



AGENDA

BEXLEY AND KENT URGENT CARE REVIEW JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Wednesday, 29th January, 2020, at 10.00 am Ask for: **Kay Goldsmith**

Council Chamber, Sessions House, County Hall, Maidstone Telephone **03000 416512**

Tea/Coffee will be available 15 minutes before the start of the meeting

Membership

Cllr R Diment, Cllr J Hunt, Ms D Marsh, Mr A M Ridgers, Dr L Sullivan and
Mr B J Sweetland

UNRESTRICTED ITEMS

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

Item

1. Membership
2. Election of Chair
3. Election of Vice-Chair
4. Declarations of Interest by Members in items on the Agenda for this meeting
5. Terms of Reference for Bexley and Kent Urgent Care Review Joint Health Overview and Scrutiny Committee (Pages 1 - 2)
6. North Kent CCGs - Urgent Care Review Programme - Dartford, Gravesham and Swanley CCG (Pages 3 - 222)

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)

Benjamin Watts
General Counsel

03000 416814

21 January 2020

Please note that any background documents referred to in the accompanying papers may be inspected by arrangement with the officer responsible for preparing the relevant report.

Bexley and Kent Urgent Care Review Joint Health Overview and Scrutiny Committee (JHOSC)**(a) Terms of Reference**

- (1) To consider information and make comments on proposals for a substantial variation to urgent care services in Kent which are also accessed by and may have an impact on Bexley residents, and which are under consideration by NHS Dartford, Gravesham and Swanley Clinical Commissioning Group.
- (2) To exercise the right to make comments under regulations 23(4) and 30(5) of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 (the 2013 Regulations) on behalf of LB Bexley and Kent County Council on proposals relating to urgent care services in Kent which are also accessed by and may have an impact on Bexley residents. These proposals are under consideration by NHS Dartford, Gravesham and Swanley Clinical Commissioning Group and have been deemed a substantial variation of service by the relevant Committees of both authorities.
- (3) To make recommendations to the relevant Overview and Scrutiny Committees of LB Bexley and Kent County Council as to any further actions these Committees may choose to take. These actions may, if deemed appropriate, include referral to the Secretary of State under regulation 23(9) of the 2013 Regulations in line with their respective Constitutions. The relevant Overview and Scrutiny Committees of LB Bexley and Kent County Council shall receive any recommendations made by the JHOSC but shall not be bound by them.
- (4) The exercise of the power to make a referral to the Secretary of State has not been delegated to the JHOSC.

(b) Rules

- (1) Regulation 30 of the 2013 Regulations states that where a relevant NHS body or a relevant health service provider consults more than one local authority on any proposal which they have under consideration for a substantial development of, or variation to, the provision of a health service in the local authorities' areas, those local authorities must appoint a Joint Overview and Scrutiny Committee (JHOSC) for the purposes of the review and only that Committee may make comments.
- (2) There will be a Joint Health Overview and Scrutiny Committee, for the Urgent Care Review, comprising of:
 - 2 Members of Bexley Council
 - 4 Members of Kent County Council
- (3) The quorum of the Bexley and Kent Joint Health Overview and Scrutiny Committee is 3 Members with at least one Member from each constituent Authority present.

- (4) The JHOSC will appoint a Chair and Vice-Chair at its first meeting in each municipal year. (It is expected that the Chair and Vice-Chair will be appointed from among the Bexley and Kent Members on an annually rotating basis). Where a review is unfinished at the end of a municipal year, the Committee may agree that the previous year's Chair (if still a member of the Committee) may continue to preside over consideration of matters relating to that review.
- (5) The formal response of the JHOSC will be reached as far as is reasonably practicable by consensus and decided by a majority vote if necessary. Notwithstanding the formal response of the JHOSC, the key points of the meeting of the JHOSC shall be communicated to the NHS as soon as practicable to ensure the views of all Members are represented.

Item 6: Urgent Care Review Programme – Dartford, Gravesham & Swanley

By: Kay Goldsmith, Scrutiny Research Officer

To: Bexley and Kent Urgent Care Review Joint Health Overview and Scrutiny Committee, 29 January 2020

Subject: North Kent CCGs: Urgent Care Review Programme – Dartford, Gravesham and Swanley CCG

Summary: This report invites the Bexley and Kent Urgent Care Review Joint Health Overview and Scrutiny Committee to consider the information provided by NHS Dartford, Gravesham and Swanley.

It provides background information which may prove useful to Members.

1) Introduction

- a) Dartford, Gravesham and Swanley Clinical Commissioning Group (DGS CCG) made the Kent HOSC aware of their Urgent Care Review programme in 2014. In line with NHS England requirements, the CCG proposes to bring urgent care services, currently located across a number of sites, together under a single Urgent Treatment Centre (UTC) model of care.
- b) A public consultation ran from 12 August to 4 November 2019. The proposals as presented were to create a new UTC at either Gravesham Community Hospital or Darent Valley Hospital by autumn 2020.

2) Previous monitoring by Health Scrutiny

- a) The Kent HOSC determined that the proposed changes amounted to a substantial variation to the local health service in January 2019.
- b) Bexley Council's Communities Overview and Scrutiny Committee (COSC) also deemed the proposed changes to be a substantial variation to health services for residents of Bexley.
- c) In line with health scrutiny legislation, Kent County Council and Bexley Council formed a joint health overview and scrutiny committee (JHOSC) for the purpose of health scrutiny consultation with DGS CCG.
- d) Due to timescales, the Kent HOSC received a report from DGS CCG on the outcome of the public consultation at its meeting on 16 December 2019. Two Councillors from Bexley Council also attended and contributed to the discussion. That meeting was the final opportunity for Kent and Bexley

Item 6: Urgent Care Review Programme – Dartford, Gravesham & Swanley

Councillors to have their views fed into the CCG's Decision-Making Business Case prior to the NHS making a decision

- e) The CCG Governing Body considered the Decision-Making Business Case on 16 January 2020 and made their final decision.

3) Next Steps

- a) The Terms of Reference of the Bexley and Kent Urgent Care Review Joint Health Overview and Scrutiny Committee require it to consider whether the decision of the DGS CCG on 16 January 2020 should be referred to the Secretary of State. The power of referral itself is not delegated to the JHOSC.
- b) Any recommendation agreed by the Bexley and Kent Urgent Care Review Joint Health Overview and Scrutiny Committee will be communicated to Bexley Council's Communities Overview and Scrutiny Committee and Kent County Council's Health Overview and Scrutiny Committee.

4. Recommendation

The Committee is asked to consider the decision of the DGS CCG Governing Body on 16 January 2020, and take one of the following actions:

- a) Support the decision of the DGS CCG Governing Body and make any additional comments the Committee deems appropriate; or
- b) Specify concerns that the Committee has with the decision of the DGS CCG Governing Body and recommend that Bexley Council's Communities Overview and Scrutiny Committee and Kent County Council's Health Overview and Scrutiny Committee consider referral.
- c) Note the report.

Background Documents

Kent County Council (2014) 'Health Overview and Scrutiny Committee (10/10/2014)', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=5400&Ver=4>

Kent County Council (2016) 'Health Overview and Scrutiny Committee (26/01/2016)', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=6256&Ver=4>

Kent County Council (2017) 'Health Overview and Scrutiny Committee (27/01/2017)', <https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7507&Ver=4>

Item 6: Urgent Care Review Programme – Dartford, Gravesham & Swanley

Kent County Council (2017) 'Health Overview and Scrutiny Committee (14/07/2017)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7530&Ver=4>

Kent County Council (2018) 'Health Overview and Scrutiny Committee (23/11/2018)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7923&Ver=4>

Kent County Council (2019) 'Health Overview and Scrutiny Committee (25/01/2019)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=7924&Ver=4>

Kent County Council (2019) 'Health Overview and Scrutiny Committee (23/07/2019)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8282&Ver=4>

Kent County Council (2019) 'Health Overview and Scrutiny Committee (16/12/2019)',
<https://democracy.kent.gov.uk/ieListDocuments.aspx?CId=112&MId=8483&Ver=4>

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**Dartford Gravesham
and Swanley**
Clinical Commissioning Group

Improving NHS urgent care services in Dartford, Gravesham and Swanley

Presentation of the decision making business case and the
Clinical Commissioning Group's Governing Body decision
regarding the Urgent Treatment Centre model

Prepared for the Bexley and Kent Urgent Care Review
Joint Health Overview and Scrutiny Committee

Submission Date: 20 January 2020

Compiled By: Gerrie Adler, Director of Strategic Transformation
Dartford, Gravesham and Swanley and Swale
Clinical Commissioning Groups

1 Introduction

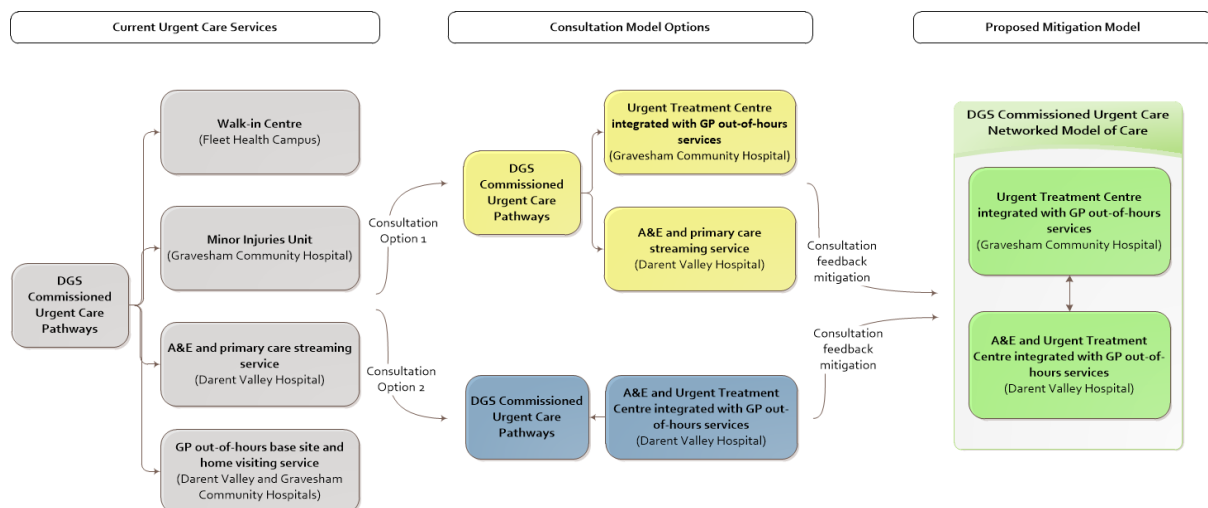
- 1.1 This update has been prepared for the Bexley and Kent Urgent Care Review Joint Health Overview and Scrutiny Overview Committee (JHOSC) by Dartford, Gravesham and Swanley Clinical Commissioning Group (DGS CCG).
- 1.2 The Committee is presented with the urgent care review decision making business case, formed following the completion of the 12 week full public consultation regarding potential site options for a future Urgent Treatment Centre within the DGS CCG's boundary.
- 1.3 The decision making business case was considered by the DGS CCG Governing Body on 16 January 2020 at an extra-ordinary Governing Body meeting held in public.
- 1.4 The Governing Body approved the model recommended in the decision making business case for a networked urgent care services model with two linked Urgent Treatment Centres, one at Gravesend Community Hospital, and one co-located with A&E at Darent Valley Hospital.
- 1.5 This update is intended to support discussion between the CCG and the JHOSC regarding the CCG's decision prior to this Committee making recommendations to both the Kent Health Overview and Scrutiny Committee on 29 January 2020, and the Bexley Communities Overview and Scrutiny Committee on 5 February 2020.

2 The Decision Making Business Case

- 2.1 The decision making business case sets out the information and recommendations for the CCG's Governing Body to make informed decisions about the future configuration and siting of urgent care services in Dartford, Gravesham and Swanley.
- 2.2 Included in the document is a summary of the case for change and the urgent care review process as outlined in the pre-consultation business case.
- 2.3 The decision making business case provides an analysis of the feedback received from the public consultation, including the intensive engagement exercise with Bexley residents.
- 2.4 The CCG received an unprecedented number of survey responses (online and hard copy), with 16,474 surveys returned, and over 25,000 free-text responses received.
- 2.5 The consultation responses, analysed by an independent third party organisation, were considered by both the DGS Governing Body, and the Kent Health Overview Scrutiny Committee, and there was unanimous agreement that the CCG had met its statutory responsibility regarding the public consultation.
- 2.6 Bexley Communities Overview and Scrutiny Committee, made a formal decision on 16 October 2019, that the DGS CCG urgent care proposals represented a significant variation to the Bexley

population. As this was close to the end of the public consultation period it was not possible to plan additional formal engagement with Bexley residents before the end of the consultation period. An intensive engagement exercise with Bexley residents and patients using Bexley urgent care services took place after the period of purdah was lifted in December 2019 – January 2020. These engagement activities, and the feedback received, have been analysed by the same independent third party organisation and form part of the decision making business case.

2.7 The decision making business case recommends how the proposed site options could be adjusted to best mitigate the concerns raised by local people and stakeholders. **It is recommended that these issues may be best mitigated by implementing a networked urgent care services model with two linked Urgent Treatment Centres, one at Gravesend Community Hospital, and one co-located with A&E at Darent Valley Hospital.**



2.8 The case suggests a phased approach to implementation to ensure the networked model of care and/or service specification(s) meet the needs of the local population and can be delivered in a safe and sustainable way.

2.9 The ambition is to implement the new Urgent Treatment Centres as quickly as possible, in line with current contract expiry dates, whilst ensuring that quality and patient safety are not compromised.

2.10 Based on the financial modelling the networked model of urgent care will be supported by budget commitment that has a further 2% contingency assigned to it, and is profiled in line with the phased implementation approach.

3 The Decision of the CCG Governing Body

- 3.1 The DGS CCG Governing Body considered the decision making business case on 16 January 2020 at an extra-ordinary Governing Body meeting held in public.
- 3.2 The decisions of the DGS CCG Governing Body are as follows:
 - 3.2.1 **APPROVED** - the implementation of the mitigated model of networked urgent care services with two linked Urgent Treatment Centres, one at Gravesham Community Hospital and one by Darent Valley Hospital (co-located with A&E) by the end of June 2020, as set out in the decision making business case
 - 3.2.2 **AGREED** - further work on the detailed networked model, service specification(s) and procurement process, as identified in the key implementation and programme plan in the decision making business case, be undertaken over the coming months and refined in collaboration with the current providers of urgent care services and other key partners
 - 3.2.3 **AGREED** - that the proposed networked model of urgent care is supported by a budget commitment that has a further 2% contingency assigned to it, and is profiled in line with the phased implementation approach.
- 3.3 The Governing Body also agreed on a number of actions to be incorporated in the phased implementation of the networked model, these included (but were not limited to):
 - 3.3.1 The establishment of a Clinical Reference Group to consider the development of a robust clinical governance process ensuring the networked model of care provides a service that is both safe and of high quality across two sites. Ongoing review of clinical governance will be key to the networked model of care.
 - 3.3.2 A communications and engagement plan to be developed to address the concerns raised during the public consultation, and to support the phased implementation approach.

4 Summary

- 4.1 This update and decision making business case regarding the future configuration of urgent care services within the DGS CCG boundary are presented to the Committee following consideration by the DGS CCG Governing Body on 16 January 2020.
- 4.2 The CCG's Governing Body approved the model recommended in the decision making business case for a networked urgent care services model with two linked Urgent Treatment Centres, one at Gravesend Community Hospital, and one co-located with A&E at Darent Valley Hospital.

- 4.3 This briefing is intended to support discussion between the CCG and the JHOSC regarding the CCG's decision prior to this Committee making recommendations to both the Kent Health Overview and Scrutiny Committee and the Bexley Communities Overview and Scrutiny Committee.

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**Dartford Gravesham
and Swanley**
Clinical Commissioning Group

Urgent Care Review

Decision making business case for the review of urgent care services in Dartford, Gravesham and Swanley prepared for the Clinical Commissioning Group Governing Body

January 2020

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Executive summary

The decision-making business case sets out the information and recommendations for the CCG's Governing Body to make informed decisions about the future configuration and siting of urgent care services in Dartford, Gravesham and Swanley.

Included in the document is a summary of the case for change and the urgent care review process as outlined in the pre-consultation business case.

The document also provides an analysis of the feedback received from the public consultation and recommendation about how the proposed site options could be adjusted to best mitigate the concerns raised by local people and stakeholders during the consultation process. The recommendation to mitigate these issues by implementing a networked urgent care services model with two linked Urgent Treatment Centres, one at Gravesend Community Hospital and one co-located with A&E at Darent Valley Hospital.

This executive summary provides a brief overview of the public consultation, analysis of the responses and the post consultation process. It also describes the CCG's preferred mitigation model and the next steps.

Overview of the consultation

The formal consultation on the proposals for the location of the future Urgent Treatment Centre in Dartford, Gravesham and Swanley ran for 12 weeks from 12 August to midnight on 4 November 2019.

The CCG received an unprecedented number of survey responses (online and hard copy), with 16,474 surveys returned.

The consultation process and consultation responses were analysed and evaluated by an independent third party organisation and were published by the CCG as soon as the period of purdah was lifted on 13 December 2019.

Overall, 80% of respondents supported the siting of an UTC at Gravesham Community Hospital vs. 5% supporting an UTC at Darent Valley Hospital.

- Respondents in DA11 (area around Gravesham Community Hospital) very highly endorsed Option 1 as this option sits within their local postcode area, and is therefore much easier to access for local residents. 85% of people who claim to live in this area 'Strongly Agree' that Gravesham Community Hospital is the better site for the new UTC and 90% 'Agree overall'.
- Residents of DA2 (area around Darent Valley Hospital) are more polarised in their opinion of moving the UTC to Darent Valley Hospital. Less than half (43%) 'Strongly Agree' that it would be the best option, while nearly a third (31%) 'Strongly Disagree' with this option.

25,000 free-text responses were received within the survey and here are the range of issues or concerns that were raised by the respondents that preferred each option:

- For both groups, ease of journey was the main driver of site preference and ease of access was the main concern, followed by parking issues, and concerns about other services at the Darent Valley Hospital site
- For respondents who preferred Gravesham Community Hospital the site was easier and cheaper to reach, had better parking (availability and cost), and they shared concerns that Darent Valley Hospital facilities are already overstretched and an UTC at the Darent Valley Hospital site might lead to longer waiting times
- For respondents who preferred Darent Valley Hospital proximity to site was important, and co-location of services at the site was favoured.

Other feedback included:

- Access needs of local communities, particularly residents who may not have English as a first language or with access issues linked to deprivation or age (e.g. reliance on public transport)
- Pressures on local services, particularly the rapid growth in some areas such as Ebbsfleet Garden City, and specific concerns raised regarding the level of activity at Darent Valley Hospital
- Need for greater accessibility (especially appointments that are easier to access) and more care provided in non-acute settings, in particular general practice

General comments were made about the need for increased and continuing CCG communications when introducing new services and educating the public on the most appropriate way to access all local health services.

An intensive engagement exercise with Bexley residents and patients using Bexley urgent care services took place after the period of purdah was lifted in December 2019 – January 2020. These engagement activities, and the feedback received, have been analysed by the same independent third party organisation as reviewed the public consultation feedback. Key findings are as follows:

- Accessibility and travel times were the main drivers for patients' decisions when they need urgent care
- Bexley residents find Darent Valley Hospital relatively easily accessible by car and public transport, despite concerns regarding parking at the site, and some patients believe that co-location with the A&E department means an Urgent Treatment Centre would provide a higher quality service and provide treatment "all in one place"
- An Urgent Treatment Centre at Darent Valley Hospital is seen as a potential alternative option rather than as a first choice as there are two well regarded Urgent Care Centres within the Bexley boundary.

- A third of Bexley respondents felt there would be no impact or very limited impact for them as a result of the siting of a future Urgent Treatment Centre as they would be unlikely to use any of the alternatives in Dartford, Gravesham or Swanley.
- Whilst there was no suggestion from the initial survey that patients might look towards Bexley urgent care services, staff and doctors at both Erith Hospital and Queen Mary's Hospital commented that they saw a significant number of patients from Dartford, Gravesham and Swanley due to referrals by NHS 111, local, perceived waiting times at Darent Valley Hospital and pressures on local GP services.

Approach post-consultation

Following the public consultation, a process was undertaken to consider the issues from the consultation and identify possible mitigation to the concerns raised through the public consultation process as well as address the needs of the local urgent care system.

A Post Consultation - Options Appraisal Meeting, attended by CCG clinical, executive, commissioning, finance and communications and engagement representatives, took place on 18 November 2019 to review the pre-consultation options appraisal process, consider the public consultation activities and key themes emerging from the consultation, and agree the next steps.

The group agreed unanimously that a single site solution for urgent care across Dartford, Gravesham and Swanley was unlikely to mitigate well placed concerns raised by the public during the consultation.

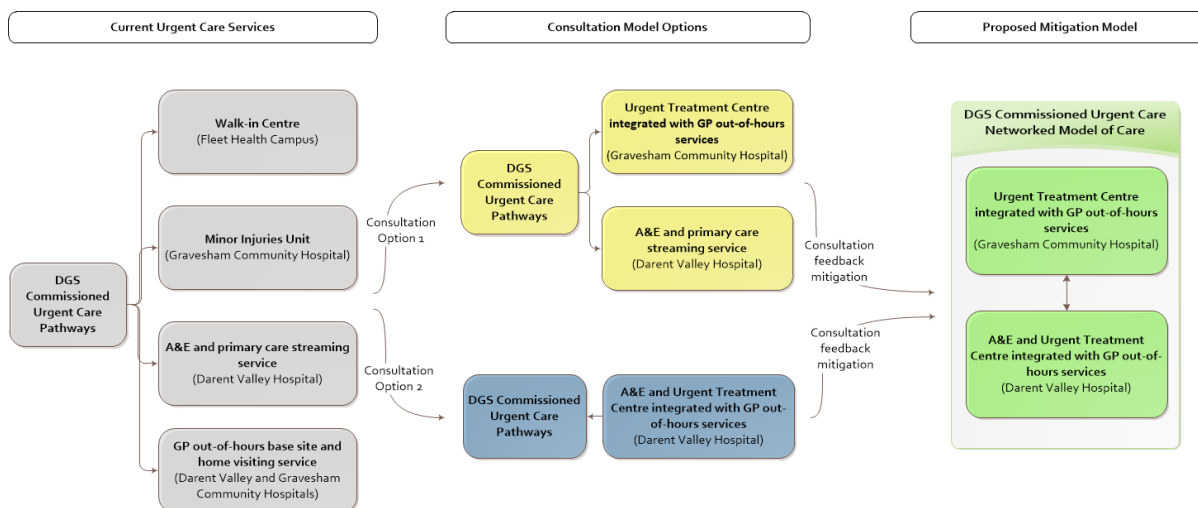
It was also agreed that the overlap between urgent, local and primary care made it necessary to consider the interdependence of these areas when identifying potential mitigations. The team also acknowledged that certain developments in primary care which could support urgent care services may take some time to materialise.

The CCG's proposed mitigation to address public concerns identified through public consultation is to provide the Urgent Treatment Centre model over two sites rather than at a single site, and for services to be networked to ensure they operate in an integrated way, as part of an urgent care system for Dartford, Gravesham and Swanley CCG's local population.

Description of mitigated model

The recommended model for the provision of networked urgent care services would involve:

- An Urgent Treatment Centre at Gravesham Community Hospital and an Urgent Treatment Centre at Darent Valley Hospital (co-located with A&E)



The rationale for the recommended networked model for urgent care is:

- Urgent care is not being transformed in isolation, but the other programmes of work are either still in their infancy or the benefits are not yet felt by the local population (e.g. Primary Care Networks, improved/extended primary care access, movement of outpatient clinics away from an acute setting)
- There was general support for the Urgent Treatment Centre model, bringing together minor ailments and minor injuries in one place.
- The consultation responses highlight concerns regarding accessing the Darent Valley Hospital site by car (including issues of congestion and parking availability on-site), and by public transport (limited access for certain routes). Concerns regarding the cost of accessing the Darent Valley Hospital site were also raised (parking, taxi costs). There were also public concerns that long standing issues at Darent Valley Hospital had not been addressed including, the perceived incapacity of the current infrastructure to cope with any additional footfall, particularly in view of the anticipated growth within the area in the coming years.
- The estimated impact of growth in the area may be clearer in the coming years
- The transformation of the local health system, including the merger of eight CCGs into one CCG and creation of the Integrated Care Partnerships can take place without additional pressures in the system.

Careful consideration has been given to identify what urgent, local and primary care services should be provided at each site, and the ways in which services could be networked to ensure the best provision of urgent care possible for the local population within existing resources.

The service specification for an Urgent Treatment Centre as part of a two site networked model of care will be adjusted if supported by the Governing Body.

Outline programme implementation plan

If the Governing Body agrees to proceed with the mitigated model, it is expected that some transition time would be required to set up governance arrangements and finalise plans to progress implementation, but this time will be kept as short as possible to support early implementation.

A phased approach would be required to ensure the networked model of care and/or service specification(s) meet the needs of the local population and can be delivered in a safe and sustainable way.

The ambition, subject to the Governing Body's approval, is to implement the new Urgent Treatment Centres as quickly as possible whilst ensuring that quality and patient safety are not compromised. We plan to have services in place by the end of June 2020 in line with the current contract expiry dates.

Financial summary of an networked urgent care model

The recommended networked model for urgent care over five years 2020-2025 is modelled to be £85m compared to the projected cost of the current urgent care service provision of £84m over the same period. This excludes the potential impact of void estate charges at Fleet Health Campus.

The financial implications of implementing a phased networked model of urgent care is inherently less risky than moving urgent care activity flows from Fleet Health campus (WIC activity) and Gravesham Community Hospital (Minor Injuries Unit) to the Darent Valley Hospital site; which would incur void estate charges at two sites.

The CCG in working with the emerging Primary Care Networks recognises that Fleet Health Campus is a prime location for the development of a primary care hub providing future services, and this would also potentially reduce the risk of incurring void estate charges.

Based on the financial modelling it is recommended that the proposed networked model of urgent care is supported by budget commitment that has a further 2% contingency assigned to it, and is profiled in line with the phased implementation approach.

The current modelling assumes implementation at the beginning of a financial year for ease of comparison and illustration to enable a decision to be made regarding the best option to implement.

Introduction

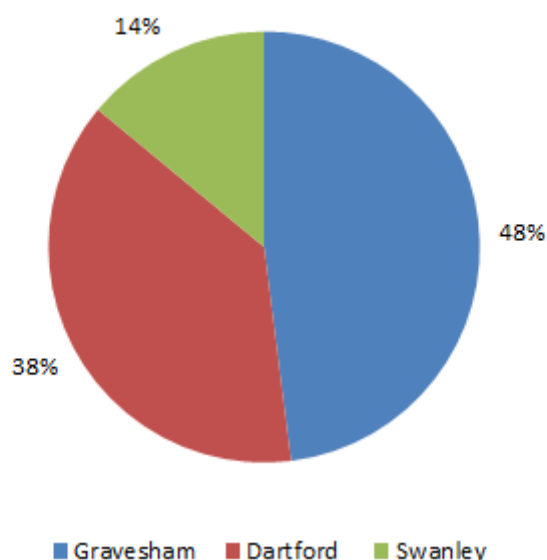
Dartford, Gravesham and Swanley Clinical Commissioning Group

Dartford, Gravesham and Swanley (DGS) Clinical Commissioning Group (CCG) is one of eight CCGs in Kent and Medway, covering 100 square miles from Gravesend on the River Thames in the north to Dartford, Swanley and West Kingsdown in the west; New Ash Green in the south and the villages of Meopham, Cobham and Higham in the east.

Population

The CCG serves a population of circa 276,421 people (NHS Digital – 1st December 2019). Please see the percentage population distribution below based on the practice population - 12 practices in Gravesend, 9 practices in Dartford and 5 practices in Swanley.

Percentage of DGS CCG Resident Population



CCG commissioned services

The CCG is responsible for commissioning:

- Urgent and emergency care, including the NHS 111 free urgent advice phone line, Accident and Emergency (A&E) and ambulance services
- Planned hospital care
- Community health services such as district nurses and rehabilitation services
- Mental health services, including for children
- Maternity and new-born services
- Medicines prescribed by GPs, consultants and other NHS practitioners
- Primary medical care (GP) services.

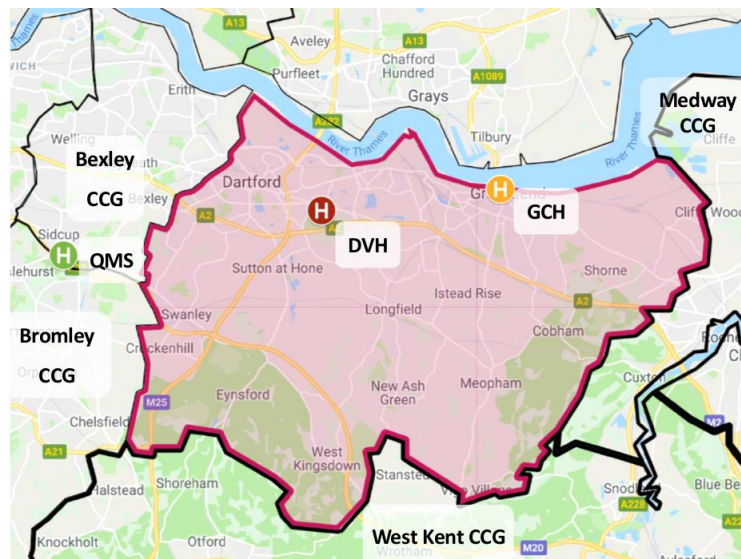
The CCG does not commission dental services; community pharmacies; specialised healthcare such as heart and brain surgery; neonatal services; secure psychiatric services; public health and health

promotion services; prison health; or healthcare for serving members of the Armed Forces (except emergency care). These are commissioned directly by NHS England.

There are currently 26 GP practices in the locality, and 7 Primary Care Networks (PCNs):

- Dartford Central PCN
- Dartford Model PCN
- Garden City PCN
- Gravesend Alliance PCN
- Gravesend Central PCN
- LMN PCN
- Swanley PCN

One acute hospital, Darent Valley Hospital (Dartford and Gravesham NHS Trust), and two community hospitals, Gravesham Community and Livingstone Community Hospitals, lie within the CCG boundary. Approximately 70% of acute activity flows to Dartford and Gravesham NHS Trust.



Geographical area covered and shared boundaries

The CCG covers the geographical area shown in the map above and shares boundaries with two London CCGs (Bexley CCG and Bromley CCG), and two Kent and Medway CCGs (Medway CCG and West Kent CCG).

Areas of deprivation

DGS CCG has 808 postcodes, within 15 LSOA's (Lower Layer Super Output Areas) that fall within the top 10% most deprived in England. A Lower Layer Super Output Area is a geographic area designed to improve the reporting of small area statistics in England and Wales¹. These LSOA's are located

1

https://www.datadictionary.nhs.uk/data_dictionary/nhs_business_definitions/l/lower_layer_super_output_area_definition.asp?shownav=1

within the DGS CCG boundary and are located in the urban areas to the north, around the towns of Dartford, Swanscombe, Gravesend, Northfleet and Swanley².



More in-depth information regarding the population served by the CCG is available in the Pre-Consultation Business Case³.

Population growth

Over the next twenty years the overall population of the local authorities in the DGS areas are expected to increase. There are two sets of population projections available at district level; the ONS projections (which take into account births, deaths and migration) and KCC's own housing-led forecasts (which also take into account local housing plans). Generally, the KCC housing-led forecasts suggest a higher level of population growth (19% for Kent as a whole between 2017 and 2037, compared with 15% using the ONS projections).

Using resident populations for the districts of Dartford, Gravesend, Sevenoaks and Swanley, the following changes are predicted:

- The under-five and 0-19 populations will increase more slowly than the population as a whole.
- The population of 65+ is predicted to increase more significantly by 55% in Dartford, 44% in Gravesend and 36% in Sevenoaks based on the ONS projections and 66%, 41% and 43% respectively based on the KCC housing-led forecasts.
- This population increase is even greater in the 85+ group, with the ONS projections suggesting increases of 78% in Dartford, 79% in Gravesend and 89% in Sevenoaks and the KCC housing-led

² <https://www.dartfordgraveshamswanleyccg.nhs.uk/about-dgs/publications/plans-reports-strategies/ccg-annual-report-2018-19/>

³ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>

forecasts 88%, 76% and 96% respectively⁴. Please note that both the ONS and KCC projected increases for this age group have been revised downwards in the latest figures.

The development of the Ebbsfleet Garden City and significant housing growth in the DGS area over the next ten years continues to be a significant organisational risk, both in terms of funding and other elements of resourcing such as workforce and management time. This links to the increasing public demand on healthcare services, alongside tighter financial allocations, which are making it difficult to keep up with the population growth.

Urgent care review background

The NHS Five Year Forward View (5YFV) explained the need to redesign health systems, including the urgent and emergency care services (UEC) in England for people of all ages. It stated that across the NHS, UEC services will be redesigned to integrate between Emergency Departments (ED), traditional GP out-of-hours services (OOH), Urgent Treatment Centres (UTC), NHS 111, and ambulance services; highlighting the fact that 'services need to be integrated around the patient'.

Under this model, organisations collaborate to deliver high quality clinical assessment, advice and treatment and work to shared standards and processes, with clear accountability and leadership. The Urgent and Emergency Care Review⁵ and commissioning guidelines^{6,7} detail how these models of care can be achieved through a fundamental shift in the way urgent and emergency care services are provided to people of all ages. Improving out-of-hospital services will mean more care can be delivered closer to home, and hospital attendances and admissions will reduce.

The most recent NHS Long Term plan, released in January 2019, strengthens that direction of travel. The plan includes a significant package of measures aimed at reducing pressures on ED. Many of the measures build on previous initiatives, including the introduction of clinical streaming at the front door to ED and the roll-out of NHS 111 services across the country.

The plan commits to rolling out UTCs across the country by 2020 so that urgent care outside hospitals becomes more consistent for patients. UTCs will be GP-led facilities and will include access to some simple diagnostics and offer appointments bookable via NHS 111 for patients who do not need the expertise available in ED. Alongside this, the plan aims to improve the advice available to patients over the phone and extend support for staff in the community by introducing a multi-disciplinary clinical assessment service (CAS) as part of the NHS 111 service in 2019/20.

Change across the urgent and emergency care system provides:

- Better support for people to self-care.
- Help for people with urgent care needs to get the right advice in the right place, first time.

⁴ The latest KCC projections suggest that the number of people aged 85+ living in Kent will double between 2017 and 2037 (i.e. a 100% increase). Previous estimates suggested a 130% increase over the same period.

⁵ <http://www.nhs.uk/NHSEngland/keogh-review/Documents/uecreviewupdate.FV.pdf>

⁶ <http://www.nhs.uk/NHSEngland/keogh-review/Documents/safer-faster-better-v28.pdf>

⁷ <https://www.england.nhs.uk/wp-content/uploads/2015/10/integrtd-urgnt-care-comms-standrds-oct15.pdf>

- Highly responsive urgent care services outside of hospital so people no longer have to queue in ED.
- Help for those people with more serious or life threatening emergency care needs to receive treatment in centres with the right expertise and facilities in order to maximise chances of survival and a good recovery
- Connecting all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.

Overview of urgent care review

The review of urgent care services in Dartford, Gravesham and Swanley has been an iterative process which was first considered in 2013 with the publication of NHS England's report on 'The Keogh Urgent and Emergency Care Review' but which was first pursued at greater pace in mid-2016.

