



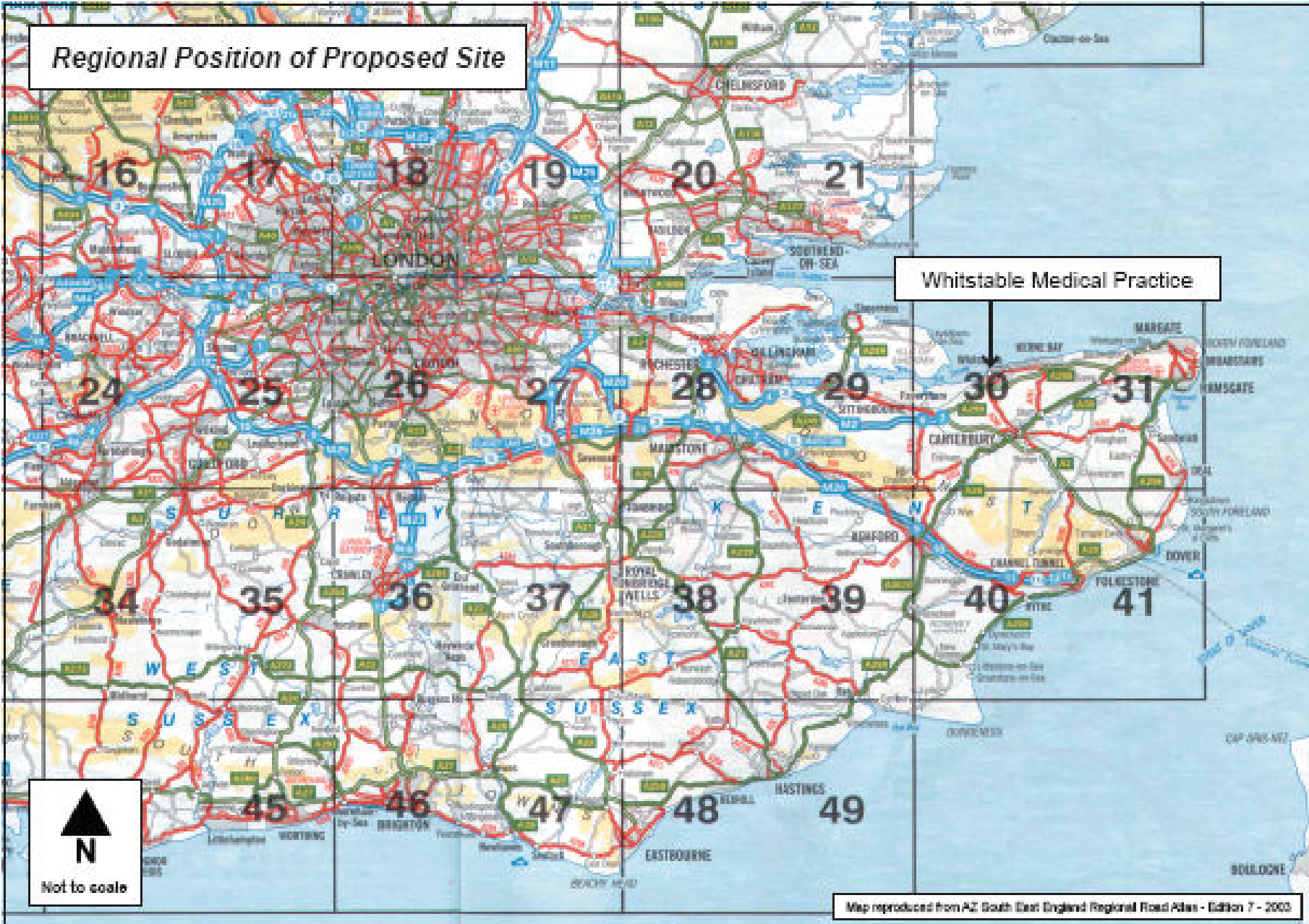
A Proposal for the Modernisation of Health Services in Whitstable

Dr J M Ribchester
Executive Partner
Whitstable Medical Practice

Presentation to Kent County Council
NHS Overview and Scrutiny Committee

23 March 2007

Regional Position of Proposed Site



Whitstable Medical Practice



Whitstable



Whitstable



STRATEGIC FIT

- Government Policy
- National Priorities
- Local Priorities and High Risk Areas for the PCT
- Whitstable Medical Practice PBC Practice Commissioning Plan

GOVERNMENT POLICY 1

Our Health, Our Care, Our Say

"This will allow the acquisition of patient services from a broader range of providers within the NHS, voluntary and the private sector."

