

**Healthcare services for Dover and Dover Community Hospital  
Frequently asked questions (and answers)**

**Q.** It seems the mid-town option has already been chosen. The amount of time and effort taken to examine the site and get architect's drawings has not been undertaken for other sites on the list. Why was Whitfield (and other sites) ruled out?

**A.** *In May 08, KCC's Health overview and Scrutiny Committee (HOSC) were presented with a proposal that in order to provide a good quality environment for services in Dover, the hospitals Trust would either:-*

- *refurbish Buckland Hospital; or*
- *develop a new facility on that site.*

*In response to concerns from the public, the HOSC passed a resolution that the hospital Trust and PCT should work together with Dover District Council to find a central Dover site (i.e. work up that option to the same level of detail as the Buckland proposals). In doing so, the PCT and GP colleagues had to develop a detailed plan of the services they wish to see provided in Dover, including those to be provided from a hospital site. This is why some initial work has been done on the mid-town proposal. However, since the meeting on 14<sup>th</sup> August, the PCT will give an explanation of why other options were not given high priority, and will consider further the Whitfield option.*

**Q.** Why did you ask us for views on the selection criteria and ideas for locations at the meeting on 22<sup>nd</sup> July if you had only been asked to look at 3 sites?

**A.** *In meetings with local people, the opportunity was taken to check out whether there were any further locations that could be considered. Some were put on the list and later others were added by the District Council, GPs etc.*

*At the meeting in Dover Town Hall on 22<sup>nd</sup> July, local people were asked to look at the list of selection requirements for sites and prioritise them – some were removed and others added, but the top three were:-*

- *ease of access (by foot or public transport)*
- *parking*
- *potential for expansion of the facility at a future date if required.*

*Applying the requirements– particularly the three above – the mid-town option came out top.*

**Q.** Why are you now looking at Whitfield as a possibility?

**A.** *In response to the concerns of people that other sites were ruled out, the PCT is undertaking further more-detailed work on the Whitfield site (although no precise site*

*has been offered) and will give a brief explanation of the suitability (or otherwise) of all others listed.*

*A key advantage of the Mid-Town and Buckland sites is that they are all in public ownership - either by the Hospital Trust or the District Council and could be brought forward with much greater certainty subject to the necessary consents and approvals being secured. This means that there is greater control over costs and speeds up the development/site acquisition process compared to somewhere like Whitfield.*

**NB** *it should be remembered that as the requirement from HOSC was only to consider the mid-town and Buckland options, giving consideration to Whitfield to the same level of detail could delay a final recommendation to HOSC, the PCT and EKHT.*

**Q. Why is Whitfield not the preferred option for a new Hospital for Dover?**

**A.** *The PCT is fully aware of the strong feelings about a proposed site at Whitfield and, as mentioned above, has now commissioned urgent work to look at the option but it has to fully consider all the factors involved, in particular the issues local people said were important - access and transport, cost and speed of implementation, which may mean that Whitfield scores less- well, compared to a mid- town or Buckland location.*

**Q. The people at the meeting were mainly from a particular demographic group – where were the single parents, the ethnic minorities, the young professional? Where is the publicity to the voluntary and community sector?**

**A.** *The meeting was a meeting in public, rather than a public meeting; it was important that the majority of attendees had some understanding of the previous meetings that had taken place (albeit we did a brief recap of those at the meeting on 14<sup>th</sup> August). The list of invitations had been based on those people who attended previous meetings and who wished to remain involved. The earlier meetings (11<sup>th</sup> June and 22<sup>nd</sup> July) were advertised widely in the press, sent out to our PCT “virtual panel” and other groups and this included the vast majority of community and voluntary groups in the area.*

*However, as pointed out in the question, there are many people who do not wish to attend meetings and over the next few weeks we will be contacting them in local venues such as community groups, the leisure centre etc. to ascertain their views also. We have also arranged some surveys through a national opinion survey company about outpatient services in the area, and will be asking them about what would make them choose to have their appointment in a Dover location.*

**Q. Many attendees raised the issue of beds (especially intermediate care beds) and room for expansion for future needs.**

