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Date: 26 January 2017

Dear Member

**HEALTH OVERVIEW AND SCRUTINY COMMITTEE - FRIDAY, 27 JANUARY 2017**

I am now able to enclose, for consideration at next Friday, 27 January 2017 meeting of the Health Overview and Scrutiny Committee, the following report(s) that were unavailable when the agenda was printed.

**Agenda Item No**

12 **Edenbridge Primary and Community Care (Pages 3 - 8)**

Yours sincerely

A handwritten signature in black ink, appearing to read 'John Lynch', is written over a light blue horizontal line.

**John Lynch**  
**Head of Democratic Services**

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## Item 12: West Kent CCG - Edenbridge Primary and Community Care

By: John Lynch, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 27 January 2017

Subject: West Kent CCG - Edenbridge Primary and Community Care

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by NHS West Kent CCG.

It provides additional background information which may prove useful to Members.

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## 1. Introduction

- (a) On 25 November 2016 the Committee considered an item local care in West Kent including updates about Edenbridge Hospital and Sevenoaks Hospital. The Committee agreed that:
- *RECOMMENDED that the report on Local Care in West Kent be noted and NHS West Kent CCG be requested to update the Committee at the appropriate time.*
- (b) Following a request from West Kent CCG, the Chairman has agreed that the attached report be considered as an urgent item as it was not available at the time of publication and there is a need for the Committee to determine if the proposals constitute a substantial variation of service.

## 2. Potential Substantial Variation of Service

- (a) It is for the Committee to determine if the proposed changes to primary and community care in Edenbridge constitutes a substantial variation of service.
- (b) Where the HOSC deems the proposed changes to primary and community care in Edenbridge as not being substantial, this shall not prevent the HOSC from reviewing the proposed change at its discretion and making reports and recommendations to the CCG.
- (c) Where the HOSC determines the proposed changes to primary and community care in Edenbridge to be substantial, a timetable for consideration of the change will need to be agreed between the HOSC and CCG after the meeting. The timetable shall include the proposed date that the CCG intends to make a decision as to whether to proceed with the proposal and the date by which the HOSC will provide any comments on the proposal.

### **3. Recommendation**

If the proposed changes to primary and community care in Edenbridge is *substantial*:

RECOMMENDED that:

- (a) the Committee deems the proposed changes to primary and community care in Edenbridge by NHS West Kent CCG to be a substantial variation of service.
- (b) West Kent CCG be invited to attend the June meeting of the Committee

If the proposed changes to primary and community care in Edenbridge is *not substantial*:

RECOMMENDED that:

- (a) the Committee does not deem the proposed changes to primary and community care in Edenbridge by NHS West Kent CCG to be a substantial variation of service.
- (b) West Kent CCG be invited to submit a report to the Committee in six months.

### **Background Documents**

Kent County Council (2016) '*Health Overview and Scrutiny Committee (25/11/2016)*', <https://democracy.kent.gov.uk/mgAi.aspx?ID=42582>

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## **Edenbridge Primary and Community Care Proposal**

### **1. Background**

- 1.1 NHS West Kent CCG has been working with two key partners in the Edenbridge area to develop proposals for developing new site and service models in view of the significant challenges facing the Edenbridge Medical Practice and the Edenbridge and District War Memorial Hospital. The two key partners in this work are the GP Practice and Kent Community Health NHS Foundation Trust (henceforth “KCHFT”): KCHFT is by far the main provider of services from the hospital, which is owned (freehold) by NHS Property Services, and also provides community services (such as nursing) in the town and surrounding villages.
- 1.2 Edenbridge hospital is an old building, unsuited to modern healthcare and affected by infrastructure problems, including flooding. The GP surgery is also an old building (1920s) and is incapable of being further enlarged. Both buildings suffer from parking problems and give poor disabled access.
- 1.3 The Edenbridge population is expected to grow, with the GP registered population forecast to increase from 12,400 now to 14,400 by 2024. The new residents will be mainly younger adults, often with families. At the same time, older people in Edenbridge are living longer with associated frailty. They tend to be poorer than in other parts of Sevenoaks district.
- 1.4 From May to July 2016, the local partners, with support from the CCG, led an extensive programme of engagement to explore with local people their views about future needs and future options for the local services. More than 400 people responded to a survey and more than 300 attended meetings to discuss future health services. They agreed that change is needed, there is a need for more health services in Edenbridge, and that locating the GP surgery and the services provided at the hospital under one roof is sensible.
- 1.5 Two particular elements of service reconfiguration were much discussed in the engagement work. First, as well as seeking benefits from establishing shared, new and larger buildings, KCHFT and the GP practice are enthusiastic about exploring the options for benefits from co-location and more integrated services. This aligns to the work to improve Local Care set out in the emerging Kent and Medway Health and Social Care Sustainability and Transformation Plan and to the CCG’s Primary Care Strategy.

- 1.6 Second, the hospital currently has 14 inpatient beds but these are only on average 15 per cent occupied by Edenbridge patients: on average three patients from Edenbridge and villages need an inpatient bed at any given time and only two are able to have a bed at Edenbridge hospital (others are accommodated in one of the other community hospitals in west Kent). In contrast, there is scope through day care beds, other ambulatory services and outpatient clinics to do much more for a wider population. Day care beds and ambulatory care are likely to be mostly used by frail older people (who could for instance have intravenous medication on a daily basis – this is not currently available in Edenbridge). Engagement with the public identified significant interest in outpatient clinics for everything from maternity to end of life care. These have the potential to be used by a wider section of the population.
- 1.7 Based on this, the CCG and its partners have developed four options, which all involve construction of a modern, purpose-built building that houses both the GP practice and community services. The preferred option being put forward for consultation would see no overnight inpatient beds in the new facility but the development of a wider range of ambulatory and outpatient services, including day care beds. It is estimated that the day care beds alone would be used by 500 to 1500 local people a year, as opposed to the 24 to 28 local people who currently use the inpatient beds. The preferred option sees this new facility being built on a new site, subject to site acquisition and planning permission.
- 1.8 In November 2016 the Health Overview and Scrutiny Committee was updated about the work in Edenbridge as part of an update on Local Care from NHS West Kent CCG.

## **2. Public consultation**

- 2.1 The CCG promised the people of Edenbridge and villages to carry out a public consultation once potential options for the future had been developed.
- 2.2 All planned reconfigurations needing consultation are required to go through an NHS England assurance process. In December the NHS England Part 1 Panel reviewed the history of engagement and the draft business case, and in January the NHS England Part 2 Panel reviewed an updated business case and the draft consultation document. This timeline was agreed with NHS England with a view to commencing consultation in February to enable as much as possible of the consultation period to take place before the start of purdah associated with the 4 May Local Government elections.

- 2.3 It is anticipated that formal authorisation from NHS England will be received by the time of the CCG's Governing Body meeting on 31 January 2017, which will then be in a position to give go-ahead for the public consultation to start on 1 February 2017.
- 2.4 The public consultation is expected to last until 26 April 2017, and feedback will then be analysed. The CCG's Governing Body, Kent Community Health NHS Foundation Trust and Edenbridge Medical Practice GP Partnership will assess people's views alongside achievability of the best possible health services for local people, best match to local demand, affordability and sustainability. The CCG anticipates making its decision at its meeting on 27 June 2017.

### **3. Recommendation**

- 3.1 HOSC is asked to consider whether the proposed change to services in Edenbridge constitutes a substantial variation of service.

**January 2017**

Adam Wickings, Chief Operating Officer, NHS West Kent CCG

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