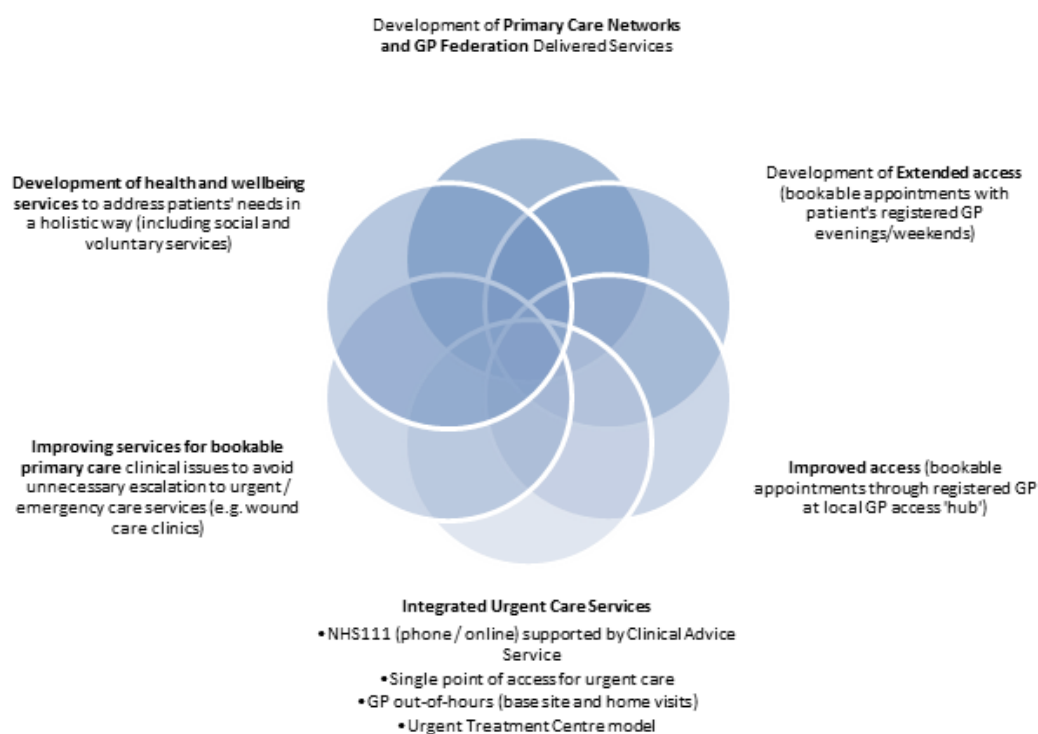
Since 2016, DGS CCG has carried out significant engagement activities with key stakeholders including patients, the public and key stakeholders from across health and social care in North Kent (including the Kent Health Overview Scrutiny Committee, Healthwatch, Engage Kent, local councillors and MPs), for their views about urgent care services in all its forms. The feedback received from the various engagement activities helped shape the programme going forwards.

In summary, the feedback identified that the current provision for urgent care services can be confusing and fragmented; with the Minor Injuries Unit, Walk in Centre, GP out-of-hours service, and the primary care streaming service operating from different sites, staffed by different types of clinicians, treating different types of conditions, with access to different types of diagnostic resources, and running different operating hours. The CCG's proposals regarding urgent care will be to implement an Urgent Treatment Centre Model which bring all urgent care services under one roof thereby making it easier for local people to navigate.

The review of urgent care services in DGS CCG is just one of a number of developments taking place within the CCG that we hope will deliver improved care for our patients as outlined in the diagram below and explored in more detail in the Pre-Consultation Business Case available on the CCG's website⁸.

These developments are at various stages of design, planning and implementation:

⁸ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>



In addition to these service level developments, Integrated Care Partnerships (ICP) are bringing together health and care providers and local commissioners to improve services for the local population. At the heart of the ICPs are neighbouring GP practices across Kent and Medway working together to provide community, social care and primary care services to a geography of approximately 30,000 to 50,000 patients. These groups are called Primary Care Networks (PCNs). These developments are part of the NHS Long Term Plan to ensure that NHS planning and delivery of services take account of the particular health needs of the local populations, providing more “joined up” care and treatment closer to home for patients and communities within available resources. The ICP will provide a number of services from April 2020, with a plan to go live fully in April 2021.

Purpose and scope of the Decision Making Business Case

The decision-making business case (DMBC) is a technical and analytical document that sets out the information necessary for the Governing Body to make informed decisions about the future configuration and siting of urgent care services in Dartford, Gravesham and Swanley, following public consultation on proposed changes and site options for the future Urgent Treatment Centre.

The DMBC builds on the robust process of evaluation to identify potential site options for the new Urgent Treatment Centre outlined in the pre-consultation business case⁹, explores the findings from

⁹ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>

the public consultation process, and outlines the ways in which the proposed site options could be adjusted to best mitigate against the concerns raised by consultation respondents.

This document includes:

- A summary of the case for change and the Urgent Treatment Centre clinical model
- The decision-making process including the response to public consultation and the process undertaken to arrive at a preferred option
- The implications of the preferred option in terms of activity, equalities, travel and access, finance, capital, estates and workforce
- The benefits that will be realised and how they will be assessed and measured
- The next steps to support implementation and how clinical safety will be maintained in the transition period.

Case for change and proposed clinical model

Case for change



Services in our area are currently provided at different locations and treat different conditions. Patients don't always know where to go, or may need to visit more than one location before they get the right treatment



Around 50% of people who go to A&E don't have a serious or life threatening condition. Some patients tell us they go to A&E because they couldn't see a GP and didn't know where else to get help



Current urgent care services do not meet new national standards set out by NHS England



Our population is growing (expected 22% increase by 2035) so we need a service that is designed to meet future demand



We need to make the best use of the specialist skills of our staff

The urgent care services in Dartford, Gravesham and Swanley need to change because:

Demand keeps on growing - It is estimated that the population of Dartford, Gravesham and Swanley will have increased by 22 per cent by 2035 due to the number of new homes being built in the area. The CCG needs to make sure its services can cope with this growth and meet future demand.

We need to make sure people are getting the right service – Over 50% of the people attending A&E at Darent Valley Hospital do not have a serious or life-threatening condition and could have been seen by a nurse or GP. Making sure people get the right treatment in the right place would relieve pressure from A&E and improve the patient experience.

Current urgent care services can be confusing - Urgent care services within our area are currently provided at different locations and treat different conditions. These services are staffed by different types of clinicians with different levels of access to the equipment and/or diagnostic tests that mean that patients cannot always be treated at one site and may need to be transferred between sites to receive the most appropriate care. Patients don't always know where to go, or may need to visit more than one location before they get the appropriate treatment.

Best use of resources - There is a national NHS standard which says at least 95 per cent of patients who attend A&E should be admitted to hospital, transferred to another care provider or discharged within four hours. Like many other hospitals, Darent Valley Hospital is not always meeting this

standard and our proposal for a new Urgent Treatment Centre is intended to relieve the pressures on A&E to enable staff to focus on patients with a serious or life-threatening condition. This will also ensure that we make the best use of the specialist skills of our staff.

Changing health needs of our population - The number of people who need medical and social care due to ageing, mental health or long-term conditions is growing. We need to allocate resources to make sure we are supporting their on-going needs as well as when they need urgent care.

Access - Access to appropriate services is important to the public and to clinicians. We appreciate that waiting times for urgent care can be long and sometimes patients are referred between services because they cannot be treated at the service they first attended. We also realise that urgent care walk-in services are not always being accessed for reasons of clinical urgency, but also as a convenient means of accessing primary care (i.e. services provided by GP practices). We want to make sure there is more primary care capacity to allow patients to feel confident that they can access primary care without needing to access more expensive services, such as urgent care walk-in or emergency services if they don't need to.

Compliance with national standards - The urgent care services within Dartford, Gravesham and Swanley, although well regarded by the public, do not meet the new national standards set out by NHS England for Urgent Treatment Centres.

Proposed clinical model for the future

Our vision for the future is to develop high quality urgent care services that enable local people to access the right treatment and care in the right service when they need it.

The UTC model essentially joins the existing urgent care services for minor illness and minor injury – integrating the services currently provided separately by Minor Injuries Units (MIUs) and Walk-in Centres (WICs). Urgent Treatment Centres will provide services in line with 27 national standards, to ensure consistency across the country.

The new Urgent Treatment Centre (UTC) will play a pivotal part in ensuring patients get the right care in the right type of service when needed. By providing fast and efficient care, it will reduce unnecessary A&E attendances and help ensure the system better serves those with serious or life-threatening emergencies. Supported by NHS 111 and the Clinical Advice Service (clinical advisors supporting the NHS111 service), we envisage that the UTC will relieve pressures on the system and provide a trusted alternative where patients with non-threatening illnesses and injuries can receive quality care.

Our ambition is to deliver clinically sustainable, high quality urgent care services that are accessible to DGS residents for a minimum of 12 hours a day, 7 days a week.

The UTC will also work alongside other parts of the urgent care network including primary care, community pharmacists, ambulance and other community-based services to provide a locally accessible and convenient alternative to A&E for patients who do not need emergency care.

The UTC will be designed to assess and treat patients with a full range of minor illness and injuries, but will also be equipped to manage critically ill or injured patients who may arrive at the UTC unexpectedly or whose condition might rapidly deteriorate whilst in the service. Staff trained in adult and paediatric resuscitation will be on-site at all times.

The service will also have access to a range of diagnostics not currently available at all sites providing urgent care services (i.e. the Fleet Health Campus). Diagnostics will include bedside diagnostics, urinalysis, electrocardiograms (ECG), and x-ray facilities.

Workforce

The workforce challenges that relate to the UTC model are outlined in the pre-consultation business case¹⁰.

A main challenge to current urgent care services, that will likely impact on the future model, is the CCG's proximity to London and the pull of workforce to the London areas. This means that it can be challenging at times for the CCG to attract and recruit sufficient numbers of appropriately skilled staff. The UTC model is led by a GP supported by a robust and effective multi-disciplinary workforce ensuring patients are seen by the most appropriate healthcare professional.

Urgent care in Dartford, Gravesham and Swanley

There are a range of services within the CCG area offering elements of urgent care. In summary these are as follows:

Walk-in Centre at Fleet Health Campus in Northfleet: Open 8am-8pm, 7 days per week. The service is led by GPs offering consultations, minor treatments and advice on self-care. No appointment necessary.

The Minor Injuries Unit at Gravesham Community Hospital in Gravesend: Open 8am-8pm, 7 days per week. The service is led by nurses who offer treatment for less serious injuries. No appointment necessary.

GPs: GPs provide many urgent care services to patients every day. We know that different GP practices have different systems for booking appointments and that patients can't always get an urgent appointment on the same day.

GP out-of-hours: This service provides appointments outside of GP opening hours for patients unable to wait for their GP practice to re-open. It is accessed by calling NHS 111 and offers consultations at base sites or home visits.







GPs at A&E Department: Patients arriving at Darent Valley Hospital's A&E department are assessed and then treated by A&E staff and, if more appropriate, referred to the GP-led service also on the hospital site.

¹⁰ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>

NHS 111: is the free number to call for non-emergency advice. The service is available 24 hours a day, 7 days a week. The calls are answered by highly-trained advisors and patients can also speak to a clinician when necessary. NHS 111 advisors can book an appointment for patients with out-of-hours GPs and other medical services when they are needed.

Although elements of urgent care are delivered from a number of services, the main urgent care services offering unplanned, walk-in services, and therefore those services affected by these proposed changes are highlighted in orange below:

Services affected by the proposals

-  Walk-In Centre at Fleet Health Campus in Northfleet
-  Minor Injuries Unit at Gravesham Community Hospital in Gravesend
-  GPs at A&E department
-  Local GP surgeries
-  GP out-of-hours service
-  NHS 111

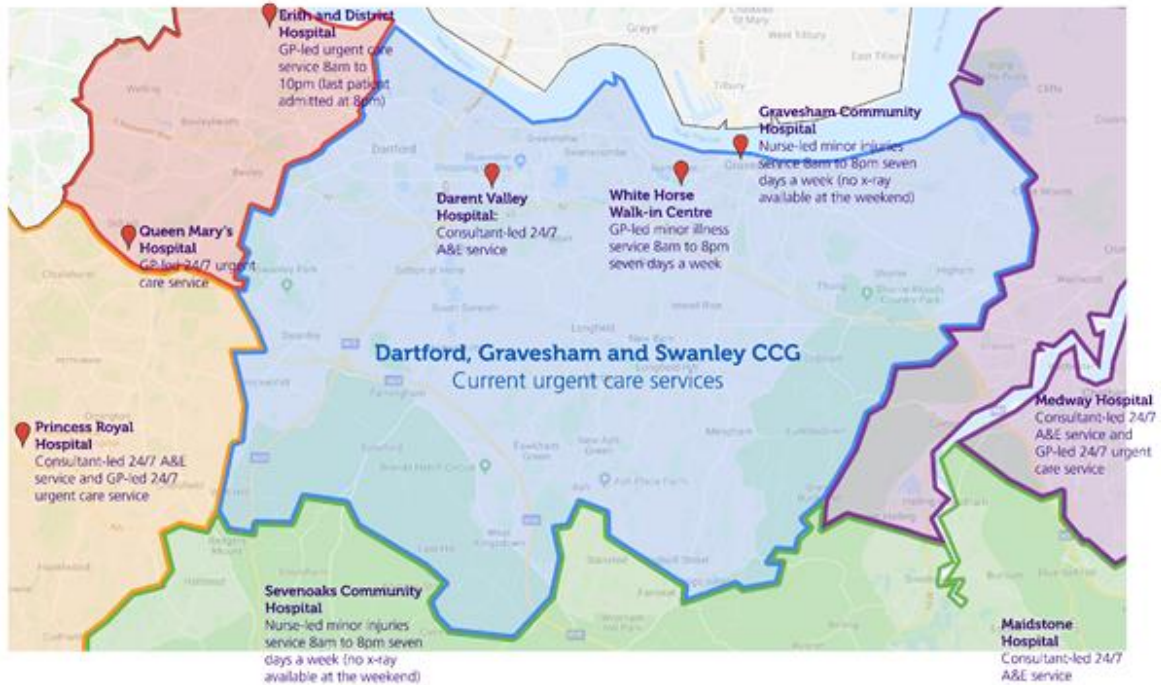
It is important to note that only the specific urgent care services at the sites outlined above will be affected. The rest of the services at each site will be unaffected by these proposed changes.

The Fleet Health Campus continues to provide primary care services and patients registered with GP practices on that site, or who access other types of services at that site, will continue to be able to do so. There are plans to provide more services at that site in future, for example, some outpatient clinics will be provided at the site rather than at the Darent Valley Hospital site.

Gravesham Community Hospital continues to offer the full range of adult and children's community services, outpatient clinics, long term condition services, rehabilitation services, x-ray and phlebotomy services as well as over 100 intermediate and social care beds.

Darent Valley Hospital continues to offer the full range of acute services currently offered at the site including the Accident and Emergency Department, outpatient and inpatient services, and diagnostic facilities.

'Patient choice' gives patients the freedom to choose where and how they receive NHS care and we recognise that although people may reside in one CCG area, they may access services in another area. The urgent care services on our boundaries are shown on the map below:



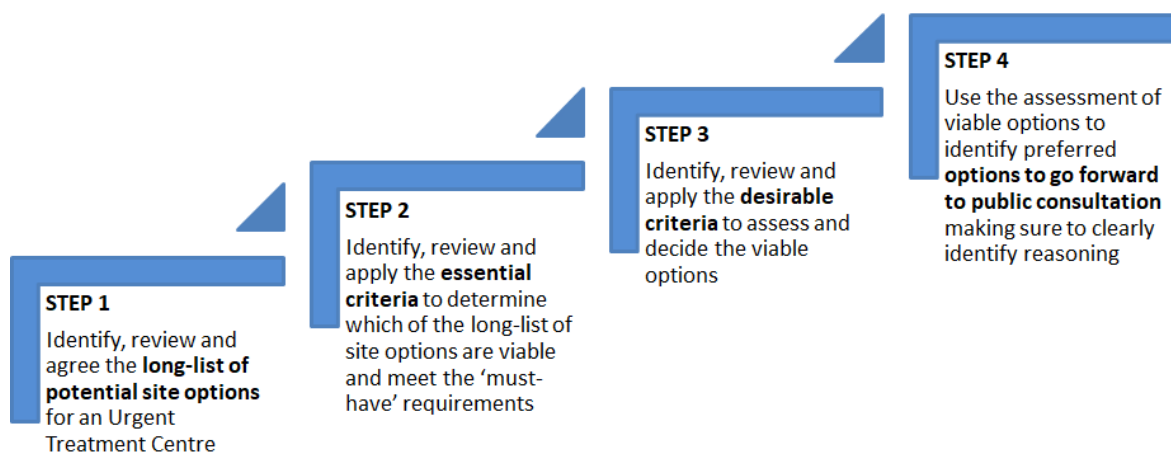
Shortlisting options for consultation

Development of options

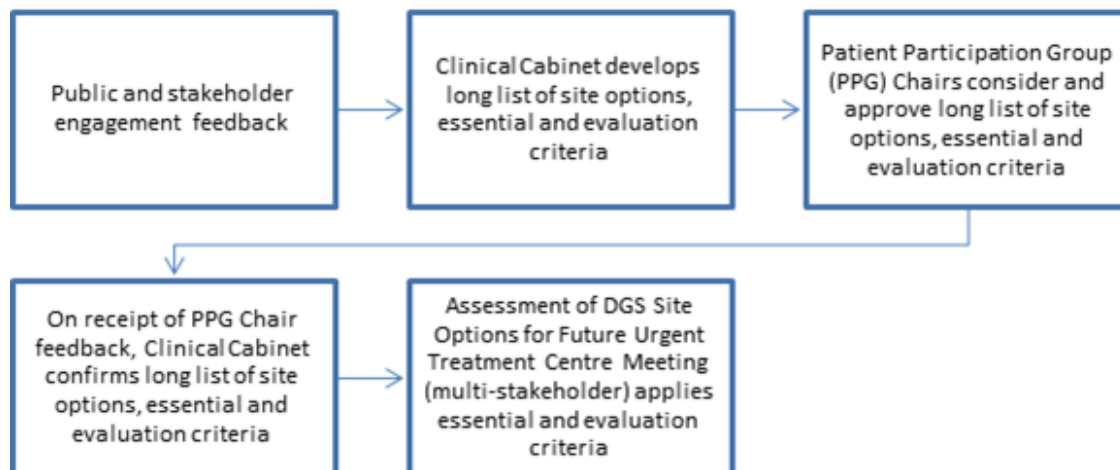
The original case for change and proposed clinical model for urgent care, which was presented to the Kent Health Overview Scrutiny Committee in July 2017, consisted of a single option for face-to-face walk-in services, that of Gravesham Community Hospital.

In April 2019, following the discontinuation of a procurement process, of which DGS face-to-face urgent care services was a part, the CCG decided to also explore the potential of co-locating the future UTC with the A&E on the Darent Valley Hospital site.

Based on the changing landscape, and the feedback the CCG received as part of the pre-consultation engagement, the CCG's long list of potential future site options was re-explored to ensure the CCG had considered all viable options, and to ensure that the process by which the site options were considered was clear and transparent. A four step options appraisal process was carried out between April and May 2019:



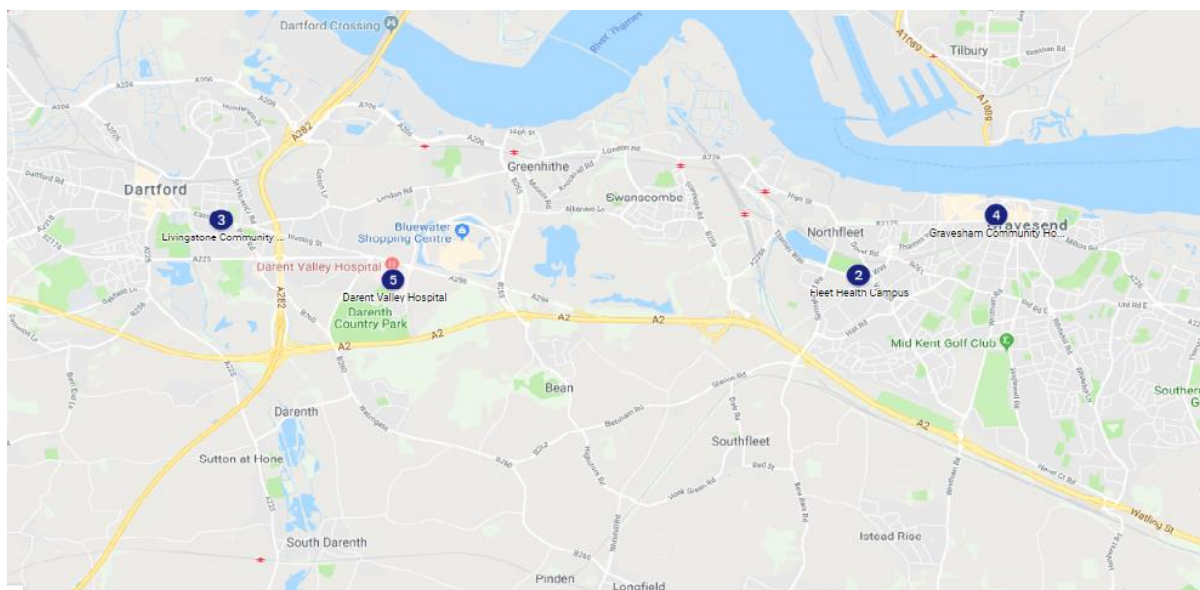
The identification of the long-list of site options, and the essential and desirable criteria to be applied to them were developed as outlined below:



In its appraisal of potential site options, the CCG considered all sites within the CCG boundary that could be reasonably made to accommodate an UTC without the need for significant investment, as well as a ‘do nothing’ option for comparison purposes only, as remaining unchanged would not be a viable option as it would not allow compliance with national mandate.

Options appraisal (long list)

The long-list of site options was as follows:



- Option A - Do nothing
- Option B - Fleet Health Campus
- Option C - Livingstone Hospital
- Option D - Gravesham Community Hospital
- Option E - Darent Valley Hospital

Options appraisal (medium list)

Each long-list site option was considered against the essential criteria identified by the Clinical Cabinet and supported by the PPG Chairs Group to ensure the site option was viable and met the ‘must have’ requirements of a future UTC:

#	Essential Criteria
1	The site will support an UTC that is capable of complying with national mandate and delivering the 27 standards and principles for UTCs as laid out by NHS England
2	The site option is compliant with the disability discrimination act
3	The site will support a fully compliant UTC without impacting detrimentally on existing services at that site (e.g. where substantial variation to the way patients access existing

	services, such as relocation, might be required)
4	An UTC is deliverable on the site within the required timeframe (by July 2020 at the earliest and before autumn 2020 (Long Term Plan))
5	The site option will support an UTC that represents value for money and affordability

The multi-stakeholder group applied the criteria to the long-list of site options, and although the group expressed differing opinions regarding individual criterion, there was unanimous agreement on which options failed to meet all essential criteria and this is shown in the table below:

#	Criteria	Option A Do Nothing	Option B Fleet	Option C Livingstone	Option D GCH	Option E DVH
1	The site will support an UTC that is capable of complying with national mandate and delivering the 27 standards and principles for UTCs as laid out by NHS England		✓ 6/9 ✗ 3/9	✓ 1/9 ✗ 7/9 ? 1/9	✓ 9/9	✓ 9/9
2	The site option is compliant with the disability discrimination act		✓ 9/9	✓ 1/9 ✗ 6/9 ? 1/9 Not scored 1/9	✓ 9/9	✓ 9/9
3	The site will support a fully compliant UTC without impacting detrimentally on existing services at that site (e.g. where substantial variation to the way patients access existing services, such as relocation, might be required)		✗ 9/9	✗ 9/9	✓ 9/9	✓ 8/9 ? 1/9
4	An UTC is deliverable on the site within the required timeframe (by July 2020 at the earliest and before autumn 2020 (Long Term Plan))		✓ 8/9 ✗ 1/9	✗ 9/9	✓ 9/9	✓ 9/9
5	The site option will support an UTC that represents value for money and affordability		✓ 1/9 ✗ 8/9	✗ 9/9	✓ 8/9 ? 1/9	✓ 9/9

The application of these essential criteria resulted in the elimination of Option B: Fleet Health Campus (key concerns regarding value for money duplicating x-ray services to provide on-site, and the resultant impact of that investment on access to the site and patient experience), and Option C: Livingstone Community Hospital (key concerns regarding potential for site to deliver UTC given current condition and backlog of estate maintenance issues, and impact on existing inpatient beds).

Option D: Gravesham Community Hospital and Option E: Darent Valley Hospital were found to be viable options.

Evaluation of the options (shortlisting)

Further analysis of the potential options for consultation was carried out using five desirable criteria identified and listed in order of importance by the Clinical Cabinet. These were based on clinical considerations and previous stakeholder feedback, and were supported by the PPG Chairs.

The desirable criteria for a future UTC site were as follows:

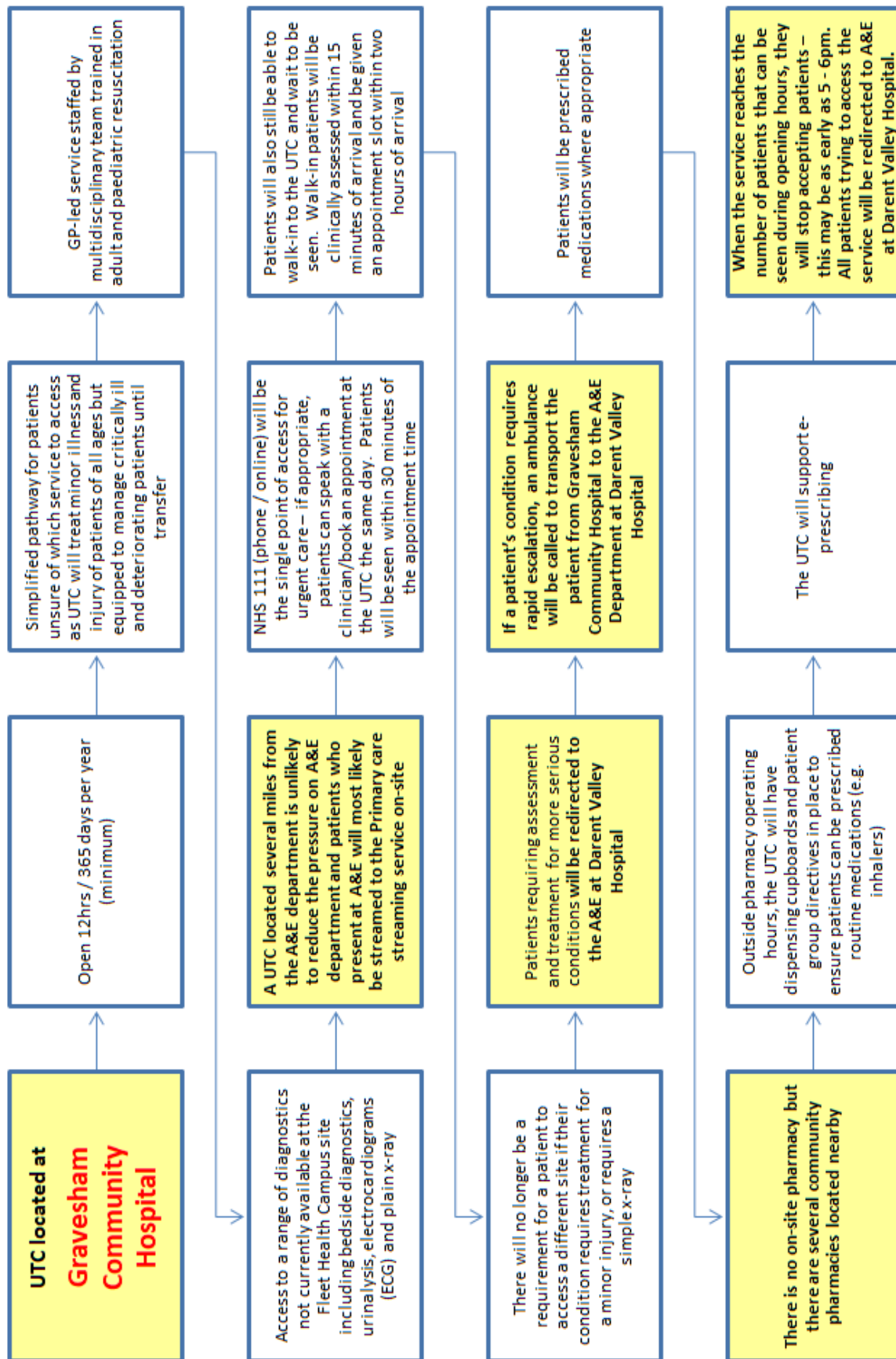
#	Desirable Criteria
1	Strategic fit Alignment with existing commitments and other strategic plans that address local health improvements
2	Quality of care for all Clinical effectiveness and responsiveness
3	Access to care for all Transport and other access issues
4	Ability to deliver Within nationally mandated timeframe
5	Affordability and value for money Maximum benefits for local population within available resources

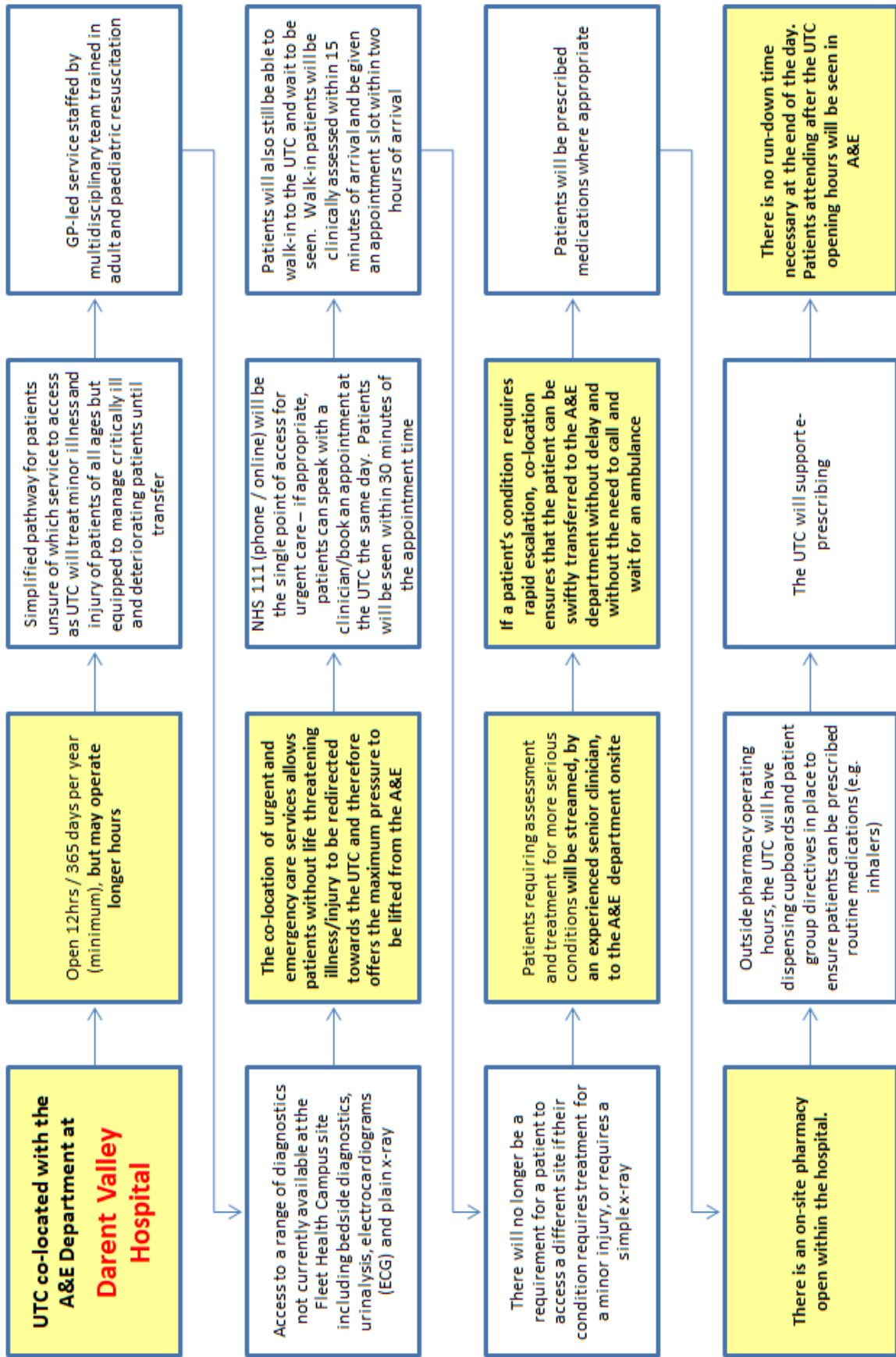
The remaining options were assessed against the desirable criteria listed above and it was decided by the multi-stakeholder group that both site options (Gravesham Community Hospital and Darent Valley Hospital) should go forward to public consultation.

More in-depth information regarding the options appraisal process and the key differences between the consultation site options is given in the Pre-Consultation Business Case¹¹.

The key differences between these site options can be summarised in the flowcharts below (one for each site option). The text boxes highlighted in yellow show the areas in which the site options may provide different types of UTC services:

¹¹ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>





Public consultation

Overview of consultation

The formal consultation on the proposals for the siting of the future Urgent Treatment Centre in Dartford, Gravesham and Swanley ran for 12 weeks from 12 August to midnight on 4 November 2019.

The consultation activity consisted of the distribution of printed and online consultation materials including a survey, regular engagement with the public via digital and social media channels, stakeholder briefings, open roadshow events, structured listening events, independently commissioned work with communities with protected characteristic and sometimes described as seldom heard.

The consultation process and consultation responses were analysed and evaluated by an independent third party organisation and were published by the CCG on the CCG website as soon as the period of purdah was lifted on 13 December 2019. Stakeholders and participants of the consultation (who provided their details) were informed by email with a link to the post-consultation report. This report is shown in **Appendix A**.

Response to Consultation Activity

The CCG received an unprecedented number of survey responses (online and hard copy), with 16,474 surveys returned containing approximately 25,000 free-text responses.

Over 21,000 consultation materials were printed and distributed. There was local news coverage of the consultation, Facebook advertising, social media messages, and 1,166 members of the public were engaged through a roadshow visiting 30 community venues including locations specifically addressing hard to reach groups. Formal meetings were held with key stakeholder groups, engagement with the public, patients, staff, local authorities, local councillors, MPs, GPs, and members of the public from protected characteristic groups. Engage Kent was commissioned to independently engage people with physical disabilities and residents of rural areas.

The CCG held three independently facilitated public listening events, one in Dartford, one in Gravesham and one in Swanley. A total of 81 people attended. These events generally followed the structure of a short presentation providing context and an overview of the proposals, followed by a plenary Q&A session, and facilitated individual table discussions.

Engagement with neighbouring areas

The CCG engaged with neighbouring CCGs and the Health Overview Scrutiny Committees in those neighbouring areas of Bexley, Bromley, Medway, and West Kent. Whilst all neighbouring boroughs expressed interest in the proposed changes Bexley Communities Overview and Scrutiny Committee (COSC), whose remit includes health and public health issues, expressed concern that the DGS proposals represented a substantial variation to NHS health services for Bexley residents.

The Bexley COSC was first contacted on 15 May 2019. The formal decision that the proposals represented a significant variation to the Bexley population was made over 24 weeks later on 16 October 2019.

A 'substantial variation' of health services is not defined in Regulations, however the key feature is that there is a major change to services experienced by patients and future patients¹².

Since 16 October 2019, discussions were held with members of Bexley COSC and Kent HOSC regarding the formation of a Joint Health Overview Scrutiny Committee (JHOSC) to consider the CCG's eventual decision regarding the siting of the future Urgent Treatment Centre.

The formation of a JHOSC was considered and supported by Kent County Council on 17 December 2019. As the COSC decision regarding substantial variation came towards the end of the public consultation period and just before the onset of Purdah, it was not possible to carry out any focused engagement before the end of the consultation period. To ensure that the CCG fully understands the views of the Bexley population an additional period of intensive engagement was undertaken consisting of:

- A survey conducted by the CCG Communications and Engagement team face-to-face with 97 people interviewed over three sessions at the following sites:
 - Erith Urgent Care Centre - (Tuesday 17 December (am) and Monday 06 January (pm))
 - Queen Mary's Hospital - Wednesday 18 December (am).
- Informal discussion with front-line staff and doctors delivering urgent care services in Bexley based at both Urgent Care Centre sites.
- A targeted listening event, conducted by DGS CCG in partnership with Bexley CCG and Healthwatch Bexley, was held on 09 January with a group of Bexley patients.

The key findings from this Bexley focused intensive engagement activities are as follows (**Appendix C**):

- For Bexley respondents:
 - Accessibility and travel times seem to be the main drivers for patients' decisions when they need urgent care
 - Darent Valley Hospital is relatively easily accessible by car and public transport, and some patients believe that co-location with the A&E department means an Urgent Treatment Centre would provide a higher quality service and provide treatment "all in one place". Having said this, car parking at the Darent Valley Hospital site, was also raised as a concern for Bexley residents.