**A.** *Intermediate Care (rehabilitation and recuperation) to avoid a hospital admission or as a step down from acute hospital care, is already available to people of Dover. This is mostly provided in people’s own homes very successfully by a new team of nurses, therapists, carers, support staff or in residential care. Currently, there are no hospital beds in Dover and our provider services inform us that there is no delay in being able to provide intermediate care at home or in the residential homes we*

*contract with. In some cases new technology in the home may also be used (known as telehealth and telecare) linking the patients and carers to a local GP surgery or health centre and reassuring them/monitoring their condition.*

*The local GPs and the PCT are looking of alternative ways of providing beds for people who may need **nursing** care and some **medical** input (such as people with unstable diabetes) but who do not need to be in hospital. Some beds are also available in Deal Hospital for Dover patients.*

*A model whereby health and social care is integrated fully (such as care provided in Westview in Tenterden) is what we would aspire to across Eastern and Coastal Kent and therefore this and other models will be looked at with the PBC consortium.*

*However, a key consideration for any site is one of future expansion, so whatever the initial size/range of services in the hospital, we will be looking for a site that is capable of expansion e.g. the building could be designed to take additional floors in the future, or in the case of Mid-Town as well as additional floors, the Dover Health Centre site could be re- developed;*

**Q. How do you qualify to be a member of the Health Overview and Scrutiny Committee who are looking at this decision on behalf of local people?**

*A. KCC Health Overview and Scrutiny Committee (HOSC) is the organisation/committee with the legal responsibility to scrutinise health services and decisions about health care; they have the right to refer decisions to the Secretary of State for independent review. Members of HOSC are County Councillors; each political party is allotted a number of seats on the committee and filling them is undertaken by party “whips”.*

*At a local district council level similar arrangements exist and Dover DC has an Overview and Scrutiny Committee who have been very involved in this process inviting evidence from health and other staff over the period of a year. They have produced a report as a result of this scrutiny which broadly supports the current proposals.*

**Q. What has happened to urban “regeneration” of Dover? Why is Dover a “ghost town”? A health service facility in Dover would bring life back to the town centre shops.**

*A. One criterion proposed for the siting of the new hospital was that it should bring people into the town centre and generate income for the town. It is not just patients visiting the hospital that do this, but also the many staff employed on the site. At the meeting on 14<sup>th</sup> August, concerns were expressed about Dover District Offices being sited out of town and the fact that staff (of DDC and other businesses at Whitfield) then spent their money in large out-of-town supermarkets etc. Whilst this decision was made many years ago, if the decision were made to site a busy hospital with many outpatients attending in the town centre, it would no doubt increase spending there and help regenerate the area. It was not one of the most-significant criteria, but one we would wish to take into consideration.*

**Q. If built in the town centre – would it cause congestion? How would pedestrians access the site from Maison Dieu road? What about disruption whilst the building was being undertaken?**

*A. EKHT has considerable experience of managing building programmes in busy locations; the public would be involved in the design of the site; KCC's Highway Services would also be consulted as part of the planning process and would ensure that suitable access arrangements are provided.*

**Q. The town needs a hospital, not a polyclinic. It needs beds, operating theatres, consultants, and diagnostics.**

*A. See above for response regarding beds, which will be looked at separately; it is proposed that the new hospital should have surgical procedure suites facilities for X-ray, CT and MRIs etc. and a wide range of outpatient clinics.*

*"Polyclinics" are a model of delivering health services designed for London and other cities where attracting GPs can sometimes be difficult; however some of the services envisaged for "polyclinics" in those cities will be available in Dover Hospital and other facilities across the area, such as minor surgical procedures, minor injuries/illness services and diagnostics.*

**Q. It is madness to consider building on a flood plain (the mid-town option); insurance premiums, if available, will be "sky high";**

*A. East Kent Hospitals Trust is in contact with the Environment Agency to evaluate the exact level of risk on this site, and to identify any modifications/measures to be incorporated if plans are drawn up to satisfy these requirements. If the mid-town option is the final, preferred site, this technical advice will also be considered.*

**Q. Much of the discussion has revolved around facilities for parking – what about people who do not have cars and need to travel on foot or by public transport?**

