AGENDA

Kent County Council

NHS OVERVIEW AND SCRUTINY COMMITTEE

Friday 23rd March 2007, at 10:00 am	Ask for:	**Paul Wickenden**
Guildhall, Canterbury CT1 2BD	Telephone:	**01622 694486**

Refreshments will be available from 9:45 am

Membership (17)

Conservative (12): Mr A R Chell (Chairman), Mr M J Angell, Mr A D Crowther, Mr J Curwood, Mr J A Davies, Mr C Hibberd, Mr D A Hirst, Mr G A Horne MBE, Mr R Tolputt and Mrs E M Tweed

Labour (4): Mr M J Fittock (Vice-Chairman), Mrs C Angell and Ms A Harrison

Liberal Democrat (1): Mr D S Daley

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

1. Substitutes

2. Minutes - 9 March 2007

3. Provision of Services

a) Cancer Services – Kent & Canterbury Hospital, Canterbury
b) Chronic Pain Clinic – Queen Elizabeth the Queen Mother Hospital, Margate (to follow)

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 will be in attendance for this item.

4. Whitstable Polyclinic

Mr D Shortt, CHEK, Mrs L Selman, Director of Citizen Engagement, Dr R Stewart, Medical Director, Dr J Ribchester and Ms A Sutton, Chief Executive, Eastern & Coastal Kent PCT and Mr M Kershaw, Chief Operating Officer and Ms E Shutler, Director of Strategic Development, East Kent Hospitals NHS Trust will be in attendance for this item.

Break 11:15 am-11:30 am

Whitstable Polyclinic (cont'd)

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

Ms A Harrison, Director of Assurance and Strategic Development and Ms S Brown, Project Manager for Eastern & Coastal Kent PCT and Mr M Kershaw, Chief Operating Officer and Mr H Jones, Director of Facilities for East Kent Hospitals NHS

Trust will be in attendance for this item.

6. Stourcare - Out of Ours Provision

Mr P Robinson, Eastern & Coastal Kent Patient and Public Involvement Forum, will be in attendance for this item

7. Date of next programmed meeting - **Friday 11 May 2007**

Council Chamber, Sessions House, County Hall, Maidstone commencing at 10:00 am

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Stuart Ballard
Head of Democratic Services
Ext: 4002

15 March 2007

KENT COUNTY COUNCIL

NHS OVERVIEW & SCRUTINY COMMITTEE

MINUTES of a meeting of the NHS Overview and Scrutiny Committee held in the Kent Room, Woodville Hall, Gravesend on Friday 9 March 2007.

PRESENT: Mr A R Chell (Chairman), Mr M J Fittock (Vice-Chairman), Mrs C Angell, Mr A Crowther, Mr J Curwood, Mr D Daley, Ms A Harrison, Mr C Hibberd, Mr G A Horne, Mr M V Snelling (substituting for Mrs P A V Stockell), Mrs E Rowbotham, Mr R Tolputt and Mrs E Tweed.

OTHER MEMBERS PRESENT: Mrs A Allen, Mr L Christie, Mr G Gibbens, Mr I Jones, Mr J London and Mr R Parker.

OBSERVERS: Councillor T Smith, Dartford Borough Council, Councillor B McGarrity and Mr D Finch, Corporate Policy Officer, Gravesham Borough Council, Councillor J Lankester, Sevenoaks District Council, Mr J Ogden, KCC Standards Committee, Mr J Beadle, Mr G Steele and Mr D Hills, PPIF representatives, Mrs A Aldous-Dunn, Senior Manager Age Concern Northfleet, M A Larkin, Ms G Emerson, Mr P Easterby, Mrs G Collins, S Badiani, Mr and Mrs Graham, Mr and Mrs Thompson, Mr and Mrs Hills, Mr L Cashman, Mrs J Henderson and D Bennet, members of the public.

IN ATTENDANCE: Mr P Wickenden, Overview and Scrutiny Manager and Dr D Turner, Research Officer to the NHS Overview & Scrutiny.

UNRESTRICTED ITEMS

11. Minutes – 12 January 2007

(1) RESOLVED that the Minutes of the meeting held on 12 January 2007 are correctly recorded and that they be signed by the Chairman.

(2) Matter Arising – Maidstone & Tunbridge Wells NHS Trust – A new direction for surgical and orthopaedic care

(3) Mr Daley asked whether the Minutes had been electronically recorded. The Overview and Scrutiny Manager informed the Committee that the Minutes had been recorded by hand and had been prepared on the basis that they may be required as evidence at a future date should the Committee decide to refer the reconfiguration proposals to the Secretary of State for Health.

12. Minutes 9 February 2007

(1) The Overview and Scrutiny Manager informed the Committee that if they wished to approve the Minutes they would need to be declared as urgent business as the requisite legal notice had not been given because the Minutes were still being

prepared. The Committee were happy for the Minutes to be dealt with as urgent business.

(2) RESOLVED that the Minutes of the meeting held on 9 February 2007 are correctly recorded and that they be signed by the Chairman.

(3) *Matters Arising – Health Service Visitors Review*

(4) Mrs Angell sought the outcome of the review of the Health Visitors service. The Overview and Scrutiny Manager said he would seek further information on the outcome of the review which was due to be completed by the end of March 2007.

Mental Health Services

(5) Mr Fittock asked that the provision of Mental Health Services across the County should be the subject of a future debate for the Committee.

13. Dentistry

(Bill Millar, Assistant Director of Primary Care, West Kent Primary Care Trust and Jayne Macdonald, Head of Primary Care – Dentistry, Eastern & Coastal Kent Primary Care Trust were in attendance for this item)

(1) The Committee had before them a briefing note on the provision of NHS Dental services across the county following the introduction of the new dentistry contract in 2006. A letter from the Local Dentist Committee was tabled at the meeting.

(2) The Committee asked Mr Millar and Ms MacDonald a range of questions which covered issues such as:-

a) The average salary for a dentist which the committee acknowledged covered the premises, equipment and staffing of the dental practice. It was noted that the average salary was £140,000 per annum;

b) The number of dentists in each PCT area who were still in dispute over the new dental contract and how the PCT were seeking to resolve these disputes;

c) recognising that there were many parts of the County where it was difficult to find any NHS provision what efforts were being made by each Primary Care trust to increase the number of NHS dentists available; and

d) The number of units of dental activity purchased by Primary Care Trusts as some dentists were indicating significant increases in activity for which they were not funded. The Committee noted that the average cost for a unit of dental activity was £20.

(3) RESOLVED that:-

(a) Mr B Millar, Assistant Director of Primary Care and Ms J MacDonald, Head of Primary Care - Dentistry be thanked for their attendance; and

(b) The impact of the new Dentist contract and the provision of NHS dentists across Kent be kept under review and a further report be made available to the November 2007 meeting of the Committee.

14. Provision of Clinics at Gravesham Community Hospital and Darent Valley Hospital

(Mark Devlin, Chief Executive, Dartford & Gravesham NHS Trust and Karen Jeffries, Deputy Director of Provider Services, West Kent PCT were in attendance for this item)

(1) The Committee had before them:-

- a briefing note;
- some letters and correspondence from the former Dartford, Gravesham & Swanley Primary Care Trust (DG&S PCT) and the Dartford & Gravesham NHS Trust;
- a media statement published by the DG&S PCT in April 2006; and
- some correspondence between the two Trusts and the NHS Overview and Scrutiny Committee.

(2) The Committee were still receiving a number of concerns from local Members about the changes to some services being provided at the Darent Valley Hospital and the Gravesham Community Hospital.

(3) In attendance for this item to answer the Committee's questions were Mark Devlin, Chief Executive of the Dartford & Gravesham NHS Trust and Karen Jeffries, Deputy Director of Provider Services and Monica Blake, Head of Primary Care for Dartford, Gravesham and Swanley of the West Kent PCT.

(4) Mr Devlin acknowledged that there was some confusion in the public as to which of the two Trusts provided services and where. He made specific reference to a number of services provided at the Darent Valley Hospital and those where it was more appropriate in the community i.e. anti-coagulant.

