NHS OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of A meeting of the NHS Overview and Scrutiny Committee held at Guildhall, Westgate, Canterbury CT1 2BD on Friday, 23rd March, 2007.

PRESENT: Mr A R Chell (Chairman), Mr M J Fittock (Vice-Chairman), Mrs C Angell, Mr M J Angell, Mr D S Daley, Ms A Harrison, Mr W A Hayton (Substitute for Mr A D Crowther), Mr C Hibberd, Mr D A Hirst, Mr M J Northey (Substitute for Mrs P A V Stockell), Mrs E D Rowbotham, Mr R Tolputt and Mrs E M Tweed

OTHER MEMBERS PRESENT: Mr M Dance, Mr G Gibbens, Mr W Newman and Mr L Ridings.

OBSERVERS: Mr Julian Brazier, MP, Cllr N Eden-Green, Cllr Mrs J Law, Cllr Mrs J Seath and Wayne Gough, Scrutiny and Research Officer, Canterbury City Council; Ms S Napier, Kent Messenger, Ms L Burley and Ms M Rolfe, Kent & Medway Networks Ltd, Mrs L Selman, Director of Citizen Engagement and Communication and Mr N Fisher, Eastern & Coastal Kent Primary Care Trust, Mrs J Bentley and Mrs F Witherden, Patient and Public Involvement Fora representatives and a number of members of the public.

IN ATTENDANCE: Paul Wickenden (Overview, Scrutiny and Localism Manager)

UNRESTRICTED ITEMS

16. Minutes - 9 March 2007
(Item. 2)

(1) The Overview and Scrutiny Manager apologised that, because of the limited time available since the last meeting of the Committee on 9 March 2007, the Minutes had only just been prepared. He sought and gained the Committee's approval to deal with the Minutes and any outstanding issues arising from the Minutes. The Chairman suggested that the Committee should do so at the end of the ordinary business which would allow the Committee the opportunity to read the Minutes. This was agreed and the Minutes of the meeting on 9 March 2007 were tabled and circulated.

(2) The Committee agreed to consider the Minutes at the end of the ordinary business and to treat the Minutes as urgent business recognising that the requisite statutory notice had not been given but it would be expedient to deal with the Minutes at this meeting.

17. Provision of Services
(Item. 3)

(Mr D Shortt, Concern for Health in East Kent (CHEK), Ms R Gibb, Chief Executive Maidstone & Tunbridge Wells NHS Trust, Mr M Kershaw, Chief Operating Officer and Ms E Shutler, Director of Strategic Development, East Kent Hospitals NHS Trust were in attendance for this item)

Cancer Services – Kent and Canterbury Hospital, Canterbury

(1) Concerns had been raised locally by Concern for Health in East Kent that the linear accelerators at the Kent and Canterbury Hospital, Canterbury were working at best only 50% of the time and that resources and staff were being moved to the Maidstone Oncology Centre.

(2) As a consequence, patient waiting time for radiotherapy which had been down to six weeks had now increased to 12 weeks.

(3) Concerns were also expressed about how the provision of cancer services across Kent was managed. The specific question raised was: is the service managed through the Kent and Medway Cancer Network or through the Maidstone and Tunbridge Wells NHS Trust? Ms Gibb responded that management of cancer services across Kent was not via the Kent and Medway Cancer Network but was provided by the Maidstone and Tunbridge Wells NHS Trust through the Kent Oncology Centre.

(4) Ms Gibb added that the provision of cancer services nationally was very costly. What Kent had was a different model of cancer services with a Kent Oncology Centre in Maidstone and a satellite centre in Canterbury as a consequence there was an oncologist working across the whole of East Kent. Ms Gibb made it clear that the Kent Oncology Centre could only deliver work commissioned by the Primary Care Trusts.

(5) Ms Gibb informed the Committee that as many cancer services as possible would continue to be delivered at Kent and Canterbury Hospital. It was only the highly complex cases of radiotherapy that would need to be treated in Maidstone, generally services for cancers such as breast and lung cancer would continue to be dealt with in Canterbury.

(6) Mr Brazier, the Canterbury Member of Parliament, expressed the view that there was only so much money available in the PCT budgets for all health services, including cancer. He said that the provision of cancer services at Maidstone was an expensive operation and he did question why, in some instances, very sick people were unable to access their nearest linear accelerator – instead having to travel from Canterbury to Maidstone or vice versa. Ms Gibb responded that there was no point a patient accessing their nearest linear accelerator if what the patient was going to receive was sub optimal treatment because the staff available at the nearest linear accelerator were the wrong staff.

(7) Ms Gibb acknowledged that cancer services were very expensive. It was important that the more complicated services were dealt with in the most appropriate place. What was happening across the County was that patients were receiving a London service but locally.

(8) In answer to questions relating to the skills required by an oncologist and the minimum number of patients an oncologist needed to see to maintain those skills, Ms Gibb responded that it was important within the NHS that staff were continually improving their skills. The point was well made about doctors having the access and ability to undertake procedures regularly to retain their skill base.

(9) Ms Gibb said the proposals known as “Fit for the Future” (a review of all the health services to be provided across Kent and Medway) did not impinge on the Kent Oncology Centre. Ms Gibb added that there had been no debate on this aspect of the Health Service at all.

(10) Asked about cancer services provided elsewhere such as at the Royal Marsden, and Guys and St Thomas’s or in Brighton, Ms Gibb said there were some areas of specialist cancer services which had to be dealt with by specialists elsewhere. It was important that patients in Kent had a service provided by the Kent Oncology Centre.

(11) Members of the Committee and Canterbury City Council members asked a range of questions relating to:-

(a) the usage of the linear accelerators;
(b) the recruitment and retention of oncologists in East Kent; and
(c) how appropriate was it for patients and visitors to have to travel often from Canterbury to Maidstone or vice versa, especially in the case of frail and elderly people, when public transport links were poor and car parking at the locations concerned was also difficult.

(12) Ms Gibb informed the Committee of the opening hours for the Kent Oncology Centre and the work being undertaken to improve capacity by looking at the possibility of opening the Oncology Centre on Saturdays and Bank Holidays. Ms Gibb added that one of the issues for the expansion of services was recruitment of staff to run an extended service. Ms Gibb advised the Committee of a recent recruitment drive which had extended as far as Australia.

(13) Transportation across Kent and Medway, particularly in rural areas, was a big issue. Ms Gibb stressed the importance of all the various partners working together to address this significant issue. It was important that as much cancer treatment as possible was provided locally – but patients needed to receive the specialist care that was most appropriate to them.

(14) Mr Gibbens, Kent County Council Cabinet Member responsible for Public Health, reminded the Committee of a letter that had been sent by the Leader of the County Council to the Primary Care Trusts and the South East Coast Strategic Health Authority, setting out the County Council’s view that the provision of health services across Kent and Medway must be in the best interests of the people of Kent. He acknowledged that it was important that the County had a cancer centre and referred to the Maidstone Oncology Centre as “the Royal Marsden of Kent”.

