

NHS Overview and Scrutiny Briefing Note

Provision of Clinics at Gravesend Community Hospital and Darent Valley Hospital

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2 March 2007

Members are referred to the attached correspondence and press reports on this matter.

Possible themes for questions:

- Whether adequate alternative services in Gravesham are being commissioned by West Kent PCT to replace those outpatient clinics that have been removed from Gravesham Community Hospital by the Trust. (Failure to commission such alternative services would presumably entail service-users from Gravesham having to travel on a regular basis to the Darent Valley Hospital at Dartford.)
- Whether these changes to services are related to the long-term high fixed overhead costs of the two Private Finance Initiative hospitals within this health economy. (Darent Valley Hospital costs the acute Trust £20 million a year – one-fifth of the Trust's turnover; Gravesham Community Hospital costs the PCT £3 million a year; both these PFI contracts will run for three decades.)
- Why the PCT has made a heavy long-term financial commitment to a community hospital in Gravesham when it appears that the intention is now to commission from GP providers services that have hitherto been provided at the community hospital.
- Whether the community hospital will prove to be a growing financial liability for the local health economy if the trend continues of withdrawing services from it – and what the possible consequences of this are.

The attached appendices are as follows:-

Appendix 1	21.04.06	Press release detailing outpatients services at the new Gravesend Hospital
Appendix 2	05.06.06	Letter from Dartford, Gravesham & Swanley PCT and Dartford & Gravesham NHS Trust re Proposals for Future Services at Gravesham Community Hospital (GCH)
Appendix 3	04.10.06	Gravesend Express article
Appendix 4	06.10.06	Gravesend KM Extra article
Appendix 5	15.11.06	Letter from KCC to Chief Executive of Dartford & Gravesham NHS Trust re changes to services at Darent Valley Hospital (DVH) and GCH
Appendix 6	21.11.06	Response from Chief Executive of Dartford & Gravesham NHS Trust to Appendix 5

Media Statement

21st April 2006

Outpatient services at the new Gravesham Community Hospital

The new, leading-edge health and social care centre, based in Bath Street, Gravesend is a partnership project which comprises the PCT's new Gravesham Community Hospital and Kent County Council Social Services' residential and nursing care home and day centre, known as Gravesham Place. Grosvenor House Group will manage the new facility and employ the support staff.

Liz Cracknell, Deputy Chief Executive of Dartford, Gravesham and Swanley Primary Care Trust (PCT) said:

"The services the PCT is directly providing in its new hospital include a minor injuries unit, the out of hours service, and intermediate care services for patients with chronic progressive neurological disorders.

"The majority of outpatient services are provided by NHS Trusts other than Darent Valley Hospital (Dartford & Gravesham NHS Trust).

"It has been agreed with Darent Valley Hospital that they will be relocating a small number of outpatient services back to Dartford. However, this gives the PCT an opportunity to expand its provision of a comprehensive range of local community-based services in order that its new facility in Gravesend will be used to its full potential. We will be implementing these plans over the next few weeks. As a result of these plans more patients than ever will be accessing services at Gravesham Community Hospital."

Mark Devlin, Chief Executive of Dartford and Gravesham NHS Trust, said:

"Following detailed discussions with the PCT we have now agreed to the reconfiguration of services. With the new PCT-run Gravesham Community Hospital now complete both organisations need to ensure that the services delivered locally continue to be of the highest quality and are as efficient as possible."

Further media enquiries:

Please contact Anita Brunger, communications manager (Tues - Fri) or Quentin Williamson, communications officer (Mon - Thurs) on 01322 622303, or email: anita.brunger@dgspect.nhs.uk or Quentin.Williamson@dgspect.nhs.uk

5 June 2006

To All Neighbouring NHS Trust
Local Borough Councils
KCC Overview & Scrutiny Committee
Patients Forum
Local MPs
GPs
Kent Social Services
Voluntary Sector Partners

Dear Colleague

Re: Proposals for Future Services at Gravesham Community Hospital (GCH)

Introduction

You may be aware that the new Gravesham Community Hospital (GCH) opened in April. This state of the art facility has given us the opportunity to review how many services are provided, and ensure that as many of our local population as possible are able to benefit from the superb new hospital.

At the same time, given the financial challenges facing both the PCT and the Acute Trust, with the fixed costs associated with the Private Finance Initiative (PFI) contract for the Darent Valley Hospital, (DVH) as well as the PFI for GCH, it is important that both of these assets are used as intensively as possible, and deliver the objectives set out in the new White Paper "Our Health Our Care Our Say."