(5) Ms Jefferies informed the Committee of the services, either currently being provided at the Gravesham Community Hospital or planned for the near future.

(6) Members of the Committee expressed the concerns being expressed in the press about the services available, recognising that there needed to be a core provision of services available locally.

(7) Ms Blake responded that there was some misunderstanding locally and she cited the example of 34 out of 39 general practitioners in the area had volunteered to provide anti-coagulant clinics. Ms Blake added that some of the information and perceptions of the public were unfounded.

(8) Mr Devlin acknowledged that it was a fair analysis that acute hospital services were being consolidated and there were a number of people who presented to acute

hospitals for services where it would be much more appropriate for those people to be dealt with in the community much closer to their home.

(9) Several Members expressed their concern at the ability of the public to access the services when transportation was not as good as it might be.

(10) Ms Blake informed the Committee that GPs locally would be making a decision shortly on the services that would be provided locally. Ms Blake added that in theory there could be the provision of a range of services at each of the 39 GP sites throughout the area. However, there were issues concerning whether the GP practices, the estate, staff etc were available.

(11) Specific concerns were raised relating to the cataract service and the new Emergency Care Centre being provided at the Darent Valley Hospital.

(12) The Committee noted that there continued to be a robust discussion taking place with regard to the cataract service. Ms Jefferies said that she would keep the Committee informed.

(13) With regard to the establishment of the Emergency Care Centre (EEC) at the Darent Valley Hospital Mr Devlin informed the Committee that the new EEC was operated by the Primary Care Trust. This was a 'twin service' which complemented the Minor Injuries Unit (MIU) at the Gravesham Community Hospital.

(14) The Emergency Care Centre at the Darent Valley Hospital also complemented the Accident and Emergency Service and was able to deal with a number of minor injuries.

(15) The Committee noted that a PCT nurse triaged those presenting at the Accident and Emergency Unit at the Darent Valley Hospital which had had a significant impact on both units because it allowed patients with minor injuries to be streamed straight into the new PCT unit.

(16) The Committee noted that there was a very active and effective practice-based commissioning group who were continually looking at all patient pathways to see whether there was the opportunity to provide other services. However, these services could only be provided if they were affordable, safe and within good governance arrangements.

(17) The Committee noted that not all services could be provided by local GPs. There were services which required medical expertise for example respiratory care. New services need to be funded and the Committee were aware that the PCT were not without financial challenge.

(18) Mr Snelling, speaking as a local Gravesham Member, said that the population of Gravesham felt that a number of services that had been available locally were being transferred to the Darent Valley Hospital. He added that this presented particular difficulties for the frail and elderly in travelling from Gravesend to Dartford.

(19) Mr Snelling also asked some specific questions about what was known as the “M Block” adjoining the Gravesham Community Hospital which was currently vacant and what was going to happen to that building. He made reference to his understanding that Gravesham Borough Council were given to understand that this would always be available for the reinvestment in ‘health services’ for the local population.

(20) Mr Devlin responded to the issues that were before the NHS Overview and Scrutiny Committee in July last year when both Liz Cracknell and he had attended the meeting. There were a number of issues that needed to be addressed including service models, financial challenges and recognising that within the area both the Darent Valley Hospital and the Gravesham Community Hospital were PFI Hospitals. He added that health colleagues had a duty to provide services which were affordable.

(21) In response to the question relating to the use of the “M Block” adjoining the Gravesham Community Hospital Ms Jefferies said that this was an issue for the West Kent PCT Board and she would report back the concerns expressed by the Committee to the Chief Executive of the PCT.

(22) In response to a series of questions about:-

- the availability within the timetable for additional clinics to be provided at the Gravesham Community Hospital;
- what services were available at the Community Hospital relating to preventative services; and
- what social care services were provided at the Community Hospital.

Ms Jefferies responded that a number of these gaps were being filled with clinical assessments for Ear, Nose and Throat (ENT), psychiatric clinics and fracture clinics. With regard to the issue of prevention she said that they were continually looking at services to be brought into the Hospital relating to public health e.g. family planning etc.

(23) Mr Parker, as one of the local Members, raised with the Committee a number of concerns relating to the services provided at the Gravesham Community Hospital and Darent Valley Hospital. He referred to the meeting of NHS Overview and Scrutiny Committee last summer which he said he had left quite content because he was lead to believe that no service apart from orthopaedics would move to the Darent Valley Hospital. He added that clearly this was not the case.

(24) More recently of local concern was the provision of GP services and in several cases their potential relocation to a health centre. Mr Parker referred to two particular sites and asked for some comments about what would happen when GPs relocate to locations out of town which are not accessible by the GP’s patients.

(25) Mr Parker made particular reference to the potential relocation of GPs in the Northfleet area to the Gravesham Community Hospital in advance of the new housing at Ebbsfleet.

(26) Mr Christie, another local Member, asked that the table presented to the Committee last summer setting out the division of services between the Gravesham Community Hospital and the Darent Valley Hospital should be made available to the Committee and all local Members.

(27) Mr Christie said that in response to other concerns that he had heard about transportation he wanted to make it clear that Fastrack travels both between Dartford and Gravesham and vice versa.

(28) Of particular concern relating to the Gravesham Community Hospital was a perception by the public that it was being emptied to allow GPs to relocate there. Mr Christie raised particular concerns about a number of GP surgeries where he felt this might be an issue including Coldharbour and Lawrance Square.

(29) Mr Hills on behalf of the Coldharbour Residents Association presented a note to the Chairman setting out the Coldharbour Residents Associations concerns. He added that people were disappointed and disillusioned and upset with the Primary Care Trust. He said that he felt that people had been told that they would have a new surgery at Lawrance Square about two years ago and now they were being told that surgeries are being relocated to the Gravesham Community Hospital. Mr Hills mentioned that many of the patients were elderly and frail who had to wait for buses which often did not materialise in the cold and wet. He said surely it was not fair that patients who were not feeling well would have to bus into town to see a doctor. He raised issues if a patient was disabled.

(30) Also of concern to the Residents Association was that there is already a health centre close by but if patients try to register with that health centre they have been told it is full and that another doctor would have to be found. He said that none of the proposals currently made any sense. He understood that there would be a new Ebbsfleet surgery but he said that would be even more difficult to reach than a GP surgery in Gravesend town centre because of the lack of transportation.

(31) A Gravesham Borough Council Member then made it clear that he had been involved in the original signing-off of the undertaking for the “M Block” adjacent to the Gravesham Community Hospital and was of the same opinion as a previous speaker that this would continue to be used for health services.

(32) He said that he had also been involved in the negotiations relating to the proposed Lawrance Square surgery and expressed his disquiet that the Primary Care Trust were walking away from this proposed new GP surgery.

(33) Ms Blake responded that there was no intention of the Primary Care Trust to relocate any GP practice from Northfleet to the Gravesham Community Hospital. She said that any proposals for any relocation of GP practices would have to be formally consulted upon.

(34) Ms Blake added that with regard to the issue relating to the proposed Lawrance Square surgery she had met with Borough Councillors earlier on that week.

(35) Mr Parker said that it would be useful if the continued dialogue for the provision of health services was not only with Gravesham Borough Councillors but also with the local County Council Members as well.

(36) RESOLVED that:-

a) Mr Devlin, Ms Jefferies and Ms Blake be thanked for their attendance at the meeting and the information be noted.

15. Audiology Services

(John Beadle, Patient and Public Involvement Forum Representative, Alex Willoughby, Head of Audiology of the Medway NHS Trust and Ingrid Cobourn, Commissioning Manager – Audiology of Eastern & Coastal Kent Primary Care Trust were in attendance for this item.)

(1) The Committee had before them a briefing note on Audiology Services which set out the background to the service in England, the modernising programme for NHS Audiology Services, current waiting times, national waiting time targets, issues relating to funding independent treatments centres and the future of NHS Audiology Services.