(15) However, Mr Gibbens went on to say that he thought it was unreasonable for patients to have to travel when they are often feeling extremely unwell on unpleasant long journeys to access health facilities for cancer treatment. As a local member for Canterbury, he said that to access Maidstone early in the morning he needed to be away from Canterbury at 7:30 am to ensure that he was able to avoid congestion at Detling Hill.

(16) On behalf of the Cabinet and Kent County Council, he was keen to ensure that as many health services as possible were delivered locally.

(17) Ms Gibb responded that the cancer services provided by Maidstone and Tunbridge Wells NHS Trust across the county were extremely leading-edge. Ms Gibb added that patients would not get better treatment anywhere else. She asked whether it was better to travel for cancer services from Dover to Maidstone or from Dover to London.

(18) Mr Shortt concluded the discussion, saying he felt that cancer services were being lost locally. He cited the issue of pelvic and gynaecology cancer, previously dealt with in the Queen Elizabeth the Queen Mother Hospital at Margate, which was now being dealt with in Maidstone. He added that even the more common cancers, such as breast cancer, were also now being dealt with at Maidstone.

(19) Mr Shortt added that it was unreasonable to expect people to travel five days a week from East Kent to Maidstone for these services. He concluded that the cancer centre at the Kent and Canterbury Hospital felt that they were the poor partner in the cancer services provided across Kent and Medway.

Chronic Pain Clinic – Queen Elizabeth the Queen Mother Hospital, Margate (QEQM)

(20) Mr Hayton raised particular concerns relating to the chronic pain clinic provision at the QEQM and the number of chronic pain services which were now being provided at the Kent and Canterbury Hospital, Canterbury. Mr Hayton spoke about the experiences of members of a chronic-pain support group in which he was involved.

(21) Mr Hayton advised the Committee that he felt that it was unreasonable to expect patients to travel from Thanet, for example, to the Kent and Canterbury Hospital for pain relief. This was particularly difficult when drugs were administered to numb the body. Mr Hayton cited an example where a patient had to travel to the Kent and Canterbury Hospital where drugs to numb parts of the body were administered which meant the patient lost full control of their urinary function.

(22) Mr Daley added that the issue of chronic pain clinics was a national debate. He stressed the importance of NHS Overview and Scrutiny Committee looking at this at a future meeting.

(23) Mr Kershaw responded that the chronic pain service was a particular challenge for the Health Service and hospitals. He informed the Committee of the East Kent Hospitals Trusts work being undertaken to improve the services to ensure that the vast majority of care was undertaken locally and would stay local.

(24) In conclusion, there was an acknowledgement that services for chronic pain needed to be delivered as locally as possible. The complete range of models to deliver a local service needed to be revisited.

RESOLVED:-

a) that the Committee should continue to monitor the development of cancer services across Kent and Medway; and
b) that Chronic Pain Clinics should be the subject of a debate at a future meeting of the Committee.

18. Whitstable Polyclinic

(Item. 4)

(Mr D Shortt, CHEK, Dr R Stewart, Medical Director and Dr J Ribchester, Professional Executive Committee Member, Eastern & Coastal Kent PCT, Mr M Kershaw, Chief Operating Officer and Ms E Shutler, Director of Strategic Development, East Kent Hospitals NHS Trust and Mr J Pearce, Centres of Clinical Excellence were in attendance for this item)

(1) Dr Stewart informed the Committee that the proposed development of a Polyclinic at Whitstable was a response to the Government White Paper on Our Health, Our Care, Our Say a new direction for community services published by the Department of Health in January 2006. This document sets out the agenda for providing NHS care "closer to home".

(2) Dr Stewart said GPs were responding to this Government policy and what would be presented to the Committee by Dr Ribchester was a proposal for the provision of services more locally. This work was evidence-based.

(3) He added that Primary Care Trusts were working collaboratively with the East Kent Hospital's Trust on this current policy. Dr Stewart concluded by saying that there should be more investment in services locally. The proposals that were to be presented by Dr Ribchester did not yet have the formal approval of the Eastern and Coastal Primary Care Trust. Dr Ribchester of the Whitstable Medical Practice and Jonathan Pearce of the Centres of Clinical Excellence then made a presentation to the Committee on the proposal to open a new GP surgery at Wraik Hill, Seasalter, co located with a community pharmacy, an NHS ambulance response-base and a surgical polyclinic.

(4) A copy of Dr Ribchester's presentation is attached as Appendix 1 to these Minutes.

(5) Mr Kershaw, on behalf of the East Kent Hospitals NHS Trust, said that a vast amount of what Dr Ribchester was proposing was uncontentious. However, it was proposed that some surgical services would be provided at the polyclinic and this would have potential implications for services provided by the East Kent Hospitals Trust at Canterbury and Margate. Mr Kershaw acknowledged that what was being proposed at Wraik Hill, Whitstable was linked to the national agenda. However, it was important that preparatory work was done in collaboration to ensure that all health services were viable.

(6) Ms Shutler added that it was important that the Primary Care Trust, the East Kent Hospitals Trust and other partners worked together to do some joint modelling to ensure that the implications of this additional capacity in a polyclinic were being fully taken into account.

(7) A document produced by Centres of Clinical Excellence, entitled "Our Credo", was tabled at the meeting.

(8) Members of the Committee, local Kent County Council members, Canterbury City Councillors, local Patient and Public Involvement Fora representatives and others then asked a range of questions.

(9) Regarding whether the cost of the service to be provided by Centres of Clinical Excellence at the polyclinic would be cheaper than the NHS national tariff, the response was that the service would be delivered at NHS tariff prices. The Committee was informed that what was being proposed was not unique. Other private companies, such as Asda, Sainsburys, Virgin and UnitedHealth Europe, were also looking to provide NHS services.

(10) The Committee was told that the polyclinic proposal would rely on the use of local consultants who were currently working for the East Kent Hospitals Trust. This would be an advantage for patients because of the local knowledge of the clinicians.

(11) It was evident from the questions raised that there were a number of people that were fully supportive of the proposal for a polyclinic at Wraik Hill, Whitstable – but others needed further reassurance.

(12) A number of those persons present spoke about the role of Centres of Clinical Excellence in the proposals. The view was expressed that they would only be involved because they were a "profit-making body".

(13) There was a general acknowledgement that the proposal was in an area of new development and would be a facility that would be required. However, it was equally important that the joint modelling proposed by Ms Shutler was undertaken by the Primary Care Trust, East Kent Hospitals Trust, Centres of Clinical Excellence and the Whitstable Medical Practice to ensure that the proposal did not destabilise other health services.

(14) Mrs Walker, on behalf of the PCT Patient and Public Involvement Forum locality group, said that, from the patient–user point of view, she was very supportive of the proposal. She saw that there was a distinct advantage in the proposal for the whole area – and especially for the residents in the immediate vicinity of the polyclinic, because it would cut down travel time to other facilities. Mrs Walker concluded that the project was innovative and should be welcomed.

RESOLVED:-

a) that the development of a polyclinic at Whitstable be kept under review; and
b) that the Committee welcome the proposed joint modelling by all the partners on the proposed project so that a reassessment of the project proposals could be reviewed before decisions were taken.