"To meet the clear public preference for as much treatment at home or near home as possible."

"Services will be integrated, built round the use of individuals and not service providers, promoting independence and choice."

GOVERNMENT POLICY 2

Our Health, Our Care, Our Community

It "calls on PCTs to demonstrate an ambitious shift in resources ... and to encourage local initiatives in community services over the next five years."

It "calls on PCTs to do this in conjunction with ... GP Practices who are developing Practice Based Commissioning as well as providers from the NHS, local government and independent sector."

NATIONAL PRIORITIES

- Improving the health of the population
- Supporting people with long term conditions
- Access to services
- Patient/User experience
- Achieving financial balance
- Implementing reform
- Six key service priorities

LOCAL PRIORITIES AND HIGH RISK AREAS FOR THE PCT

- ✓ Orthopaedics
- ✓ Gastroenterology
- ✓ Cardiology
- ✓ General Surgery
- ✓ Ophthalmology
- ✓ Dermatology

WMP PBC PRACTICE COMMISSIONING PLAN

- Urgent need to develop a third site at the west end of Whitstable.
- Requirement to engage with Practice Based Commissioning and other White Paper directives.
- A wish to be involved in redevelopment of health care facilities at Whitstable & Tankerton Hospital.
- Practice credo of striving to provide the best possible quality of health services within the available budget.



A PROPOSAL FOR THE MODERNISATION OF HEALTH SERVICES IN WHITSTABLE

Phase 1

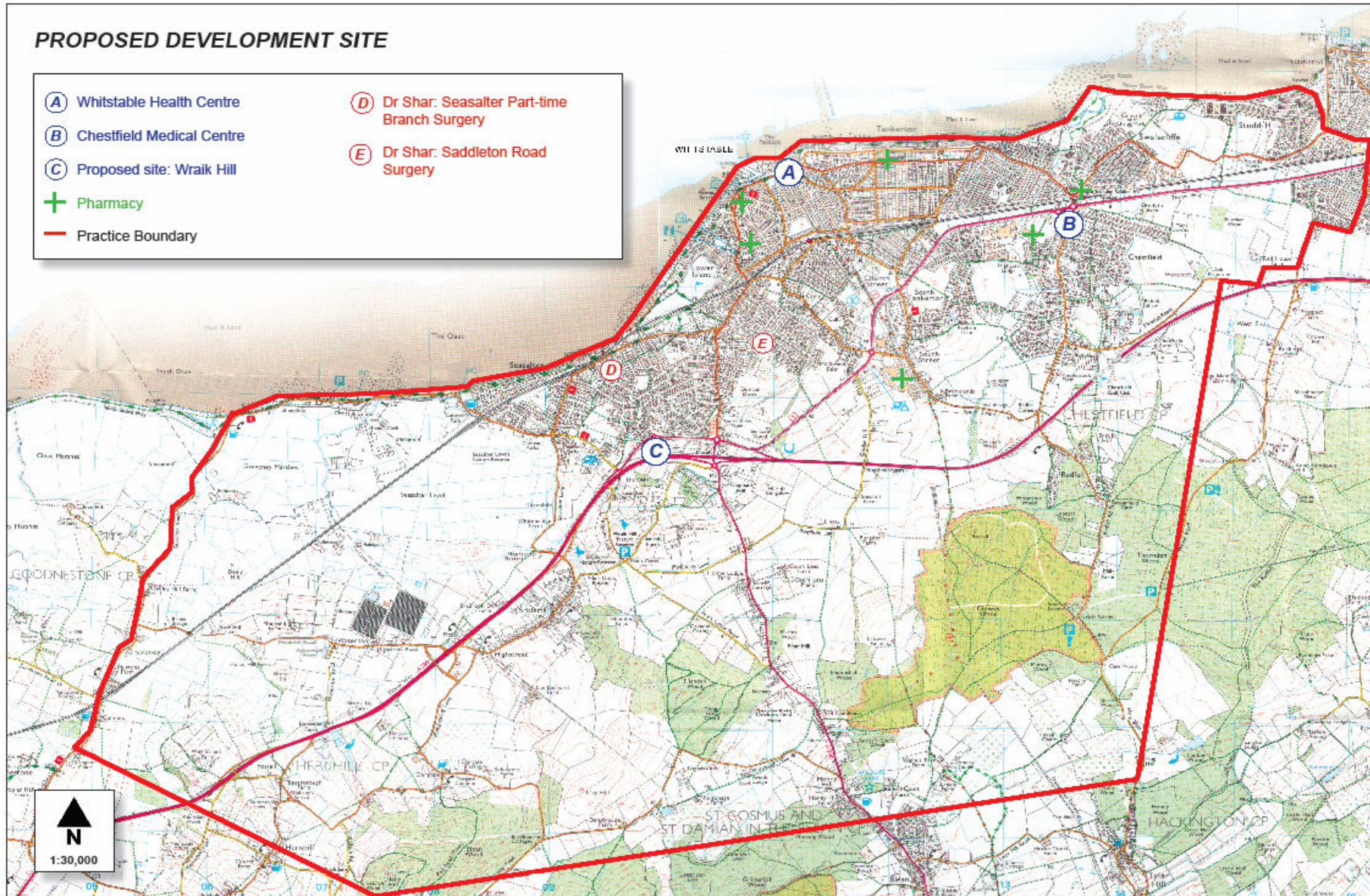
- **An Additional Site for Provision of Full GP Services**
- **Co-location of a Community Pharmacy**
- **Co-location of a Polyclinic to Provide Surgical Out-Patients, Day Case Operating Theatre and Diagnostic Facilities**
- **Co-location of an Ambulance Response Base**