¹² <http://cfps.org.uk/surface3.vm.bytemark.co.uk/domains/cfps.org.uk/local/media/uploads/33.pdf>

- An Urgent Treatment Centre at Darent Valley Hospital is seen as a potential alternative option rather than as a first choice as there are two well regarded Urgent Care Centres within the Bexley boundary.
- A third of Bexley respondents felt there would be no impact or very limited impact for them as a result of the siting of a future Urgent Treatment Centre as they would be unlikely to use any of the alternatives in Dartford, Gravesham or Swanley.
- Whilst there was no suggestion from the initial survey that patients might look towards Bexley urgent care services, staff and doctors at both Erith Hospital and Queen Mary’s Hospital commented that they saw a significant number of patients from Dartford, Gravesham and Swanley, and this was attributed to pressures, difficulty in securing GP appointments, long waits at Darent Valley Hospital and frequent referrals from NHS 111 and GPs. Recent GP closures in Dartford were also cited.

Evaluation of public consultation process

The consultation process was independently evaluated. The independent review found that the CCG:

“made considerable efforts to engage widely and reach relevant groups of residents and stakeholders through an inclusive process, invited response through a variety of channels, and can provide evidence to show how the exercise met the key requirements and best practice” (Appendix A page 11)

The relevant requirements and standards in respect of public and stakeholder consultation, and the CCG’s performance against those requirements and standards, along with the independent evaluator commentary, are shown in the table below **(Appendix A pages 12 and 13)**. All requirements and standards relevant to engagement were found to have been met.

Requirement	Comments
<i>The Secretary of State for Health’s four tests</i>	<i>(NB. only one of these relevant to public engagement)</i>
<i>1. Strong public and patient engagement</i>	<i>The response and participation level in this consultation was high, and a variety of channels were provided through which people gave views</i>
Code of Practice	
<i>A. Consultations should be clear and concise</i>	<i>The consultation document set out clear Options for location of the new UTC</i>
<i>B. Consultations should have a purpose</i>	<i>This consultation set out two clear Options for location of the new service, and detail is provided on the governance and decision-making process which will follow</i>
<i>C. Consultations should be informative</i>	<i>A great deal of information was provided about the case for change, the process for developing options and making decisions and the relative strengths of each Option</i>
<i>D. Consultations are only part of a process of engagement</i>	<i>This consultation builds on strong previous patient and public engagement exercises, and used existing well-established communication channels developed by the CCG and its partners</i>

<i>E. Consultations should last for a proportionate amount of time</i>	<i>The consultation lasted for 12 weeks, which is considered appropriate for public sector engagement exercises (set out in Code of Practice)</i>
<i>F. Consultations should be targeted</i>	<i>Both in respect of groups sharing protected characteristics - and more broadly – groups likely to be high-level users of urgent care, or face access issues were identified, and clear efforts made to ensure that representatives and individual voices from these groups provided insight to inform the consultation</i>
<i>G. Consultations should take account of the groups being consulted</i>	<i>This report provides a detailed analysis of the views of people participating in the consultation, as well as including separate independent reports focused on seldom heard groups and mitigations to perceived weaknesses in the Options Together, these provide a summary of views heard to inform the CCG’s decision-making meeting and local authority scrutiny</i>
<i>H. Consultations should be agreed before publication</i>	<i>This builds on a significant period of pre-consultation development and engagement, and there was a rigorous, inclusive process through which Options were evaluated (set out in the consultation documents), and broad agreement by commissioners and providers to proceed to consultation</i>
<i>I. Consultation should facilitate scrutiny</i>	<i>The CCG has engaged widely during the development of the Options and consultation plans, including with local authority scrutiny - this report will form part of the papers for forthcoming review The consultation documents are clear about the relative strengths of each Option and the broader challenges for urgent care in Dartford, Gravesham and Swanley – this information enables well- informed analysis through which proposals can be scrutinised by stakeholders and residents</i>
<i>J. Government responses to consultations should be published in a timely fashion</i>	<i>Not relevant</i>
<i>K. Consultation exercises should not generally be launched during local or national election periods.</i>	<i>Not relevant</i>
Gunning Principles	
<i>1. Consultation must take place when the proposal is still at a formative stage</i>	<i>This is a genuine process to explore views between two alternative Options for location of the UTC</i>
<i>2. Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response</i>	<i>The consultation document and other materials provided a great deal of clear, ‘in context’ information about the case for change and relative strengths of different Options to enable well-informed responses</i>
<i>3. Adequate time must be given for consideration and response</i>	<i>The consultation lasted for 12 weeks, which is considered appropriate for public sector engagement exercises (set out in Code of Practice)</i>
<i>4. Feedback from consultation must be conscientiously taken into account.</i>	<i>This report provides a detailed analysis of the views of people participating in the consultation, as well as including separate independent reports focused on seldom heard groups and mitigations to perceived weaknesses in the Options Together, these provide a summary of views heard to inform the</i>

	<i>CCG's decision-making meeting and local authority scrutiny</i>
Equality	
<i>Equalities impacts</i>	<i>Likely impacts were identified before consultation began through an Equalities Impact Assessment which was published by the CCG, and this was repeated post-consultation Engagement with seldom heard and equalities groups is summarised in this report and as [Independent Evaluation Report Appendix C] and an independent engagement exercise with three specific communities commissioned, with report at [Independent Evaluation Report Appendix D].</i>
<i>Public sector equality duty (PSED)</i>	<i>The consultation process was inclusive and participation levels high, notably by residents sharing protected characteristics: minority ethnic communities, older people, people with disabilities, faith communities (see demographic breakdown)</i>

Public comments on the public consultation process

Comments from members of the public regarding the consultation process, suggested improvements could be made to the publicising of the consultation and associated events, venue selection, and data availability. Concerns were also raised regarding predetermination of the consultation outcome, and concerns that proposals may represent cuts to services, or a step towards privatisation of NHS services (**Appendix A page 8**).

Consultation findings and key themes

The findings from the independent analysis of the quantitative and qualitative data from the public consultation are summarised below (**Appendix A**):

The consultation was characterised by a very large late surge in responses (last 72 hours of the 12 week consultation period), with an over-whelming majority in favour of the Gravesham Community Hospital option.

Key information regarding consultation respondents:

- 91% of responses were in a personal capacity (therefore own and uninfluenced)
- The sample of respondents skews slightly towards women over 45 years old and apparently towards those who identify as White British although 21% of respondents chose not to describe their ethnic origin. 48% of respondents identified as 'Christian'. Analysis of DGS CCG local population ethnicity, based on the most recent census data (2011)¹³ shows 84% of people identified themselves as English/Welsh/Scottish/Northern Irish/British, and 16% as other ethnic backgrounds. In an attempt to provide a more up-to-date ethnicity profile for the local populations

¹³ <https://www.dartfordgraveshamswanleyccg.nhs.uk/members/ccg-staff-zone/equality-diversity-inclusion-tools/bme-population-breakdowns/>

- 12% considered themselves to have a disability (predominantly physical disability)
- 46% of respondents have a caring responsibility (most likely of children)
- 68% of respondents have used the Minor Injuries Unit and over 50% have also used Fleet Health Campus Northfleet and A&E at Darent Valley Hospital showing that all services are very important to the local community
- 66% of respondents claim to have used a car when accessing urgent care services previously and only 11% of people said they used public transport

Whilst it is important to consider the report in its entirety, there are a few key points that can summarise the feedback received:

- There were four consistent key themes across both questionnaire and engagement events and all relate to access:
 - Proximity of the site (distance to travel to the service)
 - Traffic
 - Public transport
 - Parking
- Overall, 80% of respondents supported the siting of an UTC at Gravesham Community Hospital vs. 5% supporting an UTC at Darent Valley Hospital.
 - Respondents in DA11 (area around Gravesham Community Hospital) very highly endorsed Option 1 as this option sits within their local postcode area, and is therefore much easier to access for local residents. 85% of people who claim to live in this area 'Strongly Agree' that Gravesham Community Hospital is the better site for the new UTC and 90% 'Agree overall'.
 - Residents of DA2 (area around Darent Valley Hospital) are more polarised in their opinion of moving the UTC to Darent Valley Hospital. Less than half (43%) 'Strongly Agree' that it would be the best option, while nearly a third (31%) 'Strongly Disagree' with this option.
- 25,000 free-text responses were received. Analysis of free-text samples to establish if the responses indicate different issues or concerns between the respondents that preferred each option:

- For both groups, ease of journey is the main driver of site preference and ease of access is the main concern, followed by parking issues, and concerns about other services at the site
- For respondents who preferred Gravesham Community Hospital the site was easier and cheaper to reach, had better parking (availability and cost), and they shared concerns that Darent Valley Hospital facilities are already overstretched and an UTC at the Darent Valley Hospital site might lead to longer waiting times
- For respondents who preferred Darent Valley Hospital proximity to site was important, and co-location of services at the site was favoured
- Consultation responses did surge significantly in the last 72 hours of the 12 week consultation period. Analysis of the preferences of early and late responders was carried out to better understand the views of early and late consultation responders. The analysis revealed that Gravesham Community Hospital was the preferred site regardless of the timing of the respondent's feedback:
 - Late responders: 93% favoured Gravesham Community Hospital vs. 3% favouring Darent Valley Hospital.
 - Early responders: 75% favoured Gravesham Community Hospital vs. 22% in favour of Darent Valley Hospital.
- Other valuable comments made, all of which also relate to access issues, included feedback on the following:
 - Access needs of local communities, particularly residents who may not have English as a first language or with access issues linked to deprivation or age (e.g. reliance on public transport)
 - Pressures on local services, particularly the rapid growth in some areas such as Ebbsfleet Garden City, and specific concerns raised regarding the level of activity at Darent Valley Hospital
 - Need for greater accessibility (especially appointments that are easier to access) and more care provided in non-acute settings, in particular general practice
- General comments were made about the need for the CCG to communicate effectively when introducing new services and educating the public on the most appropriate way to access all local health services

Post consultation feedback

After the consultation period, the CCG received a letter from Gravesham Borough Council, regarding a resolution unanimously passed at the Gravesham Borough Council meeting on 17 December 2019. The resolution echoed concerns raised by Gravesham Borough Councillors and members of the public during the consultation period and featured within the consultation feedback considered in the evaluation report.

Consideration of the consultation process and activity

The consultation process and activity were considered by the CCG's Governing Body and the Kent Health Overview Scrutiny Committee to determine whether the CCG had fulfilled its statutory obligation regarding public consultation.

Consideration by the CCG Governing Body

The Consultation process and activity were considered at the Governing Body meeting on 28 November 2019.

The CCG Governing Body considered the following questions to assist its evaluation of the consultation process:

- Did the consultation secure the involvement of key stakeholders?
- Was everyone given a reasonable opportunity to state their views?
- Was it possible to engage with a diverse set of views?
- Did anyone with a significant viewpoint fail to participate?
- How do the key themes and issues arising from the consultation impact on the decision making?

The Governing Body determined that:

- The consultation secured the involvement of key stakeholders.
- The consultation gave the public a reasonable opportunity to state their views.
- The consultation engaged with the public in such a way as to welcome a diverse set of views.
- All those likely to have significant viewpoints were welcomed to participate.
- Having considered all available information, and heard the concerns of consultation respondents, that mitigations for the issues raised would be developed as part of the Decision Making Business Case (DMBC) and implementation planning.

The CCG Governing Body agreed that the extent of consultation and engagement activity undertaken during the consultation period, the number of responses received, and the consistency of the themes coming through from the feedback gathered, meant the themes arising from the consultation can reasonably be relied upon to be a fair representation of the views of the local

population across its three constituent areas (Dartford, Gravesham and Swanley), as well as those in the neighbouring areas who provided input.

Consideration by the Joint Health Overview and Scrutiny Committee

The Kent Health Overview and Scrutiny Committee (with two Bexley COSC members in attendance) met on 16 December 2019 to review and consider the consultation process and to receive an update on the next steps in the urgent care review..

The HOSC councillors (including Bexley COSC members in attendance) put a number of questions to three members of the DGS CCG urgent care review team about the consultation process, the consultation responses, the potential mitigations, and the next steps.

The HOSC Committee members reached unanimous agreement that Dartford, Gravesham and Swanley CCG has discharged its statutory responsibility regarding the public consultation into the location for an Urgent Treatment Centre. However, in view of the concerns expressed by Bexley councillors that the proposals represented a substantial variation, the committee supported the CCG's plans for additional engagement with Bexley residents to inform the final Governing Body decision.

The HOSC comments can be summarised as follows:

- The Committee recognised the access concerns raised in the public consultation responses and the opportunities for Health and Kent County Council to work together with NHS and other agencies to address access issues relating to road congestion and public transport
- The Committee discussed the two options and recognised the need to retain walk-in GP services in Gravesham, and for the public to have access to the wide range of services available on the Darent Valley Hospital site
- The Committee wanted the Governing Body decision to ensure that it addressed :
 - the growth anticipated in Ebbsfleet and north Bexley
 - the need for sufficient staffing and provision of clinicians to provide required services
 - the tight timeframe for the implementation available so that people are not left without services
- Bexley COSC attendees expressed concern that if the Gravesham Community Hospital site was chosen for the Urgent Treatment Centre, that a greater number of people living in the West of the CCG may choose to attend Bexley urgent care services (Erith Urgent Care Centre, and Queen Mary's Hospital Sidcup Urgent Care Centre) than travel east to Gravesham Community Hospital.
- The Committee raised a number of queries relating to the possibility of a two site Urgent Treatment Centre model making use of both Gravesham Community Hospital and Darent Valley Hospital

- The Committee recognised the overwhelming consultation response in favour of Gravesham Community Hospital.

The HOSC Committee members reached unanimous agreement that Dartford, Gravesham and Swanley CCG has met its statutory responsibility regarding the public consultation into the location for an Urgent Treatment Centre.

Identifying appropriate mitigation

Approach

Following consultation, a process was undertaken to identify appropriate mitigation; mitigation that might best address the needs of the local urgent care system, as well as address the concerns raised through the public consultation process.

Post-consultation – options appraisal meeting

A Post Consultation - Options Appraisal meeting, attended by CCG clinical, executive, commissioning, finance and communications and engagement representatives, took place on 18 November 2019 to review:

- (i) the pre-consultation options appraisal process
- (ii) consider the public consultation activities and consultation response key themes
- (iii) consider the outcome of travel mapping
- (iv) review the refreshed Equality Impact Assessment
- (v) agree next steps.

It was agreed by the group that the desirable criteria (applied to consultation options pre-consultation) was still valid. The group considered concerns about how residents currently using the Walk-in-Centre and Minor Injuries Unit located within Gravesham might be affected under a single site UTC model as further developments in primary, local and urgent care are either:

- not yet consistently felt by the public,
- or the development is still in design stages (included but not limited to Primary Care Networks, NHS111 and Clinical Advice Service, and Integrated Care Partnerships).

The group also considered the concerns expressed, regardless of preferred option, regarding access issues at the Darent Valley Hospital site (congestion on roads, public transport, parking, parking costs). The group acknowledged these concerns regarding access and also noted that solutions were not yet in place.

The group considered public concerns re: growth in the DGS area and impact on services perceived to be 'already stretched'.

The group reached unanimous consensus that a single site solution for urgent care across Dartford, Gravesham and Swanley was unlikely to mitigate well placed concerns raised during the public consultation.

The group also agreed that the overlap between urgent, local and primary care made it necessary to consider all urgent, local and primary care needs when identifying potential mitigations, and some time may well be needed to consider the ways in which primary care developments can support the future UTC model.

The group discussed mitigating concerns raised in consultation by exploring the provision of urgent care services (currently provided by Walk-in Centre, Minor Injuries Unit and A&E) from both sites (Gravesham Community Hospital and Darent Valley Hospital) via a 'networked model of care'. This would help address the uncertainty in the current healthcare landscape as various important healthcare developments and transformational work that are currently underway, continue to progress and deliver the intended benefits to the local population; workforce and other resource considerations.

Networked model of care

A networked model of care was first outlined in NHS England's 'Urgent Treatment Centres – FAQs to support implementation' document updated in August 2019¹⁴. The relevant sections are provided below:

“What options are there for services that may have exceptional reasons for not maintaining the minimum service offer?”

Designation as an UTC for services not offering the full specification should be considered exceptional. NHS England and NHS Improvement regional teams will review any requests from localities for such exceptions. To ensure patients have a clear understanding of the service offer expected at an UTC anywhere in the country, these exceptions will not be commonly granted. There may be opportunities for a limited offer to form part of an alternative community service, or to provide an enhanced offer within, e.g. an extended access hub. All services should be clearly identified within an updated and maintained DoS to enable effective referral from NHS 111 and 999 services.

Is it acceptable for services that do not meet the full UTC standards to operate as a 'spoke' service in hub and spoke model?

Services are expected to meet all the UTC standards; however some localities may wish to explore innovative ways of achieving the standards as part of a networked model of care. This could include shared GP leadership across one or more sites or consultation via video link to clinicians in the CAS. Proposals should stand up to the following checks to ensure the UTC vision is not compromised and demonstrate:

- 1. How clinical care is improved;*
- 2. How confusion is reduced;*
- 3. How service offer is improved;*
- 4. How patient flow is improved;*
- 5. How the service offer ensures there is consistency of service provision in line with expected standards; and*
- 6. Consistent and fail-safe access protocols are in place where required – e.g. referral and reporting process for X-ray if this is not on site.*

Regions should consider proposals on a site by site basis and proposals must be...approved through regional governance structures including approval from regional clinical lead or clinical senate. If accepted there should be clear sign posting on the DoS to the service offer and ongoing evaluation of patient flow and periodic review to ensure the service continues to pass the checks above.”

¹⁴ <https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres-faqs-v2.0.pdf>

Assuring the mitigated model

Background to quality assurance

The urgent care review has sought to meet all obligations in regards to statutory requirements and assurance that accompany any change to NHS services.

Throughout the programme, the urgent care review has:

- Had a clinically-led options development process where clinical, finance and commissioner expertise has been brought together to allow the CCG Governing Body to make the recommendations on service options
- Actively engaged with patients and the public and their representatives, as well as local authorities and their overview and scrutiny committees, providers and other CCGs.

There have been several different forms of assurance that have been undertaken during the urgent care review, all of which are discussed in detail in the pre-consultation business case¹⁵. The forms of assurance to date can be summarised as follows:



Post consultation assurance of the mitigated model

The Urgent Treatment Centre model has been assured as outlined above. The CCG's proposed mitigation to address public concerns identified through public consultation is to provide the Urgent Treatment Centre model over two sites rather than at a single site, and for services to be networked

¹⁵ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>

to ensure they operate in an integrated way, as part of an urgent care system for Dartford, Gravesham and Swanley CCG's local population.

NHSE have been consulted and have considered the mitigations suggested within this paper.

If the mitigated model is supported by the Governing Body, the detailed networked model and revised service specifications will be worked on over the coming months and will be refined in collaboration with current providers of urgent care services, GP membership, including NHS 111, primary and local commissioners and providers.

Assessing the implications of the mitigated model

Description of mitigated model

This section describes the preferred option for the future Urgent Treatment Centre Networked Model of Care in Dartford, Gravesham and Swanley.

The mitigated model is for the implementation of a networked model of urgent care ensuring all networked services combined comply with the 27 national standards for Urgent Treatment Centres.

This model will be refined over time allowing the benefits of other developments such as the extended and improved primary care access, Primary Care Networks, and the Integrated Care Partnership to be realised.

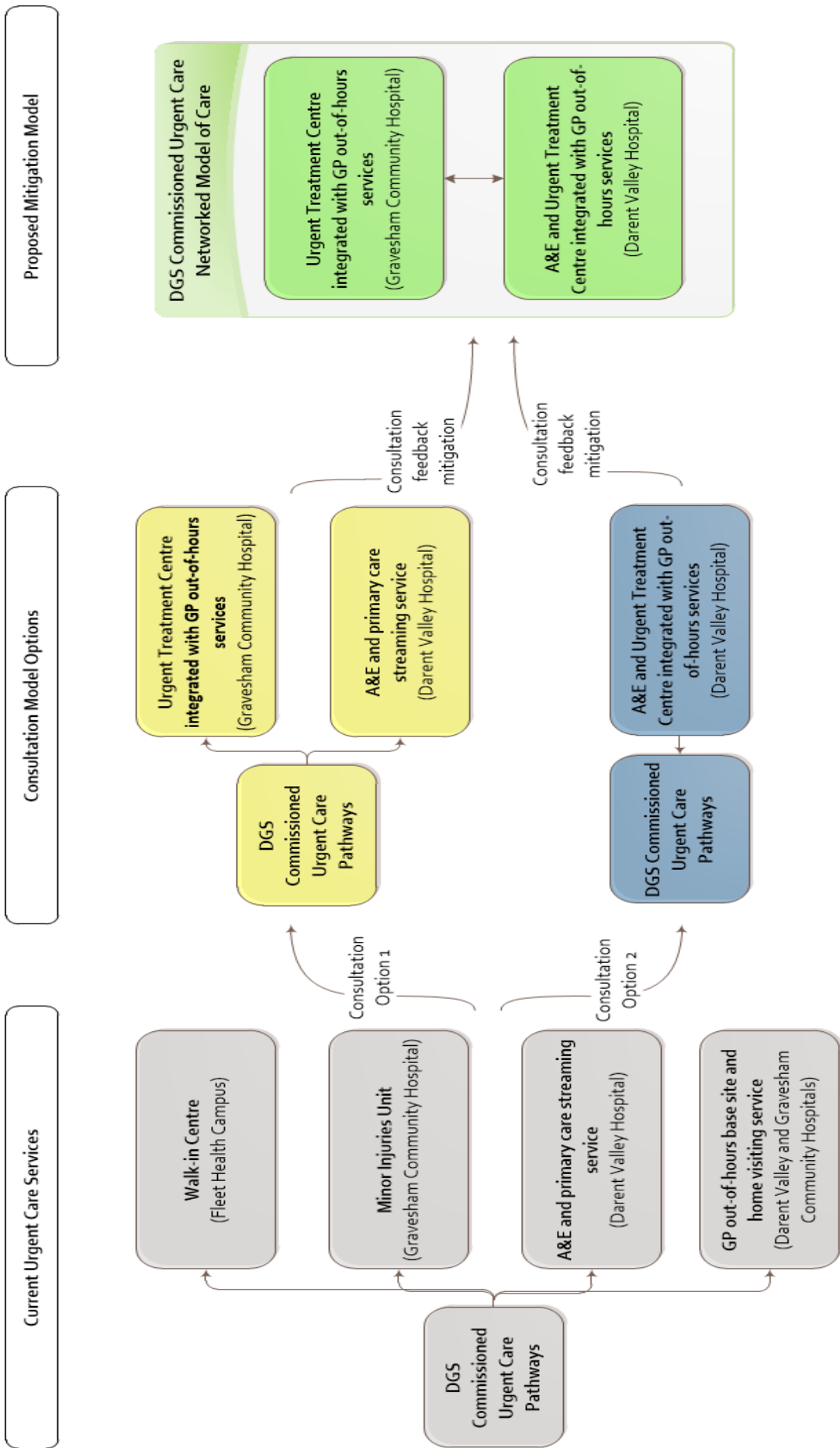
The networked model will consist of the following networked services:

- Urgent Treatment Centre at Gravesham Community Hospital and Urgent Treatment Centre at Darent Valley Hospital (co-located with A&E)

The reason the networked model of urgent care is preferred is as follows:

- Urgent care is not being transformed in isolation, but the other programmes of work are either still in their infancy or the benefits are not yet felt by the local population (e.g. Primary Care Networks, improved/extended primary care access, movement of outpatient clinics away from an acute setting)
- There was general support for an Urgent Treatment Centre model.
- The consultation responses highlight concerns regarding accessing the Darent Valley Hospital site by car (including issues of congestion and parking availability on-site), and by public transport (limited access for certain routes). Concerns regarding the cost of accessing the site were also raised (parking, taxi costs). The public consultation also identified that the current infrastructure at Darent Valley hospital, was unlikely to cope with any additional footfall, particularly in view of the anticipated growth within the area in the coming years.
- The impact of growth in the area is estimated but may be clearer in the coming years.
- The transformation of the local health system, including the merger of eight CCGs into one CCG and creation of the Integrated Care Partnerships can take place without additional pressures in the system.
- Concerns raised by Bexley councillors regarding potential increased use of Bexley urgent care services by Dartford patients will be addressed through the implementation of urgent care services across two sites (one of which is Darent Valley Hospital) and a robust communications plan informing local residents about local NHS services (including urgent care).

The mitigated networked model of urgent care proposed is shown in the diagram below:



Careful consideration has been given to identify what urgent, local and primary care services should be provided at each site, and the ways in which services could be networked to ensure the best provision of urgent care possible for the local population within existing resources.

The healthcare system is currently under significant change with the transformation of the eight clinical commissioning groups into a single Kent & Medway Clinical Commissioning Group from April 2020, the implementation of an Integrated Care Partnership in 2021, and the development of Primary Care Networks to improve the health of local populations.

The service specification for an Urgent Treatment Centre as part of a two site networked model of care will be adjusted if supported by the Governing Body. It is clear that the DGS UTC model is intended to achieve the following:

- Bring together the Walk-in Centre and Minor Injuries Unit into an Urgent Treatment Centre by July 2020
- Avoid directing additional patients currently using the Walk-in Centre and Minor Injuries Unit in Gravesham to the Darent Valley Hospital site thereby relieving additional pressure to road congestion, or car parking availability at the acute trust site
- Rejuvenate the GP triage service (also referred to as GP streaming) at the front door of the A&E at Darent Valley Hospital so that patients with issues most appropriately managed by primary care do not add to A&E pressures or longer waiting times
- Integrate services across the two networked sites supported by an effective communications and engagement campaign so that the public can have the best possible understanding of what and how they can access services at each site
- Implement the direct booking system via NHS 111 and 999 at all networked services – this will require specific software (i.e. EMIS)
- Identify if sites will operate as a ‘hub’ and ‘spoke’ networked model of care
- Close integration with GP out-of-hours services (including both base and home visiting elements) so that transition from in-hours to out-of-hours services is seamless, maximises use of technology to support effective service delivery, for example, Skype consultations
- The achievement of the 27 national standards for Urgent Treatment Centres across the network (rather than at specific sites). Any networked services will share robust clinical governance processes
- Focus on integration between urgent and local care (making every contact count¹⁶)
- Maximise use of technology to help address workforce challenges
- More joined up working with social care and mental health
- Explore opening hours at Gravesham Community Hospital site to support peak times of attendances at A&E at Darent Valley Hospital as part of a networked model of care.

¹⁶ <https://www.makingeverycontactcount.co.uk/>

Patient stories

Examples of patient journeys under the Urgent Treatment Centre model were outlined in the pre-consultation business case¹⁷, and remain relevant to the mitigated model. With a two site networked model of care patients will have a choice of which Urgent Treatment Centre to visit and they may consider ease of access or proximity to A&E depending upon their clinical condition.

The Patient	Current Model	UTC Model
<p>Paediatric patient</p>	<p><u>Steve and Logan</u></p> <p>Steve’s 3-year-old son, Logan, has been restless and off his food all day. At bedtime, Steve notices Logan has a rash on his chest and arms.</p> <p>Steve is worried about this so could decide to use any of the current urgent care services.</p> <p>A paediatric patient may currently access any urgent care service. The service accessed may not be the right site for the child to receive the necessary or optimal care.</p> <p>This may require paediatric patients to be transferred between services.</p> <p>A child taken to the MIU who may require the care of a GP in relation to minor illness will not be able to be appropriately treated at the nurse led and delivered MIU, conversely a child brought to the WIC who may require treatment for a minor injury would need to be referred to the MIU or A&E for diagnostics/treatment.</p> <p>The WIC and MIU do not have paediatric only waiting areas – “DARENT VALLEY HOSPITAL” A&E is equipped with a paediatric only waiting room.</p>	<p><u>Steve and Logan</u></p> <p>Steve’s 3-year-old son, Logan, has been restless and off his food all day. At bedtime, Steve notices Logan has a rash on his chest and arms.</p> <p>Steve is worried about this so phones NHS 111 for advice. The NHS 111 advisor books Logan an appointment at the Urgent Treatment Centre at 8pm.</p> <p>Depending on where Steve lives in DGS, Steve may have to travel to the new UTC by car, public transport or foot. Steve lives just a few streets from the Urgent Treatment Centre so walks there with Logan in his pushchair.</p> <p>Steve explains to the GP that he is worried Logan might have meningitis. The GP reassures Steve that Logan’s rash is due to chickenpox.</p> <p>The GP gives Steve advice on how to care for Logan while he has chickenpox, and they leave the Urgent Treatment Centre. Logan is in bed asleep by 9pm.</p> <p>Under the UTC model a paediatric patient can present at the UTC with any minor illness or injury issue and be assess and treated by a multi-disciplinary team with immediate access to simple diagnostics.</p> <p>Patients will be able to leave the UTC with prescribed medication where necessary and if medications are not available from dispensing cupboards on-site, the UTC will have an on-site pharmacy or access to a nearby</p>

¹⁷ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>

		community pharmacy.
Patient presenting with a mental health issue	<p><u>Mike</u></p> <p>Mike is eighteen, and has a history of depression, for which he has seen CAMHS in the past, and now sees MIND. He is having counselling, and taking medication but things are getting worse.</p> <p>One night he returns at 6.30, and his mother is worried about his mental state.</p> <p>Patients may present with mental health issues at any urgent care service. With so many access points it is not always possible to ensure consistency in the skills and experience of staff to quickly recognise and appropriately manage patients presenting with mental health issues, whether paediatric or adult.</p>	<p><u>Mike</u></p> <p>Mike is eighteen, and has a history of depression, for which he has seen CAMHS in the past, and now sees MIND. He is having counselling, and taking medication but things are getting worse.</p> <p>One night he returns at 6.30, and his mother is worried about his mental state. She was previously given Kent County Council's Single Point of Access telephone number for urgent / out of hours issues 24/7 by Mike's GP, but her phone is uncharged, and she decides to take him to the Urgent Treatment Centre.</p> <p>Triaged as a priority at the door, Mike sees the Liaison Mental Health Nurse, who establishes a plan to upgrade Mike's support via the CRISIS team, and Mike and his mother leave for home at 10pm with firm arrangements for help to be provided intensively in the community over the next few weeks.</p> <p>The UTC model encourages strong links with other community urgent care services, such as mental health crisis support.</p> <p>All Urgent Treatment Centres must have direct access to local mental health advice and services, such as through the on-site provision of 'core' liaison mental health services where services are co-located with acute trusts or links to community-based crisis services.</p>
The deteriorating patient	<p><u>Chen</u></p> <p>English is not Chen's first language, and when he calls 111 complaining of 'belly ache', there are communication issues. Under the current system, Chen could be sign-posted to either the Walk-in Centre at Gravesham Community Hospital or the GP streaming service at Darent Valley Hospital.</p> <p>Deciding Chen may well have chest</p>	<p><u>Chen</u></p> <p>English is not Chen's first language, and when he calls 111 complaining of 'belly ache', there are communication issues, and the 111 operator books him into the Urgent Treatment Centre for safety.</p> <p>Once there, he is noted to be a pale, sweating man in his 50s, who obviously smokes. When asked to indicate the</p>

	<p>pain from his heart rather than anything abdominal, staff at Gravesham Community hospital would have to call an ambulance for Chen to be transferred to A&E.</p> <p>Currently staff working at different urgent care services will assess the clinical risk of presenting patients and may unnecessarily escalate patients to the A&E because their services either do not have the skilled staff required (e.g. doctors or nurses with specific skills), or the necessary equipment (e.g. diagnostics) to appropriately care for the patient if they were to deteriorate suddenly.</p> <p>Patients who deteriorate while receiving care at one of the current sites would need to be stabilised, and would have to wait to be transferred by ambulance to A&E.</p>	<p>site of his pain, he vigorously pats his chest rather than his abdomen.</p> <p>Deciding he may well have chest pain from his heart rather than anything abdominal, the Urgent Treatment Centre team take him straight through to the Emergency Department, where they confirm that Chen has suffered a heart attack. Chen receives immediate skilled attention, as the A&E staff have been freed from many lesser tasks by the Urgent Treatment Centre, to focus on those with life threatening conditions.</p> <p>Chen recovers and is able to leave hospital leaves ten days later.</p> <p>The new UTC model enables new larger teams of multi-disciplinary clinical staff to be based on one site with access to more extensive diagnostics than are currently provided at urgent care services</p> <p>If Chen attended the UTC at Darent Valley Hospital, he would have been transferred to A&E on site; if he went to the UTC located at Gravesham Community hospital, then he would be transferred to the A&E department at Darent Valley Hospital by an ambulance.</p>
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Activity implications

Activity implications of the mitigated model are explored in the financial modelling section below.

A two site networked model will allow current Walk-in Centre and Minor Injuries Unit activity to be seen at an Urgent Treatment Centre at the Gravesham Community Hospital site.

It is anticipated that an Urgent Treatment Centre at Gravesham Community Hospital will see approximately 144 patients on average per day over the 5 year modelling period.

The model will not encourage increased urgent care footfall on the Darent Valley Hospital site, but an Urgent Treatment Centre co-located with the A&E at Darent Valley Hospital, will allow patients to be streamed to the Urgent Treatment Centre and will help ease the pressures in A&E.

It is anticipated that an Urgent Treatment Centre at Darent Valley Hospital will see approximately 68 patients on average per day over the 5 year modelling period.

No assumptions have been made regarding the potential impact of NHS 111 developments on urgent care face-to-face attendances at either Urgent Treatment Centre within the networked model of care.

Estates plans

The CCG explored the estate implications of an Urgent Treatment Centre at both Gravesham Community Hospital and Darent Valley Hospital within the pre-consultation business case¹⁸.

Gravesham Community Hospital

Space at Gravesham Community Hospital is currently under utilised.

It has been established that the site can accommodate an Urgent Treatment Centre without significant estate changes or service moves.

The siting of an Urgent Treatment Centre at Gravesham Community Hospital does mean that there will be less vacant space at the site to accommodate other services that may be developed by Primary Care Networks/GP Federation, although more space may be created by the movement of other services on the site.

Darent Valley Hospital

Dartford and Gravesham NHS Trust have confirmed to the CCG that an Urgent Treatment Centre service could be co-located with the A&E department at Darent Valley Hospital.

The current primary care streaming service would be absorbed in to the Urgent Treatment Centre service. Darent Valley Hospital also hosts the main base site for the GP out-of-hours service and this will need to be included in discussions.

It has been anticipated that the site can be made to accommodate an Urgent Treatment Centre without significant estate changes but some service moves will be required.

Travel and access implications

Travel and access implications should remain as they currently are now with existing urgent care services.

The CCG will work with Kent County Council and Dartford and Gravesham NHS Trust to address the wider issues regarding transport and access to healthcare raised through the public consultation.

Equalities implications

The Equalities Impact Assessment (EIA) last undertaken during the pre-consultation stage was refreshed following the successful completion of the twelve week public consultation. The refreshed

¹⁸ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>

EIA was reviewed and supported by the Equality and Diversity Working Group in November 2019 and is provided in **Appendix B**.

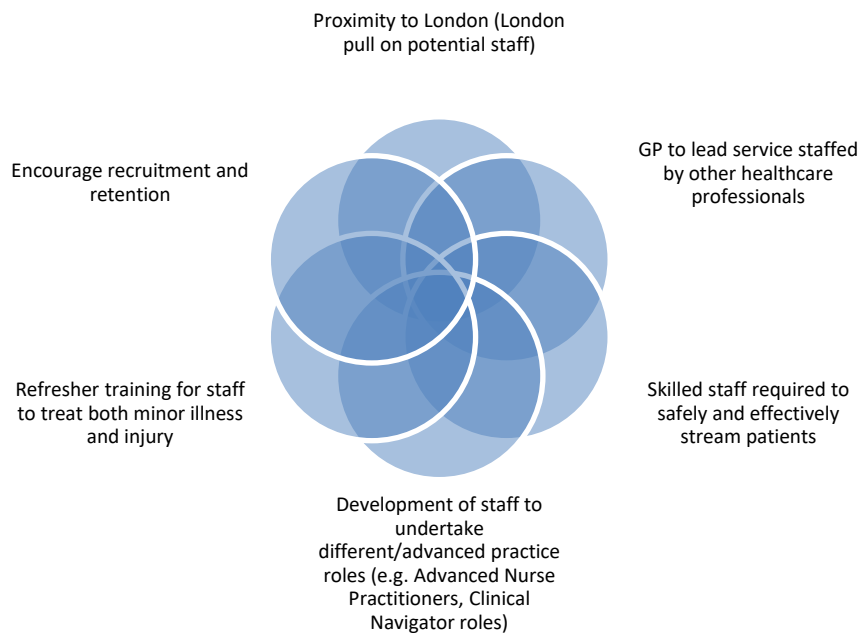
Engagement with protected characteristic groups echoed the feedback in the consultation evaluation report regarding access, and highlighted some other important points for consideration by the Governing Body:

- Access issues (including access to public transport for people without a car, limited disabled parking at Darent Valley and Gravesham Community Hospitals, road congestion issues around Darent Valley Hospital, cost of parking)
- Availability of GP appointments was a concern
- Limited British Sign Language translators for urgent care episodes
- More visual materials would be helpful e.g. video with signer because of low literacy rates
- Consideration of the following points in the Urgent Treatment Centre's service specification:
 - Staff need awareness of treating patients in distress (Mental Health) - privacy issues
 - Patients need to be assured regarding additional measures relating to privacy and dignity when treating gender reassignment patients
 - Adequate provision of privacy for breastfeeding mothers is required
 - Translation for local people with English for Speakers of Other Languages (ESOL) needs
 - For Jehovah witness patients, ensure an UTC has a "Cell machine" to re-cycle blood (in place at Darent Valley Hospital)
 - Staff awareness of religious practice (NICE guidance) and provision of a prayer room or chaplaincy service should be made available.
 - Gender equality training incorporated into all provider staff training and evidenced to the CCG as part of the Equality Delivery System (EDS2) reporting.
 - Improve staff awareness of entitlement to reclaim expenses.