*A. It is acknowledged that many of the people who do not have cars are indeed the heaviest users of the hospital services. The PCT's public health department has undertaken a study which backs up this view, and therefore siting the hospital in a central location convenient for non-car owners with easy access to a range of public transport connections makes sense.*

**Q. The main reason we need a hospital in Dover is because of all the travelling we do at present, a local hospital will significantly cut patients travelling costs and the time we spend travelling.**

*A. The PCT has always been aware of the importance of the issue of access to a new Community Hospital in Dover and how patients transport themselves to it. One of the main issues patients have raised about access to healthcare is transport. The PCT and GP commissioners has to ensure it purchases more services locally to deliver healthcare where patients say they want it. However we have to balance that with making allowances for those patients that travel into the new facility in Dover from outlying areas. Patients needs and how they travel to get their healthcare are different ie some patients want a town centre location because that's where they live*

*but others would prefer an out of town location because they are commuting in to the Hospital and would prefer not to negotiate town centre traffic.*

**Q. What about parking for people who can't travel by public transport?**

*A. It is also acknowledged that parking, especially for people bringing disabled and frail, older people to appointments must be a priority. A study has also been undertaken assessing the proposed locations to see which are most-accessible on foot and by public transport; the mid-town was significantly ahead of others in this respect (over 50% could access within 30 mins) with 34% able to access Buckland and 30% Whitfield.*

*As the local transport authority, Kent County Council will work with partners to ensure provision of public transport and also to encourage those who have the choice, to use public transport rather than car, whenever possible.*

*As part of Kent County Council's sustainable transport policy, preparation of a travel plan would be required so as to encourage patients, staff and visitors to make sustainable transport choices whenever reasonable.*

**Q. What if there is a major incident in the vicinity of Dover, such as a disaster in the docks? How would the type of hospital described cope with the casualties etc?**

*A. The public authorities locally (police, ambulance, hospitals, PCT, district and county councils etc.) have a very detailed, rehearsed and well-tested plan for such eventualities. Treating major injuries would require specialised services and casualties would be air-lifted or otherwise transported to specialist centres (e.g. burns unit, London hospitals, or to major hospitals such as QEQM, William Harvey). Detailed plans exist for treating minor injuries, or those requiring medication or social care, and rest centres are earmarked for these eventualities and emergency staff cover.*

*The Dover OSC received a presentation on these plans in June 08 and were reassured that they were robust and well-tested across all the key agencies.*

*In the event of other types of emergency, e.g. individuals travelling through the area requiring urgent car, this would be dealt with by the ambulance service, Minor injuries service or other emergency services, as required.*

**Q. There were many comments and questions for and against the various sites including Dover Mid-Town, Buckland site, Whitfield.**

*A. As a result of the level of concern raised, in particular, that the Whitfield site had not received the same level of attention as others, the PCT is instructing professionals to undertake an urgent review of this against the criteria reviewed at the meeting on 22<sup>nd</sup> July. This will of course include timescales for completion. However, this could mean a delay before a final decision on site is made, beyond the original timescale of end of August. Alongside this, a further review of all the sites ("long list") proposed at the meeting on 22<sup>nd</sup> July will be undertaken.*

*Finally, the outcome of this further work will be shared with those who signed up to ongoing involvement in developing the plans, at the meeting on 14<sup>th</sup> and a newsletter-style update will be sent to all attending, repeating the invitation to remain involved. Everyone receiving the newsletter is encouraged to share the information with others and in turn, invite them to join the discussion.*

**Q. Can the PCT listen to what we are saying and just give us a hospital that we can develop for the future (in Whitfield). Buckland is not suitable ...**

**A.** *The PCT agrees that time is now of the essence and we need to move forward fast (as per the HOSC requirement. We hope the responses to earlier Qs have reassured the public and stakeholders that we take their concerns seriously and have done all possible within the timeframe to flesh out serious options (with the addition of Whitfield) for a site.*

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[www.eastcoastkentpct.nhs.uk](http://www.eastcoastkentpct.nhs.uk)

To become a member of our 'Virtual Panel' and be involved in commenting on PCT policy and developments please contact: Su Brown on 01227 795061.

For details on how to join our Health Matters group and take part in meetings that comment and contribute to PCT policy and the public and patient engagement process please contact our Public and Patient Engagement Team on 01304 2168548.