Phase 2

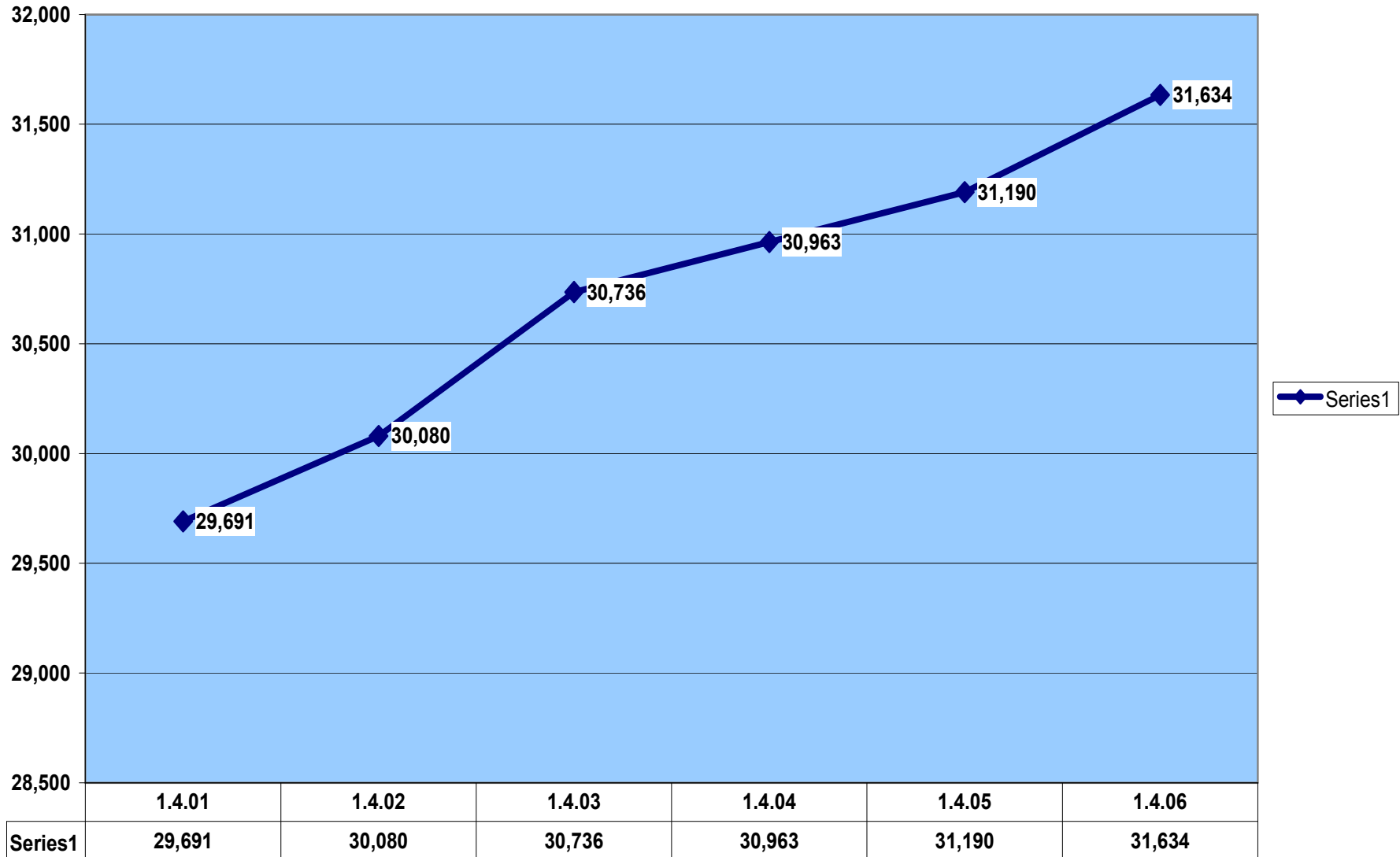
- **Redevelopment of Services at Whitstable and Tankerton Hospital, most notably Holden Ward**