(2) The briefing note also covered the National Audiology Action Plan/Improving Access to Audiology Services in England. The Committee noted that the House of Commons Health Select Committee had recently conducted a short enquiry into Audiology Services in England and their report was expected soon.

(3) Ms Cobourn spoke on behalf of Eastern & Coastal Kent PCT of the strategy being deployed by the PCT for the provision of audiology services.

(4) Ms Willoughby indicated that the NHS had the capacity to meet the demand but what was not available was the funding.

(5) Mr Beadle then addressed the Committee and said that Kent was one of the worst areas in the country for audiology services. He informed the Committee that quite a few patients would not benefit from digital hearing aids. He said that digital hearing aids were more difficult to tune rather than an analogue hearing aid. As a result this often had an impact on those patients in the most deprived areas who were suffering the most.

(6) He referred to best Practice Standards and a document produced by the Royal National Institute for the Deaf entitled Audiology in Crisis. He said that digital aids had been introduced four to five years ago and at that time the National Institute of Clinical Excellence (NICE) had recommended that there should an audit of all audiology departments to prepare for digital aids. However this had not taken place in many areas. Kent did not undertake an audit and therefore capacity problems had arisen.

(7) Ms Willoughby acknowledged that no audit had been undertaken in Kent when introducing digital hearing aids and as a result they had been inundated by patients who wanted to go ‘digital’ from ‘analogue’.

(8) There were a number of people who had stopped using analogue hearing aids sometime before who were interested in receiving a digital hearing aid.

(9) Ms Willoughby also raised concerns around lack of staff and the lack of funding.

(10) The Committee were also informed by Ms Willoughby of a change in to the qualifications to become an audiologist which required a four year degree course. This had also had an impact on the number of audiologists available in the “job market”.

(11) Members of the Committee and those present then asked a whole range of questions relating to:-

- how well audiologists were paid;
- the difficulty in patients, particularly from rural areas such as Eynsford, accessing services in either Medway or Gravesend i.e. for audiology services;
- forward planning for dealing with young people who were currently potentially damaging their ears with the use of MP3 players and i-pods;
- whether there would be the use of independent treatment centres where they would be on guaranteed payment for a number of years for audiology services;
- the provision of hearing loops in public buildings where meetings were being held, such as the venue for the Committee’s meeting today and at Sessions House, County Hall, Maidstone etc;
- the number of hearing aids that had been allocated to patients which remained in drawers;
- the intolerable waiting times for audiology services vis-à-vis the national target;
- liaison with Hi-Kent and others to ensure that people attend the necessary follow-up check-ups when a hearing aid has been issued; and
- how information is made available to patients to ensure that they use the hearing aid properly.

(10) RESOLVED that:-

Ms Cobourn, Ms Willoughby and Mr Beadle be thanked for their attendance at the meeting and the Committee will continue to monitor progress on the provision of audiology services across the county.

Chairman ________________________

Date ___________________

Item 4

NHS Overview and Scrutiny Briefing Note

Whitstable Polyclinic

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15 March 2007

Introduction

Whitstable Medical Practice, a local GP practice, is developing plans to establish a polyclinic offering NHS care in Whitstable, in partnership with a for-profit healthcare company.

This idea is still at the proposal stage and has yet to be formally considered by the local NHS health community. Nevertheless, the project has already been the subject of comment in the local area.

What is a polyclinic?

A polyclinic is a relatively small healthcare facility, serving a local community and hosting a wide range of health services – including some that have, within the NHS, traditionally been provided in acute hospitals.

Polyclinics have long been major features of healthcare systems in some countries. In the Soviet Union, the greater part of healthcare was provided through polyclinics that combined the role of a hospital outpatients department with that of a general medical practice and served populations of several thousand. In Cuba, polyclinics serving populations of around 30,000 provide GP services and a range of specialties, as well as diagnostic services. Germany has some 400 polyclinics. These are mostly a legacy of the health system in the former East Germany – but new polyclinics have begun to be established as part of far-reaching healthcare system reforms.

NHS system reform

The various strands of NHS system reform make up the context in which the Whitstable Polyclinic plan has arisen:

The shift to primary care

The White Paper *Our health, our care, our say: A new direction for community services*, published by the Department of Health in January 2006, sets out an agenda for providing NHS care "closer to home". It argues that shifting services from acute hospitals into primary care will be popular, and will provide better and cheaper care more conveniently for patients, while facilitating a greater emphasis on the prevention of illness and the managing of chronic conditions.

The White Paper makes explicit reference to the new German polyclinics as a model for providing care in a community setting. It also refers to the American "Health Maintenance Organization" (health insurance company) Kaiser Permanente. Some researchers have concluded that this company achieves better health outcomes than the NHS, and at lower

cost, by emphasising integrated care closer to home. (This research has, though, been controversial. Some health-policy academics have argued that Kaiser Permanente, as an insurance organisation charging risk-based premiums, is not comparable to the NHS, which is a tax-funded service providing care for all on the basis of need.)

Patient Choice

The government has argued that a key way to drive up standards and efficiency in the NHS is to allow patients to choose, at the point of referral, which healthcare provider they will be treated by. Since 1 January 2006, all patients needing planned hospital care should have been offered a choice of four or more providers (usually including at least one private-sector provider) from a local (Primary Care Trust) menu, where clinically appropriate.

In addition to the four or more local-menu options, since last year, patients have been able to choose from a national menu encompassing the "Extended Choice Network". This includes all NHS Foundation Trusts, all centrally-accredited Independent Sector Treatment Centres and other centrally-procured Independent Sector providers.

From 2008, NHS patients will be able to choose any healthcare provider (including non-NHS providers) that meets appropriate standards (as certified by the Healthcare Commission) and is prepared to provide care at the NHS tariff rate (see below). This is known as the "Free Choice" initiative.

Consideration is being given to further extensions of Choice to hitherto excluded areas (such as mental health and maternity services) and other "choice points" along the patient pathway. The application of Choice to primary care is apparently also being looked at by the Department of Health.

Plurality of providers

The government is committed to seeing a plurality of providers in the quasi-market that is emerging in the NHS as a result of system reform. It believes that "contestability" of services between NHS providers and others (both for-profit organisations and voluntary-sector/charity/not-for-profit/"Third Sector" bodies) will drive up standards, improve efficiency and makes services more responsive to patients' wishes.

Payment by Results

NHS acute Trusts in England are now substantially being paid by commissioners on the basis of the Payment by Results (PbR) system. Under PbR, work is paid for through "cost and volume" contracts according to the actual number of episodes of care ("spells") provided. This is in contrast to the old system of block contracts, whereby commissioners pay for pre-determined volumes of work.

Under PbR, payment for each procedure is made according to a standard national "tariff", based on average costs across NHS providers (there is some adjustment in the tariff to allow for unavoidable differences in costs between regions – using the Market Forces Factor). The tariff is structured around "Healthcare Resource Groups" (HRGs), which are used to classify together treatments, and types of case, that are clinically similar and that use roughly the same level of resources, taking account of diagnosis, the actual procedure involved and other variables (such as the patient's age). Doubts have been expressed as

to whether HRGs actually do ensure that providers are adequately compensated for undertaking costlier and more difficult work.

It is intended that the scope of PbR will be extended to cover as much of hospital care as possible (including emergency care) and other areas, such as mental health.

By its very nature, the national tariff disadvantages those Trusts with above-average costs (of which East Kent Hospitals NHS Trust is one) and favours those with below-average costs. Under PbR, “underperformance” (lack of patient referrals or insufficient patient throughput) can financially destabilise a Trust.

Practice-based Commissioning

Under Practice-based Commissioning (PbC), GPs are now able to take responsibility for the budgets in respect of their patients, under a system that is similar (although not identical) to that of GP fundholding, which existed in the 1990s. Commissioning of services is effectively devolved from the Primary Care Trust to the GP practice (or to “locality clusters” of GP practices, which are akin to the “Multifunds” that existed under Fundholding).