Workforce implications

There are workforce implications to a two Urgent Treatment Centre site networked model of care. Implications will include those identified in the pre-consultation business case¹⁹ and outlined earlier within this paper:

¹⁹ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>



The current workforce may well prefer the two site model as staff may continue to work at the same site or a site very nearby. This will hopefully mean that they will have the same journey to work whether this is by car, on foot or by public transport.

It is envisaged that new and existing staff will be deployed to support a new Urgent Treatment Centre. Current urgent care skilled staff delivering services as part of the Minor Injuries Unit and Walk-in Centre would be offered the opportunity to transfer to one of the two future Urgent Treatment Centre sites.

It is hoped that the urgent care proposals will offer career development for some members of the existing urgent care workforce.

The workforce model will be set out when the service specification is finalised and after the Governing Body has considered the DMBC and decided on the future Urgent Treatment Centre configuration.

Financial impact of mitigated model

An urgent care networked model of care over two sites (Gravesham Community Hospital and Darent Valley Hospital)

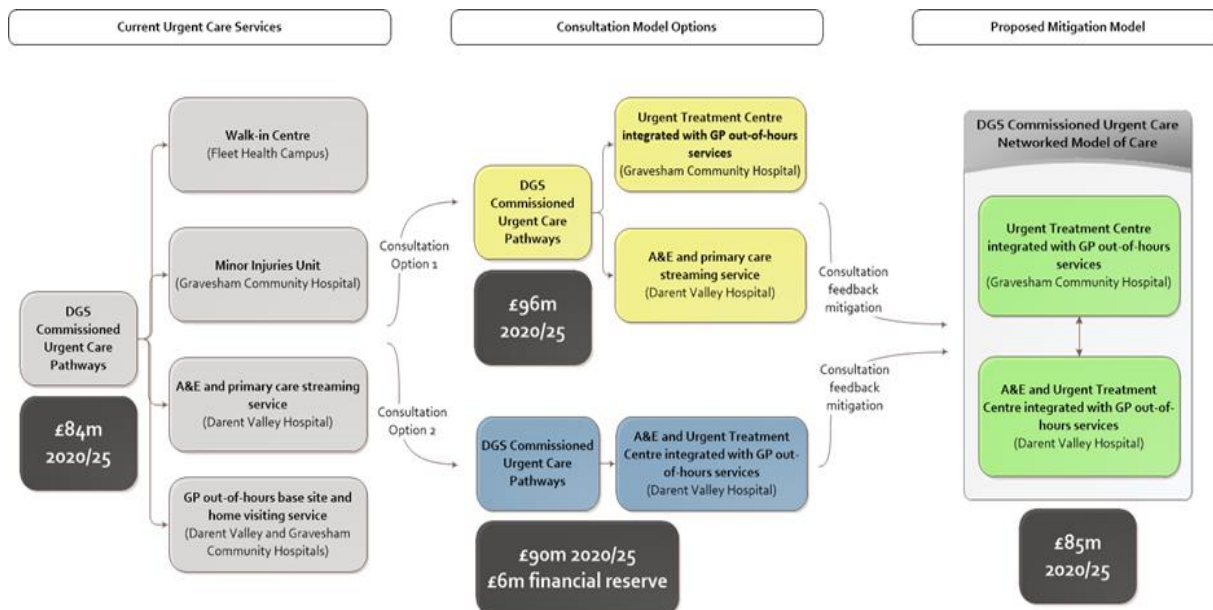
The proposed mitigation model of an urgent care networked model of care, at two sites over five years 2020-2025 is modelled to be £85m compared to the projected cost of the current urgent care service provision of £84m. This excludes the potential impact of void estate charges at Fleet Health Campus.

Financial modelling assumptions have been based on patient activity with an assessment of what the potential price would be for a unit of patient care activity in the proposed mitigated model of urgent care (consistent with all options modelled).

The CCG recognises the potential complexity of patients that would be clinically appropriate for transfer to a UTC, and in the proposed mitigation model, the unit price of urgent care activity at Darent Valley Hospital is £100 compared to the £73 unit price used for Gravesham Community Hospital. The £73 is an important benchmark to note as urgent care activity in a networked model of care is classified as a type three A&E service which currently attracts a tariff price of £73 in 2019/20.

The financial modelling assumptions utilised are based on projected activity flows that assumes:

- WiC activity at Fleet Health Campus flows to Gravesham Community Hospital
- The impact of future demographic growth
- 1% tariff future annual tariff increases
- The impact of historical activity trends
- The impact of current A&E activity including primary care streaming converted to urgent care activity flowing through the network model of care assumptions
- That current Darent Valley Hospital site activity related to urgent care does not change
- That tariff assumptions utilised for service provision, when considered in aggregate, is likely to cover the total costs of providing the service.



A summary of the financial modelling undertaken to support the development of the mitigated model is outlined in the table below:

Overall financial assessment		
Urgent care models	5 year projected costs 2020/25 £m	Key notes
Current urgent care provision (Darent Valley Hospital A&E, Gravesham Community Hospital Minor Injuries Unit and Walk-in Centre)	84.0	<ul style="list-style-type: none"> Assumes current activity trends
Proposed mitigation model An urgent care networked model of care over two sites (Gravesham Community Hospital and Darent Valley Hospital)	85.0	<ul style="list-style-type: none"> Assumes 33% non-ambulance A&E conversion rate at Darent Valley Hospital to Urgent Care Network on site. Operates a dual "Urgent Care Network" tariff that is site specific <ul style="list-style-type: none"> £73 for Gravesham Community Hospital site £100 for Darent Valley Hospital site 100% conversion of current A&E primary care streaming at Darent Valley Hospital to Urgent Care Network on site. Assumes all current activity flows to WiC are now addressed by Gravesham Community Hospital Urgent Care Network Site

Urgent Treatment Centre and A&E at Darent Valley Hospital	89.8	<ul style="list-style-type: none"> • Includes a £6m reserve for additional primary/local care services (if required) • £100 UTC tariff • 33% non-ambulance A&E conversion rate to UTC • 100% conversion of current A&E primary care streaming to UTC
Urgent Treatment Centre at Gravesham Community Hospital and A&E at Darent Valley Hospital	95.9	<ul style="list-style-type: none"> • Includes a £0.2m reserve for additional resources required to address wound care • £100 UTC tariff • 0% conversion of current A&E Darent Valley Hospital activity

Business case pre-consultation and post-consultation modelling scenarios

The pre-consultation business case modelling focused on a single site model for each of the two consultation site options over a 5 year period (i) Gravesham Community Hospital and (ii) Darent Valley Hospital.

The full modelling can be accessed in the pre-consultation business case²⁰; however the summary financial and activity modelling for each of the consultation options are detailed in attached appendices:

Current Services (Minor Injuries Unit, Walk-in Centre, A&E)	£84m projected 5 year cost (Appendix D)
An Urgent Care Networked Model of Care over two sites (Gravesham Community Hospital and Darent Valley Hospital)	£85m projected 5 year cost (Appendix E)
An Urgent Treatment Centre at Gravesham Community Hospital	£96m projected 5 year cost (Appendix F)
An Urgent Treatment Centre at Darent Valley Hospital co-located with ED	£90m projected 5 year cost (Appendix G)

²⁰ <https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/>

Sensitivities of financial modelling based on activity and an associated tariff

The business case modelling has been based on projected activity assumptions and current patient activities. The CCG currently uses the NHS payment by results mechanism where activity has an agreed contractual price that is either a national price or a locally agreed price.

The use of activity modelling with an associated price generates an aggregated overall financial price that represents the commissioned cost of the service. Where the service is of a reasonable scale and magnitude; the commissioned cost of the service should be reflective of the total actual costs of service provision. The actual costs of a service should include the ability for a provider to generate a financial margin that allows mitigation and management of any unknown operational issues that they may arise such as major incidents.

There are inherent risks that the financial modelling derived for the scenarios may not be representative of the actual costs that may be incurred by the provider of the service. This can be assessed to a degree through the procurement approach by requesting the costing details of the service to test whether the business modelling is an appropriate representation of service cost. The assessment of service cost for direct input into a service, such as dedicated staffing and equipment is relatively easy to receive assurance about; however non-direct overheads that are attributed to a service such as management overheads, estate costs, IT costs and corporate overheads are inherently more difficult.

A thorough procurement process will allow the CCG to test the validity of its modelling assumptions. The ideal condition for procurement is when there is healthy competition from many providers interested in providing the service specification. Where there is minimal or no competition to provide the service, then it is often the case that the financial envelope for procurement set by the CCG, based on its modelling assumptions, will be the eventual cost of the service.

The CCG will need to carefully consider the procurement route and market providers once an approved option is decided upon.

Implementation plan

Outline programme implementation plan

Any decision to proceed with the mitigated model is dependent on the Governing Body's consideration of the DMBC and their final decision.

Following decision-making, it is expected that some transition time would be required to set up governance arrangements and finalise plans to progress implementation, but this time will be kept as short as possible to support early implementation.

A phased approach would be required to ensure the networked model of care and/or service specification(s) meet the needs of the local population and can be delivered in a safe and sustainable way. This may be particularly important given the changing healthcare landscape. For example, once 12 months of data is available from the new NHS 111 and Clinical Advice Service (in place from April 2020), it will become clear how significantly greater levels of clinician input in to the Clinical Advice Service will impact on patient flows to face-to-face urgent care services.

Key implementation activities and programme plan

The ambition is to implement the new Urgent Treatment Centres as quickly as possible whilst ensuring that quality and patient safety are not compromised, and that services are in place by the end of June 2020 in line with current contract expiry dates.

There must be no gap in service provision as the transition from Walk-in Centre and Minor Injuries Unit, to Urgent Treatment Centre takes place. This will involve close collaboration between commissioners and current urgent care providers including Springhead Health (formerly Fleet Health), Kent Community Health NHS Foundation Trust, Dartford and Gravesham NHS Trust and IC24, as well as estate teams at Gravesham Community Hospital, Darent Valley Hospital and Fleet Health Campus.

Key issues for consideration will be as follows:

Phased Approach	Actions
Phase 1 February 2020 – June 2020 Establishment of Networked Model of Urgent Care	1. Amend service specification drafted for a single site (including GP out-of-hours base site and home visiting services), to accommodate a networked model of care across two Urgent Treatment Centre sites, with the engagement of all relevant stakeholders. Amendments should include, but not necessarily be limited to: <ul style="list-style-type: none"> • Clinical leadership, staffing, and governance arrangements • Streaming processes • Hours of operation to maximise system benefits • Use of technology to support integration between services • Performance monitoring and reporting • Confirm urgent care tariff for each Urgent Treatment Centre site • Explore the impact of a two Urgent Treatment Centre site with providers of other healthcare services e.g. NHS 111 / 999, ambulance service, mental health services, community services,

	<p>as well as any impact on partners in social care and voluntary services that will be required to have formal links with the Urgent Treatment Centres.</p> <ul style="list-style-type: none"> • Communications and Engagement plan to support the re-location of the Whitehorse Walk in Centre and establishment of UTC network <p>2. Finalise estate arrangements to accommodate services on each site by July 2020.</p> <p>3. Identify most appropriate procurement route to support Urgent Treatment Centres at two sites from July 2020 in the short and long term</p> <ul style="list-style-type: none"> • Ensure operational teams identified to provide Urgent Treatment Services in the short-term are able to manage services across two sites. <p>4. Relocate walk-in services from Fleet Health Campus to Urgent Treatment Centre at Gravesham Community Hospital</p> <ul style="list-style-type: none"> • Change classification from walk-in centre and minor injuries unit to Urgent Treatment Centre(s). <p>5. Establish an Urgent Treatment Centre at Gravesham Community Hospital offering walk-in services for minor illness and minor injury (8am – 8pm) and an Urgent Treatment Centre co-located with the A&E at Darent Valley Hospital.</p> <p>6. Intensive comms and engagement activity to support the run up to changes in July 2020 - ensuring that the public and all key stakeholders fully understand the changes and what services are available within DGS, and what they should do to access the right services for the care they need. Key issues to address include:</p> <ul style="list-style-type: none"> • Relocation of walk-in services from Fleet Health Campus • Change of name for urgent care service at Gravesham Community Hospital • What can patients expect from services at each site • Engagement with existing staff regarding changes and journey towards transition • Specific comms and engagement with patients on the CCG border with Bexley regarding local urgent care services.
<p>Phase 2</p> <p>July 2020 onwards</p> <p>Refinement of the Networked Model of Care</p>	<p>1. Long-term provider arrangements for Urgent Treatment Centres across two sites to be in place</p> <p>2. Using data collected over the first 12 months of operation, explore the following:</p> <ul style="list-style-type: none"> • Refinements to the urgent care networked model of care service specification to maximise the benefits of the Urgent Treatment Centre model (relieving maximum pressure from A&E and ensuing patients can be appropriately cared for via other networked services) • Consider if patients attending urgent care services with primary /

	<p>local care needs can be more appropriately cared for within primary / local care</p> <ul style="list-style-type: none"> • In what ways Primary Care Network delivered services can best address the needs of local populations and help support the urgent care networked model. <p>3. Ongoing communications and engagement activity to increase public awareness and understanding of what services are available in DGS and how to use them appropriately.</p> <p>4. Finalise how urgent care fits within the Integrated Care Partnership arrangements.</p>
Other	<p>1. Work in partnership with Kent County Council and Darent Valley Hospital to explore ways in which access to the site can be improved (including congestion, public transport and availability of parking) to address concerns identified through the urgent care public consultation. For residents in rural areas, access to the Gravesham Community Hospital was also raised as a concern and warrants review.</p>
	<p>2. The CCG to review comms and engagement resources (including provision of pictorial communications for non-English speakers and provision for deaf population).</p>

Governance arrangements for implementation

Clear, consistent and effective governance arrangements will be key to manage risks and dependencies to support implementation. The governance arrangements will build on the structures and processes that have been in place to support the urgent care review to date up to the end of March 2020, and after that point will transfer from DGS CCG to Kent and Medway CCG.

The DGS CCG current Clinical Chair will continue to maintain oversight in their new role as Governing Body member of the new Kent and Medway CCG from April 2020 onwards.

Implementation risks

The implementation of a networked model of care brings risks associated with the implementation of the Urgent Treatment Centre model, and risks of operating an effective networked model across sites. These risks will need to be carefully managed throughout implementation and beyond.

The expectation is for the implementation delivery group to identify and manage all associated risks and report progress through the internal governance process.

Communication and engagement plan

As a result of the wide-reaching public consultation, awareness of the urgent care review is fairly high amongst the general public, and key stakeholder groups including the Kent HOSC, Healthwatch,

councillors, and MPs. This means there is an 'open door' with engaged audiences which will help to achieve the communications and engagement aims going forward.

The primary aim is:

- To inform and engage key audience groups including the public, provider organisations and staff, in order to ensure shared understanding about what services are available at each site and how these urgent care services can be accessed by patients, .

In order to achieve this aim the urgent care review will:

- Provide appropriate information in a timely manner, via a range of channels, to meet the needs of different audiences
- Work with local partners and providers to maximise the impact of the communications and engagement activity
- Make sure public information is consistent and clear; written and spoken in 'plain English' avoiding jargon and technical information and includes visual communications to take account of groups with low literacy rates materials will be available in other languages on request for those who do not speak English and in other formats on request to take account of those with special needs
- Regularly review and evaluate the communications and engagement approach to ensure the needs of all audiences are met.

Benefits of the proposed changes

Feedback from consultation

The consultation received an unprecedented numbers of responses; 16,474 survey responses resulting in approximately 25,000 free-text responses (the majority of which contained multiple points of feedback).

Analysis identified that there were four consistent key themes across both questionnaire and engagement events, regardless of the site preferred by the responder, and all themes identified related to access. As a result of this greater understanding of the key issues affecting the local population, the Urgent Treatment Centre configuration has been adjusted to mitigate, as far as possible, the concerns raised:

The public told the CCG...	Proposed mitigations to the Urgent Treatment Centre model...
<p><u>Proximity of the site</u> People are concerned about how far they might have to travel to access urgent care services.</p>	<p>There will be two Urgent Treatment Centres within the DGS CCG area, one at Gravesham Community Hospital (that can be easily accessed by those patients who currently use the Walk-in Centre at Fleet Health Campus, and those that access the Minor Injuries Unit at Gravesham Community Hospital), and one at Darent Valley Hospital for those patients who currently access the A&E at Darent Valley Hospital, including Bexley residents, with conditions that are not serious or life threatening.</p>
<p><u>Traffic</u> People are concerned about how traffic and congestion around particular areas might affect how long it might take them to access urgent care.</p>	<p>As above.</p> <p>No additional footfall will be directed towards Darent Valley Hospital.</p> <p>As discussed with the Kent HOSC, the CCG will work together with Kent County Council and Dartford and Gravesham NHS Trust to address access issues at the Darent Valley Hospital site.</p>
<p><u>Public transport</u> People are concerned about the availability of public transport to allow ease of access to urgent care when it is needed.</p> <p>People are concerned about the cost of using public transport.</p>	<p>As above.</p>
<p><u>Parking</u> People are concerned about the availability of parking spaces, including disabled parking spaces, at the site of the Urgent Treatment</p>	<p>As above</p> <p>No additional footfall will be directed towards Darent Valley Hospital.</p>

<p>Centre.</p> <p>People are concerned about the cost of parking.</p>	<p>The CCG will continue to work with Dartford and Gravesham NHS Trust to address parking access issues at the Darent Valley Hospital site.</p>
<p><u>Other important concerns raised:</u></p>	
<p><u>Growth</u></p> <p>People are worried about the current and future anticipated growth in the area, and that healthcare services will be put under additional pressure.</p>	<p>As above.</p> <p>Growth has been included in the modelling undertaken to support the DMBC mitigated model.</p> <p>Growth is monitored by the CCG and the CCG engages with other relevant agencies to ensure requirements on health services are fully understood, and funding to support growth in the area is accessed whenever possible.</p>
<p><u>Pressures at Darent Valley Hospital</u></p> <p>People are worried about the pressures on Darent Valley Hospital</p>	<p>The creation of a UTC at Gravesham Community Hospital will avert the increased pressures on Darent Valley Hospital that may result from additional footfall from Gravesend.</p> <p>An Urgent Treatment Centre co-located on the Darent Valley Hospital site to help relieve pressures in A&E by streaming patients attending A&E with non-serious or life threatening issues to primary care practitioners.</p>
<p><u>CCG Communication and Engagement</u></p> <p>People asked to have more information from the CCG about healthcare services and how to use them appropriately</p> <p>People from the deaf community asked that urgent care services have better provision to communicate with them than they currently have (provision of British Sign Language translation)</p> <p>People who do not speak English, and those with low literacy levels asked the CCG to provide communications in visual forms to help them better understand what is being communicated</p>	<p>The CCG's Communications and Engagement team will devise a communications strategy to promote understanding about the urgent care services available at each UTC site and how are these urgent care services as well as other local NHS services including Primary Care.</p> <p>The CCG is committed to providing information in line with its obligations under the Accessible Communications Standards and will publicise the CCG offer to produce information in alternative formats on request on all its materials more widely.</p>

The mitigated model will deliver the following benefits:

- An Urgent Treatment Centre in a town centre location, with good transport links, offering treatment for minor illness and minor injury
- An Urgent Care Treatment Centre co-located with an A&E department offering residents in Dartford and Swanley increased access to urgent care services whilst also taking the pressure off the emergency department to enable staff to attend to people with serious illnesses and injuries. An Urgent Treatment Centre located at the Darent Valley Hospital site also addresses the feedback received from Bexley residents.
- Close integration with GP out-of-hours services will support a more seamless transition from in-hours and out-of-hours services across two Urgent Treatment Centre sites
- Allows streaming (triage to the appropriate service) across two Urgent Treatment Centre sites within the networked model of care
- Networked services offering high quality, more consistent urgent care services, and compliant with the 27 national standards for urgent treatment centres
- Ensures, as far as is possible, that current access to urgent care services is protected for residents in all areas of the CCG boundary
- A two Urgent Treatment Centre site model allows the CCG to address the particular needs of our local populations as identified through the public consultation feedback - customising national strategy to address local health inequalities and areas of deprivation within the CCG boundary.
- Avoids directing any increased footfall to the Darent Valley Hospital site, but ensures that if people attend with non-serious or life threatening issues, they can be seen by primary care practitioners
- Addresses concerns of neighbours in London Borough of Bexley, who have expressed concerns that patients may access services within Bexley under a single site model, as DGS patients will have the option to attend two Urgent Treatment Centres within the CCG boundary and may also increase choice options for Bexley residents
- Offering one stand-alone Urgent Treatment Centre networked with an Urgent Treatment Centre co-located with an A&E addresses more directly the urgent care needs of local populations.
- Greater integration of services as part of a networked model of care, supporting streaming between services if appropriate
- Introduce direct booking from NHS111 in to Urgent Treatment Centre(s).

Conclusion and recommendations

Conclusions

Following the review of the pre-consultation options appraisal process and consideration of the public consultation activities and key themes, the conclusion has been reached that a single site solution across Dartford, Gravesham and Swanley was unlikely to mitigate the well placed concerns raised by the public during the consultation, nor would it address the needs of the local urgent care system.

To mitigate the issues raised by local people and stakeholders during the consultation it is recommended that the Urgent Treatment Centre model be provided over two sites rather than at a single site, and for services to be networked to ensure they operate in an integrated way and comply with the 27 national standards, as part of the urgent care system for Dartford, Gravesham and Swanley CCG's local population.

The networked model will consist of the following networked services:

- Urgent Treatment Centre at Gravesham Community Hospital and Urgent Treatment Centre at Darent Valley Hospital (co-located with A&E)

Careful consideration has been given to identify what urgent, local and primary care services should be provided at each site, and the ways in which services could be networked to ensure the best provision of urgent care possible for the local population within existing resources. These proposals will be worked through in the refinement of the Urgent Treatment Centre service specification.

The healthcare system is currently under significant change with the transformation of the eight clinical commissioning groups into a single Kent & Medway Clinical Commissioning Group from April 2020, the implementation of an Integrated Care Partnership in 2021, and the development of Primary Care Networks to improve the health of local populations.

The service specification for an Urgent Treatment Centre, as part of a two site networked model of care, could be adjusted to accommodate any future changes to the healthcare system to ensure services are fully integrated.

A phased approach would be required to ensure the networked model of care and/or service specification(s) meet the needs of the local population and can be delivered in a safe and sustainable way

The ambition, subject to the Governing Body's approval, is to implement the new Urgent Treatment Centres as quickly as possible whilst ensuring that quality and patient safety are not compromised. We plan to have services in place by the end of June 2020 in line with the current contract expiry dates.

If the mitigated model is supported by the Governing Body, the detailed networked model and revised service specifications will be worked on over the coming months and will be refined in collaboration with current providers of urgent care services, GP membership, including NHS 111, primary and local commissioners and providers.

Recommendations

- To approve the implementation of the mitigated model of networked urgent care services with two linked Urgent Treatment Centres at both Gravesham Community Hospital and Darent Valley Hospital (co-located with A&E) by the end of June 2020, as set out in the Decision Making Business Case
- To agree that further work on the detailed networked model, service specification(s) and procurement process, as identified in the key implementation and programme plan in the DMBC, be undertaken over the coming months and refined in collaboration with the current providers of urgent care services and other key partners.
- To agree that the proposed networked model of urgent care is supported by a budget commitment that has a further 2% contingency assigned to it, and is profiled in line with the phased implementation approach.

Appendices

<p>Appendix A: Independent evaluation of consultation (November 2019)</p>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Urgent Care Consultation - Indepeanalysis vCOMPLETE. </div> <div style="text-align: center;">  Supplementary </div> </div>
<p>Appendix B: Refreshed Equality Impact Assessment (November 2019)</p>	<div style="text-align: center;">  APPENDIX B - Urgent and Emergency Care </div>
<p>Appendix C: Independent evaluation of Bexley response</p>	<div style="text-align: center;">  APPENDIX C- Independent Evaluati </div>
<p>Appendix D: Current Services (Minor Injuries Unit, Walk-in Centre, A&E)</p>	<div style="text-align: center;">  APPENDIX D - Summary of financial </div>
<p>Appendix E: Urgent Care Networked Model of Care over two sites (Gravesham Community Hospital and Darent Valley Hospital)</p>	<div style="text-align: center;">  APPENDIX E - Summary of financial </div>
<p>Appendix F: Urgent Treatment Centre at Gravesham Community Hospital</p>	<div style="text-align: center;">  APPENDIX F - Summary of financial </div>
<p>Appendix G: Urgent Treatment Centre at Darent Valley Hospital co-located with ED</p>	<div style="text-align: center;">  APPENDIX G - Summary of financial </div>

1. ADDITIONAL ANALYSIS POINTS

1.1 WHERE THESE POINTS COME FROM

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

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

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

For both groups

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

For those preferring Option 1 – Gravesham Community Hospital

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

For those preferring Option 2 – Darent Valley Hospital

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



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

For both groups

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

For those preferring Option 1 – Gravesham Community Hospital

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

For those preferring Option 2 – Darent Valley Hospital

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

verve

Independent evaluation of consultation

Dartford, Gravesham and Swanley
Clinical Commissioning Group

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Date: 19 November 2019



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1. EXECUTIVE SUMMARY

1.1 ABOUT THE CONSULTATION

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

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

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

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

1.2 ABOUT THE ENGAGEMENT

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

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

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

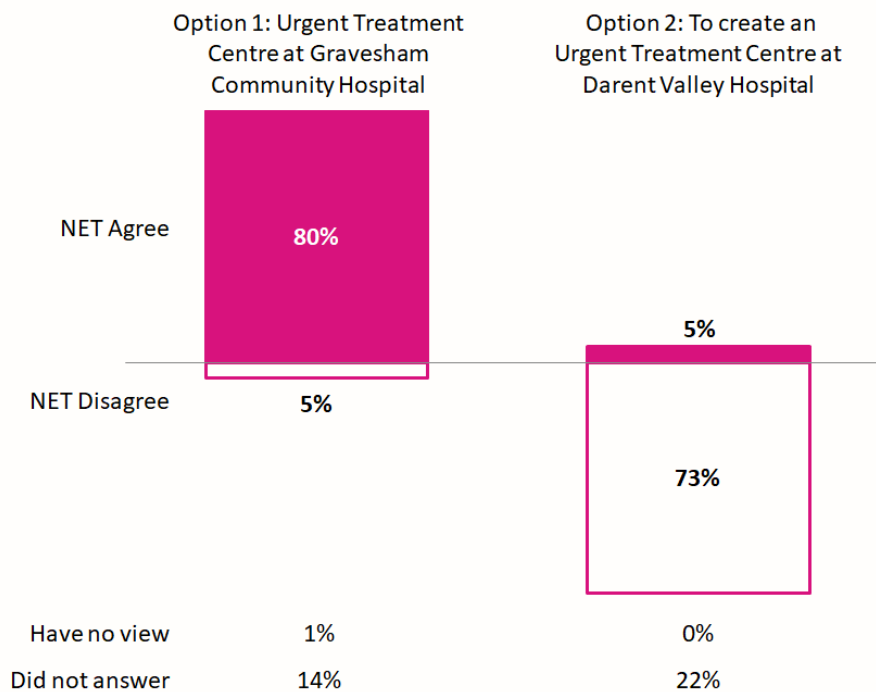
1.3 KEY FINDINGS

1.3.1 QUANTITATIVE ANALYSIS FROM THE QUESTIONNAIRE

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

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

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



Base: Total (16,474)

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

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

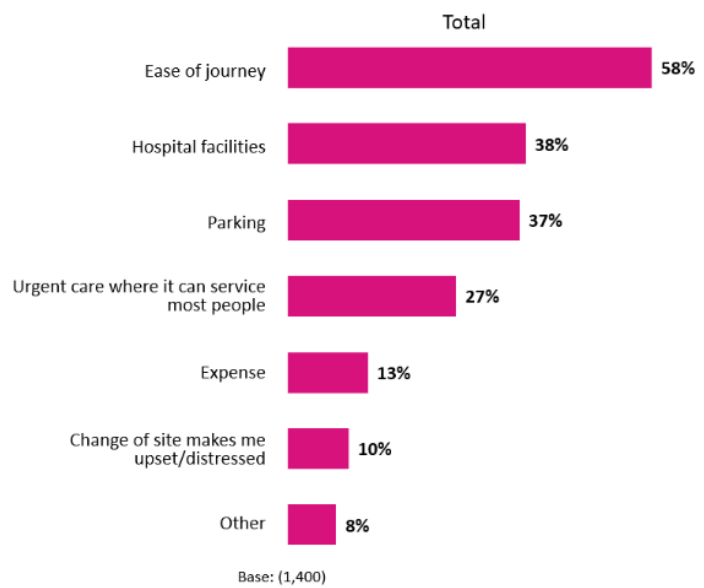
However, even among the cohort of responses received earlier (based on a sample the same size) 75% favoured Option 1. vs. 22% in favour of Option 2.

1.3.2 COMMENTS AND KEY THEMES

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

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

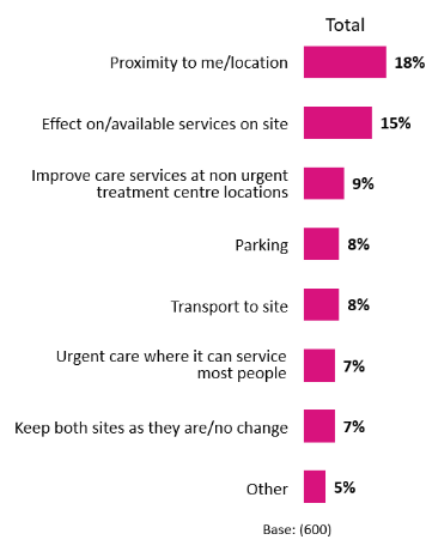
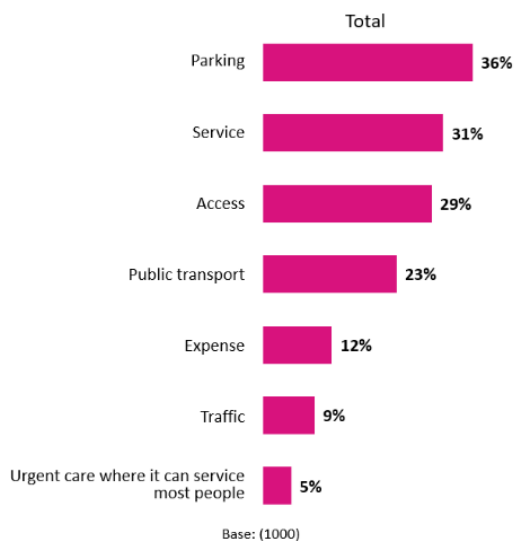
Please state your reasons for choice...



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

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

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



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

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

1.3.3 ABOUT LOCAL COMMUNITIES AND SUCCESSFUL SERVICE CHANGE

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

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

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

1.3.4 ABOUT URGENT CARE AND DELIVERY OF THE UTC MODEL

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

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

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

1.3.5 ABOUT THE CONSULTATION PROCESS

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

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

That the proposal to develop UTCs may represent:

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

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

2. THE CONSULTATION

2.1 CONTEXT

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

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

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

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

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

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

2.2 PRE-CONSULTATION ENGAGEMENT

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

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

Source: PCBC

2.3 DEVELOPMENT OF THE CONSULTATION OPTIONS

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

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

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

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

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

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

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

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

2.4 ABOUT THE CONSULTATION PROCESS

2.4.1 BEST PRACTICE, STATUTORY FRAMEWORK AND COMPLIANCE

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

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

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

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

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

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

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

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

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

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

2.4.2 PUBLICITY

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

Table 2 Materials and publicity

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

2.4.3 INFORMATION PROVIDED AND CHANNELS TO PROVIDE VIEWS

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

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

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

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

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

2.4.4 ROADSHOW MEETINGS AND EVENTS

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

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

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

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

2.4.5 LISTENING EVENTS

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

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

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

Table 3 Listening events

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

Table 4 Face-to-face engagement with local residents

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

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

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

2.4.6 STAKEHOLDER MEETINGS

In addition, meetings were held with these stakeholder groups:

Table 5 Stakeholder meetings

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

2.4.7 EQUALITIES – HOW EIA INFORMED CONSULTATION

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

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

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

Groups engaged to meet this requirement included:

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

A written response was also received from NW Kent Mind.

In addition, the CCG has:

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

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

3. EVALUATION

3.1 ABOUT THIS EVALUATION

3.1.1 THE PURPOSE OF CONSULTATION

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

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

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

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

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

3.1.2 WHAT THIS REPORT AIMS TO DO

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

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

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

3.1.3 METHODOLOGY

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

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

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

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

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

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

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

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

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

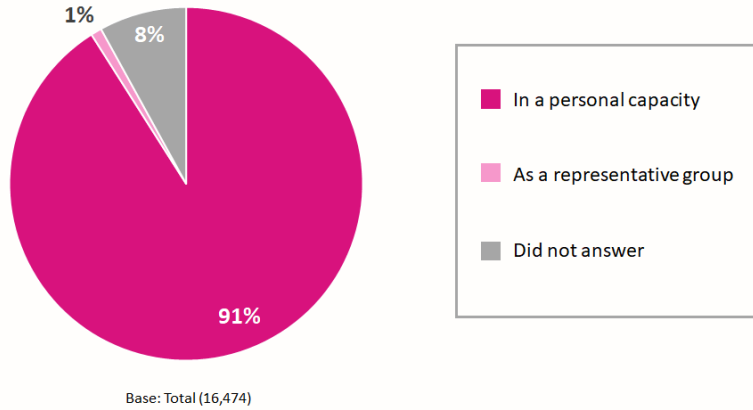
In order to draw conclusions for this report, however, we have undertaken detailed analyses of samples of free text comments provided through the questionnaire.

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

3.2 THE CONSULTATION RESPONSE

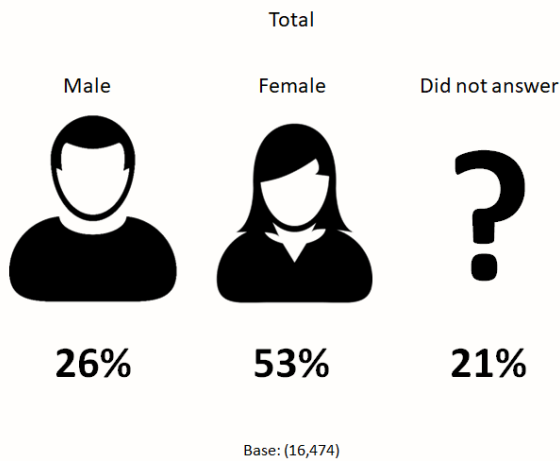
3.2.1 QUESTIONNAIRE RESPONSES RECEIVED

I am providing a response...

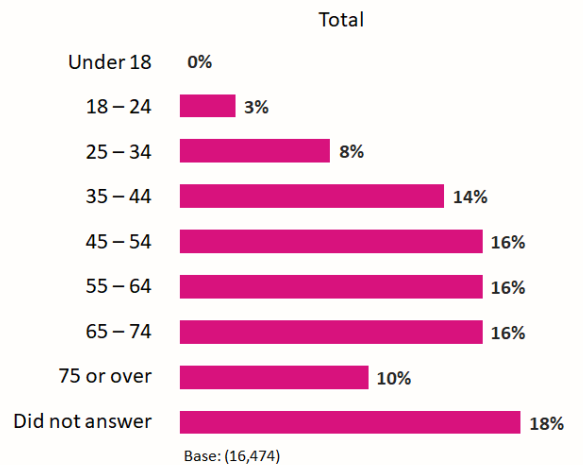


Almost all respondents were answering in a personal capacity. This would indicate that the responses given throughout the survey are their own and uninfluenced by anyone else.