19. An update in respect of the Dover Project and East Kent Neuro-rehabilitation services
(Item. 5)

(Ms A Harrison, Director of Assurance and Strategic Development and Ms S Brown, Project Manager for Eastern & Coastal Kent PCT and Mr H Jones, Director of Facilities for East Kent Hospitals NHS Trust were in attendance for this item)

(1) Ms Harrison made a presentation to the Committee on the Dover Project and the East Kent Neuro Rehabilitation Services. A copy of Ms Harrison's presentation is attached as Appendix 2 to these minutes.

(2) The Committee noted the feedback from the consultation exercise on the Dover project.

(3) The Committee also noted:-

(a) the commissioning framework for delivery;
(b) the models for care;
(c) the establishment of a local practice through “Fit for the Future”.

(4) However, it was noted that there were still a number of complex issues which needed to be resolved before full implementation of the improved models for care could be achieved.

(5) With respect to the East Kent Neuro-Rehabilitation Service, the Committee noted the outcome of a Neuro-Rehabilitation working group which had involved representatives from patients, carers, clinicians, Social Services, Primary Care Trusts and East Kent Hospitals Trust. The Committee noted that a focussed discussion had taken place, in accordance with advice from the Committee on the conduct of the consultation.

(6) A document had been produced which had been sent to past and current neuro-rehabilitation patients, staff, and supporting voluntary and community organisations. The consultation process had begun on 14 February 2007 and would end on 30 March 2007.

(7) The Committee noted that 203 responses had been received to date and received a summary of the responses to the four questions posed.

(8) The Committee welcomed the update and suggested that there should be a further meeting of the Committee in the Dover area at a date to be arranged.

RESOLVED:-

that the position be noted.

20. Stourcare - Out of Ours Provision
(Item. 6)

(Mr P Robinson, Eastern & Coastal Kent Patient and Public Involvement Forum representative was in attendance for this item)

(1) Mr Robinson submitted a paper setting out details relating to:-

- the history of Out of Hours service provision by StourCare;
- ongoing work by the Eastern & Coastal Kent Primary Care Trust, who were reviewing the decision to close the Out of Hours base in Herne Bay;
- plans to co-locate the Out of Hours service with the Emergency Care Centre at the Kent and Canterbury Hospital as soon as possible; and
- ensuring that a weekend service remained at Herne Bay.

(2) Work undertaken by the Canterbury & Coastal locality group of the Eastern & Coastal Kent PCT Patient and Public Involvement Forum demonstrated that the demography and geography of the area indicated the need for two Out of Hours bases. Mr Robinson said the group would like to see that patients, whatever their location, were offered the base of their choice. The number of patients using Herne Bay was substantial, making it clear to the Forum that patients from coastal areas should continue to be offered the option of attending either Canterbury or Herne Bay or other locations and that Herne Bay Out of Hours base should continue in existence until further notice.

(3) The Committee noted that this recommendation had been conveyed to Ann Sutton, Chief Executive of Eastern & Coastal Kent PCT.

(4) The Committee noted that the Primary Care Trust Co-location Review Group was to meet later on that afternoon and it was agreed that the Committee would be updated on this at its next meeting.

RESOLVED:-

that the position be noted.

21. Minutes - 9 March 2007

RESOLVED:-

that the Minutes of the meeting held on 9 March 20007 were correctly recorded and that they be signed by the Chairman.

22. Matters Arising - 'A New Direction for Emergency and Orthopaedic Care' - Maidstone & Tunbridge Wells NHS Trust

(1) The Overview and Scrutiny Manager updated the Committee on the ongoing negotiations the spokesmen of the Committee and he were continuing to hold with representatives of the West Kent Primary Care Trust, members of the Maidstone Branch of the British Medical Association and correspondence with the Chief Executive of the Maidstone and Tunbridge wells NHS Trust.

(2) He tabled and circulated:-

- the spokesmen's letter to the Chairman and Chief Executive of the West Kent Primary Care Trust dated 9 March (copied to the Chief Executive and Chairman of the Maidstone and Tunbridge Wells NHS Trust) and a response to this letter from the Chief Executive of the Maidstone and Tunbridge Wells NHS Trust dated 13 March 2007;
- a letter from the spokesmen of the Committee to the Chairman of the West Kent Primary Care Trust Board dated 14 March 2007 expressing concern that the ongoing dialogue with this Committee had not been reflected in the report which was to be considered by the West Kent Primary Care Trust Board on 15 March 2007 when a decision would be taken; and
- a copy of the West Kent Primary Care Trust Board report on this issue which was before the Board on 15 March 2007.

(3) The Overview and Scrutiny Manager informed the Committee that he had attended the West Kent PCT Board meeting on 15 March 20007. The correspondence set out in sub paragraph (2) above had not been referred to when the report was introduced and there was no recognition of the ongoing dialogue with the Committee.

(4) He added that no formal vote had been taken on the Primary Care Trust Board's approval of the recommendations set out in paragraph 39 of the PCT Board report.

(5) The Overview and Scrutiny Manager reminded the Committee that referral of an issue to the Secretary of State should only take place once all opportunities to achieve a local resolution had been exhausted.

(6) Several Members of the Committee expressed their extreme concern over the references to the NHS Overview and Scrutiny Committee by the Leader of the County Council when he had been interviewed on Radio Kent earlier that morning, especially when negotiations to seek a resolution were at such a delicate stage.

(7) Mr Angell moved, seconded by Mr Daley that the negotiations with the West Kent Primary Care Trust, Maidstone and Tunbridge Wells NHS Trust and representatives of the Maidstone Branch of the British Medial Association should continue. In moving this proposal he suggested that it might be worthwhile extending the negotiations to a wider grouping of County Councillors.

(8) Mr Hibberd made an alternative suggestion that a full detailed report should be prepared for the Committee's next meeting on Friday 11 May.

(9) The Committee agreed, without taking a vote, that:-

(a) the spokesmen of the Committee and Overview and Scrutiny Manager should continue the negotiations; and

(b) a detailed report should be made to the Committee at its meeting on Friday 11 May 2007, at which a decision on the way forward would be taken.