THE CASE FOR CHANGE

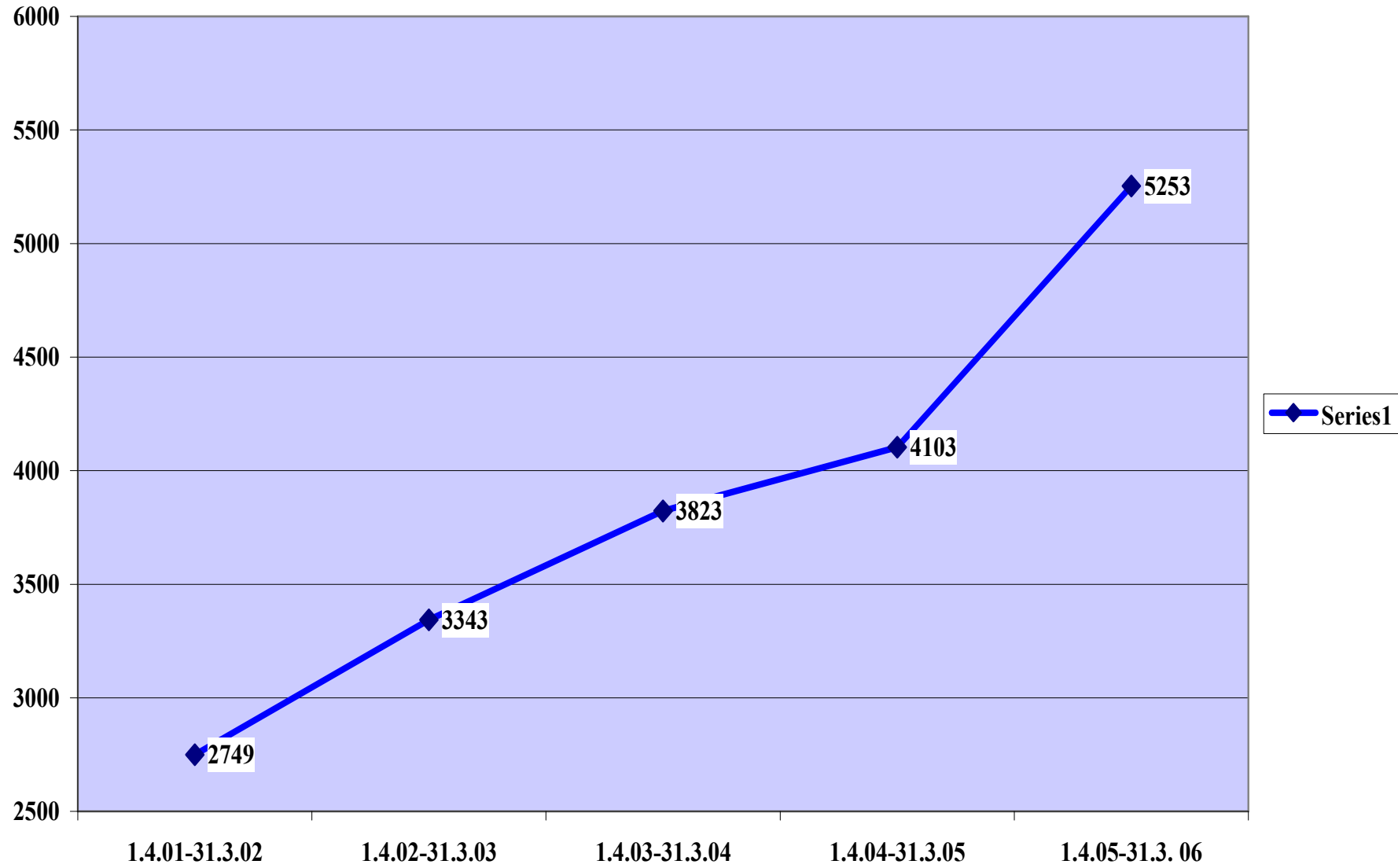
PROPOSED DEVELOPMENT SITE



WHITSTABLE MEDICAL PRACTICE LIST SIZE



Minor Injuries 1.4.01-31.3.06



CURRENT CONFIGURATION OF GP SERVICES

WHITSTABLE HEALTH CENTRE

11 General Practitioners, full general medical and Practice nurse facilities

Minor Injury Unit

Nurse-led Minor Illness Service

Training and Research

Overcrowded and no dedicated space for MIU.

CHESTFIELD MEDICAL CENTRE

6 General Practitioners, full general medical and Practice nurse services

Nurse-led Minor Illness Service

Training and Research

Surgery in Primary Care Service

Full to capacity.





Proposed Modernisation of Local Health Services

Phase 1

Whitstable Health Centre

Number of General Practitioners reduced to 6, full general medical and Practice nurse facilities

Minor Injury Unit housed in dedicated space.

Nurse-led Minor Illness Service

Training and Research

New space for PBC In-house Clinics, Social Services, Mental Health facilities, Voluntary Agencies and Patient Groups.