Where GPs are able to make savings in commissioning services for their patients, the money saved can be reinvested back into their practice. PCTs still hold the actual contracts with providers and deal with payments to them (GPs only have “indicative budgets” – as opposed to cash budgets – for commissioning). GP commissioning budgets are currently based on historic practice utilisation of healthcare resources, but it is planned to move to a “weighted capitation” formula (of the type already used to allocate funding to PCTs).

Involvement in PbC is voluntary – since GPs are independent contractors, they cannot be obliged to participate. However, the government expects and intends that all GPs will wish to take up the opportunities presented by PbC.

Whitstable Medical Practice

Whitstable Medical Practice is a large GP practice, with 17 GPs working from two locations (Whitstable Health Centre and Chestfield Medical Centre), serving 31,000 patients. The practice operates under a Personal Medical Services contract (these contracts were introduced to give GP practices greater scope to be flexible and innovative in delivering services). The practice is involved in the “GPs With Special Interests” scheme (to allow GPs to undertake more specialist work), and in doctor and nurse education; the practice is also research-accredited.

Under GP fundholding, the practice operated as part of a large local Multifund. The practice has now adopted PbC and is providing a number of services that were previously commissioned from East Kent Hospitals NHS Trust at a rate below that charged by the Trust.

The polyclinic plan

Whitstable Medical Practice proposes to open a new GP surgery at Seasalter, co-located with a community pharmacy, an NHS ambulance response base and a surgical polyclinic.
The GP practice would provide services for NHS patients under Whitstable Medical

Practice's contract with Eastern and Coastal Kent PCT. As well as a full range of GP services, it is intended to provide a comprehensive range of nurse-led chronic disease management clinics and minor illness clinics. Consulting rooms would also be made available to staff from Social Services, mental health services and other such agencies.

The new GP surgery, it is stated, would allow Whitstable Medical Practice to expand (having outgrown its two existing two surgeries) and bring much-needed primary-care services to the Seasalter area.

The co-located polyclinic would provide for NHS patients:

- consultant-led surgical outpatient services;
- day-surgery, conducted in an operating-theatre suite;
- diagnostic services – including x-ray and ultrasound; and visiting CT and MRI scanning services (using mobile equipment in a docking facility).

It is stated that these plans are designed to complement Phase 2 in the redevelopment of Whitstable and Tankerton Community Hospital – subject to the outcome of the review of all the community hospitals along that part of the Kent coast, which is currently being undertaken by Eastern and Coastal Kent PCT.

Application has apparently been made for funding of £2.16 million from the £750 million fund for community hospitals and other such primary-care facilities announced by the Secretary of State for Health in 2006. This sum would cover both the cost of the GP element of the Seasalter plan and the redevelopment of Holden Ward at the community hospital. This would be a cash grant from the NHS centrally and would not be deducted from the existing PCT budget. The PCT would apparently own the GP practice building and charge Whitstable Medical Practice rent for the use of it.

The cost of the actual polyclinic, which is estimated at around £5.2 million, would come from the private-sector partner in the project, Centres of Clinical Excellence (CCE – see below).

NHS services at the polyclinic would be provided by local consultants, working for CCE. Patients would be able to choose to use the service under the Free Choice initiative (see above), on referral from their GP; and CCE would be paid under the PbR system (see above). Referring GP practices would, under PbC (see above) be able to retain the difference between the price charged by CCE for work undertaken and the NHS tariff.

Centres of Clinical Excellence

CCE was set up by its Chairman, Ali Parsa, an entrepreneur and former merchant banker. It uses a "clinician investor" model, whereby the consultants (and, in future, other staff) who will be working for the company own a proportion of the shares and will receive at least half the profits. Over 300 consultants have reportedly joined CCE.

According to Mr Parsa, the company has secured capital that "significantly exceeds £100m" from investors, and it plans to use this to set up, by 2010, a network of 20 (or

"maybe double that") "health campuses", combining polyclinics with GP and dental surgeries, as well as facilities such as pharmacies and gyms.[1]

CCE is also a provider of NHS services within the Extended Choice Network (see above) under a five-year contract agreed with the Department of Health in 2006 as part of the second-wave of central Independent Sector procurement.[2] It appears that PCTs are not obliged to use the full value of these contracts, so contractors are not guaranteed payment regardless of activity levels (in contrast to Independent Sector Treatment Centres).[3]

Mr Parsa has told the press that: "We wish to act as a conduit for the City to invest in UK healthcare. One of our investors is a multibillion pound institution." He has also said: "We are all people from big business. We have managers from the major consultancies and senior executives of healthcare corporations with more than 100 years' experience of the sector. We may be a start-up, but we are people from big business starting up a big business. I would be astonished if we couldn't be in the same league as BMI [the UK market leader] within 10 years … But size is not as important as quality. Our motive is to be the best healthcare organisation in the UK."[4]

CCE has a partnership arrangement with Harvard Medical International (a subsidiary of Harvard Medical School), which has noted that "Many private health care organizations, including CCE, expect the NHS to become the purchaser, rather than provider, of health care services, utilizing a bidding process".[5]

[1] *Guardian*, 3 October 2005.
[2] *The Times*, 31 August 2006.
[3] *Independent Practitioner*, October 2006.
[4] *Guardian*, 3 October 2005.
[5] http://www.hmiworld.org/hmi/issues/Nov_Dec_2005/bulletin.html#partner

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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

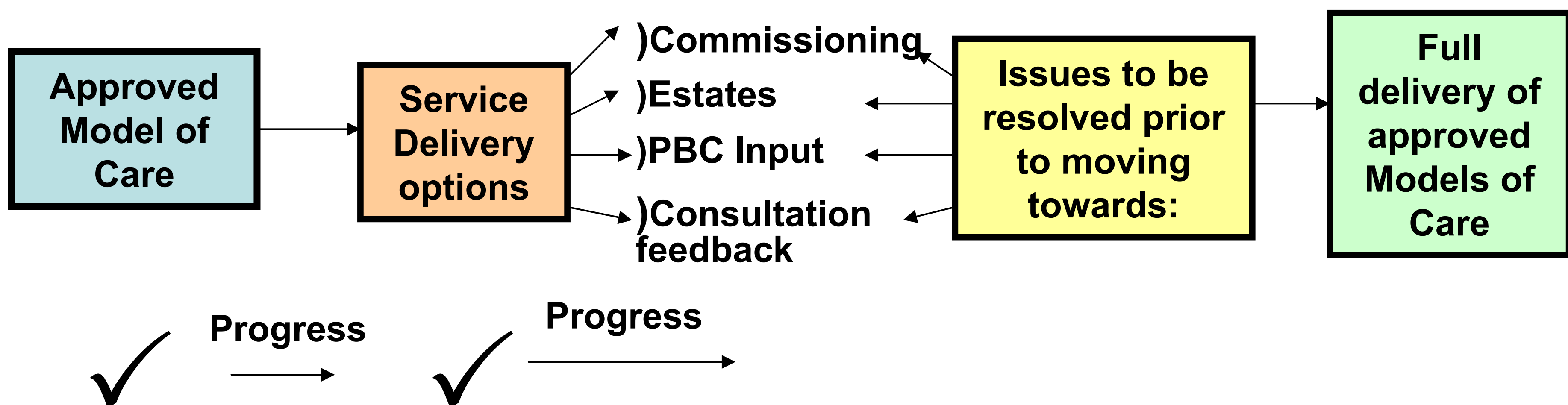
Eastern and Coastal Kent NHS
Primary Care Trust

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.

Eastern and Coastal Kent NHS
Primary Care Trust

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

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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

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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

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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

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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

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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

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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.

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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.

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Any questions?

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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.

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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

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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.

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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.

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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% “

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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% “

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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% “

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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% "

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Any questions?

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Item 6

SUBMISSION TO OVERVIEW & SCRUTINY COMMITTEE: OUT OF HOURS SERVICE (OOHS) - STOURCARE COMMUNITY INTEREST COMPANY

1. Introduction

1.1 This issue was heard by OSC on 27 April 2006 having been referred by the then Canterbury and Coastal PPI Forum under Section 7.1 of SI 2003 No 2124, The Patient's Forum's (Functions) Regulations 2003.