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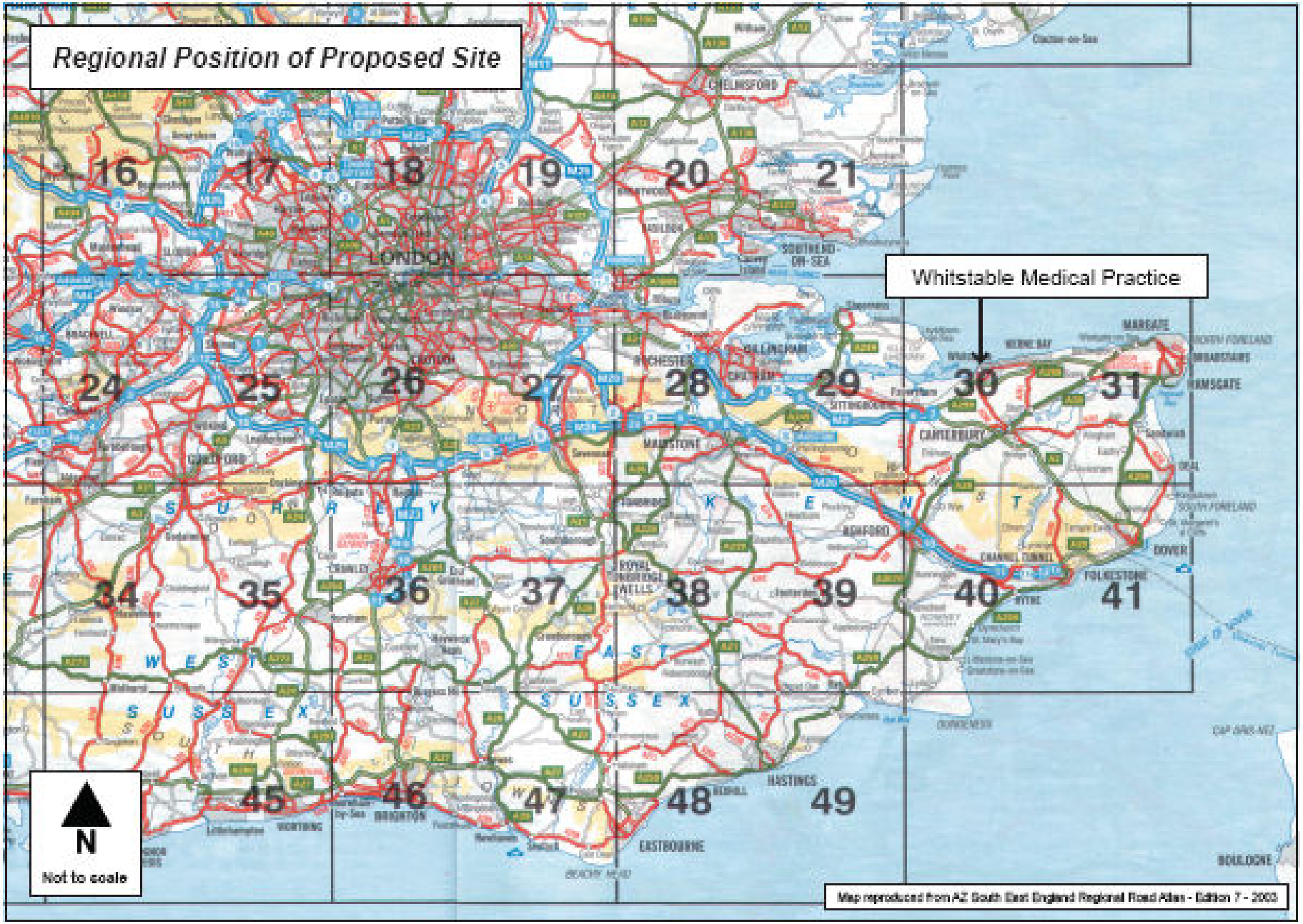
A Proposal for the Modernisation of Health Services in Whitstable

Dr J M Ribchester
Executive Partner
Whitstable Medical Practice

Presentation to Kent County Council
NHS Overview and Scrutiny Committee

23 March 2007


Regional Position of Proposed Site
Whitstable Medical Practice
N
Not to scale
Map reproduced from AZ South East England Regional Road Atlas - Edition 7 - 2003

Whitstable

Whitstable

STRATEGIC FIT

- Government Policy
- National Priorities
- Local Priorities and High Risk Areas for the PCT
- Whitstable Medical Practice PBC Practice Commissioning Plan

GOVERNMENT POLICY 1

Our Health, Our Care, Our Say

"This will allow the acquisition of patient services from a broader range of providers within the NHS, voluntary and the private sector."

"To meet the clear public preference for as much treatment at home or near home as possible."

"Services will be integrated, built round the use of individuals and not service providers, promoting independence and choice."

GOVERNMENT POLICY 2

Our Health, Our Care, Our Community

It "*calls on PCTs to demonstrate an ambitious shift in resources … and to encourage local initiatives in community services over the next five years.*"

It "*calls on PCTs to do this in conjunction with … GP Practices who are developing Practice Based Commissioning as well as providers from the NHS, local government and independent sector.*"

NATIONAL PRIORITIES

- Improving the health of the population
- Supporting people with long term conditions
- Access to services
- Patient/User experience
- Achieving financial balance
- Implementing reform
- Six key service priorities

LOCAL PRIORITIES AND HIGH RISK AREAS FOR THE PCT

- ✓ Orthopaedics
- ✓ Gastroenterology
- ✓ Cardiology
- ✓ General Surgery
- ✓ Ophthalmology
- ✓ Dermatology

WMP PBC PRACTICE COMMISSIONING PLAN

- Urgent need to develop a third site at the west end of Whitstable.
- Requirement to engage with Practice Based Commissioning and other White Paper directives.
- A wish to be involved in redevelopment of health care facilities at Whitstable & Tankerton Hospital.
- Practice credo of striving to provide the best possible quality of health services within the available budget.