We have therefore worked together to develop new services for several groups of patients, with the innovation of Clinical Assessment Services based at GCH.

Current Services

The current configuration of services at GCH follows a historical pattern, which has not been reviewed in many years.

The Acute Trust provides the following services on the GCH site:

- Rheumatology clinics
- Orthopaedic clinics
- Dietetic clinics
- Diabetes clinics
- Anticoagulation clinics

- Retinal Screening

Medway PCT provides the following services:

- Speech Therapy
- Community Dentistry
- Podiatry
- Podiatric Surgeon

Medway Acute Trust provides the following services:

- ENT clinics
- Audiology

Fawkham Manor provides the following service:

- Ultrasound

Queen Mary's Sidcup provides the following service:

- Ophthalmology clinics

The following table summarises the services currently provided at Gravesham Community Hospital:

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM,
Child Behaviour	Ret Screen	Ret Screen	Ret Screen	Dietician	Ret Screen	Ret Screen	Fracture Clinic	Rheumatology	Ret Screen
Rheumatology	School Nurse	Rheumatology	Dietician	Audiology	Neonatal Hearing	Rheumatology	Dietician	Orthoptist	BCH Clinic
Audiology	Urology Nurse	Diabetes Nurse	Diabetes Nurse	ENT	Tissue Viability	Omerod	Rheumatology	Psychiatry	Audiology
ENT	Neonatal BCG	Omerod	BCG Clinics	Cardiac Nurse	Dr Manahi Psychiatry	Orthoptist	Eyes	Retinal Screen	Fracture Clinics
Orthoptist	Orthopaedic	Eyes	Omerod	Anti coagulation	Fracture Clinic	Dr Khalid Psychiatry	Omerod	Podiatry	ENT
School Nurse	Fracture Clinic	Orthoptist	Fracture Clinic	Ultra Sound	Podiatry	Ultra Sound	Orthoptist	Dental	Mr Mason Podiatric Surgeon
Orthopaedic	Podiatry	Orthopaedic	Diabetologist	Podiatry	Dental	Podiatry	Orthopaedics	SLT	Podiatry
Podiatry	Dental	Podiatry	Podiatry	Dental	SLT	Dental	Ultra Sound	MIU	Dental
Dental	SLT	Dental	Dental	SLT	Mr Mason Podiatric Surgeon	SLT	Podiatry	Phlebotomy (GP Refs)	SLT
SLT	Mr Mason Podiatric Surgeon	SLT	SLT		MIU	Mr Mason Podiatric Surgeon	Dental		MIU
Eyes	MIU	MIU	MIU	MIU		MIU	SLT		
MIU		Phlebotomy (GP refs)		Phlebotomy (GP refs)		Phlebotomy (GP refs)	MIU		
Phlebotomy (GP refs)									

DGSPCT	
DVH	
Maidstone Weald PCT	
Medway Acute	
Queen Marys	
Fawkham Manor	
Medway PCT	
K& M NHS & Social Care Partnership Trust	

Out of hours service evenings and weekends

It is worth noting that 50% of patients that attend current clinics are from Dartford.

Future Services at GCH

As a health economy we will be building on these existing clinics in order to extend services and maximise the number of patients able to access local services at GCH. This will be done by working with a wide range of Providers.

We are in the process of opening an orthopaedic clinical assessment service run by GP Specialists and Specialist Physiotherapists. This service will provide a first line assessment of patients with musculo-skeletal problems (back pain, for example).

In order to provide space for the Orthopaedic Clinical Assessment Service (CAS) at GCH, the consultant orthopaedic surgeons will undertake all their clinics at DVH, and the specialist GP/Physio service will be based at GCH.

Based on experience elsewhere, we estimate that 50% of patients with this type of problem will be seen in the community and not need to attend DVH at all.

Secondly, Gravesend patients attending DVH A&E who subsequently need to attend a fracture clinic will be referred back to GCH to receive their onward care there. We estimate this to be 1100 additional patients who will benefit from the new facilities.

Additionally, a Dermatology CAS (currently based at Swanley) will be extended to include the residents of Gravesend and based at GCH. We estimate that additional patients will benefit from this service of whom only a small percentage will then be subsequently referred to Medway Hospital.

The ENT service at GCH is also being extended to benefit more patients in receiving their care locally.

From September a service for cataract removal will be provided at GCH enabling locals residents, who previously would have travelled to Queen Mary's Sidcup for removal of their cataracts, to receive their treatment at GCH.

