



LEAGUE OF FRIENDS

EDENBRIDGE & DISTRICT WAR MEMORIAL HOSPITAL

Mill Hill, Edenbridge, Kent TN8 5DA

www.edenbridgehospital.co.uk

Submission to the Health Overview and Scrutiny Committee meeting – 4th February 2011 on The Future Shape of Community Service Provision.

How can first class Community Health Services best be provided for the people of Kent?

The League of Friends of Edenbridge Hospital is broadly in favour of the changes to the NHS currently being introduced by the coalition Government.

1. Co-operation and co-location.

- a) Co-operation and working together across all NHS Community Services, Local Authority and Charity provision in integrated teams to provide a seamless service is of paramount importance.
- b) Co-location of services and expansion of facilities (perhaps with use of Mobile Units)
- c) Greater use and recognition of local charities in assisting the achievement of these aims.
- d) Encouragement of 24/7 health cover with GPs supporting each other within consortia.

2. Patients first.

- a) We applaud the recognition that patients must be encouraged to make a genuine and informed choice regarding their Health Care
- b) Greater and more flexible use of Community Hospitals and their facilities including recognition of the need to use these facilities in the evenings and at weekends.
- c) More visiting Consultants, access to the Hospital for local volunteer groups and community support groups resulting in a reduction in patient travelling time, patients and visitor inconvenience and greater use of Hospital facilities
- d) Local provision of Minor Injury Units, X-ray and Physiotherapy departments, Out Patient Clinics, and Day Care Centres within the Community Hospitals resulting in NHS savings as more expensive Acute and A&E departments concentrate on what they alone can do.
- e) Requirement for the inpatient facilities at Community Hospitals to be used for patients other than predominantly the elderly or end of life patients

3. Finance.

- a) The overriding objective must be to ensure that the maximum amount of available money is directed towards patient and clinical services and support.
- b) Statistical analysis must recognize the work being done at Edenbridge for patients living and /or working in Sussex and Surrey. This will also require uplift in the revenue benefit received so that services may be developed and enhanced to reflect this need.
- c) We would urge all interested parties to lobby for a re-negotiation of the 2004 GP contract so that standards of service may be raised whilst also saving money.
- d) In recognition of the urge for “bottom up” changes to the NHS, encouragement must be given to make local management more opportune and less bureaucratic. Local connection to local suppliers and “handymen” must be encouraged. This is particularly important as and when a Pan Kent Community Health NHS Trust comes into being.

4. Competition.

- a) Private health providers must be as strictly controlled and regulated as NHS ones.
- b) Use of GP premises and Community Hospitals for private clinics and complimentary Health care outside of usual working hours would be popular as well as economic.
- c) We can visualize the growth of smaller, independent yet autonomous health units competing within looser and larger administrative control.

5. Administration.

- a) The new GP consortia should be encouraged to make use of the valuable skills available to them from ex PCT and SHA employees.
- b) The benefits of local Hospitals and GP practices joining larger liaison groups will offer the possibility of staff sharing, joint purchasing etc.
- c) The public, unions and NHS employees must be kept informed of progress and their co-operation sought so that the potential benefits of the reforms are achieved.

What are the challenges to realising this potential?

Our main concern is that without the positive active involvement and enthusiasm of our local GPs, our Community Hospital will not flourish.

1. Skill shortages.

- a) Support and encouragement must be provided to current GPs so that they meet the challenge of their new responsibilities.
- b) The selection and early training of GPs must reflect the need for non- medical skills now required.
- c) Consortia will not be truly representative of the area they serve as few GPs will have the motivation or support from their own GP partnerships to put themselves forward.

2. Attitudes.

- a) We recognise a human tendency towards conservatism and as a result, a reluctance to embrace the proposed changes.
- b) A genuine recognition by all of the importance of putting patient needs first will hopefully see an end to any parochial insecurities and rivalries.
- c) Local communities are not always aware of what is available to them locally – money must be set aside to ensure a greater awareness of local facilities and services offered.
- d) We do not expect the differing agendas of Health and Social Services to be resolved overnight but are hopeful that with a true willingness on behalf of everyone these can be minimised.

3. Finance

- a) These changes must be properly funded to ensure that they have a good chance of success.
- b) Edenbridge suffers from poor and infrequent public transport making it difficult for patients to access the new Pembury Hospital. Parts of Edenbridge are very deprived; allocation of finance must recognise this and help alleviate our very atypical problems.
- c) We are concerned that due to the demands for financial return the previous decision for reducing the number of outpatient clinics at the new Pembury Hospital has been reversed. Many in Edenbridge have neither the finance nor transport facilities to make attendance at Pembury a possibility without considerable hardship.
- d) Currently, our GP practice, MIU and X-ray unit do not offer many evening sessions, if any at all. The reasons for this are mixed and not all financial but the reasons will need to be explored for there to be a genuine desire to put the patient first.

Our comments on plans to form a pan Kent Community Health Trust.

Our main concern relates to the fact that this new Trust appears to contradict what the Government is trying to establish. The new Health and Social Care Bill demands a “bottom up” not “top down” reform. The creation of a pan Kent Trust to serve a huge disparate population cannot, we believe, put the local needs of patients in Edenbridge high up the agenda.

1. Geography.

- a) Edenbridge at the very western edge of Kent and also one of the most deprived in Kent will be isolated and forgotten.
- b) The large communities found in the larger towns and cities will have more voice and more influence as per capita they will contribute more.
- c) The differing demands of rural and urban communities will not be properly understood or met.

2. Centralisation.

- a) We accept that there will be a possible saving in administrative costs but the risk of not meeting the needs of the community will be greater. Greater centralisation is not the answer – to be genuinely able to meet a patients' needs, hospitals and GPs need to be free from any interference which prevents them from getting the job done.
- b) The Bill emphasises the need for competition and patient choice. We do not see how creating a pan Kent Trust will achieve this.
- c) Since the creation of NHS West Kent Community Health we have worked closely with its officers to, we believe, the benefit of Edenbridge Hospital and its patients. We have had many formal and informal meetings with those responsible in that organisation and although we will strive to do the same with the new team their responsibilities will cover a very wide geographic area. We are concerned that time and cost constraints will dictate the frequency of contact and we will all be the poorer for it.
- d) We have heard some discussion as to the numbers of non-Exec Directors being sought from both West and East Kent for the new organisation. We would urge those taking the decisions to ensure that West and East Kent are equally represented.