A PROPOSAL FOR THE MODERNISATION OF HEALTH SERVICES IN WHITSTABLE

Phase 1

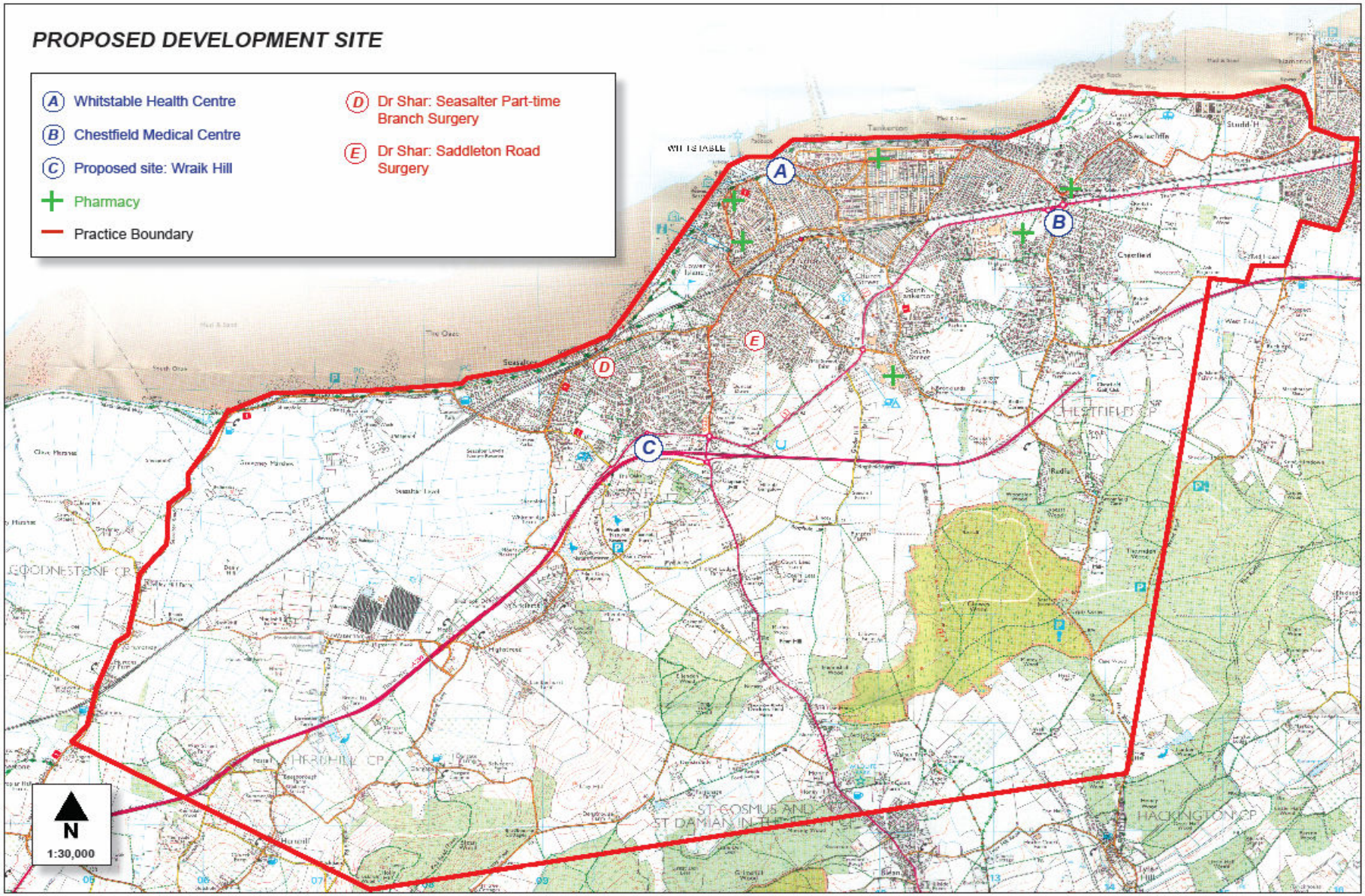
- An Additional Site for Provision of Full GP Services
- Co-location of a Community Pharmacy
- Co-location of a Polyclinic to Provide Surgical Out-Patients, Day Case Operating Theatre and Diagnostic Facilities
- Co-location of an Ambulance Response Base

Phase 2

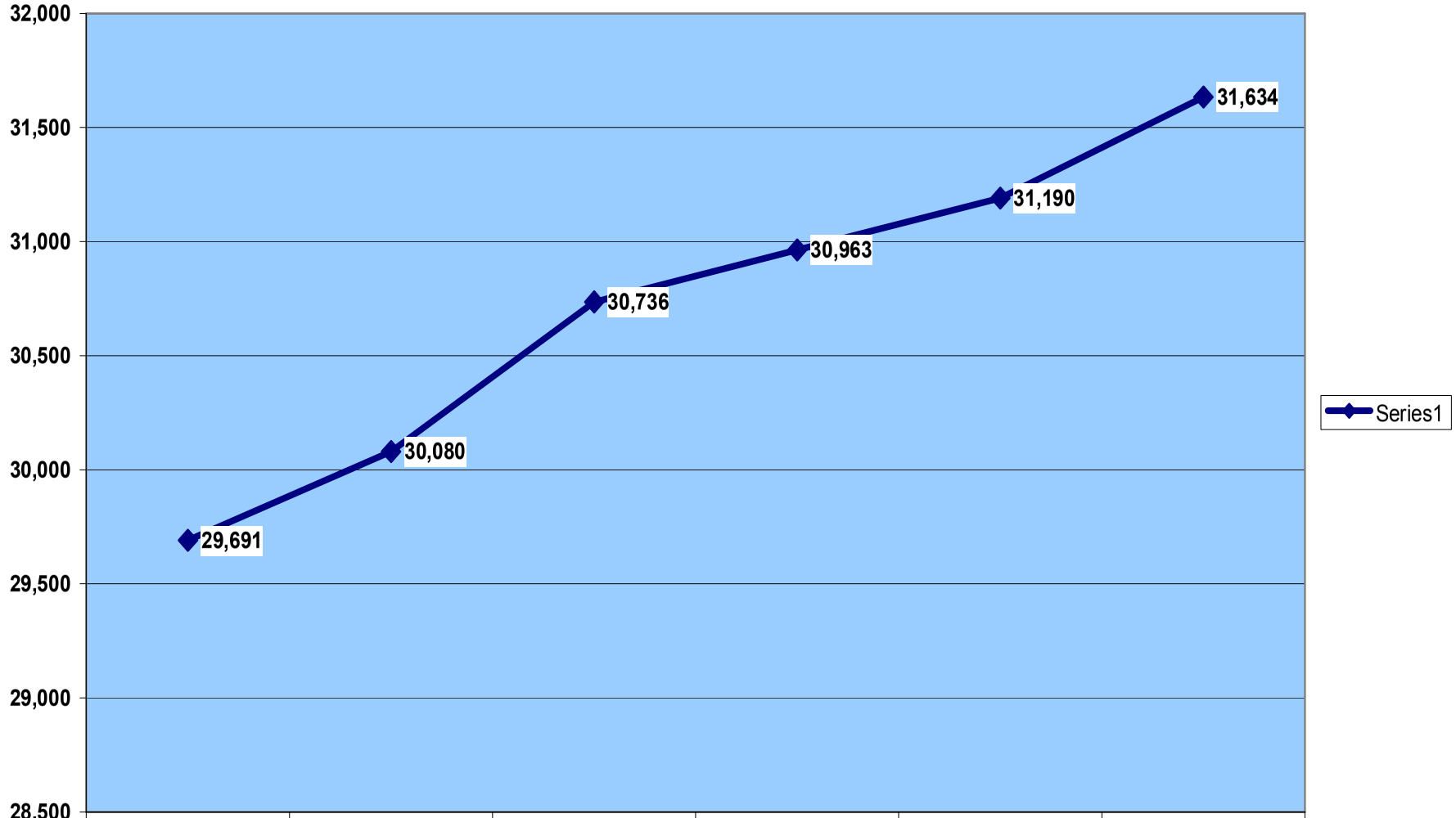
- Redevelopment of Services at Whitstable and Tankerton Hospital, most notably Holden Ward