12 A 6 month statistical review of the implications of co-location the bulk of the OOHS to Emergency Care Centre at Kent & Canterbury Hospital on 20 September 2007 with a weekend service remaining at Queen Victoria Hospital Herne Bay is now due. The attached statistical data points strongly to the need to retain the base at Herne Bay indefinitely and OSC are requested to endorse the recommendation to that effect that the Canterbury & Coastal Locality Group of Eastern & Coastal PPIF have made to the PCT.

2. History

2.1 In September 2005, as part of the Forum's ongoing partnership or should that be critical friend of the PCT and Stourcare it was stated, for the very first time, that the base at Herne Bay would close and the OOHS move to KCH to co-locate with A&E.

2.2 As this was the first the Forum had learned of these plans we voiced our concerns but the point was made by the PCT that the plan had only ever been to cover one site.

2.3 As this was contrary to information we had received and contrary to the terms of the Contract we asked the PCT for an explanation and were told that and I quote:-

"it was clearly unfortunate that the contract with Stourcare does not reflect the intentions of the PCT" and that "*it was always the intention that the base at Herne Bay should transfer to KCH….."*"*This is in line with our strategic intentions for unscheduled care services".*

But the then CE went on to say that he accepted that there was legitimate expectation that the base in Herne Bay would remain and invited the Forum to participate in a review of OOHS with respect to activity levels, patient access and cost. At the same time he added that pending the outcome of the review there would be no change to the current service.

2.4 Whilst the Forum welcomed the postponement of the closure of Herne Bay and the proposals for a review we were and remain extremely concerned that

- this will disadvantage patients in the coastal areas.
- that an apparently legal contract can be put to one side and its recommendations ignored; in fact, dismissed as never being the original intention.
- closure was being proposed without any apparent consultation with patients

or the public.

3. Co-location Review

3.1 The Forum has participated in the Review as a demonstration of our good faith and of our desire to co-operate and endorsed the recommendation that

- the PCT Board should review its decision to close the base at Herne Bay.
- co-location to Emergency Care Centre at KCH takes place as soon as possible
- a weekend service remains at Herne Bay.

But, and most critically the service should be formally reviewed after 6 months.

3.2 This endorsement was pragmatically based recognising the need to obtain statistical evidence of the impact of the change to inform future decisions. And acknowledged that co-location of unscheduled care services was recommended as best practice by DoH and part of the PCT's strategic plan.

3.3 However, this participation was without prejudice to any action that the Forum considered necessary regarding the Contract and it was at this stage the issue was referred to OSC. However, we appreciated the co-operation we had received and hopefully the partnership that has developed between ourselves, the PCT and Stourcare. And we are in fact working together to ensure the review is meaningful and involves patients and the public.

4. Co–Location

4.1 Stourcare co-located to Emergency Care Centre at Kent Canterbury Hospital on 20 September 2006 with weekend only service remaining at Queen Victoria Hospital, Herne Bay. The new arrangements were intended to run for 6 months on a trial basis to gauge patient usage before a decision is made about the future. The Forum was involved in the implementation phase of this project and the changes to services were announced in a press release in early September.

5. Review Results

5.1 We are nearly at the end of that review period and the attached statistics from Stourcare were presented at the last Out Of Hours Co-location review meeting on 19 January 2007. They show the following patient survey results:-

- Patient questionnaire analysis
- Patient attendance Analysis

At that meeting it was agreed that the Locality Group would explore the implication of the figures with Stourcare. Subsequently following the meeting with Stourcare it was agreed that both organisations would make separate submissions to the PCT but we were left with the strong impression that both Stourcare and the Locality group had arrived at the same conclusion namely that the statistics pointed strongly to the need to keep the Herne Bay base open.

5.2 Unfortunately, the low response rate to the questionnaire may make the

results statistically invalid but they nonetheless show that some patients from the Herne Bay and Whitstable areas still choose to use the base at Herne Bay because it is more local to their homes.

5.3 It is also interesting to note that opening the base at Canterbury and leaving a limited service in Herne Bay has had little or no effect on the number of home visits to either Herne Bay or Whitstable; the figures for October 2006 are virtually the same as the same period in 2005.

5.4 One of the most revealing statistics is that for base appointments for the whole week which shows that 255 patients attended Herne Bay in Oct/Nov 06 of whom 132 were from Herne Bay, 83 from Whitstable and 40 from Canterbury out of a total of 668 who were dealt with by Stourcare i.e. 38% of total numbers. Or in other words 75% of Herne Bay patients went to Herne Bay base and 25% went to Canterbury; 61% from Whitstable went to Herne Bay compared to 39% who attended Canterbury base.

5.5 Alternatively from the PIE charts we can see that of the total patients who attended a base 58% went to Canterbury and 40% went to Herne Bay (Dover and Thanet figures are negligible). And, the percentages in favour of the latter are even more marked when we compare the figures on a pro rata basis as we understand Canterbury's attendance numbers are spread over a period of 118 hours while those for Herne Bay are for only 32 hours. In other words very nearly four times as many people might have attended Herne Bay base if the service had been available on an equal basis to Canterbury.

6. Locality Group Recommendation

6.1 These figures confirm the Locality Group's original assumption that the demography and the geography of the area support the need for two bases. And, as we understand that all patients whatever their location are offered the base of their choice and the numbers using Herne Bay are substantial it seems clear to the Forum that patients from coastal areas should continue to be offered the option of attending either Canterbury or Herne Bay (or indeed other locations) and the latter should therefore continue to offer its existing service until further notice.

6.2 This recommendation has been conveyed to Ann Sutton, CE Eastern & Coastal PCT and a copy of the letter is attached.

7. Next Meeting of Review Group

7.1 The Review group is scheduled to meet 1330 hours on 23 March 2007 when all parties will present their findings and recommendations for the future.

7.2 This Locality group would welcome the endorsement of their conclusions and recommendations by Health Overview and Scrutiny Committee.

Peter Robinson
Forum Member & OOHS Lead
Canterbury & Coastal Locality Group
Eastern & Coastal Patient & Public Involvement Forum 14/03/2007

Eastern and Coastal Kent
Patient Public Involvement Forum - Canterbury and Coastal Locality Group

15 March 2007

Ann Sutton
Chief Executive
Eastern and Coastal Kent Primary Care Trust
Brook House
John Wilson Business Park
Chestfield
Kent
CT5 3QT

Dear Ann

Out of hours services across the Eastern and Coastal Kent Primary Care Trust area

Further to my letter dated 9 March 2007 regarding the review of Out Of Hours Service (OOHS) provided by the Stourcare Community Interest Company in the Canterbury and coastal area. As promised I am now submitting the Locality Group's recommendations for the future of the base at Herne Bay based on that review and the statistical data provided by Stourcare.

Firstly, I should mention that at the Out of Hours Co-Location Review meeting on 19 January 2007 chaired by Jayne McDonald the results of a patient questionnaire analysis and patient attendance analysis prepared by Stourcare were discussed and it was agreed that the Locality Group would explore the implication of those figures with Stourcare. Subsequently, we met with Stourcare and whilst it was agreed that both organisations would submit separate submissions to the PCT our Locality Group Lead for OOHS was left with the strong impression that both organisations had concluded that the statistics pointed strongly to the need to keep the base at Herne Bay open.

To turn to both sets of analyses, unfortunately, whilst the low response rate to the questionnaire may make the results statistically invalid they nonetheless show that some patients from the Herne Bay and Whitstable areas still choose to use the base at Herne Bay because it is more local to their homes.

It is also interesting to note that opening the base at Canterbury and leaving a limited service in Herne Bay has had little or no effect on the number of home visits to either Herne Bay or Whitstable; the figures for October 2006 are virtually the same as the same period in 2005. It would seem that patients haven't had to "work the system" to get the help/treatment they need! But is that because the option of Herne Bay still

exists? We can only speculate!

