

**Briefing Paper for KCC Health Overview and Scrutiny Committee
5th September 2008**

1. Context/Background

At its meeting of 9th May 08, the HOSC received an update on healthcare services in Dover (item 19, p27 of the minutes) from Eastern and Coastal PCT (the PCT) and East Kent Hospital Trust (EKHT). The former PPI Forum for Eastern and Coastal Kent had referred “the matter of healthcare services in Dover” to the HOSC. Dover District Council reported that it had also been conducting scrutiny of healthcare services.

The Dover Project, initiated by a former PCT, had taken place in 2006 and focussed on a range of *services*, rather than *sites*, and identified the preferred model of care for those services. In the meantime, the Government had introduced a policy of “Practice-based” commissioning, whereby clusters of GPs identify local needs and plan/purchase the services required to meet them.

In addition, EKHT had been working up proposals to improve the hospital environment at Buckland Hospital and these included either refurbishing the site at an approximate cost of £8m, or constructing a new building at approx £11m.

The next step was to match up the commissioning requirements of the GP practice-based commissioners (PBC) with estate requirements for the area (hospital, local authority, community, independent sector facilities, practice premises etc).

In response to concerns about the Buckland site, voiced by members of the public attending, as well as HOSC Members, a motion was passed that led to the PCT and EKHT, with PBC, being asked to locate a central site in Dover for the community hospital services for the population of Dover and the surrounding areas. This proposal was to be delivered by end of August 2008. This **third** option was requested to be considered and evaluated alongside options 1 and 2 concerning the Buckland hospital site.

2. Summary of progress since May 2008 and current situation

This is outlined in chronological order in Attachment A. Attachment A is entitled “*Dover hospital developments May 08 onwards*”. It includes a brief summary of the dates and results of stakeholder involvement (three meetings), including changes made to criteria for selection of a site, additional, potential sites identified and the PCT’s response to ongoing requests to consider Whitfield as a potential location (although the HOSC motion in May had only required 3 options be considered). Including this last option will inevitably cause some delay in identifying a final, preferred site as the decision has to be made on professional advice and to the same level of detail as produced for Buckland and the mid-town Dover options.

It is important to note that the initial 3 options (2 for Buckland and 1 in Dover Town Centre) involve land in public ownership, and considerable work has been done to identify how the space available can be utilised and meet the key criteria agreed

with stakeholders/public. The top three were; parking; transport; future-proofing to ensure sufficient space for expansion. Exploratory work on a commercial site in Whitfield (no site has been *offered or confirmed as available*, but one site has been *suggested as a possibility* at the meeting in Dover Town Hall 14th August) is currently being commissioned as a matter of urgency.

3. PBC intentions/opportunities to bring back services to Dover before the new hospital is developed

3.1 The PBC cluster has produced commissioning intentions outlining health services for Dover; more work is currently being undertaken to quantify and cost these. 78 people joined a meeting in June at The Ark in Dover, to comment on the proposals. (Commissioning intentions available if required).

3.2 However, it will not be necessary to wait for the opening of the new Dover Hospital to begin work in achieving some of the goals outlined in PBC Commissioning Intentions.

The following 'Quick changes' are in the process of being assessed and/or implemented:

- Deliver further service improvements/investment to existing Intermediate Care services in Dover (these are services provided by nurses, therapists, social care, in people's own homes, or in residential homes in Dover);
- Identify opportunities to extend opening hours of Buckland Minor Injuries Unit (MIU) – the extent of these opening hours is currently under consideration.
- Identify opportunities to deliver improved "end-of-life care" locally through a 'Hospice at Home' initiative
- Work with East Kent Hospitals Trust (EKHT) to re-instate more outpatient services at Buckland ; these are likely to include trauma and orthopaedics; diagnostics; ear, nose and throat; gynaecology; ophthalmology;
- Continue to implement Children's Centres in the Dover area to provide enhanced services for pre-school children. (Four centres are already open. Further centres are planned – e.g. for Elvington and Eythorne).