Chestfield Medical Centre – Unchanged

6 General Practitioners, full general medical and Practice nurse services

Nurse-led Minor Illness Service

Training and Research

Surgery in Primary Care Service

**New Combined GP Surgery, Community Pharmacy and Polyclinic
at Wraik Hill**

6 General Practitioners, full general medical and Practice nurse services

**Integral Community Pharmacy
Ambulance Response Base**

Polyclinic:

Surgical Out-patient Department:

General Surgery

Urology

Orthopaedics

ENT

Ophthalmology

Anaesthetics & Pain Management

Gynaecology

Diagnostics:

Radiology/ Ultrasound

Pathology Laboratory

Docking station -

visiting MRI & CT units

Operating Theatre Department

1 Day Case operating theatre with all associated rooms/facilities for general anaesthetic surgery

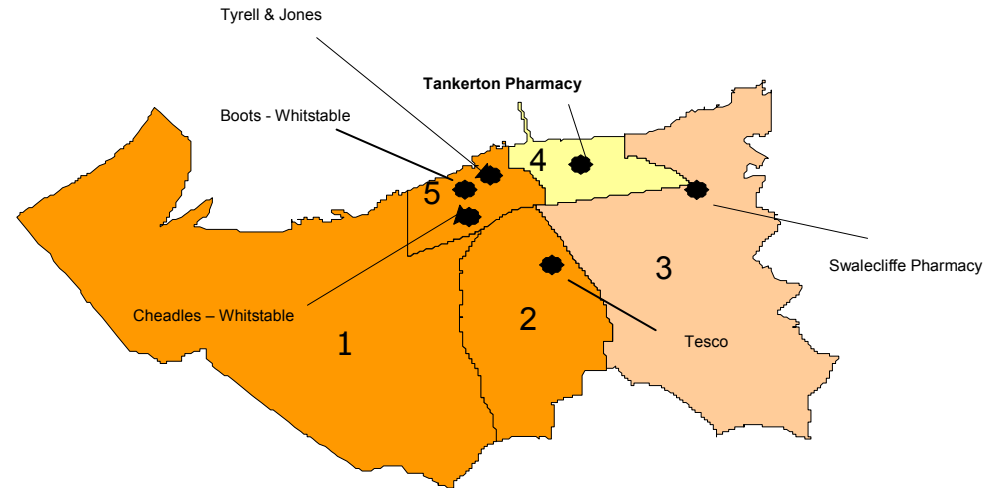
CSSD Department

Patient Choice

- To remain registered with their current GP.
- To change to a GP working from the Medical Centre nearest to their home.
- To be referred to the Polyclinic, or any available hospital provider they wish.