For the Forum one of the most revealing statistics is that for base appointments for the whole week which shows that 255 patients attended Herne Bay in Oct/Nov 06 of whom 132 were from Herne Bay, 83 from Whitstable and 40 from Canterbury out of a total of 668 who were dealt with by Stourcare ie 38% of total numbers. Or in other words 75% of Herne Bay patients went to Herne Bay base and 25% went to Canterbury; 61% from Whitstable went to Herne Bay compared to 39% who attended Canterbury base.

Alternatively from the PIE charts we can see that of the total patients who attended a base 58% went to Canterbury and 40% went to Herne Bay (Dover and Thanet figures are negligible). And, the percentages in favour of the latter are even more marked when we compare the figures on a pro rata basis as we understand Canterbury's attendance numbers are spread over a period of 118 hours while those for Herne Bay are for only 32 hours. In other words very nearly four times as many people might have attended Herne Bay base if the service had been available on an equal basis to Canterbury.

These figures confirm our original assumption that the demography and the geography of the area support the need for two bases. And, as we understand that all patients whatever their location are offered the base of their choice and the numbers using Herne Bay are substantial it seems clear to the Forum that patients from coastal areas should continue to be offered the option of attending either Canterbury or Herne Bay (or indeed other locations) and the latter should therefore continue to offer its existing service until further notice.

Finally we would like to comment on one other really positive outcome of the patient analysis which has been to draw our attention to the increase in the number of contacts that were cleared without the need for the patient to either attend a centre or be visited and we acknowledge that this is a direct result of service improvement. I am sure patients benefit considerably from the improved triaging they receive at this initial stage of contact to the OOHS and the Locality Group of the Forum wish to add their endorsement to this continued approach provided as now patient see a GP if they want or need to do so.

Yours sincerely

Nora Warner
Lead, Canterbury and Coastal Locality Group

Cc: Jayne McDonald, Head of Primary Care, Eastern & Coastal Kent Primary Care Trust
Lynne Selman, Director of Citizen Engagement and Communications, Eastern & Coastal Kent Primary Care Trust

All correspondence should be addressed via our Forum Support Organisation:

Kent & Medway Networks Ltd
Office Hours: Monday - Friday 8.30 am - 4.30 pm
Unit 24, Folkestone Enterprise Centre, Shearway Road, Folkestone, Kent, CT19 4RH
Tel: No: 01303 297050 Fax No: 01303 297069 Email: janine@kmn-ltd.co.uk

20/06/2005 - 20/07/2005 = **A1**
20/10/2005 - 20/11/2005 = **B1**
20/06/2006 - 20/07/2006 = **A2**
20/10/2006 - 20/11/2006 = **B2**

A1 & B1 are 2005. A2/B2 are 2006.
A2/B2 are pre and post co-location, A1/B1 are just there to show the same time period the previous year.

Base Appointments - Weekdays Only

Pre Co-location

A1	From HB	From Whit	Combined	Total
at Herne Bay base	84	47	131	196

% of HB base appts. from HB/Whit area: **66.8%**

B1	From HB	From Whit	Combined	Total
at Herne Bay base	43	26	69	120

% of HB base appts. from HB/Whit area: **57.5%**

A2	From HB	From Whit	Combined	Total
at Herne Bay base	58	33	91	154

% of HB base appts. from HB/Whit area: **59.1%**

Post Co-location

B2	From HB	From Whit	Combined	Total
at Canterbury base	12	33	45	132

% of Cant base appts from HB/Whit area: **34.1%**

July-June	2005 (A1)	2006 (A2)	Increase	% change
Base appts.(HB & Cant.)	131	91	-40	-30.5%

Oct-Nov	2005 (B1)	2006 (B2)	Increase	% change
Base appts.(HB & Cant.)	69	45	-24	-34.8%

Home Visits - Weekdays Only

Pre Co-location

A1	To Cant.	To HB	To Whit.	Combined	Total
	68	43	26	137	153
% of total -	44.4%	28.1%	17.0%		

B1	To Cant.	To HB	To Whit.	Combined	Total
	54	32	32	118	134
% of total -	40.3%	23.9%	23.9%		

A2	To Cant.	To HB	To Whit.	Combined	Total
	51	38	26	115	123
% of total -	41.5%	30.9%	21.1%		

Post Co-location

B2	To Cant.	To HB	To Whit.	Combined	Total
	33	35	31	99	132
% of total -	25.0%	26.5%	23.5%		

July-June	2005 (A1)	2006 (A2)	Increase	% change
Home visits (HB & Cant.)	137	115	-22	-16.1%

Oct-Nov	2005 (B1)	2006 (B2)	Increase	% change
Home visits (HB & Cant.)	118	99	-19	-16.1%

20/06/2005 - 20/07/2005 = A1
20/10/2005 - 20/11/2005 = B1
20/06/2006 - 20/07/2006 = A2
20/10/2006 - 20/11/2006 = B2

A1 & B1 are 2005. A2/B2 are 2006.
A2/B2 are pre and post co-location, A1/B1 are just there to show the same time period the previous year.

Base Appointments - Entire Week

Pre Co-location

A1	From HB	From Whit	Combined	Total
at Herne Bay base	262	163	425	723

% of HB base appts. from HB/Whit area: 58.8%

B1	From HB	From Whit	Combined	Total
at Herne Bay base	232	165	397	679

% of HB base appts. from HB/Whit area: 58.5%

A2	From HB	From Whit	Combined	Total
at Herne Bay base	174	121	295	519

% of HB base appts. from HB/Whit area: 56.8%

Post Co-location

B2	From HB	From Whit	Combined	Total
at Herne Bay base	132	83	215	255

% of HB base appts from HB/Whit area: 84.3%

B2	From HB	From Whit	Combined	Total
at Canterbury base	43	54	97	413

% of Cant base appts from HB/Whit area: 23.5%

July-June	2005 (A1)	2006 (A2)	Increase	% change
Base appts.(HB & Cant.)	425	295	-130	-30.6%

Oct-Nov	2005 (B1)	2006 (B2)	Increase	% change
Base appts.(HB & Cant.)	397	312	-85	-21.4%

Home Visits - Entire Week

Pre Co-location

A1	To Cant.	To HB	To Whit.	Combined	Total
	189	93	77	359	414
% of total -	45.7%	22.5%	18.6%		

B1	To Cant.	To HB	To Whit.	Combined	Total
	190	117	93	400	451
% of total -	42.1%	25.9%	20.6%		

A2	To Cant.	To HB	To Whit.	Combined	Total
	129	93	65	287	318
% of total -	40.6%	29.2%	20.4%		

Post Co-location

B2	To Cant.	To HB	To Whit.	Combined	Total
	143	120	91	354	405
% of total -	35.3%	29.6%	22.5%		

July-June	2005 (A1)	2006 (A2)	Increase	% change
Home visits (HB & Cant.)	359	287	-72	-20.1%

Oct-Nov	2005 (B1)	2006 (B2)	Increase	% change
Home visits (HB & Cant.)	400	354	-46	-11.5%

Patient Call Trends 2005 & 2006

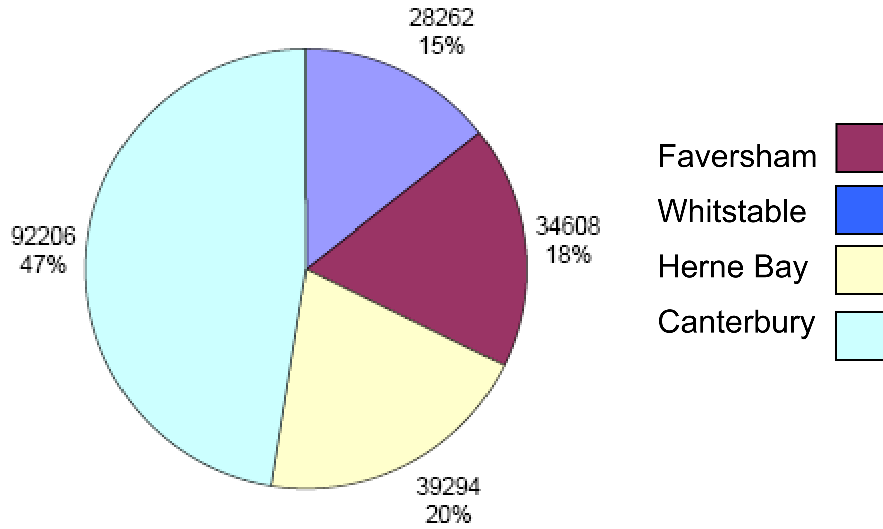
2005	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Base Appointments	3363	2457	3165	2481	2966	2171	2394	1972	1764	2113	1658	2388	28892
Home visits	1454	969	1208	1028	1095	750	915	780	796	929	885	1047	11856
Other	3387	3000	3458	3092	2961	2485	2663	2857	3116	3762	3440	4675	38896
Total	8204	6426	7831	6601	7002	5406	5972	5609	5676	6804	5983	8110	79644