What gender do you identify as?

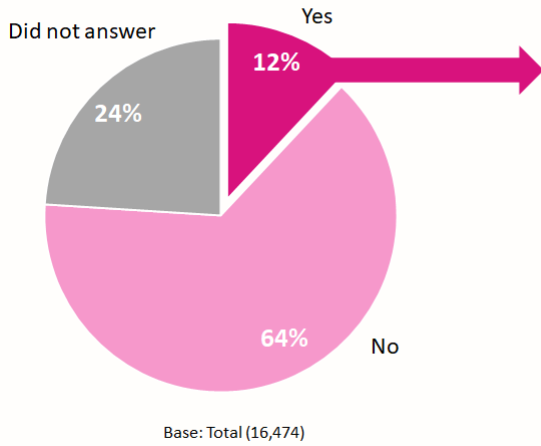


What is your age group?

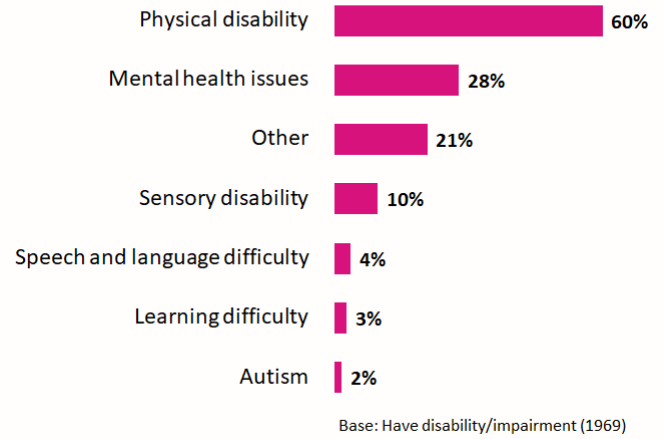


Although reasonably representative, the sample of respondents does skew slightly towards **women over 45 years old**. Around **1/5 of respondents** were unwilling to state their age or gender.

Do you consider yourself to have a disability/impairment?



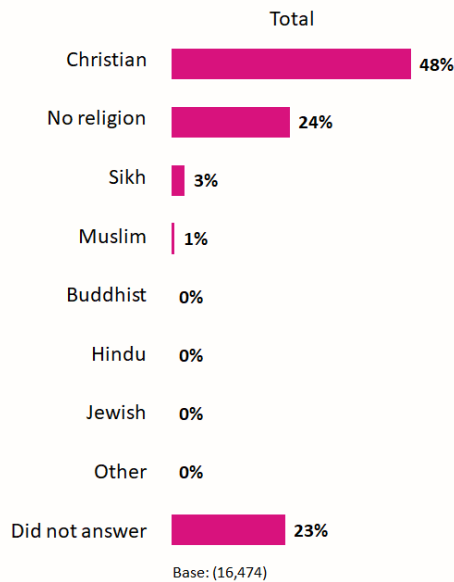
Disabilities/impairments experiencing...



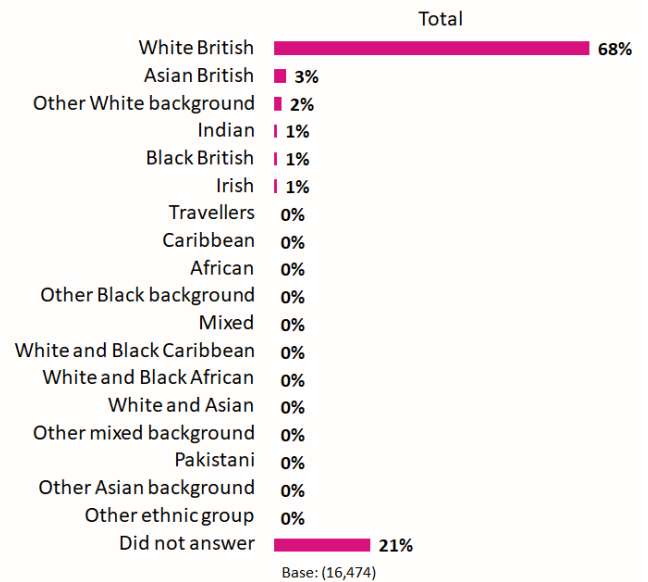
The majority of the sample **do not consider themselves to have a disability or impairment**. Of the **12% of respondents** who do have a disability, they are most likely to have a **physical disability** or a **mental health issue**.

3.2.2 ENGAGEMENT BY DIVERSE COMMUNITIES

Which of the following describes your religion or belief?



How would you describe your ethnic origin?



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

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

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

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

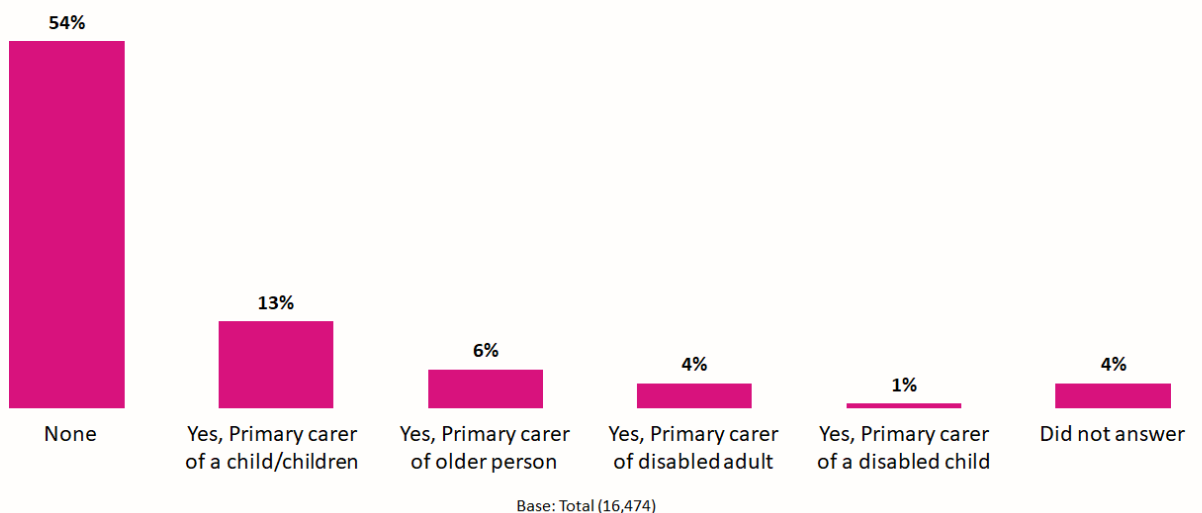
However, this should be seen in context. It is also worth noting that the age profile:

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

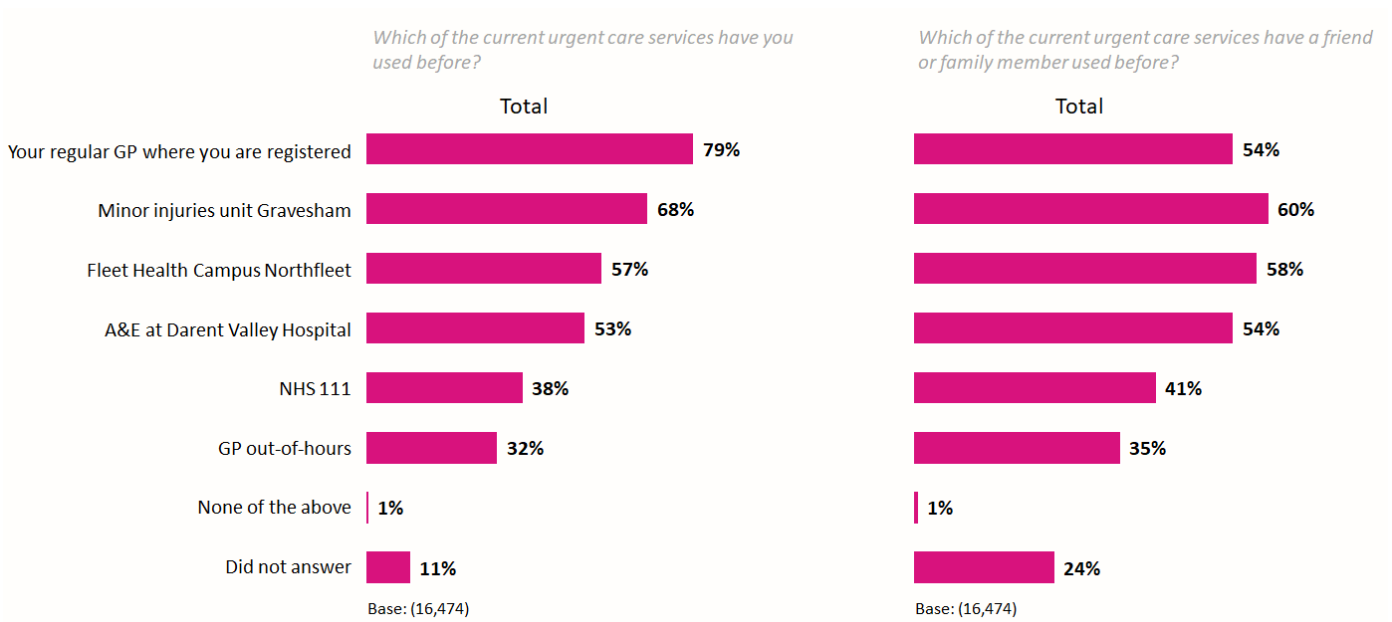
In general, non-white communities tend to be younger and elders may not use English as a first language - so if the response is significantly skewed towards older people, we may expect disproportionately overall lower participation from people not identifying as White British.

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

Do you have caring responsibilities?

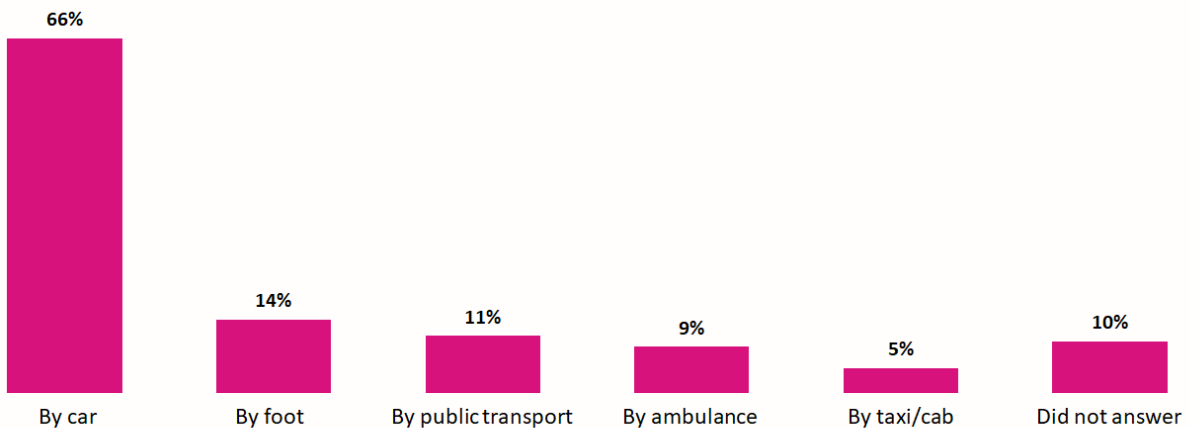


Just over half of all respondents do not have caring responsibilities. **Primary carer of children** is the most likely caring responsibility.



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

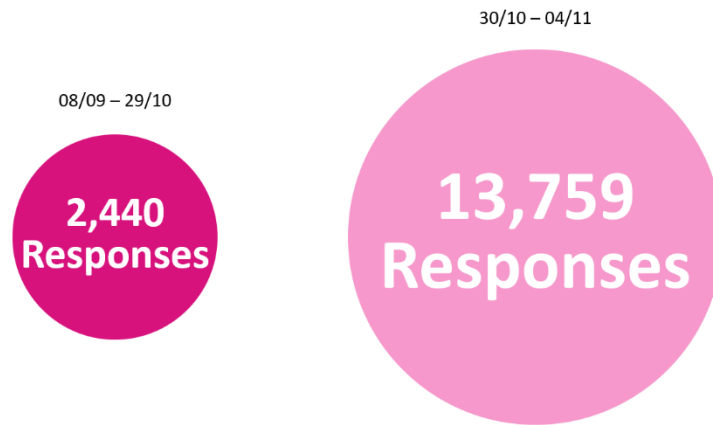
Thinking of the last time you used an urgent care service how did you travel there?



Base: Total (16,474)

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

3.2.3 WHEN RESPONSES WERE RECEIVED⁴



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

3.2.4 VOLUME OF RESPONSE

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

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

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

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

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

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

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

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

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

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

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

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

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

3.2.5 RESPONSES FROM DIFFERENT PARTS OF THE CCG CATCHMENT

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

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

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

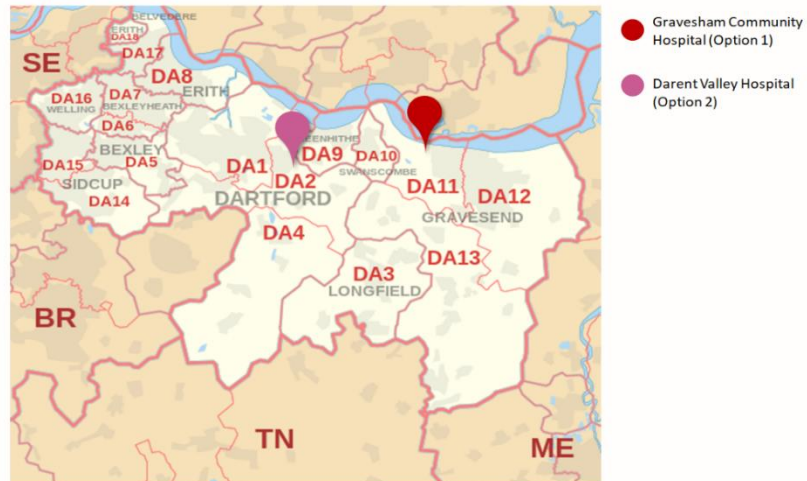
It is impossible to tell whether a response "DA1" means DA1 or DA10, DA11, DA12, etc. This is exacerbated because DA1 is at the west side of the CCG catchment and significantly closer to Darent Valley Hospital whereas the other postcodes beginning DA1 are further east and closer to Gravesham Community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

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

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

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

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

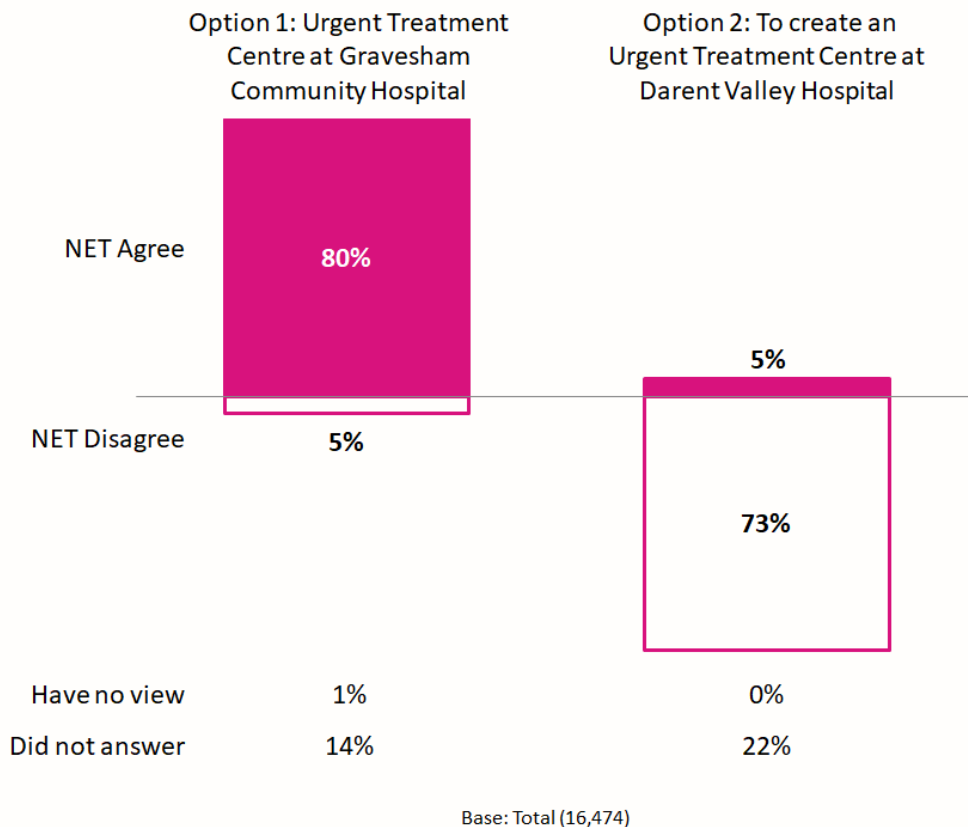


The uneven distribution of respondents, linked to a preference for services close to home, may have influenced the higher preference towards Option 1 as many more people live in a much closer proximity to the Gravesham Community Hospital site.

4. FINDINGS AND ANALYSIS

4.1 HEADLINE FINDINGS

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



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

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

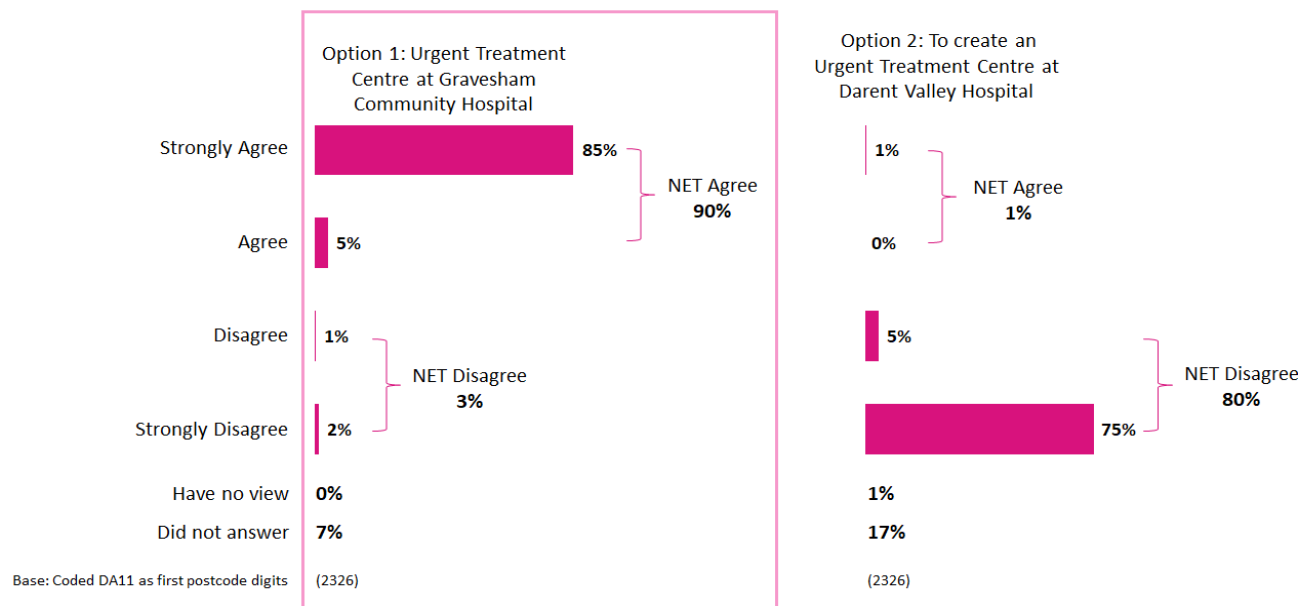
4.1.1 DOES AREA OF RESIDENCE MATTER?

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

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

Option choice by postcode: Lives in DA11

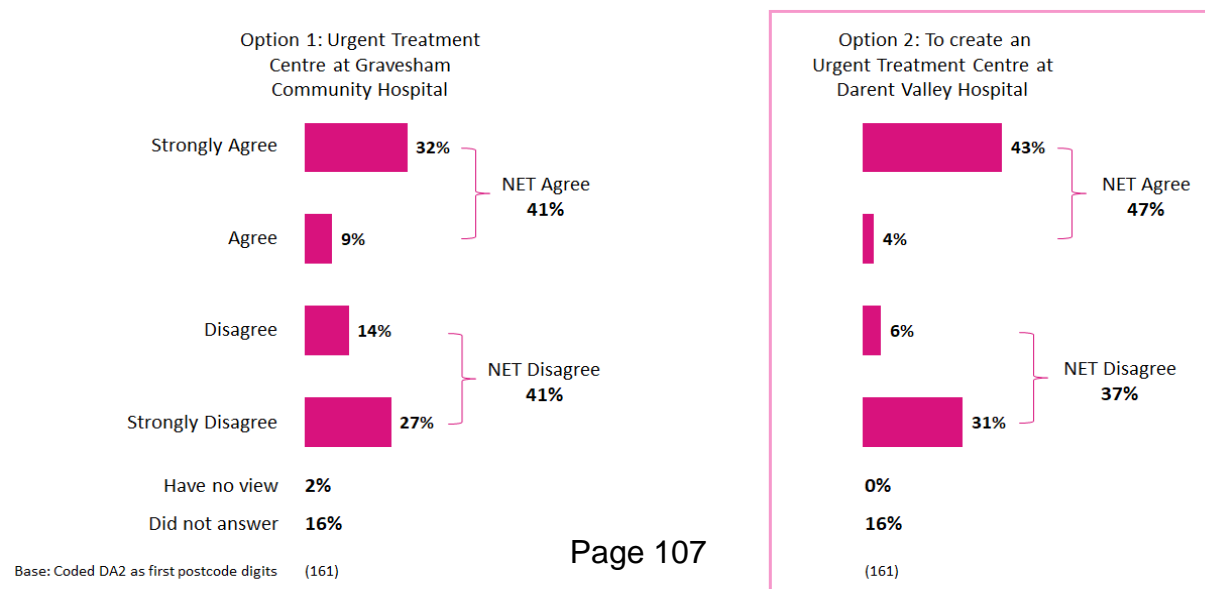
Please indicate whether you agree or disagree with the two proposed options...



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

Option choice by postcode: Lives in DA2

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



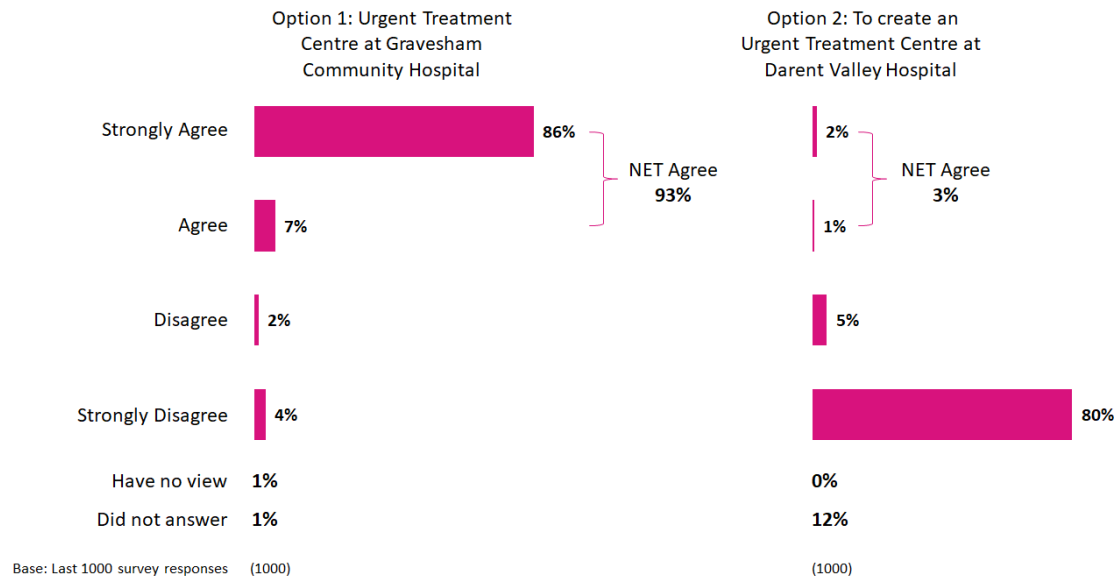
4.1.2 DOES THE LATE SURGE IN RESPONSE SKEW PREFERENCES?

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

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

Last 1000 responses from online survey (postal submissions excluded)

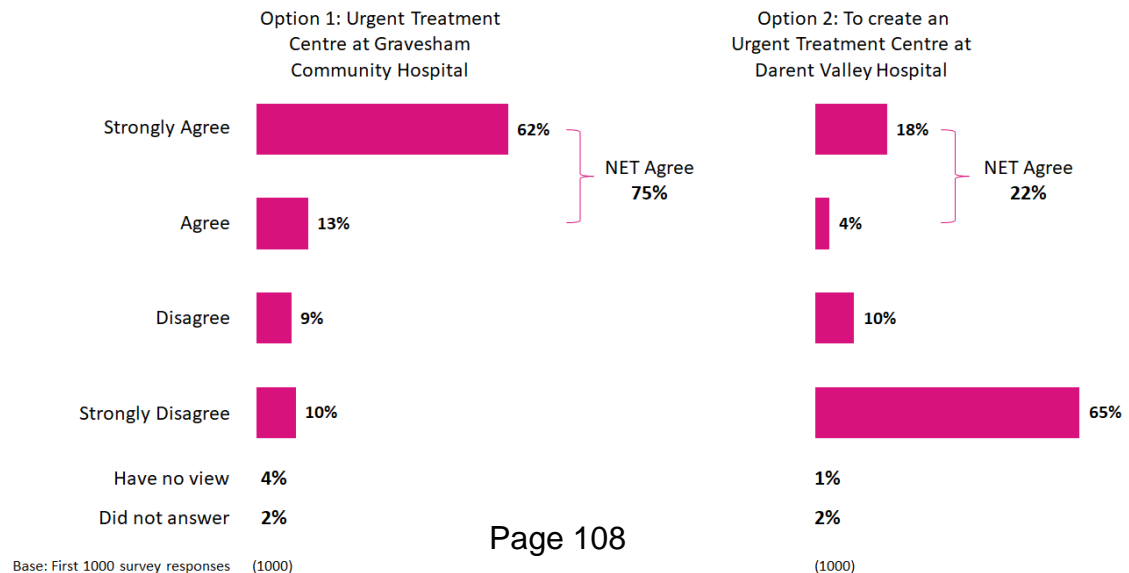
Please indicate whether you agree or disagree with the two proposed options...



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

First 1000 responses from online survey (postal submissions excluded)

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



4.2 ANALYSIS OF COMMENTS - WHAT DID PEOPLE SAY?

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

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

Ease of journey

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

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

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

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

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

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

Hospital facilities – both sites

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

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

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

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

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

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

Parking

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

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

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

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

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

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

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

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

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

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

Expense

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

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

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

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

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

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

Parking

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

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

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

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

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

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

Service

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

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

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

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

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

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

Access

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

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

Gravesend would be much more convenient and easier to access.

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

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

Public Transport

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

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

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

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

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

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

Expense

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

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

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

Traffic

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

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

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

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

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

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

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

Location of site

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

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

Gravesham hospital would be an ideal location.

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

Available services on site

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

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

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

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

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

4.2.4 FEEDBACK FROM ROADSHOW AND LISTENING EVENTS

4.2.5 ABOUT ACCESSIBILITY

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

- The CCG's roadshow
- Listening events.

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

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

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

4.2.6 ABOUT URGENT CARE AND THE UTC MODEL

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

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

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

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

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

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

4.2.7 ABOUT THE CONSULTATION PROCESS

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

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

That the proposal to develop UTCs may represent:

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

4.3 MEETINGS / CORRESPONDENCE WITH STATUTORY CONSULTEES

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

Table 6 Formal responses from statutory and political stakeholders

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

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

5. APPENDICES

APPENDIX A – QUESTIONNAIRE

1. I am providing a response:

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

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

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

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

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

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

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

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

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

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

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

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

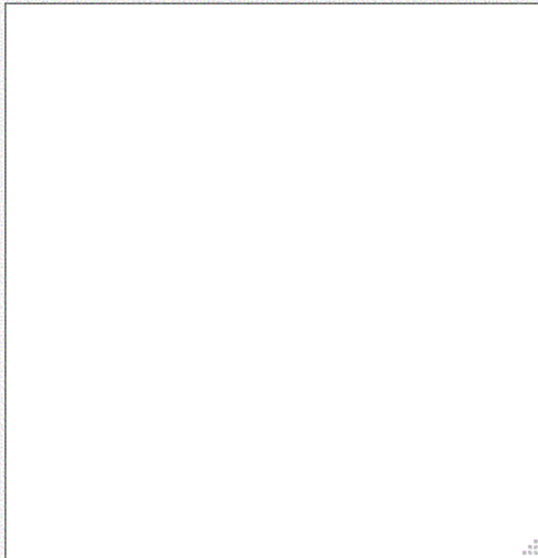
Please state your reasons for your choice

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

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

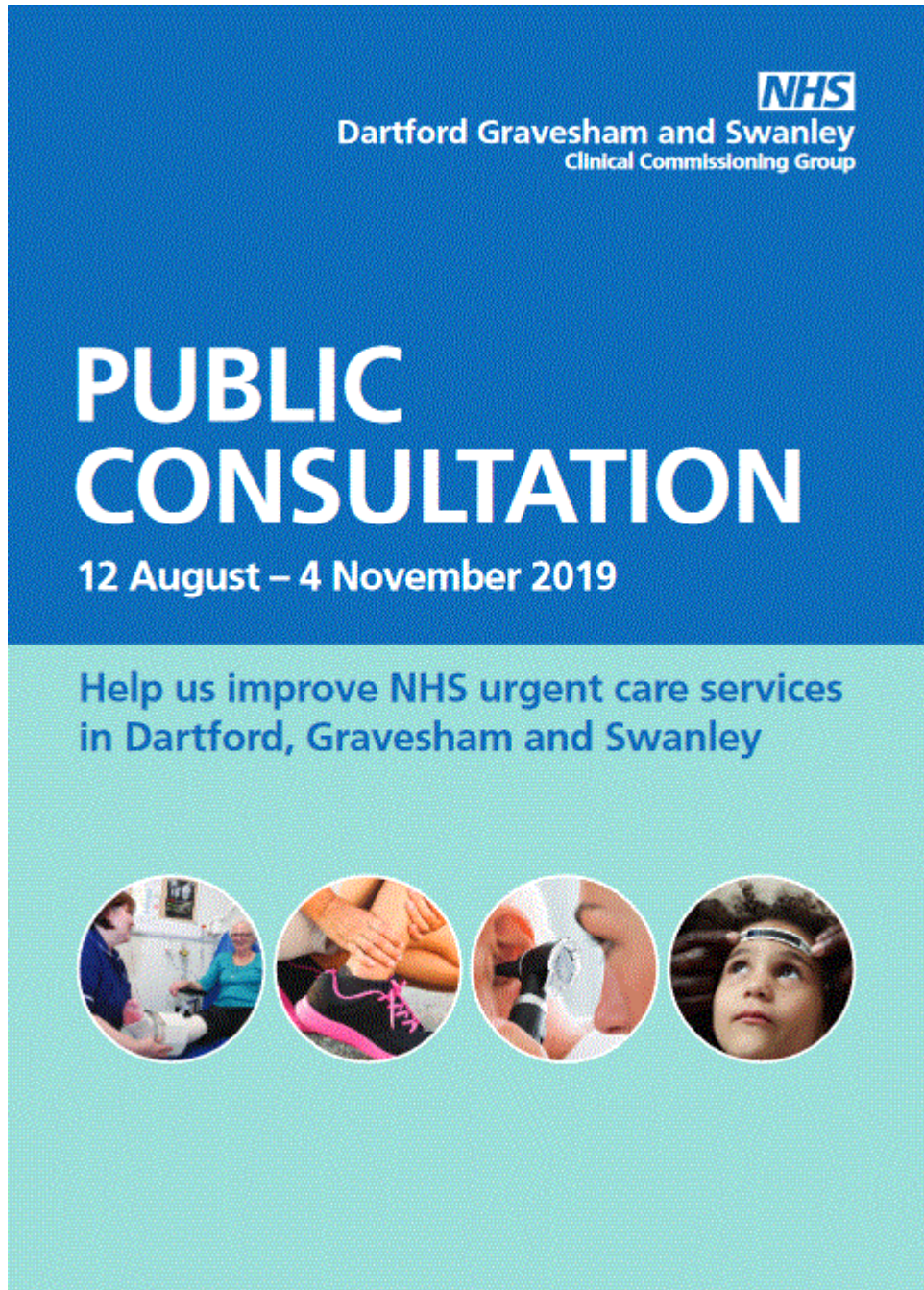


8. We welcome any other ideas and suggestions that you would like us to consider regarding the proposed new Urgent Treatment Centre



APPENDIX B – MATERIALS AND PUBLICITY

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



14pp document + reply-paid print questionnaire

Website consultation pages (including document download and questionnaire)

Latest news

First public consultation event in Swanley takes place
[Read more >](#)

Go-ahead for one CCG for Kent and Medway
[Read more >](#)

Goodbye to devoted nurse who gave 41 years to NHS – but wanted to be a vet
[Read more >](#)

Other digital engagement through social media posts and the CCG website

Home > Get involved > Health Network

Join in and help shape services

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

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

You will also:

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

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

Get involved

- [Engagement and involvement](#)
- [Listening post events](#)
- [Patient involvement](#)
- [Public Consultation: Proposed changes to NHS urgent care services in Dartford, Gravesham and Swanley](#)
- [Roadshows](#)
- [Surveys and consultations](#)
- [Health Network](#)

Generic posters

PUBLIC CONSULTATION

12 August to 4 November 2019

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

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

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

Follow us at @DGS and on Facebook for regular updates

Postcard

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

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

Public consultation
 12 August to 4 November 2019

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

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

Promotion of events and roadshow

PUBLIC CONSULTATION EVENTS

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

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

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

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

Dates for the Diary

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

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

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

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

Follow us at @DGS and on Facebook for regular updates

APPENDIX C – LISTENING EVENTS

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

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

November 2019

Part 1: Executive summary

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

The two options for consultation were:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

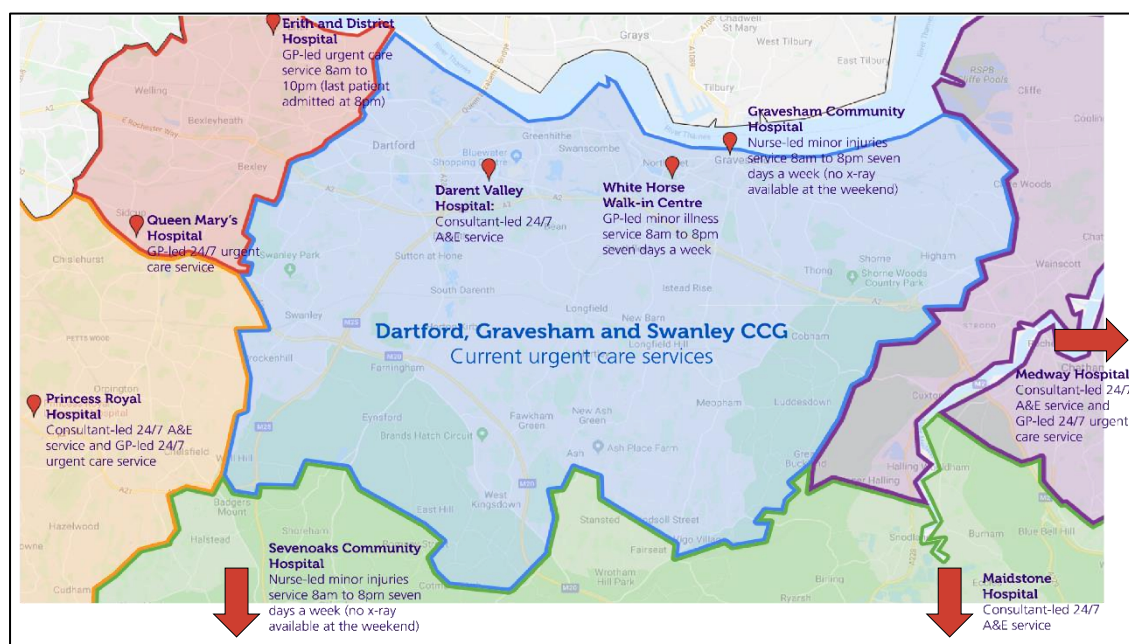
Part 2: Introduction and overview of events

1. Introduction

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

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

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



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

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

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

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

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

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

2. What we did

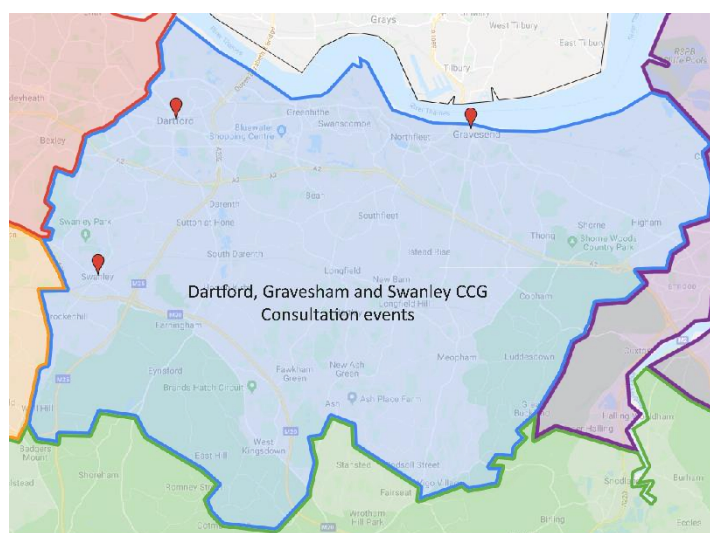
2.0 Scheduling the events

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

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

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

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



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

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

2.1 Publicising the events

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

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

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

2.2 Event format

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

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

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

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

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

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

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

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

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

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

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

The items marked with * are shown in Appendix E.