THE CASE FOR CHANGE

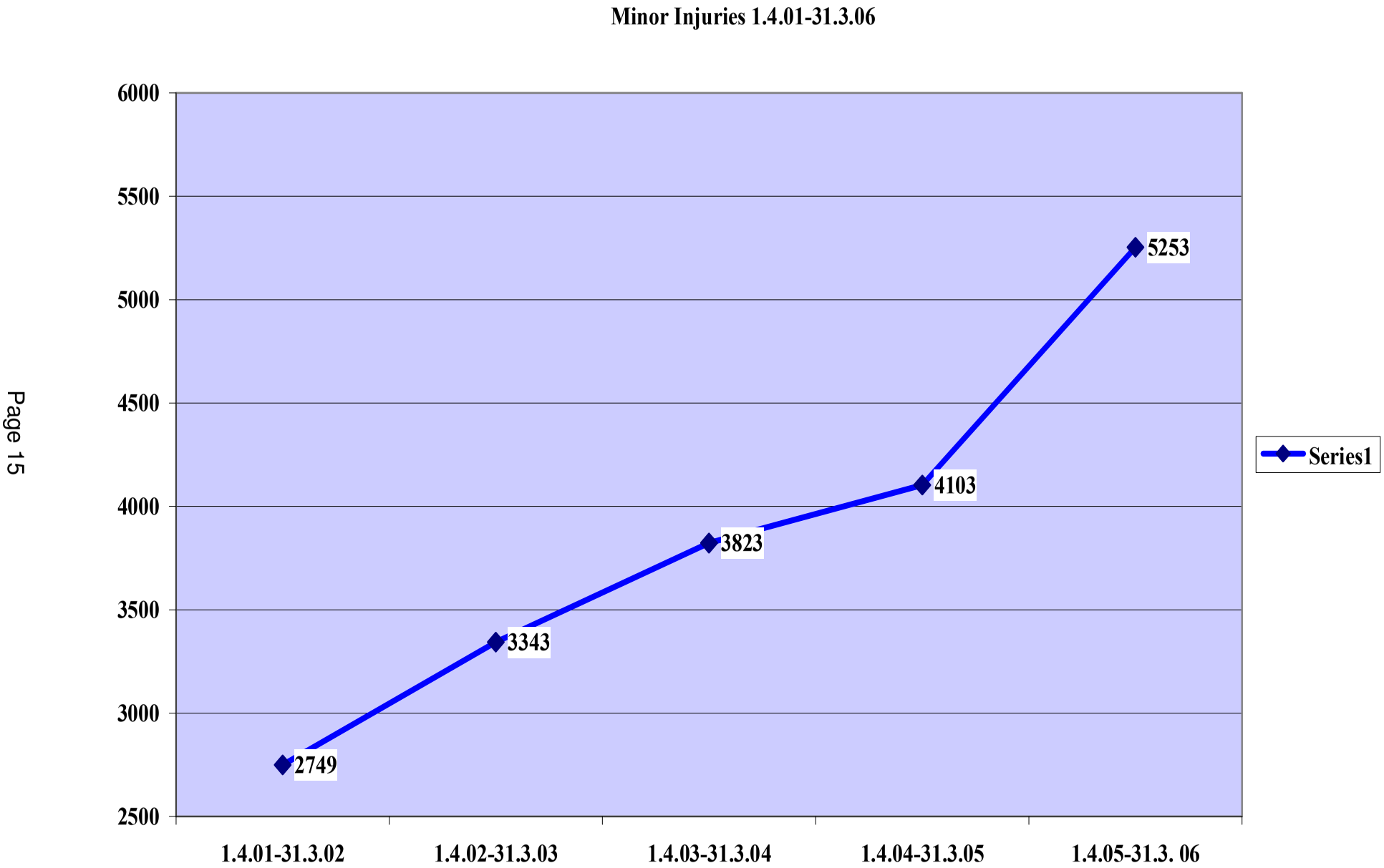
PROPOSED DEVELOPMENT SITE



WHITSTABLE MEDICAL PRACTICE LIST SIZE



	1.4.01	1.4.02	1.4.03	1.4.04	1.4.05	1.4.06
Series1	29,691	30,080	30,736	30,963	31,190	31,634


Minor Injuries 1.4.01-31.3.06
6000
5500
5000
4500
4000
3500
3000
2500
2749
3343
3823
4103
5253
1.4.01-31.3.02
1.4.02-31.3.03
1.4.03-31.3.04
1.4.04-31.3.05
1.4.05-31.3. 06
Series1

CURRENT CONFIGURATION OF GP SERVICES

WHITSTABLE HEALTH CENTRE

11 General Practitioners, full general medical and Practice nurse facilities

Minor Injury Unit

Nurse-led Minor Illness Service

Training and Research

Overcrowded and no dedicated space for MIU.

CHESTFIELD MEDICAL CENTRE

6 General Practitioners, full general medical and Practice nurse services

Nurse-led Minor Illness Service

Training and Research

Surgery in Primary Care Service

Full to capacity.


Practice Users' Group
44
TRANSIT ENVELOPE

Proposed Modernisation of Local Health Services
Phase 1

Whitstable Health Centre

Number of General Practitioners reduced to 6, full general medical and Practice nurse facilities

Minor Injury Unit housed in dedicated space.

Nurse-led Minor Illness Service

Training and Research

New space for PBC In-house Clinics, Social Services, Mental Health facilities, Voluntary Agencies and Patient Groups.

Chestfield Medical Centre – Unchanged

6 General Practitioners, full general medical and Practice nurse services

Nurse-led Minor Illness Service

Training and Research

Surgery in Primary Care Service

New Combined GP Surgery, Community Pharmacy and Polyclinic at Wraik Hill

6 General Practitioners, full general medical and Practice nurse services
Integral Community Pharmacy
Ambulance Response Base

Polyclinic:

Surgical Out-patient Department:
General Surgery
Urology
Orthopaedics
ENT
Ophthalmology
Anaesthetics & Pain Management
Gynaecology

Diagnostics:
Radiology/Ultrasound
Pathology Laboratory
Docking station - visiting MRI & CT units

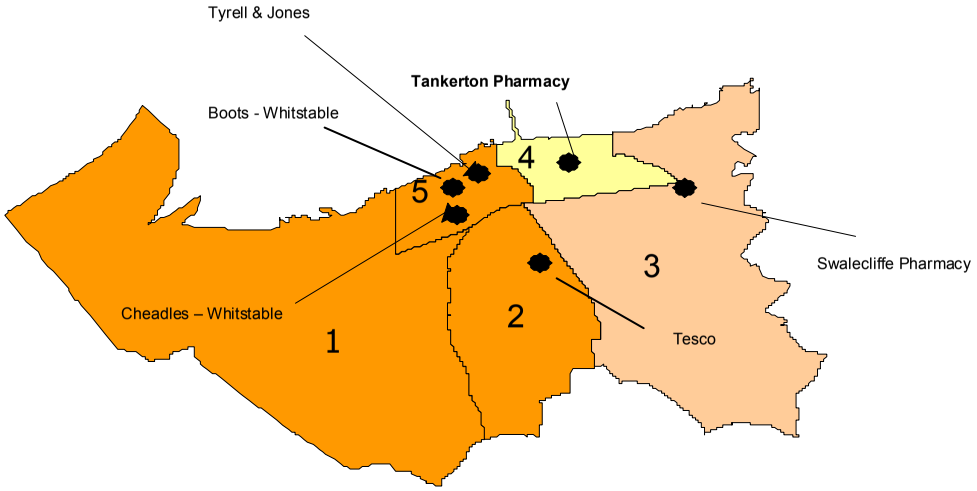
Operating Theatre Department
1 Day Case operating theatre with all associated rooms/facilities for general anaesthetic surgery
CSSD Department

Patient Choice

- To remain registered with their current GP.
- To change to a GP working from the Medical Centre nearest to their home.
- To be referred to the Polyclinic, or any available hospital provider they wish.