We are developing an option appraisal to establish the viability of a comprehensive children's centre based at GCH, which will include services from a range of providers.

We are also planning to extend the range of Clinical Assessment Services to enable even more patients to benefit from these facilities.

Staff Issues

The immediate moves described above enables a small number of DVH Trust staff, such as clinic nurses and physiotherapists to move to DVH as part of a larger team. However, they will be immediately replaced by PCT staff (GP specialists and physios) in order to maintain a comprehensive service to local residents. These will then be joined over the next few weeks by staff running the dermatology clinics, extended fracture clinics and the cataract removal service.

Conclusion

We would be happy to meet to discuss these proposals further and to receive your views during June.

Yours sincerely



Elizabeth Cracknell
Director of Commissioning
Dartford, Gravesham and Swanley
Primary Care Trust



Mark Devlin
Chief Executive
Dartford & Gravesham NHS Trust

Gravesend Express
4 October 2006

Patients' fury at three-hour trip to clinic

Blood unit's move from community hospital sparks protests

By Ed Riley

Angry patients face a three-hour trip to a blood-thinning clinic, which has moved to another borough.

The anti-coagulant clinic is now based at Darent Valley Hospital in Darent Wood Road, Dartford, following transfer from the Community Hospital in New Road, Gravesend.

In August, the Express revealed the plan to transfer the clinic from the multi-million pound centre, which opened just a few months ago, prompting anger from readers. Rose Ellis, 30, of Grangeways Close, Northfleet, attends the clinic every six weeks to receive treatment for a heart condition she has suffered from since she was born.

She said: "I would like to know how those in charge of this ridiculous decision can spend millions of pounds on a new so-called 'community hospital' and then close vital services within months of opening and fail to serve the community."

Miss Ellis is a member of Grown-up Congenital Heart Patient Association, which campaigns to make the lives of people with heart problems easier.

She added: "Many people with my condition are unable to drive and this is true of all the elderly patients who attend the clinic. Why should they be forced to make a difficult journey on public transport, often having to change buses halfway?"

"I am one of the lucky ones because I can drive, but the petrol costs are going to be high and I will have to spend a whole morning getting to the hospital, whereas before I could receive my treatment in a couple of hours.

"My grandfather is 87, and he attends the clinic. He just isn't capable of making the journey. I don't know what he is going to do."

A Dartford, Gravesham and Swanley Primary Care Trust spokesman said: "Following a review of services and subsequent consultation period it has been agreed that the anti-coagulant clinic will be moved. The PCT, meanwhile, is working in collaboration with GP practices to develop anti-coagulant services within surgeries as this will improve accessibility for the patients who use this service."

**Gravesend KM Extra
6 October 2006**

Plans to move specialist clinic

Health chiefs are contemplating moving Gravesend's diabetic clinic from its home in Gravesham hospital over to Darent Valley Hospital.

The twice-monthly clinic which runs from the health and social care centre in Bath Street could be based at the Darent Wood Road hospital from as early as next month.

The move is thought to be a mutual agreement between Darent Valley bosses at Dartford and Gravesham NHS Trust and Dartford, Gravesham and Swanley Primary Care Trust which runs the Bath Street facility.

Information

There are 8,080 diabetic patients across Dartford, Gravesham and Swanley, but it is unclear as to how many use the clinic on any one day.

The clinic is for sufferers undergoing their twice-yearly check, those who need further advice about their treatment and the insulin they're taking or others seeking diet information.

Darent Valley Hospital, which already runs another series of clinics at the hospital, is charged a rental fee by the PCT to run their Tuesday clinic from Bath Street.

And so moving it back to Darent Valley would save the cash-strapped hospital money.

Dartford, Gravesham and Swanley PCT said the clinic's move was part of a "wider configuration of services" but was unable to explain what other services could be affected by this review and who might fill the gap left by the diabetic clinic.

Diabetic patient Simon Clarke from Chiltern Road in Northfleet received a letter explaining the proposed changes. He said when the Bath Street hospital was built users were assured all services would remain unchanged.

Mr Clarke said: "They assured us all the facilities that were provided before would remain and now they are going back on it."

It is anticipated a firm decision will be made by the end of the month, and if given the go-ahead the clinic will move the seven miles and run out of Darent Valley from mid-October.

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Ask for:
Your Ref:
Our Ref:
Date: 15 November 2006

Dear Mark

Darent Valley Hospital and Gravesham Community Hospital

Several of our Members have raised concerns regarding changes to services at the Darent Valley Hospital and Gravesham Community Hospital, and I wondered if you could please clarify the situation for us.