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

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

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

3. Who came

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

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

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

4. Feedback on the events

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

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

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

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

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

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

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

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

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

Part 3: What we heard

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

5. Participant questions

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

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

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

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

6. General themes from the table discussions

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

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

6.0 Support for urgent treatment centres

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

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

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

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

6.1 Access to services

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

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

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

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

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

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

(a) Traffic

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

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

(b) Car parking

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

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

(c) Public transport

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

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

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

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

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

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

(d) **Access for vulnerable groups**

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

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

(e) **Opening hours**

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

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

6.2 Signposting and understanding what service to use

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

(a) **Public awareness and information**

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

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

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

(b) **NHS 111 service**

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

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

6.3 Wider NHS context

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

(a) **Workforce**

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

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

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

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

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

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

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

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

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

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

(c) **Other changes to services**

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

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

6.4 **The changing local population**

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

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

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

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

7. Feedback on the specific options

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

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

7.0 Option 1: a UTC at Gravesham Community Hospital

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

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

(a) Access

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

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

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

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

(b) Population size

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

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

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

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

(c) **Vulnerable groups**

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

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

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

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

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

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

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

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

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

“Pressure off A&E is important” - Swanley

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

(e) **Confidence in current services**

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

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

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

7.1 Option 2: a UTC at Darent Valley Hospital

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

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

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

(a) **Access**

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

(b) **Population size**

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

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

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

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

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

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

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

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

(d) **Confidence in current services**

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

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

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

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

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

8. Suggestions for alternative options and mitigations

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

8.0 Two urgent treatment centres

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

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

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

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

8.1 Enhanced primary care

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

8.2 Mitigations for access

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

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

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

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

9. Conclusion

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

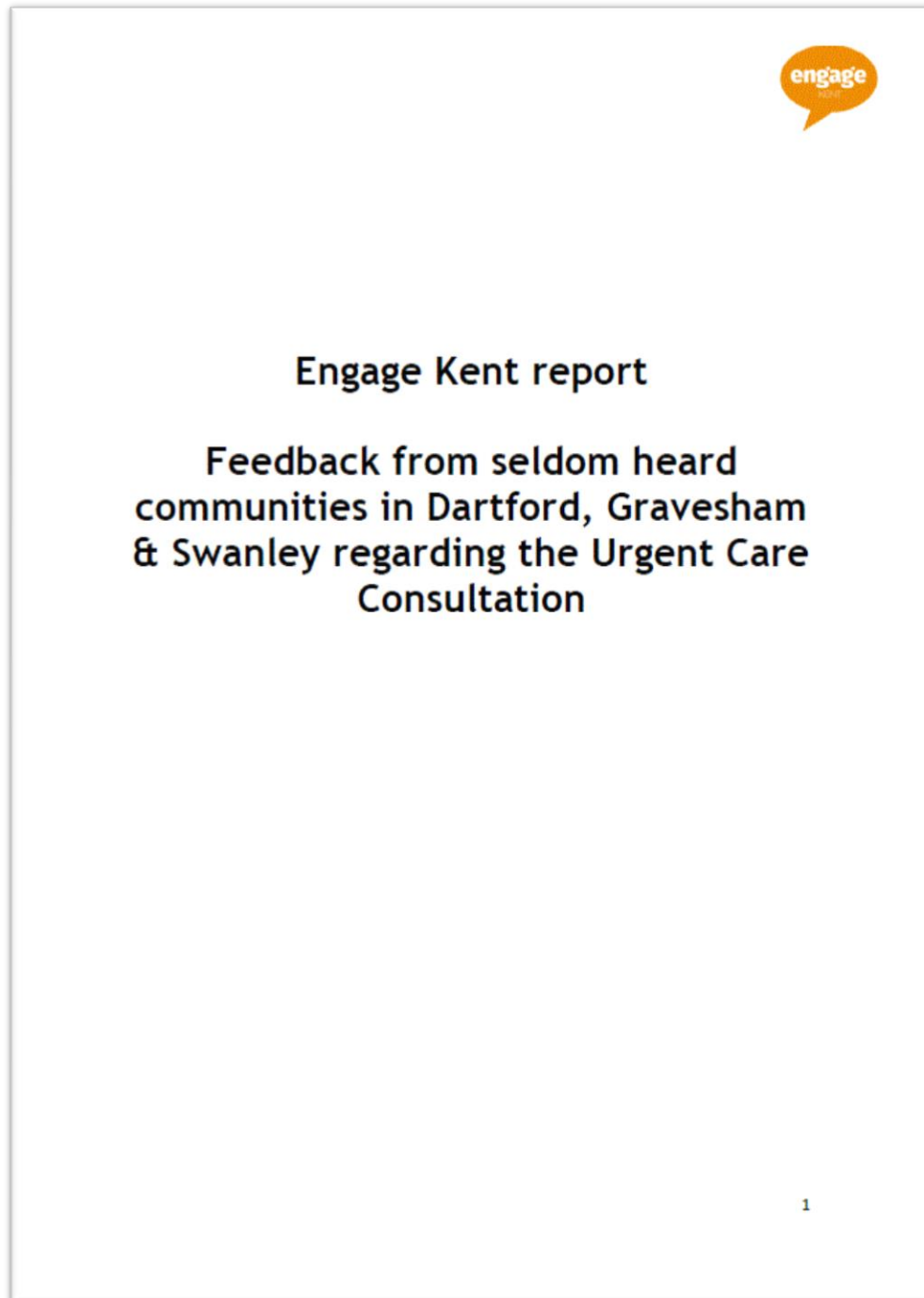
1. Those who attended the consultation events at both Dartford and Gravesend in particular, wanted to have a UTC at both Darent Valley Hospital and at Gravesham Community Hospital.
2. Those who attended Dartford and Swanley were clear that they thought there should be a UTC at Darent Valley Hospital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

APPENDIX D – CCG SUMMARY OF ENGAGEMENT WITH EQUALITIES GROUPS

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

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

APPENDIX E – ENGAGE KENT REPORT – SELDOM HEARD GROUPS





Context

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

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

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

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

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

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

Methodology

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

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

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

Two different methodologies were used to meaningfully engage these target groups

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

Quantitative findings



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

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

Qualitative findings

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

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

Parking

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

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

Location

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

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

Happy with the status quo

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

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

What's your reaction to proposed changes?

Surprise

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

Interpreters

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

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

Transport

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

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

In favour versus not convinced....

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

- 'No! Don't muck us about'



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

Where will it be located?

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

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

What is not covered in the options?

Getting to the Urgent Treatment Centre

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

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

Parking

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

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



Interpreters

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

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

More services needed

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

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

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

Physical Disability community (based in Gravesend)

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

Rural communities (Vigo & Shorne)

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



Deaf community (based in Gravesend)

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

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

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

Physical Disability community (based in Gravesend)

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

Rural communities (Vigo & Shorne)

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

Deaf community (based in Gravesend)

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



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

What new questions have emerged for you?

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

Appendix 2 Demographic profile of respondents

	Street Survey Vigo	Street Survey Shorne	Physical Disability	Deaf community
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Gender

Male	4	8	17	6
Female	7	7	40	9

Sexual orientation

Heterosexual	11	14	57	15
Gay		1		
Not Say				

Age

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



Ethnicity

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

Postcodes	Vigo	Shorne		
	DA13	DA11, DA12	DA12	DA11
		ME3		

1st language

English	11	15	57	
Other				
BSL				15

Consider themselves a carer

Yes	1			
No	10	15	57	15
Not say				

Consider themselves disabled

Yes		2	57	15
No	11	13		
Not say				



Appendix 2 : Facilitated Conversation Guide

Background

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

Talking to the public

Today we are talking about Urgent Care services.

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

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

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

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

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

Why do things need to change?

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

Objective questions:

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

What's your reaction to proposed changes?

What is not covered in the options?

Reflective questions:

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

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

What new questions have emerged for you?

APPENDIX F – QUESTIONNAIRE THEMES CODE FRAME

Q5/6 – Reason for option choice

(01) Ease of journey

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

(02) Parking

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

(03) Hospital facilities

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

(04) Will leave nothing between Medway and other location

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

(06) Expense

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

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

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

(01) Traffic

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

(02) Parking

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

(03) Access

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

(04) Service

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

(05) Public Transport

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

(06) Expense

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

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

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

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

Completing the Equality Analysis Template

Section 1: Policy, Function or Service Development Details and Authorisation

This section requires the basic details of the policy, function or service to be reviewed, amended or introduced. The lead author of the analysis and the Dartford Gravesham and Swanley and Swale Clinical Commissioning Groups Equality and Diversity Lead approving the draft analysis produced must be stated.

The presence of an analysis start date and submission date reinforce that completing an EA is a process that should take place over time from the proposed change to be made through to ratification of the change by the Governing Body.

Section 2: Equality Analysis Checklist

The checklist outlines all aspects of the analysis that must be considered as part of a robust EA. The equality groups are given in a single column which also contains some guidance to help when considering each particular protected characteristic in relation to the proposed change.

The second column provides a space to summarise the evidence obtained during the EA process. **Evidence that supports a negative or positive outcome must be referred to here.**

Examples of sources of evidence include:

- Checking for local or national evidence. In its simplest form this could be including findings from the Joint Strategic Needs Assessment (JSNA), or finding out more about the protected characteristic through desk based research (this might be particularly useful when checking out less familiar characteristics).
- Has any work been done with patients or patient groups locally?
- Patient Public Involvement (PPI) Leads should be able to help with this or suggest other sources of information.
- It may be that no evidence is available locally. In this case, relevant national and regional data should be sought.

Column 3 refers to any consultation or patient engagement work that may have been undertaken on the policy, function or service to be reviewed, amended or introduced. This might include patient or stakeholder involvement and engagement work. Again the relevant PPI Lead should be able to assist with this – there may already be considerable evidence available.

The remainder of Section 2 considers whether the policy/function/service development could have a positive or negative outcome on each of the protected characteristic groups and how these outcomes will be addressed. Authors must consider what action they will take to mitigate negative outcomes and these actions are taken forward into Section 3 to form an Action Plan. Named Leads and a timeframe should also be assigned to each negative outcome. If a negative outcome is identified, it is important to be mindful that it may also affect other protected characteristics.

Section 3: Action Plan

This section focuses on what the author and the organisation can do to mitigate any negative consequences they have identified at Section 2. For example;

- What can be done to mitigate the effect of the policy/function/service on that particular protected characteristic?
- Are there any resource implications?
- How quickly can this be addressed?
- It may be that it is not possible to avoid the issue - this must be acknowledged in the EA and clearly stated that it will have an impact on a particular community.

Section 4: Submission

Following completion of all sections of the EA, the draft, along with the policy, strategy or service document should be submitted to the Dartford Gravesham and Swanley and Swale Clinical Commissioning Group's Equality & Diversity Group for review and feedback. Having addressed any recommended changes, the final document can be submitted to the CCG Equality Lead for information and consideration before ratification at the next Governing Body Meeting

This document should be completed in conjunction with the Equality Analysis Guidance produced by the Equality & Diversity Team which can be found on LINK TO BE ARRANGED. Should you have any queries, please contact your Equality & Diversity lead at yasminmahmood@nhs.net who will be pleased to help.

Section 1: Policy, Function or Service Development Details and Authorisation	
Name of Organisation:	NHS Dartford, Gravesham and Swanley Clinical Commissioning Group
Name of the policy, function or service development being assessed:	Urgent and Emergency Care Redesign
Is this a new/existing/revisted policy, function or service development?	Re-design of service
Briefly describe its aims and objectives Page 167	Re-design of urgent and emergency care within Dartford, Gravesham & Swanley (DGS) Clinical Commissioning Group in line with the Urgent & Emergency Care Keogh Review (November 2013), NHS Five Year Forward View (October 2014), the NHSE Commissioning Standards for Integrated Urgent Care (September 2015) and NHS Long Term Plan (2019). All areas in England are required to offer patients standardised and timely NHS services under the Urgent Care Treatment Centre name. DGS CCG is looking to apply the national mandate locally by creating an Urgent Treatment Centre at either Gravesham Community Hospital or Darent Valley Hospital. The new model will offer assessment, diagnosis and treatment of minor illness and injury supported by on-site diagnostics (e.g. x-ray). Patients can either book an appointment through NHS 111, or by walking in to the UTC and waiting to be seen.
Analysis Start Date:	11/09/2017: Updated: 11/2018 : Updated 11/19
Lead Author of Equality Analysis:	Angela Basoah
Equality & Diversity Lead Approved? Yes/No (please indicate) Equality & Diversity Lead Name: Date of approval:	TBC

Have any financial or resource implications been identified?	The Pre-Consultation business case and financial modelling is available https://www.dartfordgraveshamswanleyccg.nhs.uk/get-involved/public-consultation-proposed-changes-to-nhs-urgent-care-services-in-dartford-gravesham-and-swanley/
Date of relevant committee/decision-making meeting where the Equality Assessment was ratified:	TBC - 12 November 2019

Section 2 : Equality Analysis Checklist

For each of the nine protected characteristics in the table below, consider whether the policy/function/service development could have a positive or negative outcome on each of these groups. Involve service users where possible to obtain their opinion, use demographic/census data (available from public health and other sources), surveys (previous surveys or perhaps conduct one), ask PALS and Complaints for reports/data, obtain subject specific reports from providers and other published data, including findings from the Joint Strategic Needs Assessment (JSNA). Ensure any remedial actions are Specific, Measureable, Achievable, Realistic, and Timely (SMART)

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Age</p> <p>Think about different age groups and the policy/function/service development and the way the user would access it, is it user friendly for that age group?</p> <p>What is the age breakdown in the community/workforce? Will the change/decision have significant impact on certain age groups?</p> <p>Page 169</p>	<p>Census Statistics, Dartford, Gravesham and Swanley Demographic Profile 2014,</p> <p>In February 2017, Age UK published its findings into experiences of older age adults in accessing all areas of health and social care services, for purposes of this EIA we have drawn upon findings relating to access to and experience of emergency care services. The full report can be found here.</p> <p>There are approximately 134,188* Working Age Adults and 36, 336* people over the age of 65 in the Dartford, Gravesham and Swanley area</p> <p>*It is expected that the actual figure is higher in the DGS area as Swanley's statistics is reported collectively under Sevenoaks Local Authority and cannot be broken down into specific figures for this area.</p>	<p>DGS CCG carried out a 12 week Public Consultation into the two proposed options. The Consultation activity included community outreach in community venues across DGS as well as meetings with Gravesend 50+ Forum, Golden Girls (over 60s group). Distribution of materials to Children Centres (to reach parents with children 0-5 years) and face to face engagement with parents of children 0-5 at Temple Hill Children's Centre (Dartford)</p>	<p>Overall local people could see the benefits that a local Urgent Treatment Centre could bring to local people of ages.</p> <p>Feedback from residents in Gravesend suggested that the Darent Valley Hospital option would be difficult for older people to get to because they are more likely to use public transport or be reliant on family and friends to drive them. Feedback identified older residents were less likely to drive or own a car.</p> <p>Feedback did not identify particular positive or negative consequences for families with young children</p>	<p>The results from the Urgent Care Public Consultation are being analysed by an independent agency and a Decision- making Consultation Business Case is in production.</p> <p>The Governing Body will consider the issues highlighted in the consultation (including mitigating actions).</p>	<p>CCG Equality and Diversity Group - November</p> <p>DCBC and internal processes - December</p> <p>Governing Body - January</p> <p>Appointed Provider</p> <p>Ongoing (to cover monitoring stages of implementation)</p>

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Disability</p> <p>Think outside the box – you may not be able to see the disability. It could be physical (for instance hearing or visual impairment), unseen (for instance mental health) or a learning disability (for instance Autism). Consider for example:</p> <p>Accessibility – venue, location, signage, furniture and getting around</p> <p>Disability awareness training for staff Actively involve the service users and talk it through with them</p> <p>Mental Health – does this affect significant communities in the local population?</p>	<p>Census Statistics, Dartford, Gravesham and Swanley Demographic Profile 2014, https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf</p> <p>There are approximately 200,107* people in the Dartford, Gravesham and Swanley registered as having a disability or a Long Term Condition.</p> <p>*However it is expected that the actual figure is higher in the DGS area as Swanley's statistics is reported collectively under Sevenoaks Local Authority and cannot be broken down into specific figures for this area.</p>	<p>The CCG has an on-going commitment to ensuring local people with disabilities can access high quality local health care.</p> <p>As part of the CCG Consultation, we engaged with a range of groups with disabilities including: We are Beams (Parents of children with disabilities) Re Think Mental health group Saxon Community Group Crockenhill</p> <p>The CCG also worked with Engage Kent to obtain feedback from the following groups Riverside Active Lives Group, Gravesend. (Physical disability) Deaf support group</p> <p>We have also given due regard to the Transforming Care for People with Learning Disabilities report and are committed to implementing its aims as part of the development of the service.</p>	<p>Evidence shows that those living with a disability frequently report discrimination in accessing NHS services. If these services are consolidated onto one location, there is likely to be groups of the population who have to travel further to access the services. Some of the participants of the Active Lives Group (Physically disabled) cited the following issues regarding the proposed options.</p> <p>GCH: "More wheel chair friendly than DVH" Gravesend has that car park at the side but still doesn't help if someone is disabled Limited disabled parking Shortage of staff at GCH Prefer GCH apart from parking DVH:Darent Valley is nearer for him so this would be better for him, I am going to tell him about these changes</p> <p>This may result in a negative outcome for some residents of the DGS areas https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf</p>	<p>The Service Specification for these services will need to ensure that the needs of all disabilities and Long Term Conditions are met so that no one with a disability will experience any form of discrimination in accessing the service.</p> <p>As with any NHS service, those patients on low incomes will be entitled to claim travel costs from the urgent care services.</p> <p>The results from the Urgent Care Public Consultation are being analysed by an independent agency and a Decision-making Consultation Business Case is in production.</p> <p>The Governing Body will consider the issues highlighted in the consultation (including mitigating actions).</p>	<p>Urgent Care Steering Group</p> <p>CCG Equality and Diversity Lead</p> <p>Appointed Provider</p> <p>Ongoing monitoring through various stages (including implementation and performance management of contract)</p>

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
Disability (cont'd) Page 171			<p>Both sites that have been identified as potential locations for these services have accessible parking. One site, Darent Valley Hospital, is able to provide discounted parking for £1.50 a day. The hospital website also implies that there may be the opportunity for this to be refunded. All car parks at Darent Valley Hospital are accessible.</p> <p>For those who rely on public transport services, Darent Valley Hospital, is served by a total of 9 buses, all of which stop at Darenth Train station. Buses serving the hospital travel from the following areas: Temple Hill (Gravesend), Woolwich, Bexley Health, Craford, Dartford, East Hill, Plumstead, New Ash Green, Ightam, Wrotham, Sutton-at-Hone, Erith, Swanley, Joyden's Wood, Keyton Cross, Wilmington, Orpington, Shipbourne, Borough Green, West Kingsdown, Darenth.</p>		

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Gender Reassignment</p> <p>Think about creating an environment within the policy/function/service development that is user friendly and non- judgemental. Does the organisation need to raise awareness / offer training?</p> <p>If the policy/function/service development is specifically targeting this protected characteristic, think carefully about confidentiality, training, and communication skills</p> <p style="text-align: center;">Page 172</p>	<p>Figures relating to these groups are not collated nationally or locally.</p>	<p>As part of the Public Consultation, the CCG team engaged with Beaumont Society (Transgender, gay – LGBTQi group) by distributing materials and conversations with the Chair of the group:</p> <p>Distributed materials to BeYou (young people from gay and transgender community) and outreach to management. No specific concerns for feedback</p>	<p>No specific issues were raised with the CCG team. However in their report, Unhealthy Attitudes Stonewall (the leading charity for LGBT+ rights) gives helpful insight into the experiences of health services of the trans community</p> <p>The CCG is unable to reference published data as to the number of trans-gender people living in the local community. The Department of Health estimates that the number of transsexual people (those who have undergone, are about to undergo or are currently undergoing gender reassignment treatment) in the UK is 1 in every 11,500; so for the DGS area, this will mean that it can be assumed that approximately 19 people are going through the transition process. Urgent Care services will need to provide care from an environment that offers privacy, dignity and respect. The CCG is aware that some people will wish to have access to an appointment with a clinician of the same sex as them- this is likely to apply to people of older generations. Provisions for this will need to be made as part of the service specification (by commissioners) and the provider for the services will need to demonstrate to commissioners that they are able to meet patient needs in this area.</p>	<p>To mitigate against potential negative impact, these services should be able to provide additional measures relating to privacy and dignity when treating members of this community.</p> <p>All staff working at these services will need to undergo gender equality training.</p> <p>The workforce of the hubs will need to be appropriately trained understanding the specific needs of this protected characteristic group. This action is built into the action plan.</p>	<p>CCG Equality and Diversity Lead</p> <p>Appointed Provider</p> <p>Ongoing monitoring through various stages (including implementation and performance management of contract)</p>

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Marriage and Civil Partnership</p> <p>Think about access and confidentiality, the partner may not be aware of involvement or access to the service</p> <p>Staff training to raise awareness of ensuring equal status to spouses and civil partners in all HR policies, terms and conditions and services.</p>	<p>Census Statistics, Dartford, Gravesham and Swanley Demographic Profile 2014,</p> <p>In the last Census a total of approximately 83,295 marriages and 284 Civil partnerships were declared in the Dartford, Gravesham and Swanley area.</p> <p>However it is expected that the actual figure is higher in the DGS area as Swanley's statistics is reported collectively under Sevenoaks Local Authority and cannot be broken down into specific figures for this area.</p>	<p>Distributed materials to local registry offices</p> <p>Held roadshows at Gravesend Gurdwara on family days:</p> <p>Surveys completed. Feedback in general report</p>	<p>There is a possibility that members of the community in a same sex civil partnership or marriage may experience discrimination from NHS services that is not experienced by those in heterosexual marriages. This would result in a negative outcome.</p>	<p>Engagement to date has not identified specific issues relating to this group</p> <p>To reduce the potential for discrimination, commissioners should receive assurance that the same treatment of people in same sex civil partnerships and rights of partners would be granted to other married couples in line with the Equality Act 2010.</p> <p>The Provider will need to ensure that all staff have attended gender equality training as a way of understanding the rights of partners in both marriages and civil partnerships</p> <p>The workforce of the hubs will need to be appropriately trained to understand the specific needs of this protected characteristic group.</p>	<p>CCG Equality and Diversity Lead</p> <p>Appointed Provider</p> <p>Ongoing monitoring through various stages (including implementation and performance management of contract)</p>

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Pregnancy & Maternity</p> <p>The policy/function/service development must be accessible for all e.g. opening hours</p> <p>Are the chairs appropriate for breast feeding? Is there a private area? Are there baby changing facilities and is there space for buggies?</p> <p>What are the future projections for birth rates, neo natal statistics? Will the service/decision have a significant impact on this protected characteristic?</p>	<p>Census Statistics, Dartford, Gravesham and Swanley Demographic Profile 2014,</p>	<p>Engaged women and families at the Maternity Clinic at Darent Valley Hospital:</p> <p>Encouraged to complete survey.</p> <p>Feedback in general report</p> <p>Outreach to Maternity Voices via CCG Commissioner for Maternity</p>	<p>No impact has been identified for this group as part of our engagement and evidence collecting. However, with predictions of the Ebbsfleet Garden City attracting more young families into the area commissioners will need to consider the potential impact of more women of child bearing age moving into the area if it is seen as an attractive area to raise families.</p>	<p>As part of commissioning arrangements, the CCG will need to ensure that the provider of this service is able to meet the needs of breastfeeding women and women with babies.</p> <p>This will mean providing facilities that allow them to breastfeed or express milk in a way that offers privacy and dignity in a way that is free from discrimination.</p>	<p>CCG Equality and Diversity Lead</p> <p>Appointed Provider</p> <p>Ongoing monitoring through various stages (including implementation and performance management of contract)</p>

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Sexual Orientation</p> <p>Don't make assumptions as this protected characteristic may not be visibly obvious.</p> <p>Providing an environment that is welcoming - for example visual aids, posters, leaflets.</p> <p>Using language that respects LGB&T people.</p> <p>Staff training on how to ask LGB&T people to disclose their sexual orientation without fear or prejudice.</p> <p>Page 175</p>	<p>Census Statistics, Dartford, Gravesham and Swanley Demographic Profile 2014, Engagement Activities Stonewall Unhealthy Attitudes</p>	<p>As part of the Public Consultation, the CCG team engaged with Beaumont Society (Transgender, gay – LGBTQi group) by distributing materials and conversations with the Chair of the group:</p> <p>Distributed materials to BeYou (young people from gay and transgender community) and outreach to management.</p>	<p>No specific concerns for feedback were identified through the engagement to date. However, the Unhealthy Attitudes mentioned above gives details of the experiences that the LGB community report negative patient experiences of accessing and discriminatory treatment at NHS services.</p> <p>LGB youth more frequently require access to urgent Mental Health treatment than their heterosexual counterparts.</p> <p>In their most recent report LGBT In Britain Health Report, Stonewall provides details of the health inequalities experienced by the LGB community. This report provides national statistics of the mental health experiences of the LGB community. Urgent Care services may find that they are called upon to support this cohort of patients. Numbers of patients living with a mental health condition is not known in the DGS area.</p>	<p>All staff working in these services will need to undergo gender equality training.</p> <p>Agreed working protocols for protecting young adults who present to urgent care services in mental crisis will need to be put in place to protect both their physical and immediate mental health needs but also their privacy and dignity, particularly should they disclose to staff that their distress relates to their sexuality.</p> <p>Though to prepare for managing a crisis, specific mental health awareness training and good links with local mental health teams should be established by the provider</p>	<p>Urgent Care Steering Group</p> <p>CCG Equality and Diversity Lead</p> <p>Appointed Provider</p> <p>Ongoing monitoring through various stages (including implementation and performance management of contract))</p>

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Carers</p> <p>Does your policy/function/service development impact on carers? Ask them. Do you need to think about venue, timing? What support will you be offering?</p>	<p>Census Statistics, Dartford, Gravesham and Swanley Demographic Profile 2014,</p> <p>There are 31,474 registered carers in the DGS area who are not in paid employment to do so (i.e. they are doing so for a friend, family member or a loved one).</p> <p>However it is expected that the actual figure is higher as Swanley's statistics are reported collectively under Sevenoaks Local Authority and cannot be broken down into specific figures for this area.</p>	<p>The Public Consultation regarding the location of an Urgent Treatment Centre included 30 roadshows. 3 Listening events and several briefings.</p> <p>The team engaged We are Beams a voluntary sector group supporting Families/ Parents with disabled children</p>	<p>Although no specific issues were raised as part of the Public consultation, Carers, who typically live in low income house-holds, are entitled to claim back expenses from NHS services.</p> <p>Carers often report that they are unable to look after their own needs as they are consumed by their caring responsibilities.</p>	<p>The results from the Urgent Care Public Consultation are being analysed by an independent agency and a Decision- making Consultation Business Case is in production.</p> <p>The Governing Body will consider the issues highlighted in the consultation (including mitigating actions).</p>	<p>CCG Equality and Diversity Lead</p> <p>Appointed Provider</p> <p>Ongoing monitoring through various stages (including implementation and performance management of contract))</p>

Equality Group	What evidence has been used for this analysis?	What engagement and consultation has been used?	Identify positive / negative / no outcomes	How are you going to address issues identified?	Specify the Named Lead and Timeframe
<p>Other</p> <p>Does your policy/function/ service development impact on for example, those on low incomes, who are homeless etc.?</p> <p style="text-align: right;">Page 177</p>	<p>Census Statistics, Dartford, Gravesham and Swanley Demographic Profile 2014,</p> <p>http://www.healthwatchkent.co.uk/sites/default/files/healthwatch_kent_traveller_report.pdf</p> <p>https://www.myhealth.london.nhs.uk/sites/default/files/Commissioning%20guidance%20for%20London%20-%20Homeless%20health.pdf</p>	<p>The Public Consultation regarding the location of an Urgent Treatment Centre included 30 roadshows. 3 Listening events and several briefings.</p> <p>Copy of Public Consultation Engagement report attached</p>	<p>Low income Household- Potential Negative Impact.</p> <p>There is some evidence to show that by co-locating urgent care services on to one site, that there will be cost implications for those living in low-income households due to increased reliance upon public transport and increased parking costs (where services are either not free to park or are going to experience greater demand resulting in longer waiting times / greater parking charges).</p> <p>The issue of access to the future Urgent Treatment Centre featured significantly in the feedback received from the public consultation.</p>	<p>The Governing Body to consider actions to address feedback regarding access (parking, public transport and costs) in its final decision</p> <p>In some cases, patients will be able to reclaim these travel costs and information as to how this can be done will be made available on site.</p>	<p>Urgent Care Steering Group</p> <p>CCG Equality and Diversity Lead</p> <p>Appointed Provider</p> <p>Ongoing (to cover monitoring stages of implementation)</p>

Section 3 : Action Plan For any negative outcomes identified in Section 2, it is important to identify the steps you will take to mitigate consequences on the nine protected characteristics. Complete the Action Plan below to identify and record how you will address these.

In addition to the mitigating actions identified below, the Governing Body will consider issues identified during the Public Consultation period with the view to ensuring that appropriate measures are put in place to ensure that residents of Dartford Gravesham and Swanley (including those with protected characteristics) can access the health care provided at the new Urgent Treatment Centre.

Equality Group	Negative Outcome	Mitigating Action (Identify any resource/other implications)	Named Lead and Timeframe
Age	Feedback during public consultation indicate that all ages (including older people) could be affected by issues of parking and public transport to DVH	The DCBC to consider these issues in its recommendations to Governing Body	Director of Strategic Transformation (DCBC)
Disability	Potential impact on patients who are deaf who gave feedback during public consultation about the inadequacy of BSL translators. Feedback from patients with physical disabilities highlighted issues of access / disabled parking. Feedback from Mental Health Group included the need for staff to be sensitive to patient in distress or dis-oriented.	The DCBC to consider these issues in its recommendations to Governing Body.	Director of Strategic Transformation DCBC
Gender Reassignment	No specific outcomes have been identified for this group as figures are not collated for this cohort of the public however, the CCG shall commission services to mitigate against the risk of any discrimination.	Services should be able to provide additional measures relating to privacy and dignity when treating members of this community. All staff working at these services will need to undergo gender Equality, Diversity and Inclusion training.	Service provider
Marriage & Civil Partnership	Potential risk of discrimination	Ensure that Gender Equality training is built into all provider staff training and is evidenced to the CCG as part of EDS2 reporting.	, Equality Lead
Pregnancy & Maternity		As part of commissioning arrangements, the CCG will need to ensure that the provider of this service is able to meet the needs of breastfeeding women and women with babies. This will mean providing facilities that allow them to breastfeed or express milk in a way that offers privacy and dignity in a way that is free from discrimination.	Commissioner / Estates Team Service provider





Equality Group	Negative Outcome	Mitigating Action (Identify any resource/other implications)	Named Lead and Timeframe
Race		The CCG will expect to see Translation services procured to meet the most-spoken languages within the Dartford, Gravesham and Swanley areas. Details of these languages can be found at the bottom of this analysis	
Religion or Belief	<p>Potential Risk of prescriptions breaking fasting during religious celebrations (very limited risk)</p> <p>Availability of a room for washing and prayer</p>	<p>All provider staff should undergo religious awareness training and should also follow extensive NICE guidance on this matter.</p> <p>Provision of a prayer room or chaplaincy service should be made available.</p>	<p>This will be a matter for the patient and Provider to discuss at the point of diagnosis</p> <p>Provider estates team.</p>
Sex		The Service Specifications for these services will need to provide that all staff working in these services undergo Gender Equality training.	Commissioner / Service Provider
Sexual Orientation	Potential Risk of Discrimination	Ensure that Gender Equality training is built into all provider staff training and is evidenced to the CCG as part of EDS2 reporting.	Equality Lead
Carers	Potential high cost of parking	<p>Issues regarding parking (including costs) and have featured significantly in the public consultation feedback and therefore Governing Body and Urgent Care team will be considering further actions to mitigate negative impact</p> <p>Make carers who are entitled to aware of how they may reclaim expenses</p>	<p>Director of Strategic Transformation (DMBC)</p> <p>Governing Body</p> <p>Provider Communications Team</p>
Other	<p>Low-income house-holds:</p> <p>Potential high cost of parking</p>	<p>Issues regarding parking (including costs) and public transport have featured significantly in the public consultation feedback and therefore Governing Body and Urgent Care team will be considering further actions to mitigate negative impact</p> <p>Make patients (who are entitled to aware of how they may reclaim expenses)</p>	<p>Director of Strategic Transformation (DMBC)</p> <p>Governing Body</p> <p>Provider Communications Team</p>

Section 4 : Submission

On completion of all sections of the Equality Analysis Form, submit your draft along with the policy, function, or service document to the Equality & Diversity Lead.

Once reviewed, feedback and any recommended amendments will be given. Having made any necessary changes, the final version should then be submitted to the committee which will approve the paper/policy/strategy in question. The completed EA Template should be appended to the policy, function or service development documentation.

Supporting documentation:

Kent population by main language	 Kent population by main language.xlsx
Report on Public Consultation	 Report.Public Consultation Engager
Engage Kent report	 Engage Kent report for DGS CCG Urgent (
Protected characteristics	 Protected Characteristic.docx

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Evaluation of Bexley response

Dartford, Gravesham and Swanley
Clinical Commissioning Group

Author: Clive Caseley, Director

Date: 13 January 2020

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EXECUTIVE SUMMARY

Following a review of urgent care services, Dartford, Gravesham and Swanley Clinical Commissioning Group (CCG) led a consultation on proposals to site an Urgent Treatment Centre (UTC) at either Gravesham Community Hospital or Darent Valley Hospital (DVH).

In its initial consultation, the CCG received many responses from residents across a wide area, including Bexley and other neighbouring boroughs, although inevitably most views came from residents within Dartford, Gravesham and Swanley.

An intensive engagement followed in Bexley to complement the CCG-led public consultation - seeking to understand the likely use of services by patients across the boundaries between CCGs, the potential impact of the new UTC, and what might be done to mitigate any resulting pressures.

This document contains an evaluation of the response to this engagement. It was independently produced by Verve Communications.

Bexley patients travelling to Dartford, Gravesham and Swanley

Accessibility and travel times seem to be the main drivers for patients' decisions when they need urgent care. For some people, there is evidence to suggest that they are prepared to travel some distance in order to reduce their waiting time or obtain free parking.