INTEGRATED COMMUNITY PHARMACY AT WRAIK HILL

- PCT pharmacy needs assessment. Possible gap in Seasalter – no pharmacy, large elderly population
- On-site access to prescriptions and other medication to patients attending this building
- Nearest pharmacies (2, both 1.3 miles away)



	Ward Name	Pop	% Aged 50+	K&M Rank	No. of Pharmacies	No. of practice premises
1	Seasalter	7,108	48%	112	0	0
2	Gorrell	6,045	36%	103	1	1
3	Chestfield and Swalecliffe	8,145	48%	167	1	1
4	Tankerton	4,706	51%	240	1	0
5	Harbour	5,853	29%	89	3	1
	Whitstable	**31,857**	**42%**	**149**	**6**	**3**

Whitstable has the oldest population in the PCT. It is served by six pharmacies – about one for every 5,500 people. Half the pharmacies are in Harbour ward, which has the youngest population (but contains the town centre). A possible gap exists in Seasalter, which has a large elderly population but no pharmacy.

THE POLYCLINIC

The Polyclinic will provide an NHS:

- Range of surgical outpatient consulting rooms
- Day surgery operating theatre suite
- Range of on-site diagnostics – likely to include x-ray and ultrasound, also some pathology
- Docking facility for CT and MRI scanning

This unit is designed to complement Phase 2, the redevelopment of Whitstable and Tankerton Hospital.

Centres of Clinical Excellence - CCE

- A partnership of clinicians, healthcare professionals and business people.
- Involved in developing new and better ways of delivering healthcare, as described in the NHS White Papers.
- Everyone in CCE, be they a surgeon or a cleaner, is a partner.
- Local East Kent Consultants will work at Wraik Hill

CONSULTANT AND GP INVOLVEMENT IN DEVELOPING CLINICAL CARE PATHWAYS

CLINICAL CARE PATHWAYS

A team of consultants and GPs are jointly developing care pathways in:

1. Gynaecology
2. Orthopaedics
3. ENT
4. Ophthalmology
5. General Surgery
6. Urology

BENEFITS

- New, clinically safe care pathways provide evidence-based care at less cost to the NHS.
- Less referrals to outpatient department, by appropriate use of care pathways involving GPs with special interests.
- One stop, consultant-led OPD clinics where possible, so less follow up appointments.

REVENUE CONSEQUENCES TO EKHT

- EKHT annual budget circa £300 million
- Proposed Polyclinic revenue £1.5 million
- Therefore an estimated 0.5% loss of revenue to EKHT

AMBULANCE RESPONSE BASE

- Currently no Ambulance base in Whitstable
- Local Ambulances all based in adjacent locations – Faversham, Herne Bay, Canterbury
- Difficulty in meeting response times.

SUPPORT FOR A MEDICAL CENTRE AT WRAIK HILL

- Canterbury City Council Community Developments Survey
- Members of WMP Practice Users Group
- The Friends of Whitstable Hospital and Healthcare – registered charity
- Local CCC Councillors
- Patricia Hewitt's Office
- Julian Brazier MP
- The Post-Graduate Deanery for Kent, Surrey and Sussex

BENEFITS TO THE PROPOSAL

- Provision of a local General Practice and Community Pharmacy for a local population who currently have neither.
- A Polyclinic to provide surgical outpatient, day surgery and diagnostic facilities. Shorter waiting lists, less cost and more local. Available to all GPs and patients under Choose & Book. Should release some pressure on local hospitals, and help achieve the 18 week referral to treatment target.
- Allow dedicated space for the Whitstable Minor Injury Unit.
- Allow space for additional PBC services to population – also room for mental health, counselling, social services, housing and voluntary organisations.
- Improve Ambulance response times.
- Improve and modernise patient services at Whitstable and Tankerton Hospital.

RISK ANALYSIS

There are many consequences of the PCT not approving this project:

- A ward of 7000 patients continue to have no full-time General Practice, nor a Community Pharmacy.
- Increasingly cramped accommodation for local GP and other services.
- Ongoing inappropriate accommodation of patients at Whitstable and Tankerton Hospital.
- Constraints to the implementation of the advantages of Practice Based Commissioning.
- Patient access to healthcare continues to be difficult.
- Risks to meeting waiting targets, and the 18 week Pioneer Project.
- Difficulty meeting Ambulance response times in Whitstable.
- Less choice of provider.
- A missed opportunity of circa £5 million investment from the independent sector in healthcare in Whitstable.

CONCLUSION

- The proposal provides a sustainable solution to the provision of healthcare in Whitstable
- It incorporates many additional benefits to patients
- It will be revenue neutral to the PCT and save money on clinical activity via PBC budget savings
- This can be reinvested in patient care.

A Proposal for the Modernisation of Health Services in Whitstable

Dr J M Ribchester
Executive Partner
Whitstable Medical Practice

Presentation to Kent County Council
NHS Overview and Scrutiny Committee

23 March 2007

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NHS
Overview & Scrutiny Committee

Friday 23 March 2007

The Guildhall, Canterbury

An update in respect of the Dover Project & East Kent Neuro-rehabilitation services

Eastern and Coastal Kent NHS
Primary Care Trust

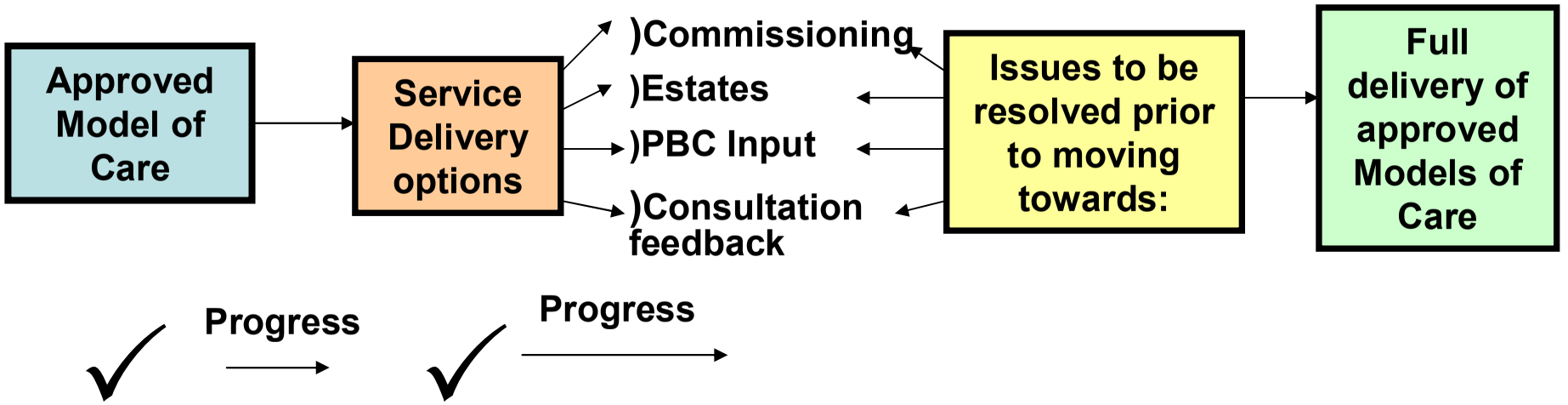
The Dover Project – background (1)

- A public consultation initiative for Dover town residents in respect of11 areas health and social care services in Dover
- Consultation exercise focussed on possible alternative models of care for all 11 service areas as well as a ‘no change option’
- Consultees were asked to choose their preferred options and also to share any other issues they felt were important when considering service re-design

The Dover Project – background (2)

- Outcome was a favoured 'model of care' for all of the 11 service areas.
- The PCT's commitment is to continue to provide all the services that were part of the consultation for Dover residents according to the agreed model of care.
- This will involve a re-design of how the services are provided
- The approved Models of Care have now been considered alongside other issues (such as location) and there are now emerging service delivery options for the 11 service areas.

Implementation of approved Models of Care



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Key Issues - Commissioning

- The Fit For the Future programme
- The Dover Project is an FFF initiative as it is about improving health and social care services by making services more accessible through providing them closer to home and wherever possible in a primary care setting
- The PCT's Commissioning Strategy is a key component to implementing FFF and therefore also provides the strategic direction to develop the Dover Project Models of Care

Key Issues - Practice Based Commissioning (PBC)

- PBC gives GPs the power to manage their own funding budgets.
- The Dover and Aylesham PBC consortium has formed and is increasingly involved in the development of the service delivery options
- This ensures that the local GPs are proactively managing the interests of their patients.
- As well as ensuring the ongoing provision of existing services they will consider the provision of additional services shifting provision from acute to primary care

Key Issues - Estates Issues

- Services are currently delivered through a variety of locations. These are:

- Dover Health Centre
- Buckland Hospital
- Pharmacies
- GPs practices
- Dental Practices

- All of these locations have strengths and weaknesses when considering developing services for the future and in the context of meeting the Government White Paper's main objective to provide high quality services in accessible locations

Key Issues - Estates Issues

- There are also particular pressures around:

- Ensuring that interdependent services are co-located e.g. minor injuries and x-ray facilities.
- GP practices wishing to provide additional services having space to do so
- Identifying community based intermediate care beds
- Plugging gaps in provision e.g. children's services in the community
- Ensuring that the quality of the estate is 'fit for purpose' to deliver essential services

Key Issues - Estates Issues

- Solutions in respect of estate issues can not be developed solely through the PCT and the Hospitals Trust
- There is a need to work in partnership with the local district council, KCC and other strategic partners to identify and secure suitable locations to deliver the approved Models of Care
- This partnership activity is critical and early discussions have taken place with Dover Pride in respect of the Mid Town regeneration plans for the area around the Dover Health Centre and the PCT responding to Dover District Council's options for growth as detailed in their Local Development Framework

Consultation feedback

- A number of issues were raised during the consultation process which respondents felt were important to take into account when developing service delivery options for the Models of Care
- Transport – improving access and frequency needs to be developed with a range of partners. The PCT has contributed to Dover District Council's Transportation Strategy to ensure that the concerns raised through the Dover Project are taken into account when developing future transport plans.
- Accessibility and condition of buildings – This is being considered as part of the estates issues

Consultation feedback cont./

- Opening hours – being considered as part of the development of service delivery options.
- Location of services – part of the estates solutions overview.
- Strong support for the preservation of Buckland Hospital – being considered as part of the overall estates provision which currently deliver health and social care services in Dover.

Conclusion

- The commissioning framework for delivering the approved Models of Care through FFF and the local PBC cluster has been established.
- However, there are still a number of complex estates issues which need to be resolved before full implementation of the approved Models of care can be achieved.

Any questions?

Eastern and Coastal Kent NHS
Primary Care Trust

East Kent Neuro-Rehabilitation service - update

- The service is currently based at the Buckland Hospital which was identified as a temporary expedient when the neuro-rehabilitation unit was set up in 2001.
- Following advice from this committee a focussed discussion (not a full public consultation) with patients, carers, support organisations, staff and clinicians is taking place and views in respect of the existing service are being sought.
- This process has been overseen by a Neuro-rehabilitation working group which comprises, patients, carers, clinicians, social services, PCT and Hospital Trust representation.

East Kent Neuro-rehabilitation services - the discussion process

- 13th November – a discussion with neuro-rehabilitation staff at Buckland Hospital
- 18th January – a workshop of key stakeholders including patients, carers, staff, clinicians, community and voluntary organisations to develop the consultation document
- At this workshop the attendees identified their priorities for the service which were included in the consultation document

East Kent Neuro-rehabilitation services - the consultation document

- 1200 documents have been sent specifically to past and current neuro-rehabilitation patients, staff, supporting voluntary and community organisations.
- The document includes a description of how the service works and identifies the key components of the treatment pathway.
- There is also a section which details the key priorities which were identified at the stakeholder workshop in January.
- The questions for the consultee focus on their experience of the service and also seeks their views about how they would feel if, in order to improve the service the unit is moved from Dover to a different location in east Kent.

East Kent Neuro-Rehabilitation - timescales and responses received to date

- This focussed consultation process began on the 14th of February and will end on the 30th of March.
- 1200 consultation documents have been sent
- 203 responses received to date – 16.9%
- Not all respondents have replied to all 4 questions.

East Kent Neuro-Rehabilitation – analysis of responses received

Question 1. During your treatment did you and your carer clearly understand your own treatment pathway and who was responsible for your care?

- Yes - 97 - 53% respondent to Qu.1
- Mostly - 58 - 32% "
- No - 27 - 15% "

East Kent Neuro-Rehabilitation – analysis of responses received

Question 2. During your treatment did you and your carer feel that your handover from one component on the treatment pathway to another was well planned and clearly explained to you?

- Yes - 80 - 44.3% respondents to Qu. 2
- Mostly - 60 - 33.3% "
- No - 40 - 22.3% "

East Kent Neuro-Rehabilitation – analysis of responses received

Question 3. If you are now cared for in the community, either at home or in a permanent place of residence, do you have sufficient support for your needs and are you confident about who to contact for further advice when you need it?

- Yes - 83 - 50.5% of respondents to Qu. 3
- Mostly - 51 - 30.5% "
- No - 31 - 19% "

East Kent Neuro-Rehabilitation – analysis of responses received

Question 4. The neuro-rehabilitation unit, currently based in Dover, provides an east Kent wide service. If, in order to improve the service, the unit needs to be moved from Dover to a different location in east Kent how would you feel about this?

- Don't mind if it moves - 102 – 57% of respondents to Qu. 4
- Would not like to see it move - 77 – 43% "

Any questions?

Eastern and Coastal Kent NHS
Primary Care Trust