2006	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Base Appointments	2249	1842	1676	2194	1961	1476	1756	1365	1419	1546	1422	2343	21249
Home visits	976	781	829	928	865	756	800	755	736	762	661	978	9827
Other	4374	4095	4060	4510	3739	3150	3576	3326	3270	3499	3161	4612	45372
Total	7599	6718	6565	7632	6565	5382	6132	5446	5425	5807	5244	7933	76448

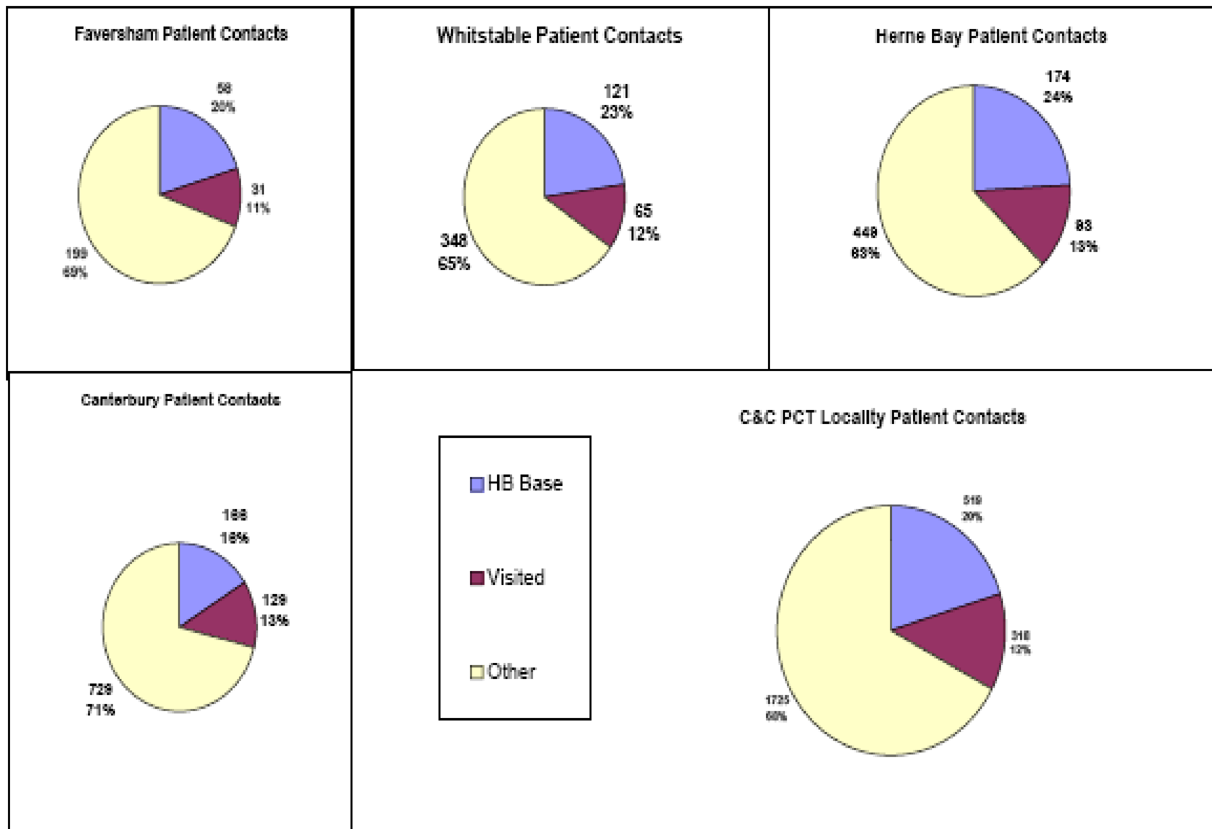
Comparison:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Base Appointments	-1114	-615	-1489	-287	-1005	-695	-638	-607	-345	-567	-236	-45	-7643
Home visits	-478	-188	-379	-100	-230	6	-115	-25	-60	-167	-224	-69	-2029
Other	987	1095	602	1418	778	665	913	469	154	-263	-279	-63	6476
Total	-605	292	-1266	1031	-457	-24	160	-163	-251	-997	-739	-177	-3196

Comparison %	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Base Appointments	-33.1%	-25.0%	-47.0%	-11.6%	-33.9%	-32.0%	-26.6%	-30.8%	-19.6%	-26.8%	-14.2%	-1.9%	-26.5%
Home visits	-32.9%	-19.4%	-31.4%	-9.7%	-21.0%	-0.8%	-12.6%	-3.2%	-7.5%	-18.0%	-25.3%	-6.6%	-17.1%
Other	29.1%	36.5%	17.4%	45.9%	26.3%	26.8%	34.3%	16.4%	4.9%	-7.0%	-8.1%	-1.3%	16.6%
Total	-7.4%	4.5%	-16.2%	15.6%	-6.5%	-0.4%	2.7%	-2.9%	-4.4%	-14.7%	-12.4%	-2.2%	-4.0%

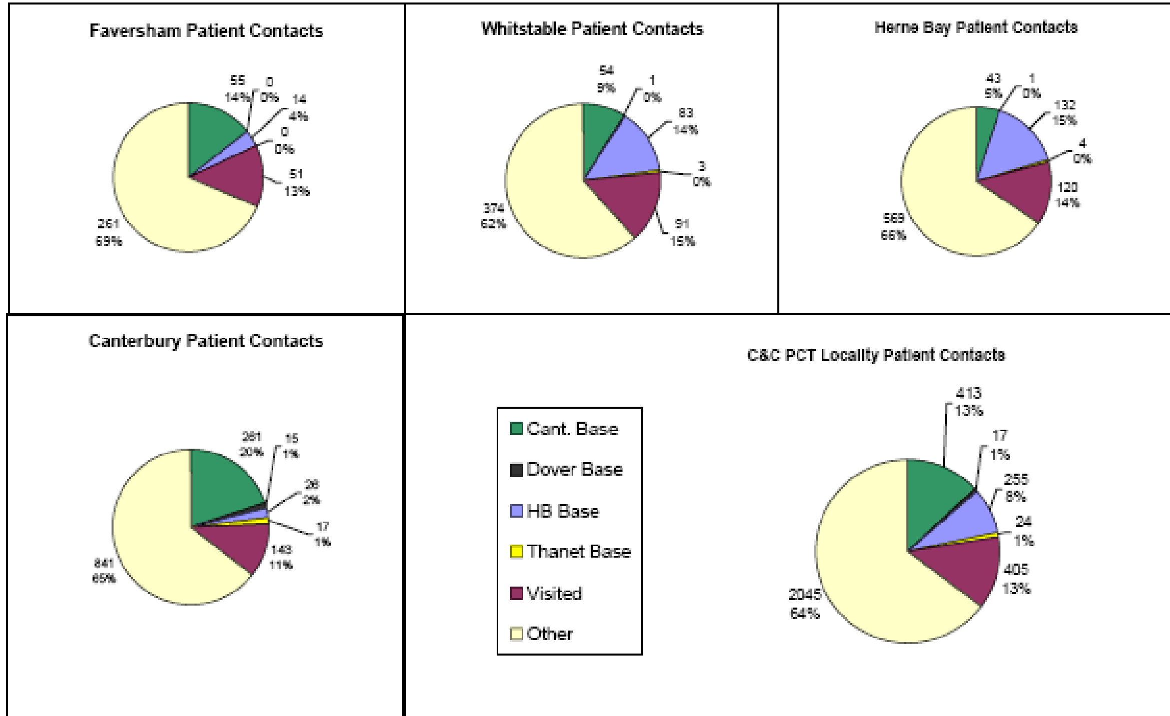
Registered Patients By Surgery Location



Pre Co-Location 20/10/2006-20/11/2006



Post Co-Location 20/10/2006 - 20/11/2006



Kent International Airport
MANSTON
Kent CT12 5BL

StourCare
quality care on-call

Patient Questionnaire

We are undertaking some analysis on patients' access to our bases. We would be very grateful if you would be willing to answer the questions below. Your comments will be kept in confidence and you are not obliged to disclose your identity. Should you choose to disclose your identity, any analysis conducted as a result of this survey will not be identifiable to you personally, nor will your identity be disclosed to any person or organisation outside of StourCare.