INTEGRATED COMMUNITY PHARMACY AT WRAIK HILL

- PCT pharmacy needs assessment. Possible gap in Seasalter – no pharmacy, large elderly population
- On-site access to prescriptions and other medication to patients attending this building
- Nearest pharmacies (2, both 1.3 miles away)



	Ward Name	Pop	% Aged 50+	K&M Rank	No. of Pharmacies	No. of practice premises
1	Seasalter	7,108	48%	112	0	0
2	Gorrell	6,045	36%	103	1	1
3	Chestfield and Swalecliffe	8,145	48%	167	1	1
4	Tankerton	4,706	51%	240	1	0
5	Harbour	5,853	29%	89	3	1
	Whitstable	31,857	42%	149	6	3

Whitstable has the oldest population in the PCT. It is served by six pharmacies – about one for every 5,500 people. Half the pharmacies are in Harbour ward, which has the youngest population (but contains the town centre). A possible gap exists in Seasalter, which has a large elderly population but no pharmacy.

THE POLYCLINIC

The Polyclinic will provide an NHS:

- Range of surgical outpatient consulting rooms
- Day surgery operating theatre suite
- Range of on-site diagnostics – likely to include x-ray and ultrasound, also some pathology
- Docking facility for CT and MRI scanning

This unit is designed to complement Phase 2, the redevelopment of Whitstable and Tankerton Hospital.

Centres of Clinical Excellence - CCE

- A partnership of clinicians, healthcare professionals and business people.
- Involved in developing new and better ways of delivering healthcare, as described in the NHS White Papers.
- Everyone in CCE, be they a surgeon or a cleaner, is a partner.
- Local East Kent Consultants will work at Wraik Hill

CONSULTANT AND GP
INVOLVEMENT IN DEVELOPING
CLINICAL CARE PATHWAYS

CLINICAL CARE PATHWAYS

A team of consultants and GPs are jointly developing care pathways in:

1. Gynaecology
2. Orthopaedics
3. ENT
4. Ophthalmology
5. General Surgery
6. Urology

BENEFITS

- New, clinically safe care pathways provide evidence-based care at less cost to the NHS.
- Less referrals to outpatient department, by appropriate use of care pathways involving GPs with special interests.
- One stop, consultant-led OPD clinics where possible, so less follow up appointments.

REVENUE CONSEQUENCES TO EKHT

- EKHT annual budget circa £300 million
- Proposed Polyclinic revenue £1.5 million
- Therefore an estimated 0.5% loss of revenue to EKHT

AMBULANCE RESPONSE BASE

- Currently no Ambulance base in Whitstable
- Local Ambulances all based in adjacent locations – Faversham, Herne Bay, Canterbury
- Difficulty in meeting response times.

SUPPORT FOR A MEDICAL CENTRE AT WRAIK HILL

- Canterbury City Council Community Developments Survey
- Members of WMP Practice Users Group
- The Friends of Whitstable Hospital and Healthcare – registered charity
- Local CCC Councillors
- Patricia Hewitt's Office
- Julian Brazier MP
- The Post-Graduate Deanery for Kent, Surrey and Sussex

BENEFITS TO THE PROPOSAL

- Provision of a local General Practice and Community Pharmacy for a local population who currently have neither.
- A Polyclinic to provide surgical outpatient, day surgery and diagnostic facilities. Shorter waiting lists, less cost and more local. Available to all GPs and patients under Choose & Book. Should release some pressure on local hospitals, and help achieve the 18 week referral to treatment target.
- Allow dedicated space for the Whitstable Minor Injury Unit.
- Allow space for additional PBC services to population – also room for mental health, counselling, social services, housing and voluntary organisations.
- Improve Ambulance response times.
- Improve and modernise patient services at Whitstable and Tankerton Hospital.

RISK ANALYSIS

There are many consequences of the PCT not approving this project:

- A ward of 7000 patients continue to have no full-time General Practice, nor a Community Pharmacy.
- Increasingly cramped accommodation for local GP and other services.
- Ongoing inappropriate accommodation of patients at Whitstable and Tankerton Hospital.
- Constraints to the implementation of the advantages of Practice Based Commissioning.
- Patient access to healthcare continues to be difficult.
- Risks to meeting waiting targets, and the 18 week Pioneer Project.
- Difficulty meeting Ambulance response times in Whitstable.
- Less choice of provider.
- A missed opportunity of circa £5 million investment from the independent sector in healthcare in Whitstable.

CONCLUSION

- The proposal provides a sustainable solution to the provision of healthcare in Whitstable
- It incorporates many additional benefits to patients
- It will be revenue neutral to the PCT and save money on clinical activity via PBC budget savings
- This can be reinvested in patient care.



A Proposal for the Modernisation of Health Services in Whitstable

Dr J M Ribchester
Executive Partner
Whitstable Medical Practice

Presentation to Kent County Council
NHS Overview and Scrutiny Committee

23 March 2007