At its meeting on 9 June 2006, the NHS Overview and Scrutiny Committee heard evidence from you and Liz Cracknell, from Dartford, Gravesham and Swanley PCT, about services at GCH. The Committee was informed that, while the PCT was responsible for GCH, a number of services available at that location were actually provided by the acute Trust. These were listed as follows:

- Rheumatology clinic
- Orthopaedic clinic
- Dietetics clinic
- Diabetes clinic
- Anticoagulant clinic
- Retinal Screening

The Committee was told that there was to be some rearranging of orthopaedic services at GCH; but no indication was given of any other planned changes to services.

We have recently become aware of local press reports regarding the removal of the anticoagulant clinic to DVH (*Gravesend Express*, 4/10/2006) and a proposal to move the diabetes clinic as well (*Gravesend KM Extra*, 6/10/2006). We do not appear to have been notified by the Trust or the PCT regarding this. Concern has been expressed at

these changes and I would be grateful if you could explain them and the reasoning behind them.

In August, we were informed by DGS PCT that, as of 2 January 2007, they would be taking over the running and managing of the Minor Injuries service provided at DVH and would also be providing a primary care service there. On the basis that this did not entail any material change in the actual service provided, it was agreed that this matter did not need to go before NHS OSC.

In October, we received further correspondence from the new West Kent PCT notifying us that the Minor Injuries and primary care service (to be known as the Emergency Care Centre) would be provided by the PCT from the Woodlands Centre at DVH (where it would be co-located with the GP Out of Hours service), rather than in the MIU footprint within the A&E Department at DVH.

When I circulated this recent correspondence to Members, it became apparent that a number of them were under the impression that the Minor Injuries service currently provided at GCH was to be withdrawn and relocated to DVH. It may be that some confusion has arisen here with the withdrawal by the Trust of certain outpatient services from GCH. I would be grateful if you could please clarify the situation for us.

Yours sincerely



Paul Wickenden
Overview and Scrutiny Manager
Democratic Services

Cc: All Members who represent a Gravesham and Dartford electoral Division
Alan Chell, Chairman, NHS Overview and Scrutiny Committee
Mark Fittock, Vice Chairman, NHS Overview and Scrutiny Committee
Dan Daley, Liberal Democrat Spokesman, NHS Overview and Scrutiny Committee
Graham Gibbens, Cabinet Member for Public Health

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21st November 2006

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Mr Paul Wickenden
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Dear Paul

Thank you for your letter of the 15th November regarding services at Gravesham Community Hospital. As you say, the West Kent PCT are responsible for this facility, however, this Trust provides some outpatient services there.

I believe I did state at the meeting on the 9th June that issues would need to be kept under review and that there were ongoing discussions about the balance of hospital and community services. We have corresponded with all the patients who attend clinics at Gravesham in an effort to understand their requirements. Some clinics have transferred directly as we discussed at the meeting, whilst others have changed as a direct result of changing patterns of care and the impact of the White Paper "Our Health, Our Care, Our Say", in which you know the Government signals a shift of care out of hospital into the community.

The Anticoagulant clinic is a classic example of this, where it has long been considered unnecessary to travel to hospital for blood tests and that these services should be provided within GP Practices. This is part of the rationale for cessation of the Anticoagulant clinic at Gravesham Community Hospital. Similarly the PCT is encouraging a much greater emphasis on diabetic care supported by GPs and primary care Nurse Practitioners rather than being hospital led. We are, therefore, trying to re-profile our hospital provided services accordingly.

I think you have recently had a presentation from Steve Phoenix, the new West Kent PCT Chief Executive, on the Fit for the Future programme. The thinking underlying this project is that very significant shifts of patient activity will occur in the next 2-3 years out of hospitals and closer to patients' homes.

In the context of these changes, the only service that Dartford and Gravesham NHS Trust is continuing to provide at Gravesham Community Hospital is the Retinal Screening clinic. The remainder of the clinic services there will be provided either by the PCT itself or commissioned by the PCT from other Acute providers. The Clinical Assessment Service we discussed is now up and running in place of the Orthopaedic and Rheumatology Clinics.

On the point of the Minor Injuries Unit, the development at Darent Valley Hospital is new and does not involve the transfer of any services from Gravesham Community Hospital. It is my understanding that PCT staff will rotate between the two units.

I hope these comments clarify the situation.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Mark Devlin', written in a cursive style.

Mark Devlin
Chief Executive

Cc: Steve Phoenix, CEO, West Kent PCT