Your Name: (Optional) ______________________

If you are the patient, please fill in the details below:
If you are not the patient please give the patient's details.

Age:		
	Male	Female
Gender:		
Post Code:		

	Please Tick √ Yes	No
On contacting StourCare, were you given clear instructions on how to find us?		
Did you use your own vehicle?		
Did a relative, friend or neighbour drive you to the base?		
If applicable, were parking facilities available to you?		
Were the parking facilities close to the place that you saw the doctor?		
Did you use public transport?		
Was the public transport adequate?		
Did you travel by taxi?		
Did your journey take :		
• 45 minutes or less overnight (i.e. 2300 – 0800)		
• 30 minutes or less in the evening (i.e. 1830 – 2300)		
• 30 minutes or less at weekends (i.e. 0800 – 1830)		
If outside these travel time ranges, how long did your journey take you?		

Which base did you attend?	Margate	
	Canterbury	
	Herne Bay	
	Dover	
	Deal	
Why did you choose this base?		

What time of day (approximately) did you initially contact the StourCare service?		
Was it a weekday or weekend?		
Were you offered an earlier appointment than the one that you attended?	Yes	No
Can you remember the time of the earliest appointment that you were offered?	Yes	No
If so, when?		

Is there anything else you would like to add in relation to the questions asked above?

Thank you very much for participating in this survey. Your comments are valuable to us in our aim to continually improve the services that we offer.

PATIENT QUESTIONNAIRE ANALYSIS 20/10/2006 - 20/11/2006
Canterbury

Total Sample - 23

Total: 16

CT1/CT2/CT3/CT4	Yes	No	N/A
Q1	13	1	2
Q2	14	2	
Q3	5	8	3
Q4	14		2
Q5	12	2	2
Q6	1	11	4
Q7		4	12
Q8	2	7	7
Q9 Option 1	1		
Option 2	1		
Option 3	14		
Q12 Time of Day			
0000-0759	1		
0800-1159	7		
1200-1759	7		
1800-2359	1		
Weekend	15		
Weekday	1		
% of Total Sample	69.6		

Why did you choose this base?
Instructed to 2
Local 12
Easy to get to

Refused to attend Base / DNA :

Comments made on questionnaires:
Drop-in, annoyed had to go home then return
Canterbury much more convenient than HB
Good service, seen in time.
Prompt, efficient local service

Total: 2

CT5/CT6	Yes	No	N/A
Q1	2		
Q2	1	1	
Q3	2		
Q4	1		1
Q5	2		
Q6		2	
Q7		1	1
Q8			2
Q9 Option 1			
Option 2	2		
Option 3			
Q12 Time of Day			
0000-0759			
0800-1159			
1200-1759			
1800-2359	2		
Weekend			
Weekday	2		
% of Total Sample	8.7		

Why did you choose this base?
Instructed to 2
Local
Easy to get to

Refused to attend Base / DNA :

Comments made on questionnaires:
Would have prefered HB - closer

Total: 1

CT11-CT15	Yes	No	N/A
Q1	1		
Q2	1		
Q3		1	
Q4	1		
Q5	1		
Q6		1	
Q7			1
Q8		1	
Q9 Option 1			
Option 2			
Option 3	1		
Q12 Time of Day			
0000-0759			
0800-1159			
1200-1759	1		
1800-2359			
Weekend	1		
Weekday			
% of Total Sample	4.3		

Why did you choose this base?
Instructed to
Local 1
Easy to get to

Refused to attend Base / DNA :

Comments made on questionnaires:

Total: 4

ME13	Yes	No	N/A
Q1	2	1	1
Q2	3	1	
Q3	1	3	
Q4	3	1	
Q5	4		
Q6		4	
Q7		1	3
Q8		1	3
Q9 Option 1			
Option 2	2		
Option 3	2		
Q12 Time of Day			
0000-0759			
0800-1159	1		
1200-1759	1		
1800-2359	2		
Weekend	2		
Weekday	2		
% of Total Sample	17.4		

Why did you choose this base?
Instructed to 2
Local 2
Easy to get to

Refused to attend Base / DNA :

Comments made on questionnaires:
Closer than HB.

		Total
Q1		23
Q2		23
Q3		23
Q4		23
Q5		23
Q6		23
Q7		23
Q8		23
Q9 Option 1		
Option 2		
Option 3		23
Q12 Time of Day		
0000-0759	1	
0800-1159	8	
1200-1759	9	
1800-2359	5	23
Weekend	18	
Weekday	5	23

PATIENT QUESTIONNAIRE ANALYSIS 20/10/2006 - 20/11/2006
Herne Bay

Total Sample - 8

Total: 1

CT1/CT2/CT3/CT4	Yes	No	N/A
Q1	1		
Q2	1		
Q3		1	
Q4	1		
Q5	1		
Q6		1	
Q7			1
Q8		1	
Q9 Option 1			
Option 2			
Option 3	1		
Q12 Time of Day			
0000-0759			
0800-1159	1		
1200-1759			
1800-2359			
Weekend	1		
Weekday	0		
% of Total Sample	12.5		

Why did you choose this base?
Instructed to 1
Local
Easy to get to

Refused to attend Base / DNA :

Comments made on questionnaires:

Total: 7

CT5/CT6	Yes	No	N/A
Q1	7		
Q2	6	1	
Q3	1	6	
Q4	7		
Q5	7		
Q6		7	
Q7		3	4
Q8		6	1
Q9 Option 1			
Option 2			
Option 3	7		
Q12 Time of Day			
0000-0759	1		
0800-1159	3		
1200-1759	3		
1800-2359			
Weekend	7		
Weekday			
% of Total Sample	87.5		

Why did you choose this base?
Instructed to 1
Local 5
Easy to get to

Refused to attend Base / DNA :

Comments made on questionnaires:
Very accessible, clean, tidy, helpful staff.
Very good service, pleasant staff.

Total: 0

CT15	Yes	No	N/A
Q1			
Q2			
Q3			
Q4			
Q5			
Q6			
Q7			
Q8			
Q9 Option 1			
Option 2			
Option 3			
Q12 Time of Day			
0000-0759			
0800-1159			
1200-1759			
1800-2359			
Weekend			
Weekday			
% of Total Sample	0.0		

Why did you choose this base?
Instructed to
Local
Easy to get to

Refused to attend Base / DNA :

Comments made on questionnaires:

Total: 0

ME13	Yes	No	N/A		Total
Q1					8
Q2					8
Q3					8
Q4					8
Q5					8
Q6					8
Q7					8
Q8					8
Q9 Option 1					
Option 2					
Option 3					8
Q12 Time of Day					
0000-0759				1	
0800-1159				4	
1200-1759				3	
1800-2359				0	8
Weekend	0			8	
Weekday	0			0	8
% of Total Sample	0.0				

Why did you choose this base?
Instructed to
Local
Easy to get to

Refused to attend Base / DNA :

Comments made on questionnaires: