done away with which would take us to Darent Valley'
- 'Transport, especially for the elderly and non drivers'
- 'The infrastructure is not in place to get us to these centres'
- 'For People at Northfleet they would have to use the same busy roads to be seen at either Centre'

Parking

People felt the issue of parking hadn't been fully addressed in the plans so far. No-one we spoke to mentioned any issues with parking in Gravesend.

- 'The disabled parking at Darent Valley has been extended but it is absolutely chocka block all day every time I go there'
- 'Cost of parking. It is very expensive'
- 'Parking at Darent Valley is a big issue. If they have it there it should have its own car park, I don't want to have to walk half a mile from the car park to get there'
- 'Cost of parking at Darent Valley'
- 'Not all of us are made of money. We have to park at the ASDA and walk over'



Interpreters

All 15 people from the Deaf community wanted to know if there would be provision for Interpreters in the plans for the Urgent Treatment Centres

- 'Will there be a Signed Video Service which is used by other hospitals for urgent treatment?. Other hospitals use it and we hear it is good'

More services needed

- The amount of times we get sent to A&E but don't actually need to go there, that is the problem - but for some reason that is the only way we get to see any medics and that is not right.
- We need more walk-ins, there should be additions not closures.
- After opening hours (when units are closed) you will still have to go to A&E.

How would you, and people living in your village/community, be affected by Option 1 to locate to Gravesham Community Centre?

For this answer, we have grouped the responses based on the communities we visited

Physical Disability community (based in Gravesend)

- 'It will be more accessible at Gravesham in my opinion'
- 'Gravesend has that car park at the side and is near the St Georges centre, but still doesn't help if someone is disabled'
- 'I've been there and it is handy for visitors'
- 'I think it is more wheelchair friendly at Gravesend'
- 'I don't drive, so my daughter would have to take me, she is expecting a baby and I don't want to impose so I don't know how I would get there'
- 'Even the drop off and pick up area there is a problem there'

Rural communities (Vigo & Shorne)

- 'Difficult to get to without a car'
- 'Just the same as it is now'
- 'No more difficult than at present'
- '60–70% of people here in this village are old. The planners go for the cheaper option not considering people who live here'
- 'We don't all have money. Free parking at ASDA and can walk to A&E'
- This would be a better option based on the cost of public transport to get there'
- 'Whilst difficult, Option 1 would be better than the alternative'
- 'Closer than Darent Valley'
- 'Easier traffic'
- 'Better than Option 2'
- 'Would mildly improve matters'
- 'Good option as less stressful for patients'
- 'From where we live, we might go to Maidstone'



Deaf community (based in Gravesend)

- 'Will there be access to interpreters in an urgent situation?'
- 'Nothing is currently available at Gravesham MIU for BSL interpreters'
- 'Gravesham is nearer to me so I would have more chance of getting someone to come and interpret for me'

How would you, and people living in your village/community, be affected by Option 2 to locate to Darent Valley Hospital?

For this answer, we have grouped the responses based on the communities we visited

Physical Disability community (based in Gravesend)

- 'As a wheelchair user I couldn't get to Darent Valley hospital'
- 'If they are going to shut down Gravesend, then they need to replace it with something in Gravesend'
- 'It's a pain to get to Darent Valley, and you have to get a bus there, it's easier to get to Gravesend'
- 'Darent Valley would be better for me. And in the consultation, they say that it may be more than 12 hours there, so longer than the other one. That's why I would choose that one'
- 'The cost of getting there worries me'
- 'Travel arrangements will not be easy for people in wheelchairs as many can't get on public transport'

Rural communities (Vigo & Shorne)

- 'Pain in backside'
- 'it's easier to go to Gravesend, the A2 is awful and there are always lots of accidents which stops traffic altogether'
- 'It would be impossible for people without transport of their own'
- 'We are not just statistics we are people'
- 'Too far away'
- 'Parking is a nightmare and the cost of parking is astronomical. But you have to drive there from here or take 2 buses and a train plus the walking'
- 'Travelling, cost and inconvenience - only way really to get there is by ambulance, but they don't bring you back'
- 'Totally impracticable'
- 'Difficulty in getting to Darent Valley'
- 'No public transport to get us there'
- 'No direct transport links, Would have to get a bus then a train, then another bus and the same again to get home'

Deaf community (based in Gravesend)

- 'There isn't currently an Interpreter service available at Darent Valley. Will there be in this new service?'



- 'Will there be access to interpreters in an urgent situation?'
- 'Interpreters usually don't turn up for a booked appointment at Darent Valley currently. Will it be any different?'

What new questions have emerged for you?

- When is the walk in centre at White Horse going to close?
- Why is the Walk In Centre at White Horse going to close? It doesn't explain that in the documents
- Will there be a pharmacy open on site after 8pm so we can get medication nearby?
- The Darent Valley disabled car park is small, will they make it bigger?
- How will they address the transport problem?
- Can A&E send patience to these new units? If not, it is still blocking A&E
- Booked interpreters often don't turn up or are late for a booked appointment. How are you going to make this any different?
- In an urgent situation, I might not have found someone to come and interpret for me in time. How will you support me?
- I find it very hard to manage in an urgent health situation. How will you support me as a Deaf person?
- My whole family is Deaf. No-one can talk for me. How will you help me?
- Can someone come back and explain to us what the decision is and what we should do?

Appendix 2 Demographic profile of respondents

	Street Survey Vigo	Street Survey Shorne	Physical Disability	Deaf community
--	--------------------	----------------------	---------------------	----------------

Gender

Male	4	8	17	6
Female	7	7	40	9

Sexual orientation

Heterosexual	11	14	57	15
Gay		1		
Not Say				

Age

Under 16				
16-24	1			
25-34	2			4
35-59	1	1	38	7
60-74	5	4	10	2
75+	2	10	9	2
Not Say				



Ethnicity

English / Welsh / Scottish / Irish	11	15	56	12
Gypsy / Romany / Irish Traveller				
Any other White background				1
White and Black Caribbean				
White and Black African				
White and Asian				
Any Other Mixed / multiple ethnic				
Indian			1	2
Pakistani				
Bangladeshi				
Chinese				
Any other Asian background				
African				
Caribbean				
Any other Black background				
Arab				
Any other ethnic background				
Prefer not to say				

Postcodes	Vigo	Shorne		
	DA13	DA11, DA12	DA12	DA11
		ME3		

1st language

English	11	15	57	
Other				
BSL				15

Consider themselves a carer

Yes	1			
No	10	15	57	15
Not say				

Consider themselves disabled

Yes		2	57	15
No	11	13		
Not say				



Appendix 2 : Facilitated Conversation Guide

Background

We have been asked by the NHS in Dartford, Gravesham & Swanley to talk to people about two options that are being developed for Urgent healthcare in North Kent. A public consultation is currently open to seek people's views about the options

Talking to the public

Today we are talking about Urgent Care services.

So, imagine you are ill. It's not life threatening but you do need to see a medical person on the same day. You can't wait for a GP appointment.

Currently you might go to Gravesham Minor Injuries, White Horse Walk In Clinic or to A&E at Darent Valley Hospital. Is that right?

The NHS all over the country is tasked with creating new Urgent Treatment Centres to provide urgent treatment on the same day for issues that are not life threatening.

The discussion is where would you like these Urgent Treatment Centres to be located. There are two options up for discussion:

1. Urgent Treatment Centre at Gravesham Community Hospital alongside the Minor Injuries Unit. The White Horse Walk In will close
2. Urgent Treatment Centre at Darent Valley Hospital by moving services from Gravesham Community Hospital. The White Horse Walk In will close.

Why do things need to change?

- Currently 50% of people who go to Darent Valley A&E do not have life threatening of serious illness. Many of them could be looked after elsewhere.
- The population in DGS is due to rise by 22% by 2035

Objective questions:

What details or facts struck you about the current situation and the proposed options?

What's your reaction to proposed changes?

What is not covered in the options?

Reflective questions:

How would you, and people living in your village, be affected by Option 1 to locate to Gravesham Community Centre?

How would you, and people living in your village, be affected by Option 2 to locate to Darent Valley Hospital?

What new questions have emerged for you?

APPENDIX F – QUESTIONNAIRE THEMES CODE FRAME

Q5/6 – Reason for option choice

(01) Ease of journey

- 01 - Traffic is bad/bad in Darent
- 01 - Easier by public transport
- 01 - Worse by public transport
- 01 - Hard to access
- 01 - Easier to access
- 01 - Difficult for elderly/elderly patients will find it hard to get too
- 01 - Ill or sick/vulnerable shouldn't have to travel/it's unfair
- 01 - Too far/further to travel

(02) Parking

- 02 - Not enough parking space
- 02 - More parking near by
- 02 - Parking is too expensive
- 02 - Parking makes me worried
- 02 - Find it difficult to park

(03) Hospital facilities

- 03 - Too near to A&E
- 03 - Not close enough to A&E
- 03 - Already too stretched/can't handle more
- 03 - Facilities are already good at my hospital
- 03 - Want it all in one site
- 03 - Bigger/larger/major hospitals slow the process
- 03 - Safer/better/works better/easier to be alongside A&E/with A&E

(04) Will leave nothing between Medway and other location

(05) Change of site makes me sad/upset/distressed

(06) Expense

- 06 - Parking is too expensive/costs too much
- 06 - Costs too much/is too expensive to get there
- 06 - Don't want to pay to have to get there
- 06 - Public transport is too expensive/costs too much
- 06 - I/my family/loved ones can't afford it

(07) Have urgent care/have site where there are the most people that can use it/can access it/can service most people

Q7 - The top three issues local people raised with us about the location of the new Urgent Treatment Centre during previous engagement were: parking, access to public transport and waiting times. What impact will the proposed options have on you and your family?

(01) Traffic

- 01 - Too much traffic
- 01 - Dartford Crossing is an issue/too busy
- 01 - Driving there too slow (traffic) in an emergency/urgent situation

(02) Parking

- 02 - Not enough parking space
- 02 - More parking near by
- 02 - Parking is too expensive
- 02 - Parking makes me worried
- 02 - Find it difficult to park
- 02 - Anxiety/worried about disabled parking options

(03) Access

- 03 - More difficult to access for me/my family/loved ones
- 03 - Easier to access for me/my family/loved ones
- 03 - Hard for me/family/loved ones as I/he/she/they can't drive/no access to a car
- 03 - Too far to site/further to travel

(04) Service

- 04 - Longer wait times/longer to get seen
- 04 - I like my current service
- 04 - Already too stretched/can't handle more
- 04 - Need the correct/better staff
- 04 - Need more staff/more staff required
- 04 - Important/too important to have a local service
- 04 - Safer/better/works better/easier to be alongside A&E/with A&E

(05) Public Transport

- 05 - Not enough Public transport
- 05 - Public transport is too slow
- 05 - Already good/better public transport links
- 05 - Public transport harder to use with children
- 05 - Public transport harder to use if I am sick/unwell
- 05 - Public transport harder to use for the sick/vulnerable

(06) Expense

- 06 - Parking is too expensive/costs too much
- 06 - Costs too much/is too expensive to get there
- 06 - Don't want to pay to have to get there
- 06 - Public transport is too expensive/costs too much
- 06 - I/my family/loved ones can't afford it

(07) Have urgent care/have site where there are the most people that can use it/can access it/can service most people

Q8 - We welcome any other ideas and suggestions that you would like us to consider regarding the proposed new Urgent Treatment Centre

- (01) Proximity to me/location
 - 01 - Keep it local to me/my family/loved ones
 - 01 - Have site near Gravesend
 - 01 - Have site near Dartford
 - 01 - Keep Gravesham site
 - 01 - Move site to new/different/other location (ANY MENTION OF OTHER LOCATON)
- (02) Don't understand why it has to be moved
- (03) Transport to site
 - 03 - Make sure good/adequate public transport is available
 - 03 - Assess current public transport options
 - 03 - Provide cheaper/free public transport
- (04) Parking
 - 04 - Provide adequate parking room for site
 - 04 - Provide cheap parking for site
 - 04 - Provide free parking for site
- (05) Effect on/available services on site
 - 05 - Have near to A&E
 - 05 - Don't have near to A&E
 - 05 - Have x-ray/better x-ray/quicker x-ray available on site
 - 05 - Local GP services need improvement/be better/less demand for GP appointments
 - 05 - Do not affect/change/over stretch current services on site
 - 05 - Shorter waiting times
 - 05 - New building/facilities needed/required
 - 05 - Make use of Gravesend maternity unit
 - 05 - Better/better functioning triage service
 - 05 - Extend/longer opening hours
 - 05 - Safer/better/works better/easier to be alongside A&E/with A&E
- (06) Staff
 - 06 - More staff needed at Darent Valley
 - 06 - More staff needed at Gravesham
 - 06 - More doctors on Duty
- (07) Keep both sites as they are/no change
- (08) Site change is a good idea
- (09) Site change is a bad idea
- (10) Better communication of services available on sites/inform service users/better
- (11) Expense
 - 11 - Parking is too expensive/costs too much
 - 11 - Costs too much/is too expensive to get there
 - 11 - Don't want to pay to have to get there
 - 11 - Public transport is too expensive/costs too much
 - 11 - I/my family/loved ones can't afford it
- (12) Have urgent care/have site where there are the most people/can access it
- (13) Improve care/primary care/services at not urgent treatment centre locations/other locations