For siting the new Urgent Treatment Centre (UTC), Darent Valley Hospital (DVH) is the main site in Dartford, Gravesham and Swanley which would be relevant for Bexley residents. For these residents, DVH is relatively easily accessible by car and public transport, and some patients believe that co-location with the DVH A&E means it will provide a higher quality service or that they can get treated "all in one place".

For these reasons, some residents in some parts of Bexley would – and probably already do - travel to DVH for urgent care. In particular, the absence of an A&E service within Bexley, means that DVH would be the closest option for some patients in the borough for whom colocation is important.

Bexley residents have a range of choices of walk-in urgent care services, with Erith Hospital and Queen Mary's Hospital within the borough and alternatives at Queen Elizabeth Hospital (Greenwich CCG) and the Princess Royal University Hospital (Bromley CCG) also mentioned.

Overall, therefore, Bexley residents see an Urgent Treatment Centre at DVH as a potential alternative when other options are too busy rather than as a first choice.

That said, a significant proportion of Bexley patients felt there would no impact, or very limited impact for them as they would be unlikely to use **any** of the alternatives in Dartford, Gravesham or Swanley. In all 20 people made this comment, out of 68 who provided a response on likely impacts – so around a third of the total.

There was relatively low awareness of Gravesham Community Hospital among Bexley residents – Many did not know where it is or regard it as “local”. Therefore for Bexley patients most would use alternatives in other directions.

Dartford, Gravesham and Swanley residents travelling to Bexley

The initial survey undertaken by the CCG during the public consultation showed relatively little tendency for Dartford, Gravesham and Swanley patients to look towards Bexley for urgent care, although we would note the great majority of responses seem to have come from residents close to Gravesham Community Hospital.

Nevertheless, staff and doctors at both Erith Hospital and Queen Mary’s Hospital commented that they saw a significant number of patients from Dartford and Gravesham. This was attributed to pressures, difficulty in securing GP appointments, long waits at DVH and frequent referrals from NHS 111 and GPs. Recent GP closures in Dartford were also cited

Overall impact

The key issue, both for Bexley residents travelling to Dartford, Gravesham and Swanley and to prevent flow of patients into Bexley is the availability of alternative walk-in services, whether at DVH or other convenient, accessible location(s).

What makes a good service?

Regardless of location, several characteristics were identified which make a good service. These include: communication with the patient's own GP, including referral back to primary care where that is more appropriate and conversely well-managed escalation if inpatient care is needed; integration and data sharing to enable a seamless service with the patient only needing to provide details once; and good links into other services – those mentioned included mental health, diabetic services, paediatrics, and on-site pharmacy.

Other comments for consideration

Car parking was also a concern for Bexley residents as it was for residents in Dartford Gravesham and Swanley who took part in the original consultation. In particular, limited availability and cost of parking at DVH and availability of free parking at Erith urgent care centre.

Several Bexley patients commented that they were not familiar with services in Dartford and Gravesham and were unaware of Gravesham Community Hospital. A significant number had visited Darent Valley Hospital and would be unlikely to visit an Urgent Treatment Centre at Gravesham Community Hospital.

1. ABOUT THIS REPORT

1.1 CONTEXT AND BACKGROUND

Following a review of urgent care services, Dartford, Gravesham and Swanley Clinical Commissioning Group (CCG) led a consultation between August and November 2019 on proposals to site an Urgent Treatment Centre (UTC) at either Gravesham Community Hospital or Darent Valley Hospital (DVH).

The CCG undertook a large-scale engagement exercise to reach residents within the catchment for its urgent care services. The consultation received a very high level of response following distribution of materials, running a series of events and roadshow activities in the community, and an online survey which received more than 16,000 responses. In addition, key stakeholders were consulted and Engage Kent commissioned to reach people with physical disabilities and residents of rural areas

Verve Communications analysed the consultation responses and undertook an independent evaluation. This considered the statutory requirements for public consultation, including NHS guidance and best practice, and was considered by the Kent Health Overview and Scrutiny Committee in December 2019.

The report and a supplementary analysis (which explores differences of views between those favouring each of the alternative site options) can be found here:

<http://www.dartfordgraveshamswanleyccg.nhs.uk/wp-content/uploads/sites/3/2019/12/Urgent-Care-Consultation-Independent-Analysis-Verve-Communications-vCOMPLETEv02.pdf>

<http://www.dartfordgraveshamswanleyccg.nhs.uk/wp-content/uploads/sites/3/2019/12/Supplementary-analysis-vCOMPLETE.pdf>

Key findings from the consultation included:

- A strong majority of respondents were in favour of locating the service at Gravesham Community Hospital, which was particularly pronounced among those living nearer to the site
- Across all elements of the consultation, the distance to services, travel times/accessibility by public transport, and availability and cost of car parking were the main issues shaping preferences
- Other considerations included co-location with A&E / acute hospital (which was seen both as a potential positive and negative for the UTC) and siting the service close to major population centres.

1.2 WHAT DOES THIS MEAN FOR BEXLEY?

Accessibility and travel times seem to be the main drivers for patients' decisions when they need urgent care. For some people, there is evidence to suggest that they are prepared to travel significant distances as a trade-off in order to reduce their waiting time or obtain free parking.

It therefore seems possible that changes to urgent care services in one CCG footprint may potentially affect services in neighbouring areas. In this case, that might mean Bexley residents travelling to services in Dartford, Gravesham and Swanley and – conversely – residents from Dartford, Gravesend and surrounding boroughs using Bexley services as an alternative.

1.3 PURPOSE OF THIS ENGAGEMENT

In its initial consultation, the CCG received many responses from residents across a wide area, including Bexley and other neighbouring boroughs, although inevitably most views came from residents within Dartford, Gravesham and Swanley.

However, the service options for Bexley residents are varied and the patterns of choices patients make could be complex. Bexley residents have a range of choices of walk-in urgent care services, with Erith Hospital and Queen Mary's Hospital within the borough and alternatives at Queen Elizabeth Hospital (Greenwich CCG), the Princess Royal University Hospital (Bromley CCG) and Lewisham Hospital (Lewisham CCG).

The purpose of this intensive engagement in Bexley was therefore to complement the CCG-led public consultation and to develop a more detailed understanding of:

- Bexley residents' use of services in the CCG footprint, and the likely scale of impact of the outcomes of decisions coming from the review
- Specifically, the likely use of UTC and preference between DVH and Gravesham
- Potential impact of plans for siting the UTC on services in Bexley, and what might be done to mitigate pressures.

2. METHODOLOGY

2.1 DATA SOURCES

The exercise was carried out between 17 December and 09 January 2020 and comprised data collection through four discrete activities:

- Questionnaire survey (quantitative) of which 56% were returned from Bexley residents
- Healthwatch report (produced for the original CCG consultation in November 2019)
- Front-line staff and doctors' comments, from Erith Hospital and Queen Mary's Hospital
- Listening event for residents in Bexley.

In this report we have compiled insights and conclusions from all of these into a single summary, which sets out:

- The scale and scope of engagement
- Quantitative charts and tables
- Key themes emerging from qualitative comments and discussions
- Appropriate conclusions.

2.2 SURVEY

The survey was conducted by the CCG Communications and Engagement team face-to-face over three sessions:

- Erith Urgent Care Centre - (Tuesday 17 December (am) and Monday 06 January (pm))
- Queen Mary's Hospital - Wednesday 18 December (am).

In total, 97 people were interviewed, using a pro forma questionnaire (see Appendix 1), which includes a mix of 'closed' questions and 'open' free text questions where respondents were able to explain their preferences. The survey also collected demographic data.

The headline findings are shown in table and charts (see section 3.1.) and qualitative comments were analysed for themes and allocated according to a code frame (see Appendix 2.) which shows the weight and number of comments received. Please note that all comments made were included and some questions invited multiple comments – the total number of comments may therefore be higher than the number of respondents.

2.3 HEALTHWATCH BEXLEY ANALYSIS

Healthwatch Bexley supported the original UTC consultation undertaken in 2019. Between August and November, Healthwatch distributed the CCG consultation documents and questionnaires, and collected 38 completed questionnaires.

As part of the original consultation Healthwatch Bexley also held informal discussions at existing community groups in Crayford and Sidcup, at which 25 people expressed their views. The groups were for older adults with Alzheimer's and their carers.

Healthwatch shared their report with DGS CCG in November. This report set out the key issues for Bexley residents, which is attached in full for reference at Appendix 3. The headlines from this are incorporated into this report.

2.4 FRONT-LINE STAFF AND DOCTORS

Front-line staff and doctors delivering urgent care services in Bexley were engaged to understand their perspective(s) on potential implications of the CCG's proposals, and to explore their ideas for ways to mitigate pressures on services in both boroughs.

Participants were based both at Erith Hospital and Queen Mary's Hospital, Sidcup.

Areas of informal discussion included:

- The profile of patients from Dartford, Gravesham and Swanley who use Erith Hospital or Queen Mary's Sidcup (QMS) urgent care
- Reasons residents in Dartford, Gravesham and Swanley might choose to use these services in Bexley
- Potential impact of plans to site a new UTC at DVH or Gravesham Hospital on Bexley services
- What actions might mitigate pressures on services in both boroughs.

2.5 LISTENING EVENT

A targeted listening event was held on 09 January with a group of Bexley patients. This was conducted by DGS CCG in partnership with Bexley CCG and Healthwatch Bexley, who were instrumental in recruiting participants to the event.

In all, around 17 people took part, and the discussions focused on:

- The potential impact of locating a UTC at DVH
- The potential impact of locating a UTC at Gravesham Hospital
- General comments about why patients might select one urgent care service over another.

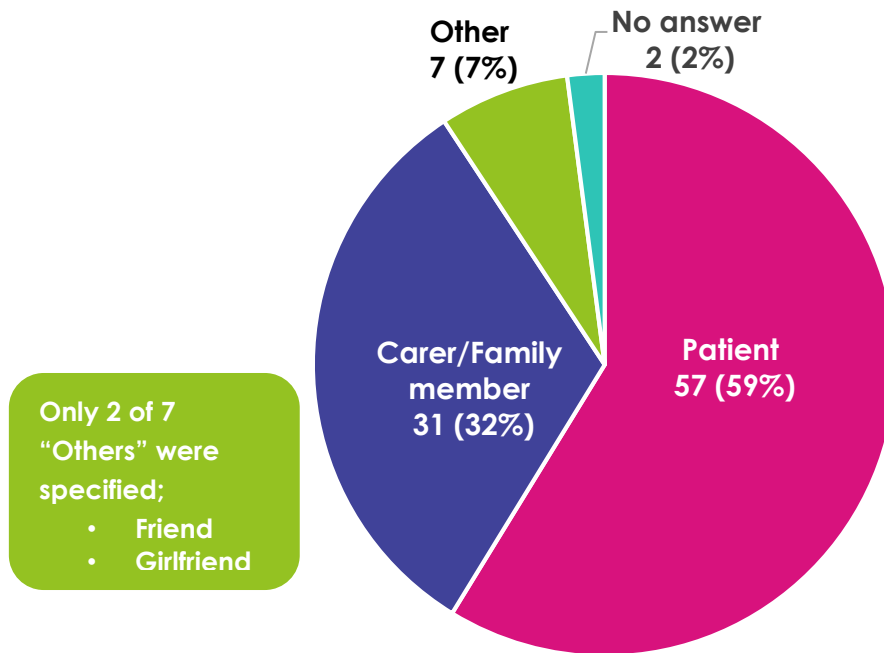
The full notes taken from these discussions are included for reference at Appendix 4.

3. ANALYSIS AND FINDINGS

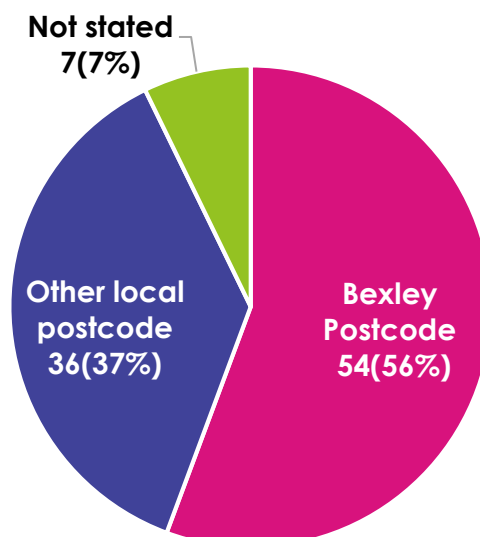
3.1 QUANTITATIVE RESPONSE

3.1.1 ABOUT YOU

Q1 - ARE YOU HERE AS A...

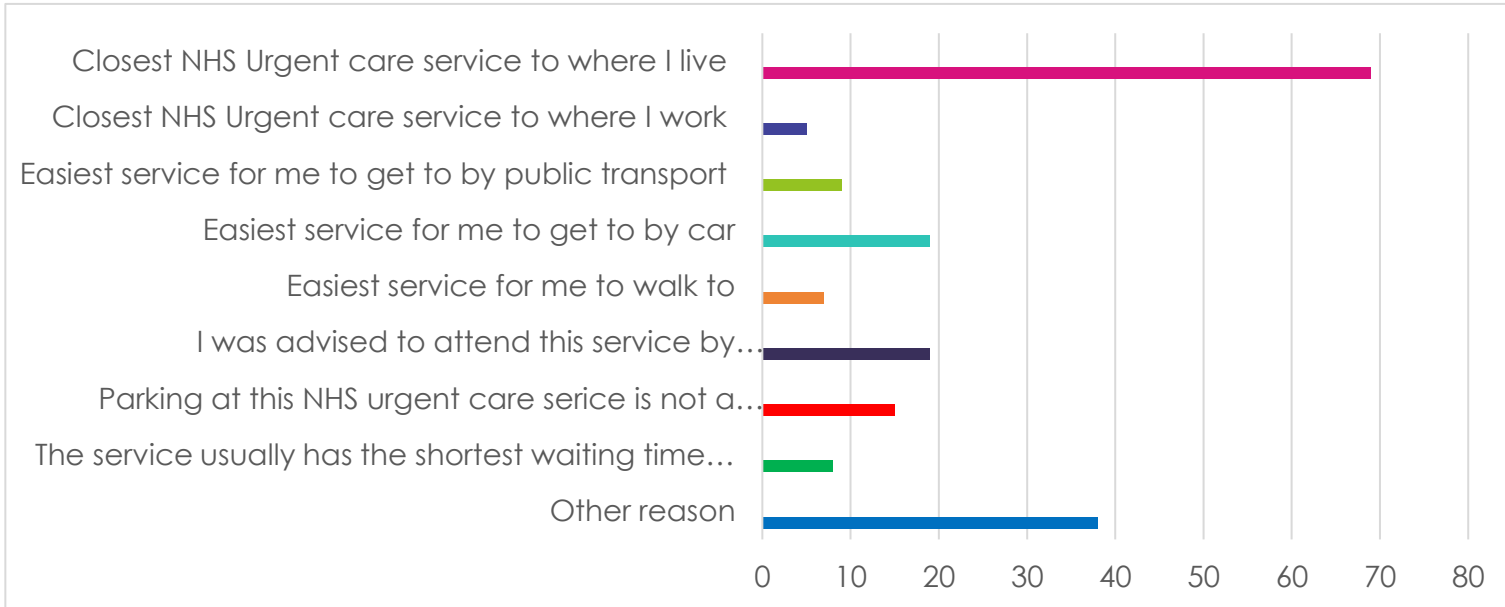


Q2 - WHAT IS YOUR POSTCODE?



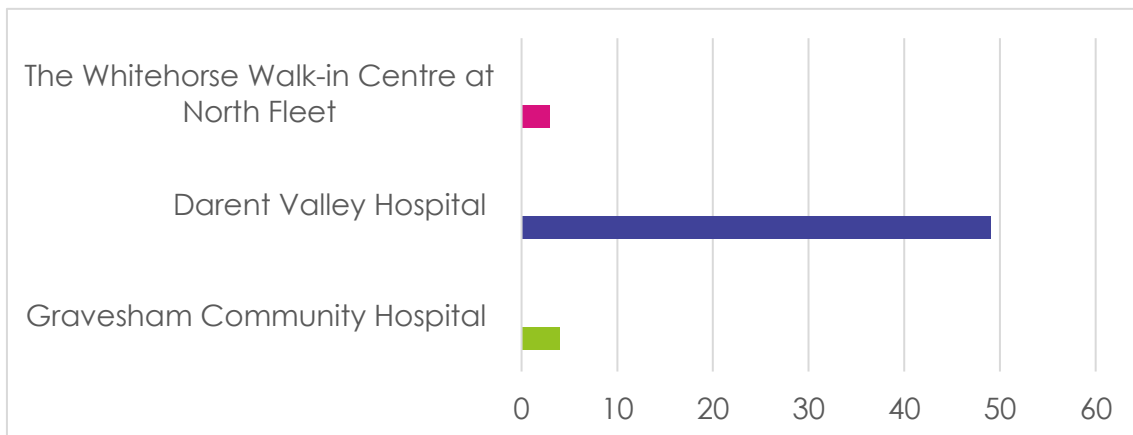
3.1.2 ABOUT YOUR VISIT TODAY

Q3 – WHY DID YOU CHOOSE TO COME TO THIS PARTICULAR NHS LOCATION FOR URGENT CARE TODAY? (PLEASE TICK AS MANY AS APPLY)

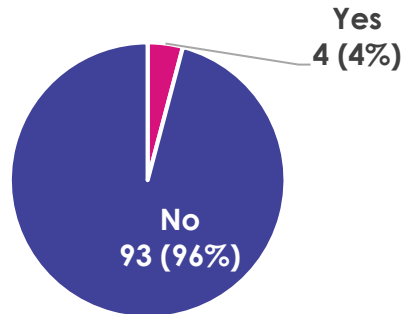


3.1.3 ABOUT THE DGS PROPOSED LOCATIONS FOR AN URGENT TREATMENT SERVICE

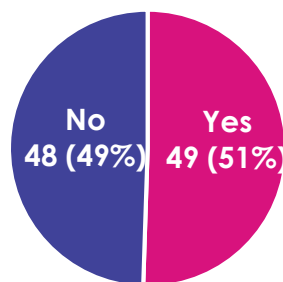
Q4 – WHICH OF THESE NHS SERVICES HAVE YOU ATTENDED BEFORE? (TICK ALL THAT APPLY)



Q5 - IF THERE WAS AN URGENT TREATMENT CENTRE AT GRAVESHAM COMMUNITY HOSPITAL WOULD YOU CHOOSE TO USE IT?

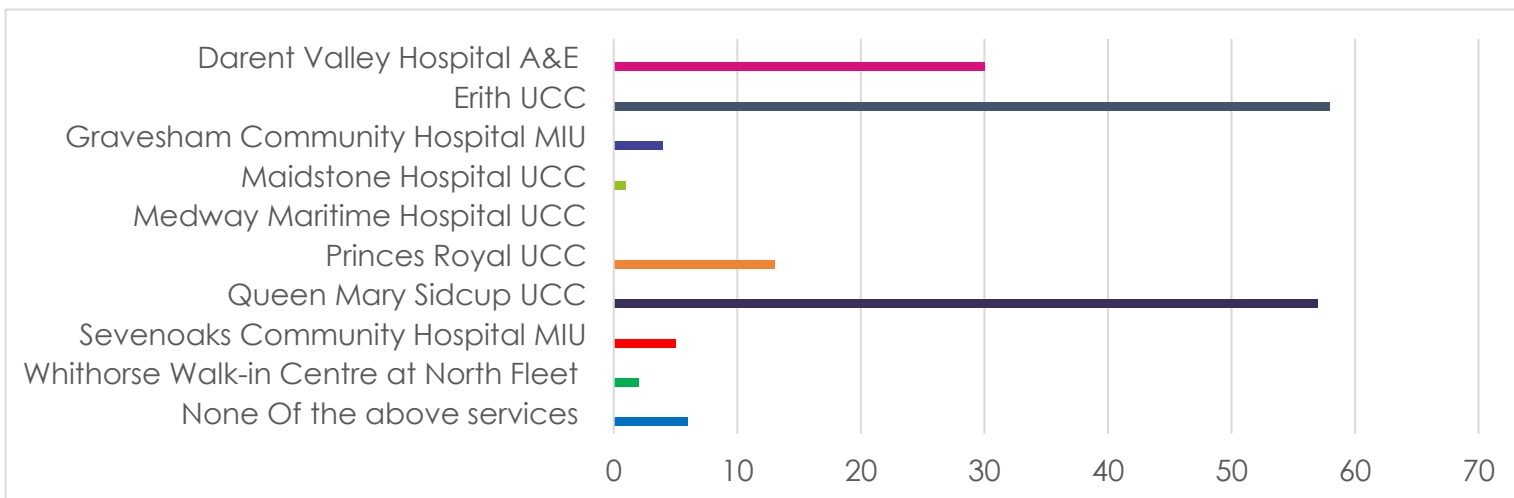


Q6- IF THERE WAS AN URGENT TREATMENT CENTRE AT DARENT VALLEY HOSPITAL WOULD YOU CHOOSE TO USE IT?



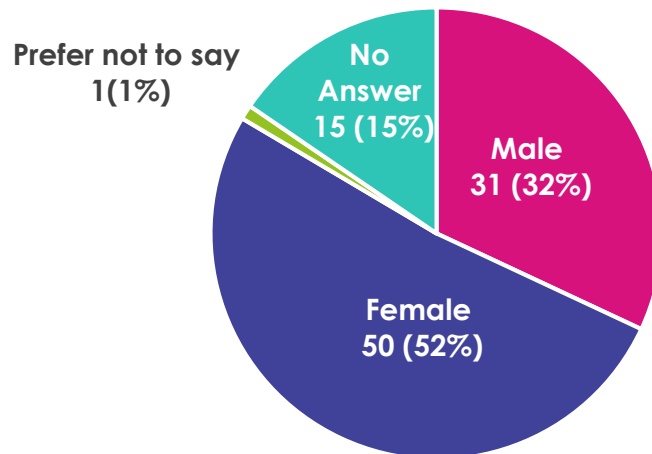
3.1.4 ABOUT OTHER NHS URGENT CARE / EMERGENCY SERVICES

Q8- WHICH OF THE FOLLOWING NHS SERVICES DO YOU ALSO USE WHEN YOU NEED URGENT TREATMENT ON THE SAME DAY AND WHY?

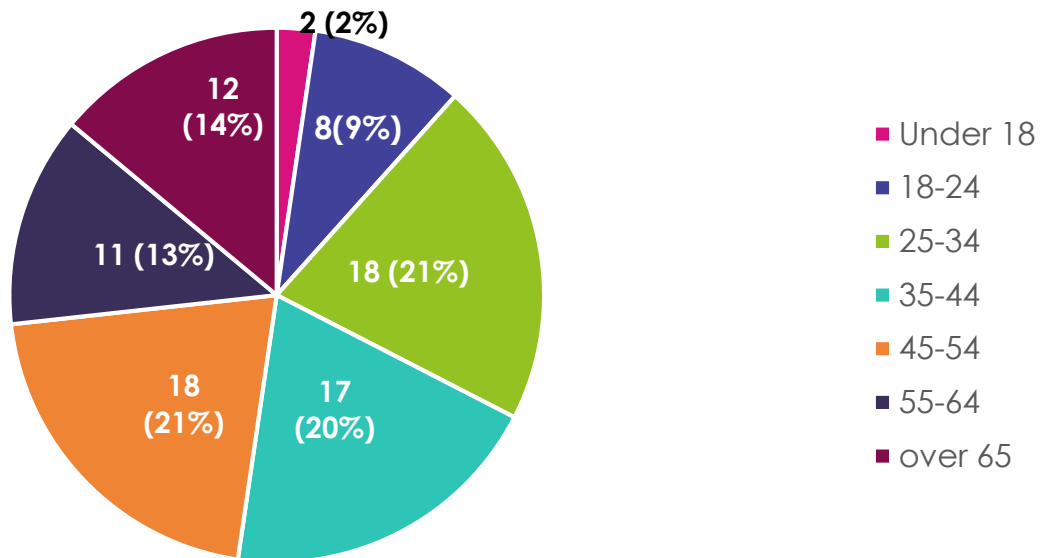


3.1.5 EQUALITIES

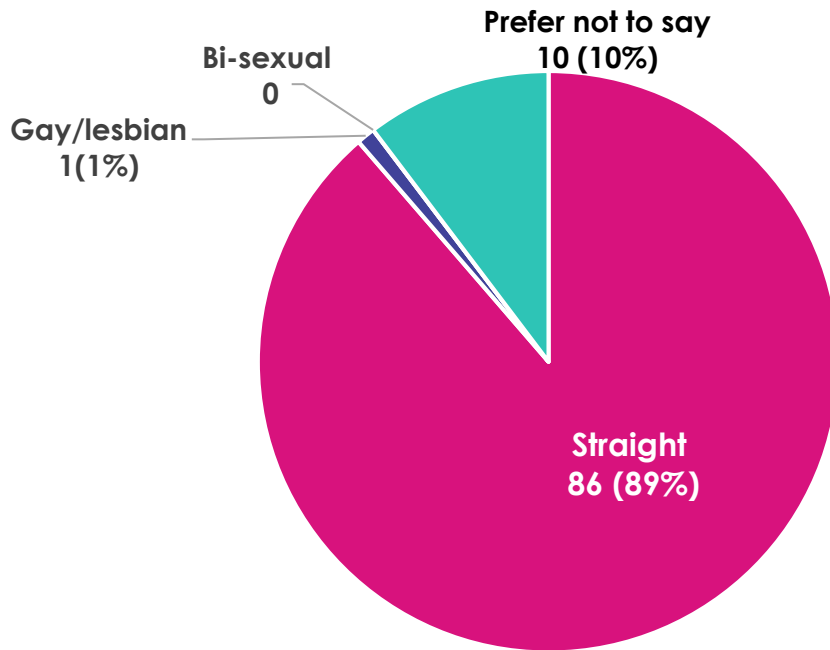
1- WHICH GENDER DO YOU IDENTIFY AS?



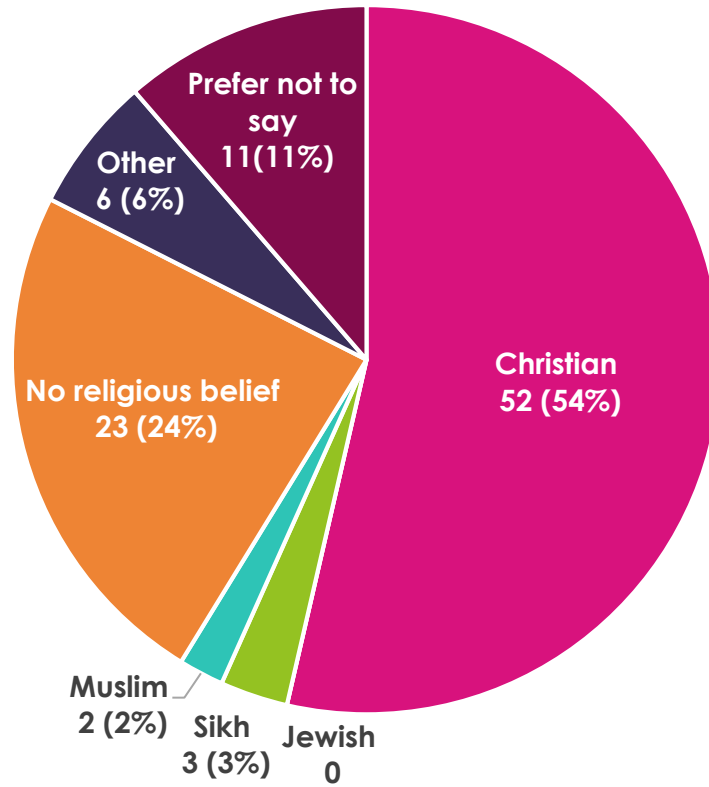
2- WHICH AGE GROUP DO YOU BELONG TO?



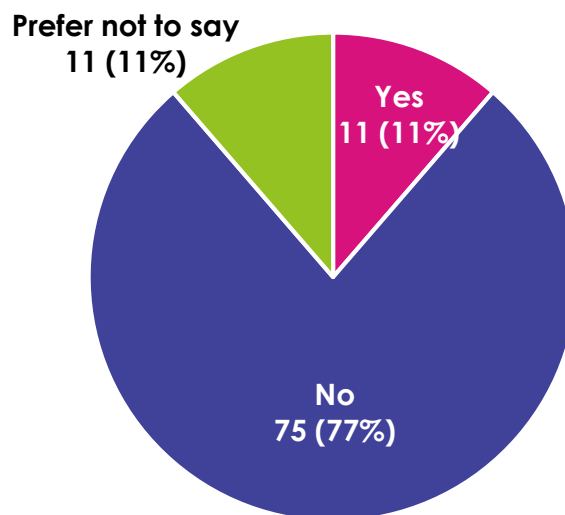
3- WHICH OF THE FOLLOWING BEST DESCRIBES YOUR SEXUAL ORIENTATION?



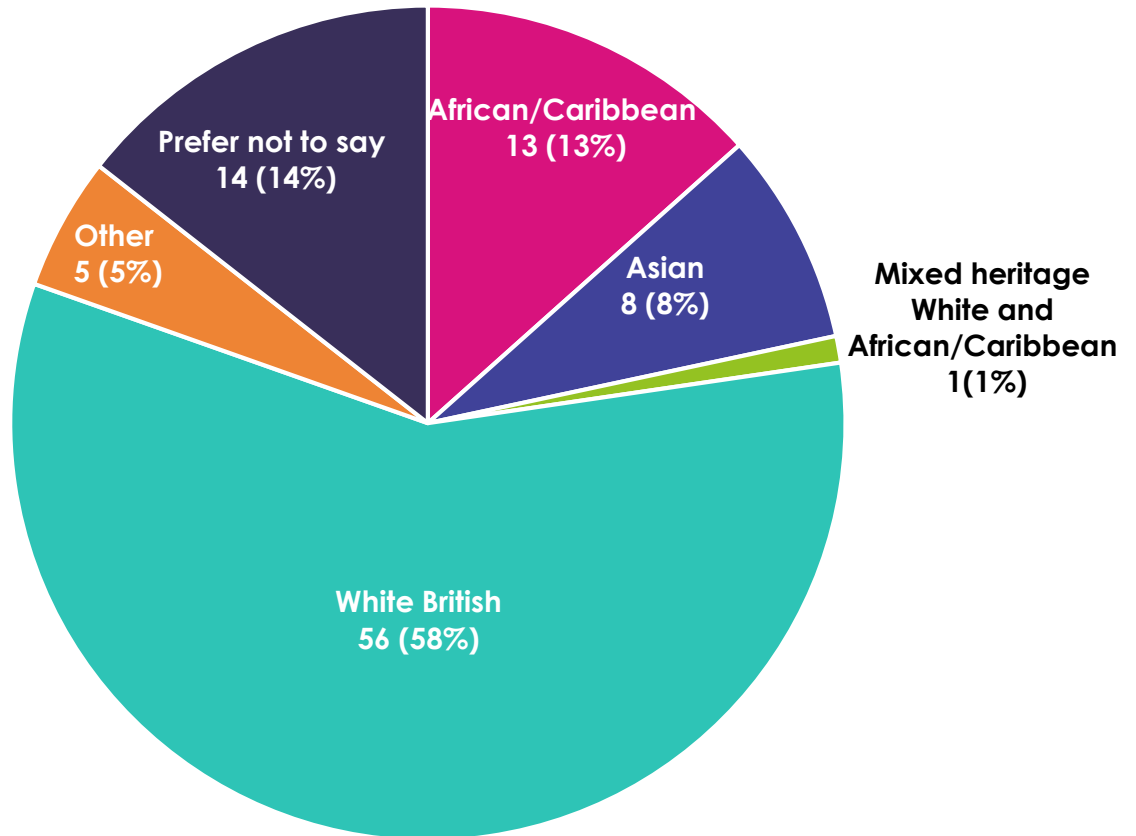
4- WHICH OF THE FOLLOWING BEST DESCRIBES YOUR RELIGION OR BELIEF



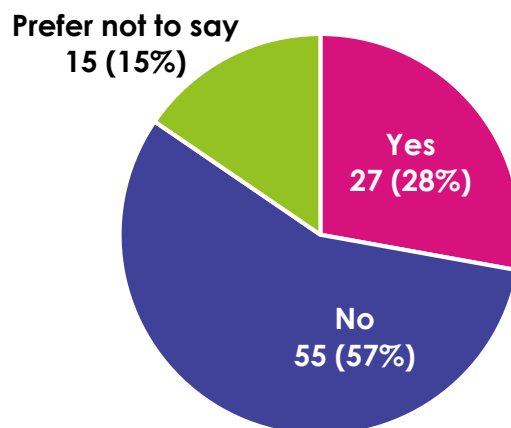
5- DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?



6- WHICH OF THE FOLLOWING BEST DESCRIBES YOUR ETHNIC GROUP



7- ARE YOU A CARER (FOR AN UNDER 18 CHILD OR ADULT)



3.2 ANALYSIS OF RESPONSE AND COMMENTS

3.2.1 OVERALL

It is clear from the quantitative data that the overwhelming driver for patients' urgent care choice is distance from home and perceived travel time. This is consistent across the initial CCG consultation response and this intensive engagement with Bexley residents.

In this exercise, 51% of Bexley residents said they would use DVH, with approximately even numbers commenting that it is closer to home and that it is too far away (19 and 23 respectively).

Far fewer favoured Gravesham – 4%, with a clear majority giving the reason that it is too far away.

For Bexley residents who responded to the CCG via Healthwatch Bexley, there is also a clear preference for DVH. More than 70% "strongly" favoured DVH as the location for the UTC, compared with around 13% favouring Gravesham.

This is echoed by the Healthwatch Bexley group discussions:

"For the majority of the Bexley residents we spoke to Gravesham was considered too far away for them to visit."

Bexley Healthwatch report

However, a significant proportion of Bexley patients felt there would no impact, or very limited impact, as they would be unlikely to use any of the alternatives in Dartford, Gravesham and Swanley. In all 20 people made this comment, out of 68 who provided a response on likely impacts, around a third.

"I don't think it will make a difference to people in Bexley"

Comment from patient survey

Staff at Bexley services referred to free and available parking at Erith Hospital and relatively short waiting times at both Queen Mary's Hospital and Erith

"Patients don't fit in neat boundaries. Sometimes its quicker and easier to use an NHS just over the boundary"

Staff member, Erith Hospital

Overall, the set of issues for Bexley residents closely echoes the findings from the initial CCG consultation focused in Dartford, Gravesham and Swanley residents – there is no evidence of significant differences of view between these populations.

It is clear that Bexley residents see DVH chiefly as an alternative when other options are too busy, rather than their first choice - which would probably be a more local walk-in service. However siting the UTC at DVH is seen as having positive potential to relieve pressure on current, stretched services.

"Hopefully it will reduce waiting times in other places"

Comment from patient survey

Other comments made during this intensive exercise in Bexley were less often repeated but included travel and ease of journeys.

This includes public transport (particularly the number of bus changes), traffic and drive-times, and parking (both cost and availability). DVH is seen as having good public transport links and easy to get to, but parking costs are an issue.

"Parking is dreadful and costly. Public transport from Slade Green and Erith is abysmal"
Comment to Healthwatch Bexley

"If had a blue badge (it) can be used at Woolwich but not DVH"
Focus group participant

3.2.2 CO-LOCATION WITH A&E

Co-location with A&E / acute hospital was seen by some as a positive factor in siting the UTC at DVH, because of the perception that it will be a higher quality service or that it will be possible to have treatment "all in one place", with more straightforward escalation and admission to the hospital if the patient deteriorates.

"Will make service quicker, more efficient. Wait at A&E are too long 5 hours... less waiting time if those not in need of A&E can be diverted to UTC"
Comment to Healthwatch Bexley

"We could get medical attention faster and at more convenient times"
Comment from patient survey

There was some agreement among professionals for this view, and the broader point about relieving pressure on the DVH A&E.

"Every borough needs one standalone UTC to cater for patients who can be seen by GP/Nurse and another UTC co-located with A&E to be able to be escalated because of more serious concerns"
Doctor, Erith Hospital

"UTC at Darent Valley Hospital: would provide hospital with more capacity to see patients"
Staff member, Queen Mary's Hospital

For some patients, co-location is a negative, because of long waits and accessibility issues at DVH (especially parking) and a perception that a busy A&E is not the most appropriate service for minor urgent care needs.

3.2.3 INFLUENCING DECISIONS

Familiarity is key to influencing decisions, and many comments collected through this engagement were based on personal experience.

"Previous experiences, good or bad, would influence the choice that people make. South of the Borough would prefer to go to Princess Royal"
Focus group participant

Several Bexley patients commented that they were not familiar with the Dartford, Gravesham and Swanley services – this was mentioned in respect of both, but clearly a far greater issue for Gravesham Community Hospital as a significant number had visited DVH.

“I don't know where this location [Gravesham] is,”

Numerous comments from patient survey

This suggests that patients from Bexley are unlikely to use an Urgent Treatment Centre at Gravesham Community Hospital.

3.2.4 MORE ON DARENT VALLEY HOSPITAL

Notes from the listening event suggest that Bexley patients are quite familiar with DVH.

“If I had to go to an AE, I would go to DVH. I know the site and I wouldn't feel lost there.”

Focus group participant

Views were mixed, and included:

- Cafeteria and facilities are seen as good
- Several comments that the metal seating in waiting areas is uncomfortable
- The absence of a 24-hour pharmacy was noted.

DVH was seen by some as providing fast and effective communications, with test results and notes sent quickly and good integration with primary care.

“We conducted a mystery shopper at DVH and had a 95% satisfaction ratings”

Focus group participant

By contrast, there were some poor experiences reported and, as previously highlighted, car parking at DVH has been the subject of so many comments it must be regarded as an issue of significant concern for Bexley residents.

“Can parking be expanded to nearby land?”

Focus group participant

3.2.5 CAPACITY ACROSS THE SYSTEM

Staff and doctors at both Erith Hospital and Queen Mary's Hospital noted that they saw a significant number of patients from Dartford, Gravesham and Swanley. This was attributed to pressures and difficulty in securing GP appointments, long waits at DVH and frequent referrals from NHS 111 and GPs. The impact of recent GP closures in Dartford was also cited. Staff also commented on the increased demand on urgent care services across the system.

“QMS severely impacted by GP closures in Dartford”

Staff member, Queen Mary's Hospital

3.2.6 WHAT MAKES A GOOD SERVICE?

Regardless of location, there were several characteristics identified that make a good urgent care service:

- Good liaison and communication with the patient's own GP, including referral back to primary care where that is more appropriate and conversely well-managed escalation if inpatient care is needed
- Good integration, including with patient data to enable a seamless service and the patient only having to provide details once
- Linking up with other services – those mentioned included mental health, diabetic services and paediatrics
- Late-opening pharmacy on site.

APPENDIX 1- QUESTIONNAIRE

Background

Dartford Gravesham and Swanley Clinical Commissioning Group (DGS CCG) recently ran a public consultation about the location of an Urgent Treatment Centre (UTC) for people living in Dartford Gravesham and Swanley (DGS). As Dartford lies on the borders of Bexley, residents of Bexley sometimes use NHS health services in DGS and vice versa. DGS CCG would therefore like to gain a better understanding about how DGS proposals for the location of a UTC in DGS could possibly impact on residents and patients using Bexley Urgent Care Services.

Proposals for the location of an Urgent Treatment Centre in Dartford, Gravesham and Swanley

OPTION
ONE

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

OR

OPTION
TWO

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

The new Urgent Treatment Centre would treat both minor illnesses such as ear and throat infections, sickness and diarrhoea as well as minor injuries such as suspected broken bones, sprains and minor burns in one place.

What will we do with information we are collecting through this questionnaire?

The information gathered from patients and residents using Bexley Urgent Care services will be analysed and used as part of the patient feedback that will inform the DGS CCG's Governing Body decision in early 2020.

Urgent Care Questionnaire

About you

- Q1 Are you here as a ... patient carer/ family member
 other
- Q2 What is your post code

About your visit today

- Q3 Why did you choose to come to this particular NHS location for urgent care today (please tick as many as apply)

- Closest NHS urgent care service to where I live
- Closest NHS urgent care service to where I work
- Easiest NHS urgent care service for me to get to by public transport
- Easiest NHS urgent care service for me to get to by car
- Easiest NHS urgent care service for me to walk to
- I was advised to attend this service by NHS 111 friend / family
- Parking at this NHS urgent care service is usually not a problem
- This service usually has the shortest waiting time compared to other nearby urgent care services
- Other reason (please specify)

About the DGS proposed locations for an Urgent Treatment service

Q4 Which of these NHS services have you attended before? (Tick all that apply)

- Gravesham Community Hospital
- Darent Valley Hospital
- The Whitehorse Walk-in Centre at North Fleet

Q5 If there was an Urgent Treatment Centre at Gravesham Community Hospital would you choose to use it? Yes No

Please explain the reasons for your answer

Q6 If there was an Urgent Treatment Centre at Darent Valley Hospital, would you choose to use it? Yes No

Please explain the reasons for your answer

Q7 What impact would an Urgent Treatment Centre at Darent Valley or Gravesham have on you and your family?

Please explain

About other NHS urgent care/ emergency services

Which of the following NHS services do you also use when you need urgent treatment on the same day and why?

- Darent Valley Hospital A&E Why

- Erith Urgent Care Centre Why

- Gravesham Community Hospital Minor injuries Unit Why

- Maidstone Hospital Urgent Care Centre Why

- Medway Maritime Hospital Urgent Care Centre Why

- Princes Royal Urgent Care Centre Why

- Queen Mary's Sidcup Urgent Care Centre Why

Sevenoaks Community Hospital Minor Injuries Unit Why

.....

Whitehorse Walk-in Centre in Northfleet Why

.....

None of the above services Why

.....

Survey ends. Thank you very much for sparing the time to give us your feedback.

Equalities: NHS Dartford, Gravesham and Swanley CCG would like to hear from a broad mix of people and groups. You do not have to complete the next section and your views will still be taken into account, if you choose not to. However, the information you give would help the CCG analyse who we have engaged with and consider any differences or potential service adjustments that may apply to different groups

1 Which gender do you identify as? Prefer not to say

2 Which age group do you belong to? under 18 18 – 24 25 - 34
 35-44 45 -54 55 – 64 Over 65

3 Which of the following best describes your sexual orientation?
 Straight gay/ lesbian bi-sexual Prefer not to say

prefer to use my own term

4 Which of the following best describes your religion or belief?
 Christian Jewish Sikh Muslim
 No religion or belief Other Prefer not to say

5 Do you consider yourself to have a disability? Yes No

6 Which term best describes your ethnic group?
 White British African / Caribbean Asian Chinese
 Mixed heritage: White and African Caribbean Mixed heritage: White and Asian
 Other Prefer not to say

7 Are you a carer? Yes (for an under 18 child OR adult?) No

APPENDIX 2- CODE FRAME

Table showing range and number of comments received in free text sections of questions 5, 6 and 7.

Questions and Codes	Responses	Number
5. Use Gravesham-Yes	501-550	
501	Closer to home	6
505	Closer to where I work	0
507	If I was working nearby	3
510	As an alternative nearby service	4
515	As an alternative to GP or A&E	2
518	If there was free parking	1
520	If better for / prioritised children	2
525	If better for other people (e.g. elderly relatives)	1
530	Like this service	0
550	Other	1
5. Use Gravesham-No	551-599	
551	Too far – not local	40
552	Travel issue e.g. wheelchair	1
554	QMS closer	2
555	DVH closer	1
556	Erith closer	2
560	Don't know where it is	4
570	Not appropriate / slow / poor experience	2
599	Other	2
6. Use DV-Yes	601-650	
601	Closer to home	19
607	If I was working nearby	1
615	As an alternative to GP or A&E	2
616	As an alternative if closer services busy	5
617	If walk-in is accessible	2
630	Like this service	1
635	Co-location with hospital / A&E	1
637	Accessible by road	2
650	Other	2
6. Use DV-No	651-699	
651	Too far – not local	23
654	QMS closer	2
656	Erith closer	3
657	QEH closer	1
660	Don't know where it is	1
671	Not appropriate / slow / poor experience	3
680	Parking cost / availability	1
699	Other	

Questions and Codes	Responses	Number
7. Impact	701-799	
701	None – no impact	20
705	All too far away	1
707	Specific sites easier to reach	4
710	Relieve pressure / reduce waits	6
711	More services is positive	1
712	Good for people who need UC (e.g. children, elderly)	2
715	Guarantee to be seen / availability	3
720	Provide closer alternative/ more choice	18
725	Quick to get to in an emergency	2
730	Co-location with hospital	1
735	Opening hours / convenient time	1
736	Easier journeys	4
737	Harder journeys – less accessible	2
738	Better for public transport	1

APPENDIX 3 – HEALTHWATCH BEXLEY REPORT



Public Consultation

12 August – 4th November

Dartford Gravesham and Swanley CCG re proposed changes/site of an Urgent Treatment Centre in North Kent

Option One

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

Option Two

To create an Urgent Treatment Centre at Darent Valley Hospital by moving services from the current Minor Injuries Unit at Gravesham Community Hospital and the Fleet Health Campus in Northfleet

Healthwatch engagement

We visited local libraries, community groups and events in Bexley Borough to explore Bexley resident's views of the proposed location of an UTC. We distributed and collected consultation forms and held informal discussions with two local groups in Crayford and Sidcup. We collected 38 consultation forms which have been forwarded to Dartford, Gravesham and Swanley, CCG via the freepost address publicised in the back of the consultation booklet. In addition many residents took consultation booklets to complete at home and send in themselves.

Summary of the responses collected by Healthwatch via the consultation booklet questionnaire.

All 38 respondents were replying in a personal capacity.

Which of the current urgent care services have you used?

50% had used A&E at Darent Valley Hospital, 44% had called NHS 111 and 6% had used the GP out of hour's service

Which of the current urgent care services have a friend/family member used?

5.6% had used Fleet Health Campus, 77.8% had used A&E at Darent Valley hospital, 38.9% had used NHS 111 and 16.7% had used the GP out of hour's service

Transport to urgent care services

61.1% used a car to get to services, with 16.7% using public transport

Option 1 to create a UTC at Gravesham Community Hospital

26.7% disagreed and 30% strongly disagreed that UTC should be sited at Gravesham Community Hospital, with 30% not having a view. 13.3% felt it should be at Gravesham Community Hospital

Option 2- Create a UTC at Darent Valley Hospital

70.3% strongly agree and 27% agree that UC should be sited at Darent Valley Hospital with 2.7% not having a view.

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Reasons for choice

Option 2 Darent Valley

The location and convenience and transport links

'Can get to Darent Valley Hospital easily'

'Accessible by bus'

'Accessible by bus 7 cheaper to get to. Darent Valley better as can use contactless on the bus'

Many felt it should be located next to A&E and may play a role in relieving the pressure off A&E so people may be diverted into appropriate services if they present at the wrong service.

'Because it is a more convenient location for me and my family. Also may relieve pressure on A& and A&E can divert people to UTC and vice versa'

'Makes sense to have at A&E, will help people go to the right place. 100% more convenient. Parking not an issue'

'To have urgent care and A&E next to each other cuts out duplication of work and hopefully relieves pressure on A&E'

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

Option 2 Darent Valley Hospital

Most comments were around transport, parking costs, waiting times and the perceived benefit of having A&E and UTC situated at the same site.

'Public transport can be difficult and expensive'

'It would be good to have A&E and urgent care on the same site'

'Parking is dreadful and costly. Public transport from Slade Green and Erith is abysmal'

'Parking is expensive'

'Will make it easier for the whole family to get there'

'Will make service quicker, more efficient-wait at A&E are too long 5 hours., less waiting time if those not in need of A&E can be diverted to UTC'

Any other ideas

'Reduction in car park charges at DVH'

'I am concerned that with planned changes to bus routes from Erith/Bexleyheath to Darent Valley Hospital, access to proposed services will be restricted for Bexley residents who do not drive. For those driving, existing car parkin is already stretched beyond capacity'

'If possible 24 hour opening'

'Increase staff to reduce waiting times, but realise this is unlikely'

Informal discussion group comments

The informal discussion groups were held at existing community groups in Crayford and Sidcup. 25 people expressed their views. The groups were for older adults with Alzheimer's and their carers

Travel

60% travelled by car last time they visited an Urgent care service, with 4% using public transport and 32% traveling by ambulance.

Preferred site

Option 2 Darent Valley Hospital

60% agree that UTC should be sited at Darent Valley Hospital and 40% have no view on where it should be sited.

Reasons

Generally the same as those comments and concerns raised in the questionnaires:

Perception that UTC being situated at Darent Valley Hospital would reduce waiting times at A&E as people could be directed to the correct services without further travel or inconvenience. It was also felt that pressure would be taken off Sidcup and QE hospitals as there would be more choice locally.

Summary

Bexley residents favoured Darent Valley Hospital as the preferred choice for siting the Urgent Treatment Centre rather than Gravesham Community Hospital.

The reasons given were:

Convenience to where people lived and bus routes

Good transport and easy to get to, although parking costs were an issue.

The benefit of being situated near to A&E were an influential factor, as residents suggested people could be guided to the correct services easily, if they presented at the wrong service i.e. A&E can redirect to Urgent Treatment Centre with little inconvenience for those attending. It was felt this would work in both directions with Urgent Treatment centre redirecting people to A&E if that was the appropriate service.

For the majority of the Bexley residents we spoke to Gravesham was considered too far away for them to visit.

APPENDIX 4 – LISTENING EVENT NOTES

Bexley 9th January 2020

Participants	Why would you choose one service over another?	An Urgent Treatment Centre at Darent Valley Hospital. What impact would this option have on you and your family?	An Urgent Treatment Centre at Gravesham Community Hospital. What impact would this option have on you and your family?
Participant	Convenience of location and access to location	Parking & too expensive to park Hospital too busy Can parking be expanded to nearby land?	Too far away. Local options available
Participant	Public transport GCH e.g. how many bus changes would be involved?	Seating is uncomfortable	
Participant	Co-location with A& E is an advantage	Facilities better Facilities and café and clinics and snacks	
Participant	Previous experience determines choices		
Participant	With news in the media about patients being mugged in the A&E, the thought then is to avoid the service at QE	Not necessarily first choice. Would use it. Traffic and where you live in Bexley would determine your proximity to the service.	We would not use this as plenty of choice locally & in Greenwich Convenience of location & access to site. Majority would not use it. If patient transport offered, maybe, otherwise not
Participant	I would choose DVH over QE – I would feel safer there.	Yes, near me	Dependent on the time of day (if early am) Transport should be offered otherwise not. Too much interference from Councillors which is why Erith has stayed as it is. In any case, you should contact 111
Participant	I wouldn't choose to go to DVH with the metal seats	No, I would not use it	Possibly residents from Crayford may access the service. We have three options in Bexley: Erith, QM & QE – why would I go to Gravesham?
Participant	Previous experiences, good or bad, would influence the choice that people make.	No. If all others fail then it is an option	Pros & Cons – GCH has a good blood test unit. DVH has massive issues around

Participants	Why would you choose one service over another?	An Urgent Treatment Centre at Darent Valley Hospital. What impact would this option have on you and your family?	An Urgent Treatment Centre at Gravesham Community Hospital. What impact would this option have on you and your family?
	South of the Borough would prefer to go to PR		parking. Even for blue badge holders it is £1.50 p/h. Too many complaints went into TFL so decision to remove 428 bus service may be delayed.
Participant	If I had to go to an AE, I would go to DVH. I know the site and I wouldn't feel lost there.	A possibility but not a first choice. If you are near Crayford, then it is only 20 mins away	
Participant	If you have to change buses then that would be an option. Have to change busses at the clock tower. We conducted a mystery shopper at DVH and had a 95% satisfaction rating from patients. I would prefer co-location of the UCC with A&E	No – QM hospital	
Participant	Facilities, cafeteria, etc. This would influence my decision to go to DVH	NO	
Participant	If the UCC were to be at GCH, as I don't know the area, I would be reluctant to go there. You go where you are comfortable.		
Participant	Having spent 6 months visiting St Thomas (40 mins by car), I know the site inside out and I feel comfortable. It has an international reputation.		
Participant	I would see the FP if I can UCCs use – but if not suitable do not treat If out of o=hours Proximity to site and where you live in the Borough i.e. which side East or West	Would help with numbers attending Bexley UCC Bexley has a good reputation	Distance and difficult to get to Benefit of GC centre for Bexley as residents would use and not services in Bexley (which have a good reputation)
Participant	Bexley to Gravesend – I would not go that far. If very unwell, would go to closest as may not feel well enough to use public transport	I would use DVH if I had a serious condition Access / congestion issues London Hospitals do outreach to DVH & QM which is a good thing	Better option – Gravesham would be better. DVH is over subscribed Heard good reports about the services at GCH

Participants	Why would you choose one service over another?	An Urgent Treatment Centre at Darent Valley Hospital. What impact would this option have on you and your family?	An Urgent Treatment Centre at Gravesham Community Hospital. What impact would this option have on you and your family?
	Stay in Bexley & use services. Concern over communication	Good bus routes for most of the area if you choose to use them	Would help to move away from DVH and educate patients of different services they can use
Participant	Back to Patients GP Integrated Record for a patient and quick access of results Passing back to original services to go back. Links with Mental Health services Were asked about cost implications & timescales. Questions were answered	If bus route changes by TFL are approved, it could affect patients decision and could move capacity to Queen Mary's more	
Participant	Had to go to Guy's Hospital and had to wait for an interpreter for the doctor. GP/Hospital won't help with patients for eyes until a year has passed. Bexley getting new flats and population rising, hard enough to get a GP. Had to fight to get a serve. PALS helped. 2 years to get knee replacement It is never going to be enough. Not enough staff	Needs a good bus route Had advantage for people in right part of Bexley to be easier to get to but enormous access problems. Changes of TFL buses to be considered and bus times should be better at DVH. What are the closest stations? Not walkable. Would be better clinically in case of an emergency. Sat 4 hours at Queen Mary's and told to go to A&E Use Bluewater car park	What times will buses operate? Work due to start to increase capacity at Erith want to guarantee 12 hour daily service. Concern on impact to residents (western residents in Dartford area) who may find it easier to go to Erith / Sidcup. Consequential impact
Participant	Haven't been given a choice Quality services important	Doesn't think viable If had a blue badge can be used at Woolwich but <u>not</u> DVH	Where do we get a bus?
Participant	Pick one more convenient (nearest / transport)	PPI in Dartford would be upset at losing WIC Need <u>qualified</u> staff at site	Where would we go if we needed a referral?
Participant	Knowing / awareness of them being there. Convenience etc. More impacting factors	Needs 24 hr pharmacy Would go where open and see right people if problem is escalated	GP told me to go to DVH and not Erith Husband has heart condition Lots of Bexley residents that have to go to DVH as don't

Participants	Why would you choose one service over another?	An Urgent Treatment Centre at Darent Valley Hospital. What impact would this option have on you and your family?	An Urgent Treatment Centre at Gravesham Community Hospital. What impact would this option have on you and your family?
			have A&E Need to have staff to run it

Supplementary comments:

- Co-location would be an advantage over separate sites
- Is there any way parking could be expanded at DVH
- **Is there any date on the number of patients that are sent to A&E from Urgent Care? It would be interesting to find out**
- 6 hr wait at A&E, ended up in Mid Kent for operation. Long way to go when it could have been done at DVH (kidney removal). Surgeon goes to different hospitals around the county.
- Need to let people know if there are other alternative. Twice even DVH and once Woolwich nurses didn't know where to go.
- Clarify if WIC will close. (Answered: no longer be in Northfleet but catered or other options)
- Also had experience at DVH with no choice on where to go and had to have op at Medway Hospital. Not offered another option.
- Thinks should be at Gravesham. DVH cannot cope. Ebbsfleet population to rise to over 30K. Make GCH a 'proper' hospital again. WIC seems to be in no man's land at the moment. People find it difficult to get to and cannot walk it. GCH more central public transport cheaper / easier, parking better.
- Had an ultrasound scan at DVH, 3 wks later GP never got results then got done at QE and GP had results the next day.
- The theme park will cause nightmares
- A percentage of patients seen at A&E do not need to be there
- Concern over services in Bexley will be adversely affected
- DVH/Access
- Lots of patients attending for an appointment could affect patients experience e.g. eye treatments, cataracts etc.
- Turn Patients away – wasting time
- DVH – quick communications back – notes/results. Integrated notes
- Lack of beds at QM – Paediatrics mentioned
- 111 – Advice to phone GP then directed to 111
- Bexley does not have an A&E
- Preference for Darent Valley – range of staff, co-location, proximity
- GCH too far away and an unknown quantity. If only small percentage of people getting moved from UCC to A&E, then GCH definitely an option.
- GCH option preferable as needed to relieve pressure on A&E – Access / Congestion / Parking
- Why not build a new service now? 15 years on, they're selling old property. We need modern builds to accommodate people in the community.
- How do we know where to go – UCC, A&E, GP?
- Thinks NHS 111 is dangerous and things could be missed. Need people qualified to give results and more joined up services rather than seeing a nurse who cannot help as not qualified enough. Feels that (disagrees) nurses can help and different levels.
- Would use local (QM or Erith (proximity considered)) but if urgent or serious, go to DVH
- More GP surgeries = less going to hospital
- Will UTC be owned by NHS? (yes) and not farmed out to Virgin?
- A lot of places getting paramedic practitioners / same as Snr nurse practitioners
- Varying rates of referrals from GPs in Bexley to hubs etc.
- Some conditions GPs cannot deal with i.e. ophthalmic, podiatry, ENT

- GPs won't give asthma meds, has to buy over the counter. (Clinicians disagree whether asthmatic but Consultant insists patient has asthma. GP won't prescribe and has notice at surgery that says what is available over the counter)
- Postcode lottery on whether a District Nurse visits
- 3.5 years to get asthma diagnosis now have to go to Royal Brompton
- Admitted to hospital for breathing problems after 3 weeks trying to get treatment / diagnosis. Need staff
- Wrist broken – went to Sidcup and had to wait 2 weeks for it to be reset. It was bandaged up in the meantime
- Would go to DVH overall preferred (one for PRU)
- Diabetic services discussion on where services will be based / will it continue at QM? / Lewisham provides. PCNS will be looking at Community Services

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Appendix D

Summary of financial and activity modelling

Current services (Minor Injuries Unit (MIU), Walk-in Centre (WIC), Darent Valley Hospital A&E (DVH A&E))

Current Services (Minor Injuries Unit (MIU), Walk-in Centre (WIC), Darent Valley Hospital A&E (DVH A&E))							
Current system Urgent Care Flows							
Site		2020/21	2021/22	2022/23	2023/24	2024/25	Five Year Total
DVH A&E	Activity	80,291	80,887	81,488	82,096	82,710	407,472
Hurley Clinic	Activity	11,546	11,681	11,818	11,956	12,096	59,097
GCH	Activity	24,443	25,920	27,486	29,145	30,906	137,900
WIC	Activity	30,248	28,736	27,299	25,934	24,637	136,854
	Activity	146,528	147,224	148,091	149,131	150,349	741,323
DVH A&E	£	12,293,825	12,480,251	12,724,006	12,915,116	13,164,723	63,577,921
Hurley Clinic	£	932,190	952,521	973,328	994,539	1,016,254	4,868,832
GCH	£	1,513,833	1,602,060	1,695,167	1,793,319	1,896,979	8,501,357
WIC	£	1,400,000	1,409,820	1,419,678	1,429,613	1,439,603	7,098,713
	£	16,139,848	16,444,652	16,812,179	17,132,586	17,517,559	84,046,824

Based on current services, £84m cost is projected over 5 years.

The following modelling assumptions were applied to the current services model

Modelling Assumptions		
	Pre-Consultation Business Case	Decision Making Business Case
Current Activity Modelling Assumptions	<p>Modelling uses 2016/17, 2017/18 actuals and activity assumptions for 2018/19 based on a M6 extrapolation*:</p> <ul style="list-style-type: none"> There has been an average of 5% reduction year on year in WIC activity which is assumed to continue A&E Type 1 activity has been set at a 1% increase MIU has been increased by 6%. <p>*NB: Analysis of M10 A&E Type 1 actuals shows 3% over-projection in activity (2,374 fewer attendances than anticipated at M6). This is not considered significant and modelling has not been adjusted.</p>	Unchanged
Costing Model	Modelling looks at options based on a cost per case basis. Assumptions have been made on a current cost per case basis.	Unchanged
Impact of NHS 111 and Clinical Advice Service	Modelling has not assumed any changing shifts based on developments involving NHS 111 and Clinical Advice Service as there is not yet firm evidence upon which to base assumptions. The modelling therefore reflects the 'worst case scenario' whereby these improvements do not result in reduced face-to-face attendances in any of the options.	Unchanged

<p>UTC Tariff</p>	<p>In determining the tariff for UTC activity, the following guidance has been received from NHSE:</p> <p>“UTCs are classified as a type three A&E service (NHS Data Dictionary). Under the current rules of the national tariff payment system (NTPS) activity for type three services should be reimbursed according to the national price specified (£73 for 2019/20).</p> <p>The NTPS does allow for local variations to national prices. For UTCs this means activity in a UTC may be reimbursed at a different level or on a non-episodic basis if there is local agreement. Full guidance on the principles to follow when agreeing local variations are set out in the ‘Locally determined prices’ section’ of the NTPS document.”</p> <p>GCH Site Option - The modelling, and sensitivity analysis carried out, uses £100 per attendance where it is a standalone UTC with the capability of receiving redirected patients from an ED environment. £73 is used where the site is either part of an urgent care networked model of care that does not have an ED on site.</p> <p>DVH Site Option – Under this site option it is thought that a significant number of patients would be redirected away from the ED to an UTC. The modelling, and sensitivity analysis carried out, recognises the likely increased complexity of cases and uses £100 per attendance as a tariff based on the mid-point between the £73 per attendance as the lowest potential tariff point and the current ED average tariff of £150 per attendance.</p>	<p>Unchanged</p>
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Appendix E

Summary of financial and activity modelling

Urgent care networked model of care over two sites (Gravesham Community Hospital (GCH) and Darent Valley Hospital (DVH))

Urgent care networked model of care over two sites (Gravesham Community Hospital and Darent Valley Hospital)							
		2020/21	2021/22	2022/23	2023/24	2024/25	Five Year Total
DVH A&E	Activity	59,344	59,731	60,121	60,515	60,913	300,624
DVH UTC	Activity	24,557	24,804	25,055	25,307	25,563	125,286
Hurley Clinic	Activity	10,253	10,373	10,494	10,617	10,741	52,478
New GCH site Service Provision (historic WIC & MIU activity)	Activity	52,374	52,317	52,420	52,692	53,132	262,936
Projected system activity	Activity	146,528	147,224	148,091	149,132	150,349	741,324
£100	Finance						
DVH A&E	£	9,457,697	9,609,228	9,763,444	9,920,350	10,080,026	48,830,747
DVH UTC (£100 tariff)	£	2,455,690	2,480,391	2,505,510	2,530,746	2,556,300	12,528,637
Hurley Clinic	£	827,785	845,839	864,316	883,151	902,433	4,323,523
New GCH site service provision (£73 tariff)	£	3,823,299	3,819,151	3,826,694	3,846,528	3,878,622	19,194,294
Projected system costs	£	16,564,471	16,754,609	16,959,964	17,180,776	17,417,381	84,877,201
Scenario:							
<ul style="list-style-type: none"> Provision for all current Fleet WIC services at GCH site Provision for all current GCH MIU services at GCH site Incorporation of existing A&E primary care streaming service flows into the UTC at DVH The GCH tariff is assumed to be £73 in line with the national tariff for urgent care treatment centre activity The DVH current activity remains unaltered, but the streaming function is anticipated to divert approximately 25,000 patients per year to a co-located UTC. The DVH UTC tariff is assumed to be £100 per patient as per modelling assumptions. 							
<p>The Urgent Care Networked Model of Care over 2 sites (DVH and GCH) is modelled at £100 tariff for the DVH site and £73 for the GCH site with a total 5 year cost of £85m</p> <ul style="list-style-type: none"> If there was no price differential between sites the modelled cost would be £92m at £100 tariff and £82m at the £73 tariff. 							

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Appendix F

Summary of financial and activity modelling

Urgent Treatment Centre at Gravesham Community Hospital (GCH)

Urgent Treatment Centre Gravesham Community Hospital (GCH)							
GCH site for UTC modelled Urgent Care flows 0% conversion from non-ambulance at DVH to UTC							
Site		2020/21	2021/22	2022/23	2023/24	2024/25	Five Year Total
DVH A&E	Activity	80,291	80,887	81,488	82,096	82,710	407,472
GCH UTC	Activity	54,183	54,117	54,213	54,473	54,901	271,887
Hurley Clinic	Activity	11,546	11,681	11,818	11,956	12,096	59,097
MIU - historical activity flow not assigned (wound care)	Activity	508	539	571	606	642	2,867
	Activity	146,528	147,223	148,091	149,131	150,349	741,322
UTC price basis	£100 Finance						
Change Price DVH A&E	£	12,299,209	12,507,865	12,720,329	12,936,675	13,156,976	63,621,053
DVH UTC	£	5,418,334	5,411,661	5,421,282	5,447,347	5,490,055	27,188,678
Hurley Clinic	£	932,190	952,521	973,328	994,539	1,016,254	4,868,832
MIU - historical activity flow not assigned	£	37,463	40,123	42,972	46,023	49,291	215,871
	£	18,687,195	18,912,169	19,157,912	19,424,584	19,712,575	95,894,435
	UTC price	£100	95,894,435		Unassigned activity reserve	£	215,871
	UTC price	£73	88,553,492		Unassigned activity reserve	£	215,871
	UTC price	£110	98,613,303		Unassigned activity reserve	£	215,871
Scenario:							
<ul style="list-style-type: none"> Provision of current Fleet WIC services at GCH UTC Maintenance of Primary Care Streaming at DVH Enhancement of existing MIU services at GCH to be incorporated in GCH UTC As part of the modelling there remains a small amount of current WIC and MIU patient activity (mainly wound care) that rather than flowing to a new UTC, could be more appropriately cared for by existing services, or by future services established by the Primary Care Networks. The value and amount of this activity has been maintained within the modelling and this will enable the CCG to invest additional resources to address this activity if required. 							
The GCH site option is estimated to cost £95m over 5 years.							
<ul style="list-style-type: none"> The UTC price is modelled at £100, however if the price were £73 to £110, the model cost is £89m and £99m respectively. The model includes no conversion of DVH non ambulance activity to UTC. Wound care clinic activity is not assigned - £215,000 is held in reserve if required. 							

Gravesham Community Hospital Site Option	<p>The following points have been assumed in the modelling of this option:</p> <ul style="list-style-type: none"> • Wound care volume at the MIU has been calculated using additional information supplied by the sub-contracted provider which splits out the type of wound dressing that is taking place. • Over 2016/17 and 2017/18 post-op reviews and suture removal has accounted for 1.7%, and re-dressing has accounted for 13.6%, of total activity. • The modelling anticipates that 100% of suture removal and 80% of re-dressing activity will be taken care of in the UTC. • No attrition has been assumed from the WiC as it is 1.3 miles away in a more central town centre location. This is thought to represent the 'worst case scenario'. • No activity has been assumed to be redirected away from the Emergency Department at DVH to Gravesham Community Hospital UTC as it is at an off-site location and primary care streaming service under this option would still need to be in place at DVH. 	<p>Unchanged</p>
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Appendix G

Summary of financial and activity modelling

Urgent Treatment Centre at Darent Valley Hospital (DVH) co-located with the Emergency Department

Urgent Treatment Centre							
Darent Valley Hospital (DVH) co-located with the Emergency Department							
DVH site for UTC modelled Urgent Care flows							
33% conversion from non-ambulance to UTC							
Site		2020/21	2021/22	2022/23	2023/24	2024/25	Five Year Total
DVH A&E	Activity	59,344	59,731	60,121	60,515	60,913	300,624
DVH UTC	Activity	59,820	60,419	61,133	61,960	62,905	306,236
Hurley Clinic	Activity	10,253	10,373	10,494	10,617	10,741	52,478
MIU - historical activity flow not assigned	Activity	5,283	5,602	5,940	6,299	6,679	29,803
WIC - historical activity flow not assigned	Activity	16,102	15,297	14,532	13,806	13,116	72,853
	Activity	150,802	151,421	152,220	153,196	154,354	761,994
UTC price basis	100Finance						
Change Price	DVH A&E	£ 9,457,697	9,609,228	9,763,444	9,920,350	10,080,026	48,830,747
	DVH UTC	£ 5,981,986	6,041,905	6,113,257	6,195,963	6,290,480	30,623,591
	Hurley Clinic	£ 827,785	845,839	864,316	883,151	902,433	4,323,523
	MIU - historical activity flow not assigned	£ 389,493	417,149	446,768	478,491	512,465	2,244,367
	WIC - historical activity flow not assigned	£ 745,285	750,502	755,755	761,045	766,373	3,778,959
	£	17,402,246	17,664,622	17,943,540	18,239,000	18,551,778	89,801,187
	33% conversion from non-ambulance to UTC	UTC price	£100	89,801,187		Unassigned activity reserve £	6,023,326
	33% conversion from non-ambulance to UTC	UTC price	£73	81,532,817		Unassigned activity reserve £	6,023,326
	33% conversion from non-ambulance to UTC	UTC price	£110	92,863,546		Unassigned activity reserve £	6,023,326
Scenario:							
<ul style="list-style-type: none"> Incorporation of existing A&E primary care streaming service flows into the UTC Provision of a proportion of current Fleet WIC services at DVH UTC Provision of a proportion of current GCH MIU services at DVH UTC Anticipation of some current urgent care flows to Queen Mary Sidcup Hurley Group Urgent Care Centre being diverted through patient choice to DVH UTC. The modelling for the UTC incorporates financial contingency reserves. These financial reserves are calculated on the basis that not all previous patient activity from the MIU and the WIC will transfer to a new UTC at DVH as patients may choose to access other primary and local care services instead. The financial contingency reserves will enable the CCG to invest additional resources in alternative primary and local care services, if required. 							
The DVH site option presents the best value UTC model at £90m over 5 years							
<ul style="list-style-type: none"> The UTC price modelled at £100, however, if the price were £73 to £110 model is £82m and £93m respectively There is a financial contingency reserve of £6m held should the CCG wish to invest additional resources in alternative primary and local care services The model assumes that 33% of non-ambulance emergency activity could be streamed to a co-located UTC, however, if only 23% could be streamed to UTC (at a tariff of £100); the model price would be £91m. If 43% could be streamed (at a tariff of £100), the model price would decrease to £89m. 							

Darent Valley Hospital Site	<p>The following points have been assumed in the modelling of this option:</p> <ul style="list-style-type: none"> • All conveyance activity will be seen by ED and not streamed to the UTC as data is not split by 'blue light' and 'normal conveyance' although it is thought that some conveyances would ultimately be streamed to UTC • WiC attrition set at 60% as assumed majority of patients will choose to access other forms of out-of-hospital care (the last Fy 2018/19, 34% of WiC activity related to patients already registered at the site and the highest number of attendances with known presenting complaints relate to coughs, rashes, sore throats and abdominal pain. It is assumed that the majority of these patients will attend registered GP or access self-care / pharmacies / NHS 111 rather than divert to DVH) • An additional 10% of activity from residential areas close to DVH site has been assumed which reduces WiC attrition to (60% reduction at GCH + 10% 'local' increase from DVH area) • 10% of patients streamed to a co-located UTC are anticipated to 'bounce back' to A&E. This figure is higher than the circa 3-5% figures achieved elsewhere but it is anticipated that it takes time for flows between A&Es and UTCs to work optimally. This presents a worst case scenario. • MIU attrition set at 23.4% (50% of HRGVB11Z – no investigation and no treatment HRGs – it is assumed the other 50% will access other existing primary, local or community care options, or access the NHS 111 service) • Following discussions with Bexley CCG, it has been assumed that some of the DGS patients currently attending the UCC at Queen Mary's Sidcup (provided by The Hurley Group) may decide to access services at DVH if an UTC were co-located with ED. It is assumed that 10% of Hurley Clinic patients would repatriate and be triaged through the UTC. 	<p>Unchanged</p>
Clinical Audit assumptions indicating conversion rates from A&E to a UTC	<ul style="list-style-type: none"> • Following a scoping exercise using SUS data and a clinical audit of A&E activity at DVH, it was estimated that as many as 59% of current A&E activity could theoretically be streamed from A&E to a co-located UTC. • It was recognised that the HRG analysis and the clinical audit undertaken was fairly crude and that the outcome of 60% of total A&E activity being redirected was an overestimation. • It was therefore agreed that for the purposes of activity and financial modelling, a co-located UTC would potentially be streamed 33% of total A&E activity as this was felt to be more in line with what is currently thought to be achievable nationally. • This has also been subject to sensitivity analysis and the modelling has examined a 10% variance on either side of the 33% (i.e. 23% and 43%). 	<p>Unchanged</p>