4. Process for arriving at a hospital site recommendation and criteria for selection

As described in section 2 above, the following actions have been undertaken so far, to help identify a preferred site for the Dover Hospital:-

a) **Before** the development of the Commissioning Intentions:

- East Kent Hospitals Trust (EKHT) commissioned property consultants to advise on site options. A shortlist of two options arose from this assessment: (i) refurbish the existing Buckland site and (ii) build on the Buckland car park.

b) **Since** the development of the Commissioning Intentions:

- EKHT have commissioned architects and surveyors to assess the Dover Mid-town option as proposed during the HOSC meeting on 9th May 08. Preliminary plans and costs have been developed, but a complete assessment against commissioning requirements has not yet been finalised.
 - The PCT, through engagement with local stakeholders (invitees to events included GPs, the public, Parish Councils, Dover District Council, Dover Town council, local voluntary organisations etc) has developed (i) a draft set of criteria against which to conduct a preliminary assessment of site options and (ii) a draft long list of potential sites to evaluate.
 - Based on the above consultation, the PCT conducted a high level assessment of the long-listed options against the draft criteria. This 'first cut' assessment identified Dover Mid-town as the preferred option.
- c) The PCT, together with EKHT, KCC and DDC, is now in the process of building on the preliminary analysis above, in order to ensure a robust final decision on the preferred site of the Dover Hospital. Key stakeholder groups (GPs, public, and other stakeholders.) will be engaged throughout the process, the key steps of which are outlined below:
- Complete a specific and measurable set of Commissioning Requirements, drawing on prior work for input
 - Ensure clarity of the long-list of site options (which will include "fleshing out" the Whitfield option)
 - In response to questions raised at the stakeholder meeting on 14th August as to why some proposals from the public were rejected, we are conducting a "high level assessment" of the long-list of site options (developed at the second stakeholder meeting held on 22nd July) against a basic set of filter criteria, in order to eliminate particularly- weak options and arrive at a shortened/rationalised long-list
 - Assess the shortened long-list of sites against the Commissioning Requirements
 - Based on this assessment, further eliminate sites which provide a poor fit with the Commissioning Requirements in order to arrive at a *shortlist* of sites
 - Conduct a more-detailed assessment of the short-listed sites in order to gather sufficient information to make a final decision on the preferred site – i.e. the option which provides the best fit with the Commissioning Requirements (currently this is the mid-town option).
 - In response to the GP and public request for beds in Dover, undertake exploratory work on alternatives to traditional hospital beds (e.g. block booking beds in a single location in the nursing home sector, supported by GPs and/or visiting medical consultant/joint venture with Kent Adult Social Services).

We are in the process of finalising our plan to conclude these actions upon consultation with EKHT, DDC, KCC and relevant subject matter experts (e.g. architects, surveyors, etc).

How rapidly we are able to arrive at a final preferred option will very much depend on what we discover during the assessment outlined above. By the time of the PCT Board on 17th September, we hope, at a minimum, to have eliminated a number of weaker options and to have arrived at a clear shortlist. If the information we gather points very clearly and conclusively to just one option, then we will recommend that as our preferred site.

However, we are acutely aware of the long term importance to the people of Dover of making the right decision on the hospital site. Therefore, we would strongly recommend against making a final decision on a specific preferred site, before there is clear and compelling evidence to support it.

5. Other relevant information, including ongoing stakeholder/public engagement

A “health equity audit” has been undertaken to identify, amongst other issues, the areas of Dover most affected by the location of the hospital. Headline information from this audit, indicates that those from the Dover town area including electoral wards of Buckland, St Radigands, Town and Pier, Castle and Tower Hamlets, are most-likely to be admitted to hospital for “unplanned”/emergency care (This is likely to include admissions for long-term conditions which we would hope to reduce and manage in the community by better co-working between hospital and community services as described in the PBC plans); most-likely to use outpatient services/children’s services and are less-likely to have a car). The health equity audit is available.

A “health impact assessment” will also be undertaken in due course on the short-listed options to ascertain the wider health benefits (or otherwise) of choosing a particular location (such as the “spin-off” benefits on re-generating the town of Dover if a mid-town option were chosen).

Throughout the work over the past four months, recurring questions have arisen in public and other meetings. Some of these have been addressed as described above e.g.:-

- * revisiting the long-list of options for sites; including Whitfield in the more-detailed analysis and
- * identifying what services we could improve in Dover in the short-term

We will be keeping in touch with many of the attendees at meetings through newsletters and further events, and will be circulating a set of frequently-asked questions “FAQs” (and answers) to assist understanding/information. The FAQs are attached to this briefing.

6. Next Steps

Subject to discussion at HOSC on 5th September, the operational next steps are as described in section 4c above. The situation as at 17th September will be reported to the PCT Board (to be held in Dover) and the outcome of that meeting will be considered in a report on the Outline Business Case for a hospital for Dover, to be discussed at the EKHT Board on 28th September. In addition, an update will be reported to the Dover DC OSC on 16th September and further Dover Council

meetings will consider any resulting impact on their land/plans.

7. Attachments

- Diary of Events/public engagement
- Frequently asked questions (and answers)
- Dover OSC recommendations
- Health Equity Audit

Other supporting information available:

- Criteria for selecting sites and long list of site options
- PBC Commissioning intentions